Ahead Together

ESG Performance Report 2023

We 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 where people can thrive.

Building trust by operating responsibly is an integral part of our strategy and our culture. This approach supports long term growth and returns to shareholders, reduces risk, helps our people to thrive, and delivers sustainable health impact at scale.

In this report

This report summarises performance across our six environmental, social and governance (ESG) focus areas.

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

In addition to this report, we report against the Task Force on Climate-related Financial Disclosures (TCFD, pages 62-70) and the Taskforce on Nature-related Financial Disclosures (TNFD) on pages 70-74 of our Annual Report.

You can find our public positions on a range of issues, such as pricing and access, human rights, clinical trial conduct, nature and environmental protection, and supply chain management 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

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

- **Access to Medicines:** Ranked first in the Access to Medicines Index in 2022 and an industry leader in the 2021 Antimicrobial Resistance Benchmark
- **S&P Global Corporate Sustainability Assessment:** Ranked first in the pharmaceuticals industry with a score of 84 (as at 24 November 2023) 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 (palm oil) and B in Forests (timber)
- **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

Cautionary statement

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

CEO's statement

We are pleased to report sector-leading ESG performance in 2023.

GSK is a global biopharma company focused on prevention and changing the course of disease. Our purpose is to unite science, technology and talent to get ahead of disease together and positively impact the health of 2.5 billion people. We are delivering against our purpose through our R&D based on science of the immune system and new technologies and leveraging our leadership in developing new vaccines and specialty medicines for infectious diseases, HIV, respiratory/immunology and oncology.

We understand that being a responsible business means getting ahead of disease together in the right way. Environmental, social and governance (ESG) impacts are embedded in our strategy to support our long-term growth, build trust with our stakeholders, reduce risk and deliver positive social impact.

Our approach is centred around six core areas: Access to healthcare; global health and health security; environment; diversity, equity and inclusion; ethical standards; and product governance.

This report sets out the progress we are making in each area and supplements our Annual Report and the disclosures we publish on our website.

We measure our ESG progress through our ESG Performance Rating, introduced in 2022 as one of our corporate key performance indictors to drive performance and provide greater transparency in our ESG reporting. The executive leadership team and the Board, via the Corporate Responsibility Committee, review the metrics that make up this Rating each year to ensure they are sufficiently challenging and ambitious.

I am proud of the continued progress we have made this year, leveraging science, technology and talent to deliver a positive impact on some of society's most urgent challenges. Our 2023 ESG Performance Rating was 'on track' for the second consecutive year. More details can be found on pages 5-8. The performance against the metrics that contribute to this rating and the overall ESG Performance Rating score have been independently assured for 2023, along with other priority ESG data in this report.

Our 2023 performance included:

- Reaching 89 million people in lower income countries through access partnerships
- Gavi confirming the rollout of our malaria vaccine, *Mosquirix*, in up to 12 countries in Africa
- Progressed 11 global health pipeline assets for priority WHO diseases and worked with partners to get ready to start phase III trial for our promising candidate vaccine, M72/AS01E, against tuberculosis
- Significant commitment to strengthening health security with 12 R&D projects targeting pathogens deemed 'critical' or 'urgent' by the WHO and the US CDC
- Ready for phase III trials of a low-carbon version of our rescue metered dose inhaler (MDI) medication, *Ventolin*, to begin in 2024 with the potential to reduce greenhouse gas emissions from the use of this inhaler by 90% – important as our Scope 3 emissions increased in 2023 due to increased sales of this product
- Decreased overall water use by 24% and by 11% for sites in high water-stress regions, against our 2020 baseline
- At the end of the year, women held 45% of VP-and-above roles globally, and we had 35.7% ethnically diverse leaders at VP-and-above in the US and 18.4% ethnically diverse leaders at VP-and-above in the UK
- Set out new AI principles to shape how we use AI and machine learning to transform R&D in a way that is safe, ethical and responsible

We continue to be recognised for our sector-leading ESG performance. In 2023, we ranked 1st in the S&P Global Corporate Sustainability Assessment for the pharmaceutical industry, and maintained leading scores in the MSCI, ISS Corporate Rating and Sustainalytics ESG ratings.

We keep our approach to ESG under constant review, responding to our operating environment as it evolves. This includes the rapidly changing ESG regulatory landscape and expectations of companies' ESG disclosures. In 2023, we began necessary preparations for new sustainability reporting requirements, including the EU's Corporate Sustainability Reporting Directive (CSRD), and committed to adopt TNFD-aligned disclosures based on 2025 data.

We look forward to delivering further strong ESG performance alongside our improving outlook for sustained growth through the decade.

Emma Walmsley
Chief Executive Officer

Our approach

Environmental, social and governance (ESG) is embedded in our strategy. It helps us deliver our purpose and supports our sustainable performance and long-term growth.

We are a global biopharma company with a purpose to unite science, technology and talent to get ahead of disease together. To deliver on our purpose, we need to consider ESG impacts across everything we do, from the lab to the patient. That's why ESG is embedded in our strategy and supports our sustainable performance and long-term growth. It helps us to build trust with and generate value for our stakeholders, reduce risk to our operations and create positive social impact.

We have identified six ESG focus areas that address what is most material to our business and the issues that matter the most to our stakeholders. These focus areas are core to our strategy and are where we can have the greatest positive impact on some of society's most urgent challenges, including those set out in the UN Sustainable Development Goals (UN SDGs).

They are:

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

These focus areas were informed by our most recent materiality assessment in 2022, which reaffirmed that the most material issues for our business were well aligned with our six ESG focus areas. We recognise that being a responsible business is not a static requirement. We began work on our double materiality assessment, which will be completed in 2024. This means that we will continue to evolve our approach in response to the rapidly changing operating environment and strive for continuous improvement to ensure we maintain strong ESG performance.

+ **gsk.com:** Our materiality assessment

Our contribution to the UN SDGs

The United Nations' 17 Sustainable Development Goals (SDGs) set out a vision for ending poverty, hunger and inequality, and protecting the planet's natural resources, by 2030. The six ESG areas that we have identified, and which are core to our strategy, are where we can have the greatest positive impact on some of society's most urgent challenges, including those set out in 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 ESG is guided by continuous engagement with our stakeholders. Our key stakeholders include our patients, shareholders, customers and employees. We undertake formal materiality assessments every two-to-three years and engage with our stakeholders to ensure that our ESG focus areas continue to address the most material issues for our business.

How we engage with our stakeholders is covered throughout this report. This includes engagement with our people (see page 8), our partnerships with NGOs and our membership of cross-industry collaborations.

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 123).

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 hub – ESG

ESG governance

Our ESG performance is monitored regularly by both our Board-level Corporate Responsibility Committee (CRC) and the GSK Leadership Team (GLT). The CRC oversees our progress against our commitments, including performance and how we are meeting the expectations of our stakeholders. It collaborates with other Board committees, such as the Remuneration Committee and the Audit & Risk Committee, to ensure that ESG performance is integrated across the business.

The GLT and senior management are responsible for delivery against our six focus areas, and report regularly to the CRC on progress (see pages pages 128-129 of our Annual Report).

ESG-aligned remuneration

In 2022, the Remuneration Committee, with the support of the CRC, introduced ESG performance measures into both our short- and long-term incentive plans, to reward delivery of key ESG measures. The ESG element consists of: human capital management in the form of diversity, equity and inclusion aspirations, which forms 10% of the annual bonus opportunity for the GLT; and our climate and nature ambitions, which form 10% of our long-term incentive plan opportunity for senior leaders. These metrics align to our ESG Performance Rating. See page 139 of our Annual Report for further information.

Our approach continued

Our ESG Performance Rating

Our ESG Performance Rating helps us integrate ESG into the delivery of our strategy and allows us to measure and verify the progress we are making. The rating is one of our corporate KPIs and measures progress against key metrics aligned to each of our six focus areas. In 2023, this included 22 metrics, which are summarised on pages 6-8.

We continue to evolve our ESG Performance Rating to ensure it meets the expectations of our stakeholders. The executive leadership team and the Board, via the Corporate Responsibility Committee, review the metrics that make up this Rating each year to ensure they are sufficiently challenging and ambitious. This year, we have removed two metrics, relating to Access and Ethical standards, and added one relating to antimicrobial (AMR) resistance. We met one of our 2022 metrics relating to Access by developing and publishing pricing and access principles so it is no longer required. We have also removed one of our Ethical standards metrics that tracks the number of employees leaving GSK for misconduct. Increases or decreases in this number could indicate either a higher/lower number of breaches or stronger/weaker enforcement of our processes, so setting a threshold is not an effective measure for success in upholding our standards. We continue to monitor this data internally and publish it externally (see page 32). We have three additional metrics which provide a strong measure of our commitment to ethical standards. We have added a metric within Global health and health security, focused on AMR. AMR is an urgent public health threat, and we have seen increased stakeholder interest in our approach. We updated our biodiversity target which measured the number of high risk materials implementing sustainable sourcing roadmaps as we achieved it in 2022. Our new target focuses on deforestation free sourcing of paper and palm oil.

How we assess performance

The GLT is accountable for delivering progress against our ESG metrics and regularly reviews performance along with the Board's CRC. This helps to ensure that accountability for ESG performance is embedded 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%).

We calculate the overall ESG Performance Rating by aggregating performance across all metrics into a single score to illustrate whether we are on track, on track with work to do, or off track. This rating is defined below:

On track: 70% 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

Our approach continued

2023 ESG Performance Rating

Our 2023 ESG Performance Rating is on track, based on 95% of all performance metrics being met or exceeded.

Assessment of performance against our annual targets has been reviewed, and the overall ESG Performance Rating score has been subject to independent limited assurance for 2023 (see page 55).

Our ESG focus areas	Our six commitments	Our metrics for 2023	Our progress in 2023
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 2023, we reached 89 million people with our vaccines and antiretrovirals and made 989 million doses of our products available in 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 11 Global Health pipeline assets to address priority WHO diseases including malaria and tuberculosis (TB)
		– Progress 8 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
Environment	Commit to a net zero, nature positive, healthier planet with ambitious goals set for 2030 and 2045	**Climate**	
		– Operational emissions reduction (Scope 1 and 2 market-based emissions)[1]	Reduced our operational emissions by 10% from 2022
		– Industrialisation of low-carbon *Ventolin* initiated, and clinical and non-clinical data available to support regulatory submissions	Progressed our low-carbon *Ventolin* programme with the potential to reduce greenhouse gas emissions from the inhaler by 90%. Phase III trials of our next generation, lower-carbon propellant will begin in 2024 and, if successful, regulatory submissions will start in 2025
		– Percentage of carbon offset volume in project pipeline[2]	35% of carbon offset volume in project pipeline
		Water	
		– Average of the percentage of GSK sites and suppliers compliant with wastewater active pharmaceutical ingredient limits and the percentage of sites and suppliers that are compliant with the AMR Industry Alliance Common Antibiotic Manufacturing Framework and discharge limits	Average of 87% of all sites and key suppliers compliant with AMR Alliance and API Wastewater discharge limits. This is down from 94% in 2022, primarily due a scope expansion to include more API suppliers
		Waste and materials	
		– Operational waste and material reduction at GSK sites	1% reduction of operational waste and materials at our sites

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

2 Percentage of 2.1 $MtCO_2$ offsetting volume in 2030 project pipeline.

Our approach continued

Our ESG focus areas	Our six commitments	Our metrics for 2023	Our progress in 2023
Environment		Biodiversity	
		– Percentage of paper and palm oil deforestation free	86% of our paper packaging was derived from certified sources or from recycled raw materials and 98% of our core palm oil materials were certified by third-parties as being from sustainable sources.
Diversity, equity and inclusion	Enhance recruitment of diverse patient populations in our clinical trials; create an inclusive, equitable and diverse workplace; and support diverse communities	– 100% of phase III trials initiated in 2023 that have proactive plans in place designed to enrol appropriately diverse trial participants, consistent with the disease epidemiology	100% of phase III trials initiated in 2023 had proactive demographic plans in place
		Update towards 2025 aspirations through fair and equitable opportunities:	
		– aspire to have women hold at least 45% of VP-and-above roles globally by the end of 2025	Women held 45% of VP-and-above roles globally, compared with 42% in 2022
		– aspire to have at least 30% ethnically diverse leaders in our roles at VP-and-above in the US by the end of 2025, and increase the percentage of Black or African American, and Hispanic or Latinx VP-and-above leaders year on year	35.7% ethnically diverse leaders at VP-and-above in the US compared with 31.3% in 2022. We had 8.1% Black or African American leaders at VP-and-above compared with 8.6% in 2022. We had 6.4 % Hispanic or Latinx leaders at VP-and-above compared with 6.4% in 2022
		– aspire to have at least 18% ethnically diverse leaders in our roles at VP-and-above in the UK by the end of 2025, and increase the percentage of Black VP-and-above leaders year on year	18.4% ethnically diverse leaders at VP-and-above in the UK compared with 14.3% in 2022. We had 1.9% Black leaders at VP-and-above compared with 1.6% in 2022
		– Improve year-on-year spend with US-based certified diverse-owned suppliers	Increased year-on-year spend with US-based certified diverse-owned suppliers
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 2023 mandatory training	100% of employees and 99% of complementary workers completed GSK's 2023 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]	83% 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	89% of direct high-risk suppliers achieved our minimum EcoVadis score or have an improvement plan in place

1 The general industry benchmark is 66% according to 2023 research by *KornFerry*.

Our approach continued

Our ESG focus areas	Our six commitments	Our metrics for 2023	Our progress in 2023
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	Received no critical findings from the MHRA and EMA regulators in 2023
		– Percentage of inspections from all regulators with no critical findings or official action indicated	100% 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	5 product recalls. In these instances, we engaged with regulators and acted quickly to prioritise patient safety.
		– Register and disclose all human subject research of GSK products. Specifically, register protocol summaries for studies initiated in 2023; and disclose results summaries for studies with results due in 2023	Registered and disclosed all human subject research of GSK products

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.

Our culture

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

It means doing everything responsibly with integrity and care, because people and patients around the world count on us. Our culture is embedded in everything we do from

our recruitment and onboarding, training and development, to our assessments of performance and promotion.

Our Code 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. Our people sign up to

The Code annually and personally commit 'I'm in'.

+ **gsk.com:** See The Code on gsk.com

Helping people thrive

Making GSK a place where people thrive is core to our Ahead Together ambition. While thriving is different for each individual, there are common themes that matter to everyone. Firstly, a belief in our purpose and a desire to live our culture and contribute to delivering our ambition. Secondly, feeling included and able to be yourself with opportunities to keep growing, with the support, feedback and space needed to succeed. And finally, feeling good, with positive mental, physical, financial and social wellbeing. This means GSK should 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.

Welcoming and developing outstanding people

We are committed to developing outstanding people and giving them opportunities to grow. We expect all our people to have an agreed development plan, regardless of grade or role, based on a conversation to understand what space and support they need to succeed. We continue to invest in learning and development initiatives which everyone can access through our Keep Growing Campus, our training and knowledge sharing platform.

Digital and technology remain core to our purpose and delivery of our ambitions. We have built our people's skills

in this area with global events such as DataCon, where all employees can experience immersive sessions to see first-hand how to apply digital, data and tech tools including generative AI to become more digitally fluent. This year, more than 7,000 employees took part from every business unit and 28 countries. In our Data Academy, employees can access resources and online training. We've run programmes to develop our senior leaders' leadership skills in the digital age. We've also piloted a career hub using AI to match employees with mentors, projects and potential job opportunities. We will scale this up in 2024.

Our approach continued

In 2023, we enhanced our onboarding experience for new joiners by introducing monthly live virtual sessions with our CEO and other senior leaders. By having access to senior global leaders from the beginning of their career with us, we aim to provide a more intimate connection to GSK and the patients we serve, creating emotional connection with our purpose, strategy and culture, to complement ongoing local onboarding activities.

Supporting our people managers

Our people managers play a crucial role in helping their teams to thrive and connecting the contributions the team makes to the patient and GSK's broader impact. We expect people managers to motivate, focus, care for and develop their teams and we deliver training anchored in these four areas. In 2023 all of our VPs were invited to attend a four day in-person event called Leading Leaders, a programme to help leaders bring out the best in their teams and foster the culture we need to succeed together. We also continue to invest in growing the next generation of senior leaders to support our talent and succession needs through bespoke development interventions, equipping them with leadership skills for the future.

Maintaining momentum on diversity, equity and inclusion

We are continuing our focus on building a more diverse organisation and an equitable and inclusive culture so that everyone feels welcome, valued and included. By taking steps to ensure equal opportunity and non-discrimination, we are delivering on our ambition to make our leadership and teams more diverse and inclusive. We support development for all with numerous offerings for our employees, including an award-winning leadership development programme, Accelerating Difference. Also, all our people complete a mandatory DEI module as part of our annual training, this year focused on how to create an inclusive workplace so all our people can thrive.

For more details on our DEI aspirations, see the Responsible Business section on page Error! Bookmark not defined..

Health, wellbeing and volunteering

Our health and wellbeing benefits support people through different life stages and are fair and inclusive. These include: a global minimum standard of 18 weeks' parental leave for primary and secondary carers for all forms of family, a global minimum standard for care of a family member for end of life or serious health emergencies, insured benefits to include same-sex partners wherever possible, and mental health training – available to everyone. We have also enhanced our financial wellbeing support for employees by introducing the 'nudge' financial education platform in over 50 countries, helping people manage their finances and achieve their financial goals.

In 2023 we reignited volunteering across the company, focused on our ambition and charitable investment themes (Health for people, Health for the planet, Innovators for the future). All employees can volunteer for one or two days each year by taking part in team-based hands-on 'Together Days' or through skills-based volunteering. A smaller number of people can volunteer up to four days each year for selected skills-based volunteering projects.

Performance with Choice

Performance with Choice, our approach to hybrid working for those in office-based roles (about a quarter of our people), allows the right balance of on-site and remote working. We are clear in our expectations that people take accountability to spend enough time together in person, while maintaining flexibility, to help us continue to build our sense of community and connectedness, enable development and achieve our Ahead Together ambitions. Data from our annual employee survey shows broad support for our approach and expectations.

Recognising and rewarding our people

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

How our people experience GSK

To ensure we continue to listen to our people, we regularly measure their experience of GSK as a place to work. This includes an annual survey for all employees featuring questions on engagement, confidence, inclusivity, our culture focus areas and trust priorities. We are proud that our engagement levels remained high at 81% in 2023. We also continue to see high scores with positive upward trends in confidence in delivery of our strategy and our culture focus areas – ambitious for patients, accountability for impact and doing the right thing – as well as measures of inclusion. In 2023 we expanded analysis of the survey to understand differences in employee experience across diverse characteristics. We continue to make good progress in creating a culture and workplace where people feel a sense of belonging and can thrive.

To measure the effectiveness of our global managers, their teams provide feedback through an annual One80 survey and managers receive anonymised aggregate feedback. In 2023, 78% of our managers were rated as highly effective by their teams.

Access

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

89m

people reached in lower income countries with our vaccines and antiretrovirals in 2023[1]

24m

people living with HIV had access to a generic product containing dolutegravir in 2023

>1bn

vaccine doses supplied to Gavi, the vaccine alliance, since 2010

Our commitment

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

Our ESG Performance Rating metric 2023

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

We have an ambition to positively impact the health of 2.5 billion people by the end of 2030. To help achieve this, we have a goal to reach 1.3 billion people in lower income countries with our medicines and vaccines. We will do this by making our products available at prices that are affordable for patients and sustainable for our business.

It takes significant time, risk and investment to successfully discover and develop new medicines and vaccines. That investment then creates products that make a huge difference to patients and society, and generates the financial returns required to fund the next generation of medicines and vaccines. Getting the balance right between responsible pricing and sustainable business is a fundamental part of our commitment to ESG. To help us find that balance, we follow our pricing and access principles, which we first published in 2022 and updated in October 2023.

+ **gsk.com:** Pricing and access principles

Putting the right value on innovation

We aim to develop differentiated, best- and first-in-class medicines and vaccines, pursuing areas of unmet need, and deploying cutting-edge science and advanced technology, including genetics, artificial intelligence and data analytics, to develop more effective medicines and vaccines with speed, scale and precision. We involve the patient in the development of our medicines and vaccines to identify real-world disease challenges.

We set responsible prices in line with the benefits we bring to patients and health systems, measured by clinical, economic and social outcomes. We compare our offer to what is already available for patients and we generate evidence from clinical trials to establish the added value provided by our medicines and vaccines. We adjust our pricing in line with the socio-economic status of a country to ensure affordability and availability. 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. ViiV Healthcare provides non-profit pricing for antiretroviral medicines for HIV for use in public health programmes in all low-income, least developed and Sub-Saharan African countries. We work within existing payer systems and recognise the need to balance health budgets for the societies we serve.

We recognise health inequities, including 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 more than 71,000 low-income uninsured, underinsured and Medicare Part D patients in 2023, through GSK and ViiV Healthcare's Patient Assistance Programs Foundation.

We operate under robust pricing approvals, developing access plans informed by payers. We also work to create stability and predictability for payers and our business, engaging proactively on upcoming product launches for budget planning, and adjusting prices to account for inflation. In the US in 2023, our combined average net price (after discounts, rebates or other allowances) for our pharmaceutical and vaccines portfolio increased by 0.4%, while the average list price increased by 3.2%, compared with 5.4% (list) for the industry. Over the past five years, the average net price for our products increased 0.3% annually, while the average list price rose by 3.3%, compared with 4.7% (list) for the industry.

1 The 89 million figure includes people reached with *Synflorix*, *Rotarix*, *Cervarix*, *OPV* and *Mosquirix* vaccines and people with access to a generic dolutegravir product through our voluntary licensing agreements; however it does not include people reached through albendazole, for which an assessment will be made in 2025 by the WHO and GSK.

Access continued

Providing access for patients in lower income countries

People living in lower income countries continue to be disproportionately affected by infectious diseases. We want to develop access strategies that make a real difference. In 2023, we reached 89 million people with our vaccines and antiretrovirals in lower income countries.

We systematically evaluate our pipeline, in consultation with global health partners, to identify which products will benefit low- and lower middle-income countries so we can develop effective and focused access plans. In least-developed countries and low-income countries, we do not file patents for our medicines or enforce historic patents. This lets other companies manufacture and supply generic versions of our medicines in those countries. We also support equitable access to impactful GSK products by implementing responsible pricing strategies based on a country's ability to pay (measured by Gross National Income).

Vaccines

We reserve our lowest vaccine prices for Gavi and similar organisations. We have partnered with Gavi since its foundation in 2000 and have supplied more than one billion vaccine doses to date, at our lowest prices to the lowest income countries.

In 2023, through our partnership we significantly increased our supply to deliver around 5 million doses of *Cervarix*, a critical vaccine in lower income countries for addressing cervical cancer. In 2023, we supplied around 41 million doses of our pneumococcal vaccine, *Synflorix*, to seven Gavi-eligible countries at our lowest price. Our vaccine against rotavirus, *Rotarix*, reaches children across 25 Gavi-eligible countries and four former Gavi countries. We have offered vaccines to civil society organisations serving refugees and working in other emergency situations through the Humanitarian Mechanism since 2017. We are also a long-standing supplier of oral polio vaccines through UNICEF and, in 2023, supplied around 130 million doses to help eradicate polio.

Neglected tropical diseases

We have been working 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 2023, we donated 615 million albendazole tablets to help end these NTDs, taking the total we have donated to over 11 billion.

So far, LF has been eliminated in 19 countries including Bangladesh and Lao PDR, who announced elimination of the disease in 2023. These are significant milestones 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 support the development of generic versions of our products through voluntary licences to help improve access by increasing manufacturing capacity and enabling lower prices in eligible countries. In 2023, Aurobindo, Cipla and Viatris, three generic manufacturers, signed sub-licences of ViiV Healthcare's licence with the Medicines Patent Pool to develop, manufacture and supply generic versions of cabotegravir long-acting for HIV pre-exposure prophylaxis (cabotegravir LA for PrEP) in 90 countries, subject to obtaining regulatory approvals. Compared with oral HIV prevention options, cabotegravir LA for PrEP is more complex to manufacture and ViiV is supporting the companies with technical know-how to enable generic development and access as soon as possible.

ViiV also works with global health agencies, non-governmental organisations, governments and community partners to plan for and support the introduction of ViiV-manufactured cabotegravir LA for PrEP into national programmes. In late 2023, first orders of cabotegravir LA for PrEP were delivered to a global partner for programmatic use in low- and middle-income countries.

ViiV Healthcare 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. These agreements cover 95 low- and middle-income countries, with one direct licence and the others via the Medicines Patent Pool. There are similar agreements with 14 generic manufacturers for children, covering 123 countries, as well as separate agreements to enable greater access to dolutegravir in certain upper middle-income countries. This includes generic dolutegravir dispersible tablet 10mg formulations for children living with HIV, which first received FDA tentative approval under the US PEPFAR scheme three years ago and are now available in more than 90 countries. This access has been facilitated by ViiV's public-private partnership with the Clinton Health Access Initiative, Unitaid and two generic manufacturers with sub-licences from the Medicines Patent Pool.

In total, around 24 million people living with HIV across 128 countries had access to a generic product containing dolutegravir by the end of 2023. This is more than 90% of people living with HIV on antiretrovirals in generic-accessible low- and middle-income countries.

Access continued

Malaria

To date, over two million children in Ghana, Kenya and Malawi have been reached with at least one dose of *Mosquirix* (RTS,S/AS01E) through the WHO-coordinated Malaria Vaccine Implementation Programme. Developed by GSK and our partners, *Mosquirix* is a significant scientific breakthrough – it is the world's first malaria vaccine and the first vaccine against any human parasite.

In July 2023, Gavi announced that up to nine African countries are to be allocated doses of *Mosquirix* from early 2024. In early 2024, Cameroon and Burkina Faso became the first countries to introduce the vaccine into routine immunisation programmes. We have committed to supply 18 million doses to Gavi-eligible countries between 2023 and 2025, with a plan to produce 15 million doses 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 vaccine from 2029. We continue to make good progress on this product transfer.

In 2023, results from a landmark study by the London School of Hygiene & Tropical Medicine showed that combining *Mosquirix* with antimalarial drugs in areas of Africa with seasonal malaria reduced malaria cases and deaths in young children over a period of five years. These findings confirm the potential of seasonal vaccination to provide a high level of protection over the first five years of life, when this protection is much needed.

Strengthening healthcare systems

We collaborate with partners to strengthen healthcare systems, which is key to addressing systemic issues which reduce access to healthcare, vaccines and treatments and which perpetuate health inequalities in lower income countries. We work with people and underserved communities to make sure that they take the lead in the decisions that affect them and their health, and we help support emergency preparedness and response.

We work in partnership with organisations that are active within local communities and look to catalyse additional resources to increase impact. In 2023, GSK and ViiV Healthcare joined forces with The Global Fund to pledge $7.5 million over three years to create the Gender Equality Fund, which will support community-based and -led organisations that are working to deliver lasting changes in health policies and programmes, transform gender norms and eliminate discrimination to improve health outcomes, with a focus on TB, HIV and malaria. The Gates Foundation has committed to match this donation, in support of The Global Fund's work.

Mobilised and connected community-based organisations are a vital part of health systems, enabling access to and delivery of services, especially for hard-to-reach populations. Positive Action, ViiV Healthcare's community grant-giving programme, works directly with the communities most affected by HIV to further the ViiV Healthcare mission of ensuring no person living with HIV is left behind. In 2023, Positive Action invested more than £12 million, reaching approximately 514,000 people and providing 99 grants across 31 countries.

In September, we announced that we have renewed our partnership with Save the Children for another five years. To date, the partnership has provided more than 3.5 million children with essential healthcare, trained and equipped more than 39,000 health workers in the most remote and marginalised communities, and advocated for the incorporation of stronger policies to protect children's health at country and global level.

Building on learnings over the last decade, we are focusing our partnership on reducing the number of 'zero dose' children – those who have never received a vaccine – in Ethiopia and Nigeria, which represent more than a third of the zero-dosed children in Africa.

Last year, we launched two new programmes as part of our long-standing partnership with Amref Health Africa. One focuses on malaria in Kenya and Zambia, and the second will address anti-microbial resistance (AMR) across the region. It will work with WHO Regional Office for Africa and the African CDC to identify and assess national AMR plans and support their implementation.

GSK and ViiV Healthcare are committed to responding to humanitarian crises where possible. To date, GSK has donated more than £6 million to a number of partners, including the Red Cross, Save the Children and The Global Fund, directly responding to the humanitarian crisis in Ukraine and neighbouring countries. In 2023, ViiV Healthcare continued to donate antiretroviral medicines to national HIV and AIDS programmes in Poland to support people living with HIV who have been affected by the conflict in Ukraine. To date, the company has donated more than 10,000 packs. Positive Action also launched its Ukraine Emergency Response Fund. Positive Action made £830,000 available to partners based in Ukraine and neighbouring countries to protect the health of people living with and affected by HIV in the region.

Access continued

	2020	2021	2022	2023	
Community investment					
Cash (£m)	91	83	79	**80**	A
Product and in-kind (£m)[1]	136	159	209	**198**	A
Time (£m)	0.1	0.2	0.6	**3**	A
Management costs (£m)	18	17	19	**23**	A
Total community investment (£m)	**245**	**259**	**308**	**304**	A
Value of GSK medicine and vaccines provided through our US Patient Assistance Programs Foundation ($m)[1,2]	151	186	228	**224**	A
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	-0.7%	+5.5%	+1.4%	**0.4%**	
Change in average list price in the US since the previous year	+3.2%	+3.8%	+3.8%	**3.2%**	
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 5 years	-3.2%	-2.0%	-1.1%	**0.3%**	
Change in average list price in the US over the past 5 years	+5.7%	+4.6%	+3.9%	**3.3%**	
Product reach (doses supplied to lower income countries)					
Doses of *Synflorix* vaccines supplied to Gavi (m)	56	39	40	**41**	PR A
Doses of *Rotarix* vaccines supplied to Gavi (m)	53	49	43	**43**	PR A
Doses of *Cervarix* vaccines supplied to Gavi (m)	0.4	0.4	0.2	**5**	PR A
Doses of OPV vaccines supplied to UNICEF (m)	110	80	95	**130**	PR A
Doses of *Mosquirix* (RTS,S/AS01 E) vaccines supplied (m)	2	1	1	**6**	PR A
Albendazole tablets donated to help eliminate lymphatic filariasis (m)	304	451	440	**462**	PR A
Albendazole tablets donated to help treat intestinal worms (m)	113	75	93	**153**	PR A
Total doses supplied (m)	**638**	**695**	**712**	**840[5]**	PR
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**	A
Estimated children reached with *Synflorix* through Gavi ('000)	17,100	12,000	12,116	**12,573**	A
Estimated children reached with *Rotarix* through Gavi ('000)	25,400	23,540	20,561	**20,570**	A
Estimated girls reached with *Cervarix* through Gavi ('000)	180	170	106	**4,307**	A
Estimated people reached with OPV through UNICEF ('000)	21,900	16,010	18,975	**26,032**	A
Estimated people reached with *Mosquirix* (RTS,S/AS01 E) ('000)	–	310	326	**1,383**	A
Total people reached ('000)	**64,580**	**52,030**	**73,011**	**88,923**	A

PR Metric contributes to our ESG Performance Rating.

A Metric's 2023 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 As a chronic and ongoing treatment, the cumulative number of people with access to dolutegravir rather than annual data is reported. The figure is estimated based on sales of generic dolutegravir-based products through our voluntary licensing agreements. In 2022, we updated the methodology to include sales of all generic dolutegravir-based products.

5 In 2023, we also held 149 million doses of OPV vaccine in ready-to-ship stockpile in case of epidemic, making a total of 989 million doses of our products available in lower income countries. This contributed to our 2023 Access Performance Rating metric, which has been independently assured.

Access continued

	2020	2021	2022	2023	
People reached through our healthcare access programmes					
People accessing a healthcare service, worker or educational session through our work with Save the Children ('000)	400	438	91	**103**	
People accessing a healthcare worker, service or facility as a result of the Bill & Melinda Gates CEO Roundtable programme ('000)	–	162	106[1]	**–**[2]	
People reached through ViiV Healthcare's Positive Action for Children Fund grants ('000)	484	188	13	**–**	
People reached through ViiV Healthcare's Positive Action 2020-2030 Strategy grants ('000)	–	274	421[3]	**513**	
People reached through our US Patient Assistance Programs ('000)	96	87	79	**71**	(A)

(PR) Metric contributes to our ESG Performance Rating.

(A) Metric's 2023 data has been independently assured.

1 2022 data has been restated due to more data subsequently becoming available.

2 The Bill & Melinda Gates CEO Roundtable programme concluded in 2022 therefore, no amount was reported for 2023.

3 Reach data is collected from grantees every six months for the previous six months activity over an 18 month cycle. 2022 data has been restated.

Global health and health security

We want to help address the biggest health challenges faced by people around the world.

11

Global Health pipeline assets to address priority WHO diseases progressed in 2023

>30

R&D projects relevant to antimicrobial resistance in our pipeline

12

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

Our commitment

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

Our ESG Performance Rating metrics

- 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)

Where people live continues to influence their chances of enjoying a healthy life. People living in lower income countries are disproportionately affected by infectious diseases. Among the biggest drivers of morbidity and mortality are tuberculosis (TB), malaria, antimicrobial resistance (AMR), HIV and neglected tropical diseases.

GSK has a proud heritage as a leader in global health. We have a unique and important role to play in improving health for patients around the world by using our science, technology, talent and partnerships to deliver health impact at scale and prevent, prepare for and respond to future health security challenges.

Including ViiV Healthcare, we're working on more than 30 potential vaccines and medicines targeting high burden infectious diseases – putting our unique R&D and scientific expertise to work to address some of the world's biggest health challenges.

In 2022, with ViiV Healthcare, we announced an investment of £1 billion over 10 years to accelerate global health R&D. By the end of 2023, we had invested 21%[1] of this and progressed 11 Global Health pipeline assets to address priority WHO diseases including climate-aggravated diseases that are disproportionately affecting lower income countries.

Strong and resilient healthcare systems are critical to enabling access to the right treatments and vaccines. We are working with long-term partners to help strengthen healthcare systems in lower income countries, driven by local needs. Our work to increase underserved people's access to medicines and vaccines is described in Access, on page 10.

Global health R&D

Promising avenues for TB prevention and treatment

GSK is 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 have partnered with the Bill and Melinda Gates Medical Research Institute (MRI) for its further development. Gates MRI is well positioned to lead the large and complex phase III study required. In June 2023, Wellcome and the Bill and Melinda Gates Foundation announced funding of up to $550 million for phase III trials. If these trials are successful, M72/AS01E could be the first new vaccine to help prevent pulmonary TB in over a century.

We are also developing a portfolio of shorter, safer, simpler TB treatments that, in combination with other medicines, could transform the TB landscape as part of new regimens for both drug-sensitive and drug-resistant TB patients. We are advancing four novel medicines in clinical development through nine R&D consortia and partnerships that combine expertise, share risk and leverage resources to accelerate innovation.

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

1 Budget phasing is not linear across the 10-year period.

Global health and health security continued

Breakthroughs in malaria research and treatment

The latest data shows that there were an estimated 249 million malaria cases and over 600,000 deaths caused by malaria in 2022, according to the WHO, with over 90% of those in Africa. More than three-quarters were of children under five. To date, together with our partners, we've brought two products for the prevention and treatment of malaria to market – the world's first vaccine against malaria (see Access, page 10), and a single-dose, radical cure for P. vivax malaria as reported in 2022. Getting ahead of malaria is particularly challenging due to growing resistance to existing drugs and insecticides and as climate change enables the spread of the disease, so we are investing to develop the next generation of transformative tools.

In August 2023, we announced that GSK scientists had discovered a strain of a naturally occurring bacterium that could potentially help eradicate the disease. The Tres Cantos 1 (TC1) strain of the Delftia tsuruhatensis bacterium – named after the GSK R&D facility where it was discovered – significantly reduces the load of P. falciparum malaria parasites in mosquitoes. This could potentially inhibit transmission of the parasite to humans. TC1 was shown to be effective in multiple types of Anopheles mosquito and against multiple types of malaria parasite. The ground-breaking research was conducted in collaboration with the Johns Hopkins Malaria Research Institute at Johns Hopkins Bloomberg School of Public Health.

It also used data from semi-field studies conducted with the Institut de Recherche en Sciences de la Santé (IRSS) in a contained 'MosquitoSphere' facility in Burkina Faso. This suggests that the laboratory findings could be successfully translated to the field for malaria control. We continue to pursue this ground-breaking research while engaging with global health institutions and partners to identify the most effective and sustainable approach for development and mobilisation if successful.

Supporting innovation through capacity and capability building

Through our Africa Open Lab initiative, launched in 2014, we support early-career scientists based in sub-Saharan Africa, with a focus on infectious diseases that disproportionately affect sub-Saharan populations, such as malaria, TB and AMR. In 2023, we agreed grants to ten researchers in six countries in sub-Saharan Africa and we announced a further call for proposals in November. We are also working with African academic institutions to provide grantees with supplemental training in areas including epidemiology, statistics and clinical research.

Strengthening health security

There are many factors that can jeopardise our health security – from new and emerging infectious diseases to the rise of AMR. Climate change and nature loss also can change disease patterns. We are using our scientific know-how and collaborating with others to help the world better prepare for future health challenges.

Getting ahead of AMR through innovation and appropriate use

Founded on GSK's science and technology, our primary contribution to strengthening health security is through our innovation to prevent and mitigate infectious disease. This includes investing in innovation to get ahead 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, ranging from early- to late-stage development, with 12 R&D projects targeting pathogens deemed 'critical' or 'urgent' by the WHO and the US CDC.

These include gepotidacin, which could be the first novel oral antibiotic treatment for uncomplicated urinary tract infections (uUTIs) in over 20 years. Positive phase III data from the EAGLE-2 and EAGLE-3 phase III trials were presented at the European Congress of Clinical Microbiology and Infectious Diseases in Copenhagen in April 2023. 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).

In December 2023, the first patient was dosed in PIVOT-PO, our pivotal phase III trial for tebipenem. 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. In March 2023, we announced an exclusive licence agreement with Scynexis for *Brexafemme* (ibrexafungerp tablets), a first-in-class antifungal for the treatment of vulvovaginal candidiasis (VVC) and for reduction in the incidence of recurrent VVC.

Vaccines remain an important pathway to getting ahead of resistant infections. During the year, the US FDA granted a Fast Track designation for our investigational vaccine against gonorrhoea – which is the second most prevalent bacterial sexually transmitted infection worldwide, with an estimated 82 million new cases globally each year. It is recognised as an urgent unmet medical need due to its growing global incidence and reduced efficacy of available treatments as drug-resistant strains are increasing.

See page 30 of our Annual Report for more about our R&D pipeline.

Global health and health security continued

Progressing vaccines against enteric diseases to reduce the burden of AMR

AMR is a major threat to health globally, and it 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, including invasive non-typhoidal salmonella, klebsiella, shigella, typhoid and paratyphoid fever.

In 2023, it was announced that we are partnering with LimmaTech Biologics for the further development of one candidate vaccine against shigellosis, while we continue to develop another candidate vaccine against the disease which uses our vaccine platform technology, GMMA. Currently, there are no vaccines to help prevent shigellosis, a disease which causes 600,000 deaths each year.

Ensuring appropriate use of antibiotics

Ensuring appropriate access to infectious disease interventions is key to getting ahead of health security threats. We continue to maintain a strong focus on the appropriate use of antibiotics and enabling access to them. We are committed to exploring lower income focused indications of our antimicrobials and vaccines in development, to help maximise their health impact.

We continue to train healthcare professionals around the world on using and prescribing antibiotics appropriately, and the importance of surveillance studies. As well as maintaining our long-running multinational Survey of Antibiotic Resistance programme, we are developing new resistance surveillance programmes to support antimicrobial assets in late-stage development. In January 2023, the Infection Index launched in India. This has been designed to provide convenient access to information and data to support physicians with appropriate antibiotic decision-making.

To support the responsible manufacturing of antibiotics, we work with the AMR Industry Alliance to set global limits for wastewater antibiotic discharges from factories (see Environment, page 18). Our work to strengthen responsible manufacturing of antibiotics was highlighted as an example of good practice in a 2023 report on the issue from the Access to Medicine Foundation's AMR Benchmark.

We also continued to support dialogue around how to rebuild the ecosystem for antimicrobial innovation, participating in discussions on the topic in Brussels, Washington and London.

Partnering for pandemic preparedness

As countries continued to manage the repercussions of the COVID-19 pandemic, health security remained high on the global agenda during 2023. The United Nations held high-level meetings on pandemic preparedness and response and universal health coverage, while the White House has established a Pandemic Preparedness and Response Office.

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

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

	2020	2021	2022	2023	
Global health pipeline assets for priority diseases					
Number of assets progressed through the Global Health pipeline to address priority WHO diseases	10	5	12	11	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	PR

PR Metric contributes to our ESG Performance Rating.

A Metric's 2023 data has been independently assured.

Environment

Climate change and nature loss are an urgent threat to human health, as well as a risk to business resilience. To get ahead of disease and to help ensure long-term business success, we need to take action on climate and nature.

10%
reduction in operational carbon emissions (Scope 1 and 2) in 2023 from 2022

100%
GSK sites with completed baseline biodiversity assessments

100%
of GSK manufacturing sites within AMR Alliance and Wastewater API quality limits

Our commitment

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

Our ESG Performance Rating metrics 2023[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
- Percentage of carbon offset 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 and palm oil deforestation free

Waste and materials

- Operational waste and material reduction at our sites

Climate change and nature loss are creating new health threats and changing the spread and burden of disease, with the most vulnerable communities disproportionately affected. This puts increasing pressure on healthcare systems, which already account for nearly 5% of global emissions.

That's why we have set ambitious environmental goals for 2030 and 2045. These aim to address our impacts across our entire value chain, from drug discovery to disposal of our products. They will help make GSK more resilient, protect our supply chains, help us adapt ahead of anticipated regulation change and provide potential growth opportunities as demand increases for medicines and vaccines with a lower environmental impact.

We are also working to address the impacts of climate change on health. We're investing in R&D for medicines and vaccines for climate aggravated, infectious diseases which disproportionately impact the most vulnerable communities and working with our partners to increase the resilience of healthcare systems to climate change. For more information, see Global health, on page 15.

Collaboration across our entire value chain – with patients, suppliers, regulators and peers – is vital to achieving our goals. We also collaborate internally to ensure we embed climate and nature considerations throughout the business.

Climate

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

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 (31%)
- Scope 3 emissions from logistics (4%)
- Scope 3 emissions from people using our products (57%), mostly metered-dose inhalers
- Scope 3 emissions from the disposal of our products (1%)

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)
- 100% imported renewable electricity by 2025 and 100% renewable electricity (imported and generated) by 2030 (Scope 2)
- 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

1 These metrics are related to the ESG Performance Rating 2023 outlined on pages 6-7. We also measure and report performance against our environmental sustainability targets, which we publish on +gsk.com.
2 Based on 2022 data.
3 The target boundary includes biogenic land-related emissions and removals from bioenergy feedstocks.

Environment continued

In 2023, The Science Based Targets initiative (SBTi) approved GSK's net zero target for 2045 in line with its Corporate Net-Zero Standard, the world's only framework for corporate net zero target setting in line with climate science.

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

Managing our operational footprint

In 2023, we reduced our Scope 1 and 2 carbon emissions by 10% compared with 2022, and by 27% compared with our 2020 baseline. This was primarily due to energy efficiency measures and increasing the amount of renewable electricity we use. For example, our Nashik site in India has reduced its emissions by 93% since 2020, by moving to renewable biomass for heat and to renewable electricity.

As a member of the RE100 initiative, we have committed to reach 100% of our imported electricity from renewable sources by 2025 and 100% of all electricity we generate and import from renewable sources by 2030. In 2023, we reached 83% imported renewable electricity, an increase of 10% from 2022.

We signed a power purchase agreement to source renewable electricity to cover 50% of our electricity demand for our sites in Europe from mid-2026. Two additional wind turbines and the new solar farm at our manufacturing facility in Irvine, Scotland began generating renewable energy.

We seek to follow leading practice in laboratory sustainability. In 2023, seven of our laboratories in the United States, Canada and the UK achieved My Green Lab Certification, which is considered the gold standard for laboratory sustainability best practices around the world, covering community engagement, energy, water, waste and resource management. Three of these received the highest level of certification. We now have ten laboratories certified across our network with a further ten in the assessment process.

We are a member of EV100 and are committed to transition 100% of our fleet to electric or hybrid vehicles and to install chargers at 100 of our sites by 2030. Plug-in-hybrid or fully electric vehicles made up 6% of our sales fleet and 16% of our total fleet in 2023. We have chargers at 30 major sites and have increased the number of charging points to nearly 500.

Addressing our Scope 3 emissions

Our overall Scope 3 emissions are 10% lower than our baseline year of 2020, although there was a 4% increase in 2022 (our latest available data) compared with 2021. This was primarily driven by higher sales of metered dose inhaler products. We set out below the steps we are taking to reduce the emissions associated with metered dose inhalers. Although overall Scope 3 emissions increased from 2021 to 2022, in the same period, we reduced upstream Scope 3 emissions from our suppliers, see more below.

Supply chain emissions

The goods and services we buy to make our medicines and vaccines, and additional upstream emissions, account for approximately 31% of our total carbon emissions footprint. In 2023, our supply chain emissions fell by 2%.

Our Sustainable Procurement Programme requires our suppliers to take action on both climate and nature. At the same time, we actively support our suppliers to adopt new environmental sustainability measures, with a particular focus on the top 30 suppliers by climate and nature impact.

We have started to include contract clauses on carbon reductions for these priority suppliers. In 2023, 23% of our top 30 suppliers by carbon emissions have submitted science based targets for validation, and eight of those have had the targets approved. In 2023, we completed deep-dives for two of our key suppliers to identify opportunities to reduce energy and water usage and switch to renewable energy sources.

We are also engaging more broadly across our supply chain. In May 2023, as part of our Supplier Forum, attended by 56 suppliers, we held three sustainability roundtables focused on addressing common challenges and potential solutions. We launched the Sustainability Foundations programme in January 2023 with over 50 GSK procurement employees attending three hours of training, focused on climate and nature. Participants reported a 60% increase in confidence and competence in explaining our ambition to suppliers and ensuring our environmental goals are aligned.

Supply chain emissions are a shared challenge for our sector, so we are working in collaboration across our industry through programmes like Activate, Energize and the Sustainable Markets Initiative (SMI) Health Systems Task Force, to find solutions.

To date, 10 of our top 30 suppliers by carbon emissions have registered to join the Activate programme focused on reducing emissions from the production of active pharmaceutical ingredients.

In July, our CEO signed an open letter alongside other healthcare leaders in the SMI Health Systems Task Force, calling on our suppliers to sign-up to the joint minimum climate and sustainability targets set by the Task Force.

In December, My Green Lab launched Converge, a collaborative supply chain initiative to encourage suppliers to reduce the environmental impact of labs in their value chain. GSK is one of the founding sponsors of the initiative.

Emissions from the use of our products

The use of our medicines and vaccines makes up 57% of our total footprint. Most of this is from the propellant used in metered-dose inhalers for asthma and chronic obstructive pulmonary disease (COPD).

GSK's rescue metered dose inhaler (MDI) medication, *Ventolin* (salbutamol) is an essential medicine prescribed to approximately 35 million people with respiratory conditions worldwide. Patient use of this inhaler, due to the current propellant, accounts for just under half (48%) of our carbon footprint. We are investing in a low-carbon programme with the potential to reduce greenhouse gas emissions from the inhaler by 90% by transitioning to a next generation, lower-carbon propellant. Phase III trials will begin in 2024 and, if successful, regulatory submissions will start in 2025. This is to supplement our existing low carbon dry powder inhalers.

Climate-related financial disclosures

See pages 62-70 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.

Environment continued

Nature

In 2023, we shared more detail on our plan for contributing to a nature-positive world, in line with the goal of the Global Biodiversity Framework to halt and reverse biodiversity loss by 2030. It sets out how we approach action on nature through four focus areas – freshwater, land, oceans and atmosphere – including the biodiversity of living species across these areas.[1] We aim to deliver our contribution in three ways: avoiding or reducing our impact on nature, protecting and restoring nature, and helping to accelerate collaborative action. This approach is aligned with the work of the Taskforce on Nature-related Financial Disclosures (TNFD) and the Science Based Target Network (SBTN).

The overuse of natural resources and the generation of waste and pollution are key drivers of nature loss, so we have also set underlying targets on waste and materials.

In May 2023, we were selected to be part of the first group of companies to participate in the initial target validation process with SBTN to set validated science-based targets for nature, starting with targets for freshwater and land, followed by targets for oceans and biodiversity. These targets will focus on locations across our value chain where nature is particularly under pressure.

TNFD published its final framework in September – an outcome of the pilot framework that we and others were already testing. We announced our commitment to adopting TNFD-aligned disclosures in 2026, based on 2025 data. We have already started to implement the final recommendations in our 2023 disclosure on page 70 of the Annual Report.

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

Freshwater

We continue to work towards our existing water targets (set out below) and, as part of the SBTN pilot, we are currently working to implement their guidance and validate our freshwater targets.

Targets

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

We depend on water for the production of our vaccines and medicines. Our primary impact on water availability is through our manufacturing sites located in areas of water-stress.

100% of our sites are good water stewards, in line with the Alliance for Water Stewardship's definition. In 2023, we started the Alliance for Water Stewardship Standards certification process for our five water-stressed sites in Algeria, India and Pakistan. The site teams have passed their training on the Standard and are working to implement it by 2025.

We achieved our overall water reduction target in 2022. In 2023, we reduced overall water use in our operations by an additional 1% compared with 2022 and by 6% in sites in high water-stress regions. This is a decrease of 24% for overall water use and 11% for sites in high water-stress regions against our 2020 baseline.

We have implemented water efficiency and reuse systems at a number of our sites, including Pakistan, which is increasing its recycled water capacity. At our Wavre site in Belgium, a pilot wastewater treatment station has been installed to enable reuse of our wastewater to reduce water consumption.

For our sites and key suppliers located in water-stressed areas, we are developing catchment-level water replenishment, restoration and regeneration projects to deliver our water neutrality target.

We have partnered with a local NGO, Watershed Organisation Trust (WOTR), in Nashik, India on a water replenishment project designed to improve ecosystem conditions, enhance the climate resilience of local agriculture, and help local villages manage water resources to improve their health and livelihoods.

We are also a founding partner of the Women + Water Collaborative in India, which launched in October 2023, working with the Water Resilience Coalition, an initiative between the UN Global Compact and the Pacific Institute. This programme brings together companies from different sectors to leverage women's leadership to improve access to clean water and sanitation, ultimately supporting the health of local communities.

We are committed to ensuring that discharges from the manufacturing of APIs, including antibiotics, do not adversely affect people or the environment. In 2023, 87% of all sites and key suppliers were compliant with AMR Alliance and API Wastewater discharge limits, down from 94% in 2022. This is driven by us expanding our scope to include more API suppliers which led to a decrease in the percentage of key suppliers that were confirmed to be within Wastewater API discharge limits. We are now engaging with these additional suppliers to assess their alignment with discharge limits, and support improvements where necessary. 100% of GSK sites were within AMR Alliance and Wastewater API quality limits.

To support the responsible manufacturing of antibiotics, we work with the AMR Industry Alliance to set global limits for wastewater antibiotic discharges from factories. Our work to strengthen responsible manufacturing of antibiotics was highlighted as an example of good practice in a 2023 report on the issue from the Access to Medicine Foundation's AMR Benchmark.

Land

We continue to deliver on our existing land targets (set out below). Additionally, we are piloting the SBTN guidance for setting land targets.

Targets

- Positive impact on biodiversity at all sites[3] by 2030
- 100% of agricultural and forestry-derived materials sustainably sourced and deforestation free by 2030

1 In previous ESG Performance Reports, our nature targets are grouped by water, waste and materials, and biodiversity. When we published ' Our plan for contributing to a nature positive world' in September 2023, we updated our target categories to align with the four areas of nature as defined by TNFD and SBTN, with underlying targets on waste and materials. The targets remain the same.

2 Below the predicted no-effect level.

3 GSK-owned sites.

Environment continued

Land degradation, due to poor land management or land 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. Their production can drive deforestation and land-use change.

During 2023, we completed baseline assessments for six sites, meaning we have now assessed all our sites, using the Natural England Biodiversity Net Positive methodology. In parallel, we have plans in place to improve biodiversity at nine of our sites, an increase of six from 2022.

In May 2023, we set out ambitious new Sustainable Sourcing Standards for suppliers who provide us with materials that are highly dependent on nature, like lactose, gelatine and soy. The standards, developed in collaboration with third-party experts, aim to support these suppliers to assess, improve and verify their approach to addressing a range of nature impacts – and associated climate and social impacts – including land-use, water stewardship and biodiversity.

We have roadmaps in place which aim to achieve 100% sustainably-sourced paper packaging and palm oil by 2025. In 2023, 86% of our paper packaging was derived from certified sources or from recycled raw materials and 98% of our core palm oil materials were certified by third parties as being from sustainable sources. To further improve our Palm Oil sourcing practices, we have joined Action for Sustainable Derivatives, an industry-led collaboration to tackle environmental and social supply chain issues around palm oil derivatives.

While working with suppliers is a key part of our goal to reduce our impact on nature, where appropriate we will also look at opportunities to reduce or avoid the use of some natural materials, for example 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

We continue to deliver on our existing ocean target (set out below), and will apply the relevant science-based methodology on oceans when it becomes available.

Target

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

Degradation of the world's oceans, caused by factors such as climate change, marine pollution and over-fishing, poses risks to human health and business resilience. Our impacts and dependencies on oceans come primarily from marine-derived materials that are a critical part of manufacturing vaccines and medicines.

For example, we use horseshoe crab blood, which is an important substance that is required by some regulators to be used in pharmaceutical and biomedical quality control processes to ensure the quality and safety of medicines, vaccines and devices.

We continue to make progress on volume reductions, and we are advancing a pilot across five of our sites to test the use of non-animal alternatives. At the same time, we are engaging with regulators to support wider uptake of these alternatives.

Until horseshoe crab blood can be fully replaced, we are working with our suppliers to improve sustainability. Our new Sustainable Sourcing Standards, discussed above, include a specific Marine Sustainable Sourcing Standard which outlines the requirements that our suppliers of marine-derived materials must adhere to. We conducted physical site audits of key suppliers in 2023 to understand adoption of this standard.

Atmosphere

Air quality is closely linked to climate change, as many of the drivers of air pollution, such as burning fossil fuels, are also sources of greenhouse gas emissions. Air pollution is a significant risk to human health, particularly for patients with respiratory conditions like asthma and COPD.

Our approach to air pollution includes reducing pollutants linked to burning fossil fuels that will be addressed via our SBTi-aligned climate targets (set out on page 18), as well as looking more broadly at our air pollution footprint.

To help accelerate collective action on air pollution, we are members of the Alliance for Clean Air through the Clean Air Fund (CAF) and the World Economic Forum, which aims to drive corporate action on clean air to accelerate climate action and create healthy communities around the world.

We have done an initial assessment to establish an air pollution footprint in our operations and our supply chain. This highlighted opportunities for reductions in emissions linked to on-site electricity generation and use of solid fuels, car use and move to electric fleet, as well as indicating opportunities in our value chain for the sourcing of plastic and glass products. We are creating reduction plans around these key areas that are aligned to our pathway to zero and which aim to have a positive impact on air quality.

We are conducting an additional air quality assessment, working with Stockholm Environment Institute (SEI) and the University of York, broadening the suite of air pollutants to be taken into consideration to understand their impact across our value chain and their connection to human health.

1 Including a 20% reduction in routine hazardous and non-hazardous waste.
2 Where regulatory obligations allow, excluding plastics that are critical to product discovery and development, and health and safety.

Environment continued

Waste and materials

The overuse of natural resources and the generation of waste and pollution are key drivers of climate change and nature loss.

Targets

Our approach to product stewardship means that we consider and aim to address impacts on nature and climate at every stage of the product life cycle, from discovery, design, sourcing and manufacturing through to product use and disposal. We have set a target to help accelerate the adoption of this approach:

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

We have also set targets to reduce operational and supply chain waste:

– Zero operational waste,[1] including eliminating single-use plastics[2] by 2030
– 10% waste reduction from our supply chain by 2030

Product stewardship

Our approach to product stewardship across both new and existing products is built on a scientific method for environmental footprinting called life cycle assessment (LCA). We worked with external specialists to co-develop an internal product carbon footprinting tool, building on the LCA process, that covers both climate and nature to inform our scientists and engineers when they develop new products. We also use publicly available tools when we need to share information outside of GSK.

To embed sustainability into the design of all our future products, we have developed a set of eco-design principles to help guide the decision-making.

We are actively working as part of a consortium of eight global pharmaceutical that have come together via the Pharmaceutical Environment Group (PEG), with support from the SMI, to co-develop a shared way of measuring and reporting environmental product data.

Since 2022, we have completed an LCA analysis for 22 products, which has enabled us to identify where we need to improve manufacturing design, to assess potential savings from design changes and to provide product-level information to key customers on specific products.

100% of GSK sites are now manufacturing PVC-free secondary and tertiary packaging. We also implemented our first pilot of electronic patient information, to replace paper leaflets in Singapore.

A solvent reduction strategy is being rolled out across our sites and key suppliers. This includes designing out solvents, using lower impact solvents, and improving solvent recovery rates.

Waste

In 2023, we reduced operational waste by 1% compared with 2022, a total of 21% since 2020.[1] We increased the amount of materials recovered by circular routes to 53%.

We have maintained zero operational waste to landfill and we continue to build on our long-standing operational waste management programme to identify opportunities to find more beneficial uses for waste.

For example, at our wastewater treatment facility in Jurong and at our site in Marburg, Germany, we are reducing the amount of waste incinerated.

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

Investing in nature

Investing in nature protection and restoration is a key part of our ambition and commitment to achieve a net zero, nature positive, healthier planet. We aim to do this by making investments in nature across our value chain. We are also prioritising nature investments for the carbon credits we are committed to securing as part of our pathway to net zero emissions.

Our approach is to partner with expert developers, investors and NGOs to invest in early-stage nature projects for the long term.

GSK is an investor in Climate Asset Management's Nature Based Carbon Fund, which aims to invest at a landscape scale in grassland, agriculture, forestry, wetlands and coastal carbon projects in developing economies, to provide long-lasting, verified, positive impact at scale for the climate, biodiversity and local communities. This is a long-term investment over the next 15 years, which aims to secure approximately a quarter of credits that we need in 2030, to meet our commitment to invest in nature-based solutions for 20% of our 2020 footprint.

To help ensure that human health is a key outcome of the world's drive to protect and restore nature, in September 2023, we published an open-source toolkit in partnership with Pollination, developed with input from key nature and health experts from organisations such as the Circular Bioeconomy Alliance, the Nature Climate Solutions Alliance and the London School of Hygiene and Tropical Medicine. The toolkit aims to support companies, investors and developers to incorporate health considerations in the design of nature-based projects. We will be seeking to test the toolkit in some of the nature investments that we make.

1 Methodology changed in 2023 to only include waste and materials leaving our sites.
2 Where regulatory obligations allow, excluding plastics that are critical to product discovery and development, and health and safety.

Environment continued

	2020	2021	2022	2023	
Energy					
Natural gas purchased (GWh)	1,873	1,744	1,655	**1,567**	
Electricity used (GWh)	**1,102**	**1,008**	**970**	**958**	
Purchased renewable electricity (GWh)	487	631	697	**782**	A
Purchased non-renewable electricity (GWh)	605	372	263	**163**	
On-site renewably generated electricity (GWh)	19	13	18	**17**	A
Exported electricity (GWh)	9	8	8	**4**	
Coal (GWh)	0	0	0	**0**	
Other fossil fuels (GWh)	49	58	81	**60**	
Renewable heat (GWh)	9	8	13	**12**	
Purchased heating and cooling (GWh)	52	52	41	**39**	
Total energy for operations (GWh)	**3,085**	**2,871**	**2,759**	**2,636**	A
% renewable electricity	46%	63%	73%	**83%**	
Carbon: Scope 1 and 2 emissions					
On-site fuel use (thousands of tonnes CO_2e)	355	333	320	**301**	
Sales force vehicles (thousands of tonnes CO_2e)	60	52	51	**46**	
Propellant emissions during manufacture of inhalers (thousands of tonnes CO_2e)	275	237	243	**220**	
On-site waste or wastewater treatment (thousands of tonnes CO_2e)	0	0	0	**0**	
Refrigerant gas losses (thousands of tonnes CO_2e)	20	11	13	**13**	
Total Scope 1 emissions (thousands of tonnes CO_2e)	**711**	**633**	**626**	**581**	A
Electricity (market-based emissions) (thousands of tonnes CO_2e)	163	125	84	**60**	
Purchased heating and cooling (thousands of tonnes CO_2e)	6	6	4	**4**	
Total Scope 2 market-based emissions (thousands of tonnes CO_2e)	**169**	**131**	**88**	**64**	A
Total Scope 2 location-based emissions (thousands of tonnes CO_2e)	**309**	**285**	**265**	**240**	A
Total Scope 1 and 2 market-based emissions (thousands of tonnes CO_2e)	**879**	**764**	**715**	**645**	PR A
Fermentation/biogenic releases (thousands of tonnes CO_2e)	27	10	12	**12**	
Carbon: Scope 3 emissions[1]					
Purchased goods and services (thousands of tonnes CO_2e)	3,267	2,725	2,485	–	
Capital goods (thousands of tonnes CO_2e)	162	154	161	–	
Fuel and energy-related activities (thousands of tonnes CO_2e)	89	84	145	–	
Transportation and distribution (upstream) (thousands of tonnes CO_2e)	267	189	242	–	
Waste generated in operations (thousands of tonnes CO_2e)	20	64	51	–	
Business travel (thousands of tonnes CO_2e)	42	50	85	–	
Employee commuting (thousands of tonnes CO_2e)	37	48	60	–	
Leased assets (upstream) (thousands of tonnes CO_2e)	0	0	0	–	
Transportation and distribution (downstream) (thousands of tonnes CO_2e)	135	99	130	–	
Processing of sold products (thousands of tonnes CO_2e)	0	0	0	–	

PR Metric contributes to our ESG Performance Rating.

A Metric's 2023 data has been independently assured.

1 Other than propellant emissions data (which is collected through our internal systems); we will not have an accurate picture of 2023 Scope 3 emissions until later in the year.

Environment continued

	2020	2021	2022	2023	
Use of sold products (thousands of tonnes CO_2e)	5,836	5,120	5,523	–	
– Emissions from use of propellant-based inhalers by patients (thousands of tonnes CO_2e)	5,631	5,039	5,429	**5,039**	A
End of life (thousands of tonnes CO_2e)	24	51	47	–	
Leased assets (downstream) (thousands of tonnes CO_2e)	0	0	–	–	
Franchises (thousands of tonnes CO_2e)	0	0	–	–	
Investments (thousands of tonnes CO_2e)	70	41	66	–	
Total Scope 3 emissions (thousands of tonnes CO_2e)	**9,949**	**8,624**	**8,995**	–	
Ozone-depleting substances					
ODP inventory of CFC and HCFC in equipment (kg of CFC11e)	307	277	6	**5**	
ODP calculated releases of CFC11e (kg of CFC11e)	8	8	0	**0**	
Water use					
Municipal (million m^3)	6.9	5.8	5.6	**5.6**	
Ground water (million m^3)	2.7	2.0	1.7	**1.6**	
Tankers (million m^3)	0.1	0.1	0.1	**0.2**	
Total water use (million m^3)	**9.7**	**7.9**	**7.5**	**7.4**	A
Recycled sources (million m^3)	0.2	0.3	0.2	**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)	5.7	4.0	4.0	**3.9**	
Wastewater to surface water (million m^3)	2.8	1.9	1.8	**2.2**	
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)	**8.6**	**5.9**	**5.9**	**6.2**	A
% of GSK sites and supplier locations used by GSK that are compliant with AMR alliance and wastewater API limits	–	–	94%	**87%**	PR

PR Metric contributes to our ESG Performance Rating.

A Metric's 2023 data has been independently assured.

Environment continued

	2020	2021	2022	2023	
Waste and materials[1]					
Total waste recovered via a circular route (thousand tonnes)	–	21.9	21.8	**26.2**	
Total waste disposed via a non-circular route (thousand tonnes)	–	33.9	28.5	**23.5**	
Total waste and materials generated (thousand tonnes)[1]	**63.0**	**55.8**	**50.3**	**49.7**	PR
% circular waste	–	39%	43%	**53%**	
Total hazardous waste recovered via a circular route (thousand tonnes)	–	2.9	2.9	**3.6**	
Total hazardous waste disposed via a non-circular route (thousand tonnes)	–	18.3	16.3	**14.7**	
Total hazardous waste (thousand tonnes)	**25.7**	**21.2**	**19.2**	**18.3**	
Total non-hazardous waste recovered via a circular route (thousand tonnes)	–	19.0	18.9	**22.5**	
Total non-hazardous waste disposed via a non-circular route (thousand tonnes)	–	15.6	12.1	**8.9**	
Total non-hazardous waste (thousand tonnes)	**37.3**	**34.6**	**31.0**	**31.4**	
Total hazardous waste incinerated (thousand tonnes)	21.9	14.0	13.2	**13.0**	
Total non-hazardous waste incinerated (thousand tonnes)	14.1	13.2	8.5	**8.4**	
Total waste incinerated (thousand tonnes)	**36.0**	**27.2**	**21.7**	**21.4**	
Total hazardous waste to landfill (thousand tonnes)	0.0	0.0	0.0	**0.2**	
Total non-hazardous waste to landfill (thousand tonnes)	0.1	0.0	0.1	**0.0**	
Total waste to landfill (thousand tonnes)	**0.1**	**0.0**	**0.1**	**0.2**	
Sustainable sourcing					
Percentage of paper deforestation free	–	–	–	**86%**	PR
Percentage of palm oil deforestation free	–	–	–	**98%**	PR
Compliance and remediation					
Number of GSK internal audits	0	0	24	**20**	
Number of GSK sites independently certified to ISO 4001	0	0	7	**9**	
Environmental fines (£'000s)	0	0	0.2	**0**	
Remediation spend ($m)	2.8	3.0	2.8	**3.3**	

PR Metric contributes to our ESG Performance Rating.

A Metric's 2023 data has been independently assured.

1 Methodology changed in 2023 to only include waste and materials leaving our sites. We have restated waste and materials data for 2021 and 2022 to reflect this. Please see Environmental Data Table 2023 for more detail.

Diversity, equity and inclusion

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

100%

2023 phase III trials included a demographic plan

45%

VP-and-above roles held by women globally

18.4%

ethnically diverse leaders at VP-and-above in the UK

Our commitment

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

Our ESG Performance Rating metrics 2023

- 100% of phase III trials initiated in 2023 will have proactive plans in place designed to enrol appropriately diverse trial participants, consistent with disease epidemiology
- Improve year-on-year spend with US-based certified diverse-owned suppliers
- Update towards 2025 aspirations through fair and equitable opportunities:
  - aspire to have women hold at least 45% of VP-and-above roles globally by the end of 2025
  - aspire to have at least 30% ethnically diverse leaders in our roles at VP-and-above in the US by the end of 2025, and increase the percentage of Black or African American, and Hispanic or Latinx 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 by the end of 2025, and increase the percentage of Black VP-and-above leaders year on year

Becoming a more diverse, inclusive and equitable business will help to attract and retain outstanding talent, bringing greater opportunity to create better health outcomes for patients.

We want better health outcomes for all. Our clinical trials need to reflect the populations affected by the diseases we are aiming to address. Backed by the latest scientific research, we are working to make sure we recruit participants to our clinical trials in line with the epidemiology of the diseases in question.

Being an inclusive business will make the most of our people's potential and increase our positive impact. Our culture should allow all our people to thrive, we want all our leadership to reflect our GSK people and our people to reflect the communities we work and hire in. Diversity brings better insights and better-quality decision-making to help us perform better and understand our diverse patients. We want a truly inclusive working environment where all employees can be themselves and their diverse perspectives and characteristics are valued so they can thrive, perform at their best and help us get ahead of disease together.

To build a diverse workforce, we need a diverse pool of job applicants – so we are working to improve access to STEM education among under-represented communities. These efforts extend from community programmes and secondary education, through working with universities to mentoring young people beginning their careers.

Clinical trial diversity

Diseases and medicines can affect people differently depending on ethnicity, sex, race and age. This means it is important to ensure that the patients and people enrolled in our clinical trials represent the real-world patient/people population that will use our medicines and vaccines and represent those affected by the disease under study.

We continue to make progress in advancing clinical trial diversity. In addition to ensuring 100% of our phase III trials have diversity plans in place to enrol the groups most affected by the disease being studied, based on disease epidemiology, we also are challenging ourselves to actively monitor patient recruitment in real time to ensure that we reach our diversity goals. We met our objective of 100% of the phase III interventional trials initiated in 2023 having proactive diversity plans.

In February 2023, we published a study of 17 years of GSK and ViiV Healthcare US clinical trial diversity data. It showed that enrolling participants to clinical trials based on real-world disease epidemiology data, rather than census data, would ensure that those trials reflect the populations affected by different diseases. As an example, US Census Bureau data indicates 13.4% of the total US population is Black/African American. However, epidemiology shows us that of HIV patients recently diagnosed in the US, 55.3% are Black/African American. We are using epidemiologic data to guide enrolment in our clinical trials, allowing us to set more representative trial enrolment goals.

Diversity, equity and inclusion continued

By publicly sharing this research, we hope to advance the discussion around clinical trial diversity and improve how the pharmaceutical sector approaches the issue of clinical trial diversity.

Supporting diversity in our supply chains

By engaging with and mentoring small and diverse-owned businesses in our supply chain, we can help them identify potential areas for growth. In 2023, we increased investments with select suppliers in marketing, sales and technology. In addition, we significantly increased partnerships with external advocacy groups, deepened relationships with key existing diverse suppliers, and onboarded new diverse suppliers.

This year, we expanded our successful US supplier diversity programme to the UK. This programme provides opportunities to under-represented groups, including women, ethnic minorities, members of the LGBTQ+ community, people with disabilities and military veterans, as well as small businesses in high-unemployment, low-income communities.

Supporting an inclusive culture

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

+ **gsk.com:** The Code

Building a diverse organisation

We are fundamentally committed to equal employment opportunity and non-discrimination for all employees and we want all our leadership to reflect our GSK people and our people to reflect the communities we work and hire in. That is why we have set leadership aspirations for race and ethnicity in senior positions in the US and UK and gender aspirations for senior positions globally. To support this, we ensure that our recruitment and selection processes are fair and equitable to all.

For vacancies in our senior grades, we expect diverse shortlists and interview panels by gender and ethnicity. We are working with recruitment agencies, our internal Employee Resource Groups and specialist organisations to drive progress. Hiring managers are required to complete inclusive interview training before they start selection processes.

At the end of 2023, women held 45% of VP-and-above roles globally, compared with 42% in 2022. Women made up 48% of all employees in 2023, and 50% of all management roles.

In countries that meet our criteria for data confidentiality and anonymity, we disclose the race and ethnicity of our people at each level and set aspirations for leadership representation which reflect available talent, our employee population and external communities. Currently, the UK and the US meet those criteria.

In the UK at the end of 2023, we had 18.4% ethnically diverse leaders at VP-and-above, compared with 14.3% in 2022. We had 1.9% Black leaders at VP level and above compared with 1.6% in 2022. In the US at the end of 2023, we had 35.7% ethnically diverse leaders at VP-and-above, compared with 31.3% in 2022. We had 8.1% Black or African American leaders at VP-and-above compared with 8.6% in 2022. We had 6.4% Hispanic or Latinx leaders at VP-and-above compared with 6.4% in 2022.

We are working to ensure that we have a representative pool of job applicants from which to hire. In the US, we continue to engage with Historically Black Colleges and Universities, and Hispanic Serving Institutions, and our employee alumni, to encourage applications for our graduate and experienced hire positions and target recruitment campaigns to reach under-represented groups.

A highly talented and diverse team is essential to help us get ahead of disease together. Our fair and equitable pay practices help ensure we 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 equity. If unexplained differences are detected, we address them through our compensation processes. Our focus on pay equity while building a diverse organisation helps us to deliver strong UK pay gap results.

Our 2023 gender pay gap for all permanent UK-based GSK employees is -0.50% (mean), compared to the national average of 13.2%. This is the second time that we're reporting our UK ethnicity pay gap comparing the average pay of our White and Ethnically Diverse employees. Our 2023 UK ethnicity pay gap for all permanent UK-based GSK employees is -0.74% (mean), compared with 0.06% in 2022.

In addition, within our 2023 UK ethnicity pay gap report we are also sharing the pay gaps comparing the average pay of our White employees with those in the ethnic groupings of Black, Mixed, Asian, and Other. This is with reference to the UK government's recently published guidance to provide a more granular view.

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

An inclusive and accessible place to work

Our workplaces must be inclusive and accessible to all, with a culture of empathy and acceptance where we embrace each other's differences and identities. Our Employee Resource Groups (ERGs) are employee-led communities that collaborate with the business in achieving their strategic priorities, in line with the global inclusion and diversity strategy. Alongside our Councils focused on single aspects of diversity like race or gender, this year, we also created a new forum – the Intersectionality and Inclusion Council – through which our various ERGs can provide cross-dimensional input to our priority global initiatives that affect employees at scale.

Diversity, equity and inclusion continued

This year, we undertook the UK's Business Disability Forum's Disability Smart Assessment; it showed that we have made clear improvements over the last three years in making adjustments for people with disabilities, recruitment, retention, the built environment and technology. We are now developing a new three-year plan to further improve how we meet the needs of people with disabilities.

We are taking the needs of all our people into account by using our own Inclusive Design Standards for all new and retrofitted facilities, including our new global headquarters in London. These standards aim to ensure that our workplaces are welcoming to all our people.

We have also partnered with PurpleSpace to sponsor a series of 'Confident Conversation' guides, available to all. These guides are a resource for people with disabilities and health conditions to help build confidence and personal resilience. They are also useful for colleagues, managers and leaders to learn more about how to support employees with disabilities and health conditions. Additionally, Disability Confidence training has been added into our First Line Leader training, aimed at all our people managers. This training is designed to develop inclusive leaders that are able to promote disability confidence within their teams.

We continue to work to make sure that our LGBTQ+ colleagues feel welcome, valued and included. We were once more recognised as a Gold employer within Stonewall's Top Global Employers Index.

This year, we relaunched our Mental Health Matters training. Available globally, it is designed to help our people spot the signs of poor mental health, know how to start a conversation with others, and signpost resources to support everyone's wellbeing.

Supporting diverse innovators for the future

We're investing in STEM education to make it more equitable and to support and inspire the next generation of diverse, talented innovators.

Our GSK Science in the Summer™ initiative offers free, hands-on STEM learning in community settings to students in the US from groups traditionally under-represented in STEM careers, or from under-resourced communities. It has reached more than 380,000 children across the US since its launch in 1986.

In 2020, we committed $10 million over 10 years to support the number of women and Black and Latinx students in Philadelphia entering STEM careers. More than 138,000 students of all backgrounds have benefited from GSK STEM equity grants provided to local non-profit organisations so far.

In the UK, we launched a £6 million, 10-year STEM equity programme, targeting 11–25-year-old girls and young women, black people and people from low socio-economic backgrounds. The programme includes nationwide STEM mentoring, delivered in partnership with established mentoring organisations. In its first three years, we aim to reach approximately 4,000 young people through this programme.

	2020	2021	2022	2023	
Gender diversity[1]					
% of women (all employees)	47%	47%	47%	**48%**	A
SVP/VP level	38%	40%	42%	**45%**	PR A
Director level	46%	48%	49%	**50%**	A
Manager level	50%	50%	51%	**51%**	A
Total women in management	**48%**	**48%**	**50%**	**50%**	A
% of women on the Board	42%	42%	27%	**42%**	
Share of women in STEM-related positions (as a % of total STEM positions)	44%	45%	45%	**46%**	
% of women in management positions in revenue-generating functions	41%	41%	43%	**45%**	

PR Metric contributes to our ESG Performance Rating.

A Metric's 2023 data has been independently assured.

1 This data represents those that actively responded to identify a gender category. In 2023, 0.2% did not actively respond and a further 0.1% indicated 'I prefer not to say'.

Diversity, equity and inclusion continued

	SVP/VP				Director				Manager				All employees				
	2020	2021	2022	2023	2020	2021	2022	2023	2020	2021	2022	2023	2020	2021	2022	2023	
US ethnic diversity[1]																	
American Indian or Alaska Native	–	–[2]	–[2]	–[2]	0.4%	0.4%	0.3%	**0.3%**	0.3%	0.4%	0.3%	**0.2%**	0.4%	0.4%	0.3%	**0.3%**	
Asian	10.8%	10.8%	13.3%	**18.8%**	13.8%	14.7%	16.2%	**16.8%**	15.9%	16.7%	17.8%	**18.4%**	12.9%	13.7%	14.9%	**15.7%**	
Black or African American	5.8%	7.9%	8.6%	**8.1%**	5.5%	5.2%	6.0%	**6.5%**	6.3%	7.1%	7.9%	**7.8%**	9.9%	9.8%	10.4%	**11.0%**	PR
Hispanic or Latinx	5.0%	5.8%	6.4%	**6.4%**	4.5%	4.5%	4.5%	**4.9%**	5.1%	5.4%	4.4%	**4.9%**	5.1%	5.3%	5.3%	**5.8%**	PR
Native Hawaiian or Other Pacific Islander	–	–[2]	–[2]	–[2]	0.3%	0.3%	0.2%	**0.2%**	0.1%	0.1%	–[2]	**0.1%**	0.2%	0.2%	0.2%	**0.2%**	
Two or more races	1.2%	2.2%	2.1%	**1.7%**	0.9%	1.2%	1.5%	**1.3%**	1.6%	1.5%	1.7%	**2.0%**	1.5%	1.6%	1.9%	**1.9%**	
Ethnically diverse total	**23.2%**	**27.1%**	**31.3%**	**35.7%**	**25.3%**	**26.3%**	**28.7%**	**30.0%**	**29.3%**	**31.1%**	**32.2%**	**33.5%**	**30.0%**	**31.0%**	**33.1%**	**34.9%**	PR A
White total	**76.8%**	**72.9%**	**68.7%**	**64.3%**	**74.7%**	**73.7%**	**71.3%**	**70.0%**	**70.8%**	**68.9%**	**67.8%**	**66.5%**	**70.0%**	**69.0%**	**66.9%**	**65.1%**	
UK ethnic diversity[1,3]																	
Asian	5.7%	6.5%	7.4%	**9.7%**	11.8%	12.6%	14.2%	**15.1%**	16.0%	17.4%	16.5%	**17.4%**	13.1%	13.8%	13.3%	**14.2%**	
Black	1.6%	1.6%	1.6%	**1.9%**	1.8%	1.8%	1.9%	**2.2%**	2.3%	2.7%	3.1%	**3.4%**	2.5%	2.6%	2.7%	**3.0%**	PR
Mixed	1.2%	2.0%	1.6%	**2.9%**	1.5%	1.9%	1.7%	**2.0%**	1.8%	2.0%	1.8%	**2.2%**	1.8%	2.1%	1.9%	**2.1%**	
Other	2.5%	2.8%	3.7%	**3.9%**	1.6%	1.5%	1.7%	**1.9%**	1.6%	1.6%	1.8%	**2.1%**	1.3%	1.3%	1.4%	**1.6%**	
Ethnically diverse total	**11.1%**	**12.9%**	**14.3%**	**18.4%**	**16.7%**	**17.8%**	**19.5%**	**21.3%**	**21.8%**	**23.7%**	**23.2%**	**25.0%**	**18.7%**	**19.8%**	**19.3%**	**20.9%**	PR A
White total	**88.9%**	**87.1%**	**85.7%**	**81.6%**	**83.4%**	**82.2%**	**80.5%**	**78.7%**	**78.2%**	**76.3%**	**76.8%**	**75.0%**	**81.3%**	**80.2%**	**80.7%**	**79.1%**	

PR Metric contributes to our ESG Performance Rating.

A Metric's 2023 data has been independently assured.

1 This data represents those that responded to identify a race or ethnicity category. In the US, 4.3% of employees did not actively respond to identify a race or ethnicity category, and a further 1.9% indicated 'I prefer not to say'. In the UK, 9.5% did not actively respond and a further 3.2% indicated 'I prefer not to say'. Due to rounding, the sum of the data may be marginally different from the totals.

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

Ethical standards

Our culture guides our people to behave in an ethical way, to do the right thing and Speak Up about any concerns they have. We expect everyone who works for us to live up to this, and we expect the same of our suppliers.

100%

employees completed our mandatory training

83%

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

89%

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 ESG Performance Rating metrics 2023

- Percentage of employees and complementary workers complete GSK's 2023 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

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. How we do things is as important as what we do.

Our Code of Conduct (The Code) reflects our purpose to unite science, technology and talent to get ahead of disease together. It sets out the commitments we make as a company and to each other to deliver on our purpose and ambition. The Code is supported by additional global policies and standards, which can be found in our Code Hub. We have an accompanying global mandatory learning curriculum, Living our Code, which all our people are required to complete, comprising three modules: The Code, Creating an Inclusive Workplace and Protecting GSK. Protecting GSK focuses on key areas such as anti-bribery and corruption (ABAC), information and cyber security, privacy, reporting human safety information related to our products, and our Speak Up integrity lines. In 2023, 100% of our employees and 99% of complementary workers completed this training where due by year end.

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 2023, 100% of employees and 99% of complementary workers completed this training where due by year end.

Our approach to managing ABAC risk, and other risks relating to ethical standards, forms part of our well-embedded risk management framework, which is described in detail in our Annual Report, on pages 57-61.

+ **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 2023, we saw an overall decrease in the number of employees who had concerns raised against them, employees disciplined for policy violations and open cases at year end. This is reflective of several factors including external geopolitical and economic issues affecting some countries which changes the nature of concerns raised and, internally, our continued emphasis on appropriate management and closure of cases.

1 The general industry benchmark is 66% according to 2023 research by *KornFerry*.

Ethical standards continued

Our commitment to human rights

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

We are signatories to the UN Global Compact and our Human Rights Position Statement lays out our commitment to the UN Guiding Principles on Business and Human Rights. We have a cross-business Human Rights Steering Group, which reports to the GSK Leadership Team and Board's Corporate Responsibility Committee, and drives progress on human rights impacts and risks across the business.

In 2023, we carried out human rights training for priority suppliers, aimed at ensuring a good understanding of human rights and labour principles, aligned with international standards. We also continued our human rights training for procurement and third-party engagement leads, to better equip them to spot human rights issues when visiting suppliers.

We conduct audits and site visits covering EHS and labour rights for our priority suppliers.[1] Some of the issues identified during supplier visits in 2023 related to policy, wages and compliance. All observations have action plans in place to drive improvement, which are tracked and followed up for completion.

We are committed to fair and equitable pay, ensuring that all employees globally receive pay that is competitive in their local markets and sufficient to support a sustainable standard of living. In 2023, the Fair Wage Network certified GSK as a Living Wage employer, after it reviewed the global gap analysis we conducted in 2022. It confirmed that all GSK workers are paid at or above the living wage in their relevant markets. We have also developed a consistent approach to how GSK will manage global fair wage analysis annually, as well as a methodology for the Fair Wage Network to use to continue to assess us.

+ **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 is 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, 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 those 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 (62%), distributors and wholesalers (3%), direct material suppliers (3%) and contract manufacturers (1%). In 2023, we assessed our high-risk third parties, totalling over 7,500 assessments across 17 risk areas. We also use tools to assess how suppliers manage risks, including EcoVadis desktop assessments.

Additionally, to further support ongoing oversight of our third parties and suppliers, we have additional controls and monitoring programmes to ensure they 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 on-site supplier visits and audits, periodic business review and performance meetings, and annual or semi-annual enterprise-level governance. 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.

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

Helping our suppliers to manage environment, health and safety risks

Across the organisation, we give additional support on EHS risks to our largest suppliers, including those who supply globally medically critical products, those critical to our R&D, and those largest by spend.[1] We help suppliers improve safety management systems and build overall EHS capability, focusing on active pharmaceutical ingredients manufacturers and contract manufacturing suppliers.

We set EHS requirements and review performance as part of our internal EHS governance and oversight. We visit sites, in person or virtually, to help suppliers better understand and control their risks. This year, we conducted 73 physical visits across 63 priority suppliers.[2]

We conducted 47 supplier audits following industry standard Pharmaceutical Supply Chain Initiative guidelines. We trained more than 1,000 supplier employees on EHS and ESG fundamentals this year, strengthened EHS contractual obligations and have worked with suppliers to help them improve their EcoVadis scores. We introduced a process to pause supply if a third party has a significant EHS incident, and the decision on whether to restart or discontinue work with the third party depends on completion of an improvement plan and trajectory.

We also introduced an EHS risk app-based questionnaire for GSK visitors to a third party as part of our monitoring activities, which generate improvement actions that we track through to completion.

+ **gsk.com:** Our position on working with third parties • Annual Report 2023 • Principal risks and uncertainties pages 230-240

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 through AI/ML use have resulted in a greater focus on data governance and the ethical use of personal information, over and above compliance with data privacy laws.

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

Our Digital and Privacy Governance Board oversees our overall data ethics and privacy operating model, supported by digital and privacy legal experts and compliance professionals. We 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, manufacture and supply of our products to ensure we follow regulations and meet ethical obligations.

In 2023, we created cross-functional AI Governance Council 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 AI Governance Council is responsible for enforcing our AI Principles and monitoring the external AI/ML landscape to anticipate potential risks to GSK.

We have also published a public policy position on responsible AI to set out our views, commitments and asks of policymakers. Our new operating model for AI governance is scalable and flexible to adapt to the upcoming regulations. We are engaging with policymakers about the most appropriate regulatory approaches that foster innovation while preserving safety and trust.

+ **gsk.com:** Annual Report, pages 57-61 • Annual Report, R&D pages 27-29 • Our position on Responsible AI

Political engagement

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

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

1 GSK maintains a list of globally medically critical products. These are drug products approved to treat a life-threatening disease or medical condition for which there is no other adequately available alternative and of which GSK is the only provider.
2 Our EHS priority suppliers are API suppliers who are, or will be, medically-, R&D-, or revenue-critical to GSK, or are high-spend suppliers.

Ethical standards continued

	2020	2021	2022	2023	
Ethical conduct[1]					
Employees who had concerns raised against them (including current year and prior year open cases)	2,105	2,534	2,191	**1,960**	A
Employees disciplined for policy violations	553	910	850	**798**	A
Breakdown of types of policy violation[2]					
Employee conduct[3]	268	555	367	**304**	A
Sales and marketing	63	166	168	**122**	A
Product quality	85	65	48	**76**	A
Safeguarding people and information and assets	60	78	140	**177**	A
Employee relations and HR policies	18	20	42	**99**[4]	A
R&D and medical practices	7	13	13	**7**	A
Anti-bribery and corruption	8	22	12	**39**[4]	A
Cyber security	27	9	14	**24**[5]	A
EHS and sustainability	9	16	152	**64**[6]	A
Other	17	5	4	**4**	A
Employees who were dismissed or agreed to leave the company voluntarily as a result of misconduct	103	177	290	**256**	A
Documented warnings	455	740	566	**553**	A
Open cases awaiting investigation or a disciplinary decision at year end	617	636	457	**297**	A
Mandatory training[7]					
% of employees and complementary workers that complete GSK's mandatory training[8]	–	–	**99%**	100%	PR A
% of employees that complete GSK's mandatory training – The Code: Living our Values and Expectations (2019, 2020); Working at GSK (2021)	100%	99%	100%	**100%**	
% of complementary workers that complete GSK's mandatory training – The Code: Living our Values and Expectations (2019, 2020); Working at GSK (2021)	97%	93%	98%	**99%**	
% of employees that complete GSK's mandatory training – ABAC	100%	100%	100%	**100%**	
% of complementary workers that complete GSK's mandatory training – ABAC	100%	99%	96%	**99%**	
Reporting concerns					
% of employees who believe they 'can and do Speak Up if things don't feel right'	–	87%	87%	**83%**	PR A
Suppliers					
% of direct high-risk suppliers that achieve GSK's minimum EcoVadis score or have an improvement plan in place	53%	80%	82%	**89%**	PR A

PR Metric contributes to our ESG Performance Rating.

A Metric's 2023 data has been independently assured.

1 In 2023, we enhanced our analytics of types of discipline taken and identified additional cases from prior years where disciplinary action was not reported. As a result, we restated some prior years metrics with the following net increase changes in employees disciplined for policy violations from prior reporting: 2020 (1); 2021 (3) and 2022 (3). Disciplinary action was taken within the year.

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 to prior years.

4 In 2023 changes from prior years are reflective of several factors including external geopolitical and economic issues affecting some countries which changes the nature of concerns raised and, internally, our continued emphasis on appropriate management and closure of cases, correlating in an increase in these areas.

5 In 2023, policy violation class type name changed from Computer and data-breach security to Cyber Security, content/classification remains the same and therefore data is comparable year on year.

6 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.

7 These figures are based on active employees and complementary workers at year end. Data from 2020-21 is split between employees and complementary workers, as disclosed in our prior ESG reports, and rounded to the nearest whole number. 2020-21 also includes data from our previous Consumer Healthcare business; due to attrition over the last three years, restating completion rates would not provide a comparable metric.

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

Ethical standards continued

	2020	2021	2022	2023
Supplier spend by region				
Asia-Pacific	–	–	8.6%	**8%**
Europe, Middle East and Africa	–	–	58.5%	**55%**
Latin America	–	–	1.5%	**2%**
North America	–	–	31.3%	**35%**
US political engagement				
Spend on federal lobbying activities ($m)	3.80	5.30	4.46	**5.10**
Trade association membership spend ($m)	21.5	20.3	20.6	**20.6**
Corporate political contributions ($)[1]	0	0	0	**0**
Political action committee contributions from US employees to state and federal candidates ($'000)	366.8	298.0	360.5	**325.8**
European political engagement				
Trade association membership spend (£m)[3]	2.28	2.08	1.91	**2.00**
Corporate political contributions (€)[1]	0	0	0	**0**
Cost of representing our interests to EU institutions (€m)[2]	1.82	1.18	**1.22**	**0.70**

PR Metric contributes to our ESG Performance Rating.

A Metric's 2023 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

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

1,081
quality audits of our contract manufacturers and suppliers

114
regulatory inspections at our manufacturing sites and local operating companies

7,988
clinical trial protocol summaries registered and 6,734 summaries of results

Our commitment

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

Our ESG Performance Rating metrics 2023

- 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 human subject research of GSK products. Specifically, register protocol summaries for studies initiated in 2023; and disclose results summaries for studies with results due in 2023

Product quality and patient safety are critically important to GSK. We have systems in place across the company that ensure we meet the high standards we set ourselves, and those that are expected of us externally.

These systems enable us to deliver a safe and reliable supply of high-quality medicines and vaccines. When issues arise, our quality systems, in line with our values-driven culture, ensure they are responded to swiftly and transparently.

Maintaining quality across GSK

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

Our GSK quality function is responsible for managing quality and for ensuring a quality mindset is embedded throughout the organisation at all levels. It brings together 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 required to be followed by GSK people to support good distribution and manufacturing practice and to maintain a standardised and compliant approach to all our quality activities, aligned to the regulatory expectations of the markets that we supply to.

Inspections, recalls and audit

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 are inspection ready at all times.

In 2023, we had 114 regulatory inspections at our manufacturing sites and local operating companies, compared with 122 in 2022. We received zero warning letters from the United States Food and Drug Administration (FDA) or critical findings from the Medicines and Healthcare products Regulatory Agency (MHRA) and European Medicines Agency (EMA) in 2023. We respond to and learn from all inspection findings, taking the necessary actions to address them.

Throughout 2023, we had two Class I product recalls. In these instances, we engaged with regulators and acted quickly to prioritise patient safety. There were fewer Class II recalls compared with 2022. If necessary to protect patients, we will not hesitate to recall products voluntarily.

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

Product governance continued

Quality management along our supply chains

We expect all our contract manufacturers and suppliers to comply with GSK standards. In 2023, we conducted 1,081 quality audits of contract manufacturers and suppliers to verify that they do so.

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

Pharmacovigilance

We have a well-established and rigorous worldwide system to monitor and review the safety of our products throughout clinical development and after regulatory approval. Through this pharmacovigilance system, we aim to enhance patient care and safety when using our marketed and investigational medicines and vaccines. We also support public health programmes by using this system to provide reliable, comprehensive information on our products' overall benefit-risk balance.

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

+ **gsk.com:** Our position on pharmacovigilance

Tackling counterfeit medicines and vaccines

Falsified products put the health of patients at risk and threaten our brand and reputation. We report all cases of confirmed counterfeit products to the WHO and to relevant regulatory authorities. We actively participate in legal proceedings against illegal actors, and support customs and local authorities with regular training. We also 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. This is 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.

As part of our commitment to transparency, we have made 7,988 protocol summaries and 6,734 summaries of results available since the GSK trial register was set up in 2004. We have also listed 2,669 clinical trials for data sharing via www.vivli.org.

	2020	2021	2022	2023	
Regulatory inspections and audits					
Audits of our third parties' quality processes	1,451	1,044	1,089[1]	**1,081**	
Total regulatory inspections from all health authorities	86	111	122	**114**	PR A
% of inspections from all regulators with no critical findings or official action indicated	100%	100%	99%	**100%**	PR A
Total regulatory inspections from FDA/MHRA/EMA regulators	27	35	36	**32**	PR A
Number of critical/major findings by FDA/MHRA/EMA regulators	11	4	26	**11**	PR A
Total FDA regulatory inspections	7	2	8	**5**	PR A
Number of FDA observations	3	1	16	**8**	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	0	**2**	PR A
Total number of Class II external product recalls	4	6	5	**3**	PR A
Total number of Class III external product recalls	16	12	7	**11**	A
Total product recalls	**20**	**18**	**12**	**16**	A

PR Metric contributes to our ESG Performance Rating.

A Metric's 2023 data has been externally assured.

1 2022 figure has been restated.

Product governance continued

	2020	2021	2022	2023	
FDA product recalls by business and class[1]					
Pharmaceuticals business					
Class I product recalls	0	0	0	**0**	PR A
Class II product recalls	0	0	0	**0**	PR A
Class III product recalls	0	0	1	**1**	A
Vaccines business					
Class I product recalls	0	0	0	**1**	PR A
Class II product recalls	0	1	0	**0**	PR A
Class III product recalls	0	1	0	**1**	A
Clinical trial management, pharmacovigiliance and transparency					
Clinical trial audits (on our own trials and those conducted by third parties on our behalf)	223	294	339	**286**	
Number of FDA sponsor inspections related to clinical trial management and pharmacovigilance that resulted in voluntary action indicated (VAI)	–	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**	
Clinical study reports/study report synopsis on GSK and ViiV study register[4]	60	48	35	**99**	
Trials for which anonymised data will be made available upon meeting defined eligibility criteria[4]	77	51	40	**111**	
Research proposals approved for access to GSK and ViiV clinical trial data[4]	23	16	34	**22**	
Human subject research of GSK products: percentage of protocol summaries initiated in current year registered and results disclosed in the current year[2,3]	–	–	100%	**100%**	PR
Publicly available trial protocol summaries (register)[4]	7,178	7,290	7,377	**7,988**	PR
Publicly available trial result summaries (disclose)[4]	6,160	6,239	6,295	**6,734**	PR

PR Metric contributes to our ESG Performance Rating.

A Metric's 2023 data has been independently assured.

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

2 From 2023 includes ViiV Healthcare in addition to GSK.

3 This metric created and first reported in 2022; for 2023, the number of all protocol summaries registered (103) and results summaries disclosed (98) was independently assured.

4 Cumulative summaries for GSK from 2004 and from 2023 cumulative for ViiV Healthcare from 2009.

Appendix

Materiality assessment

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

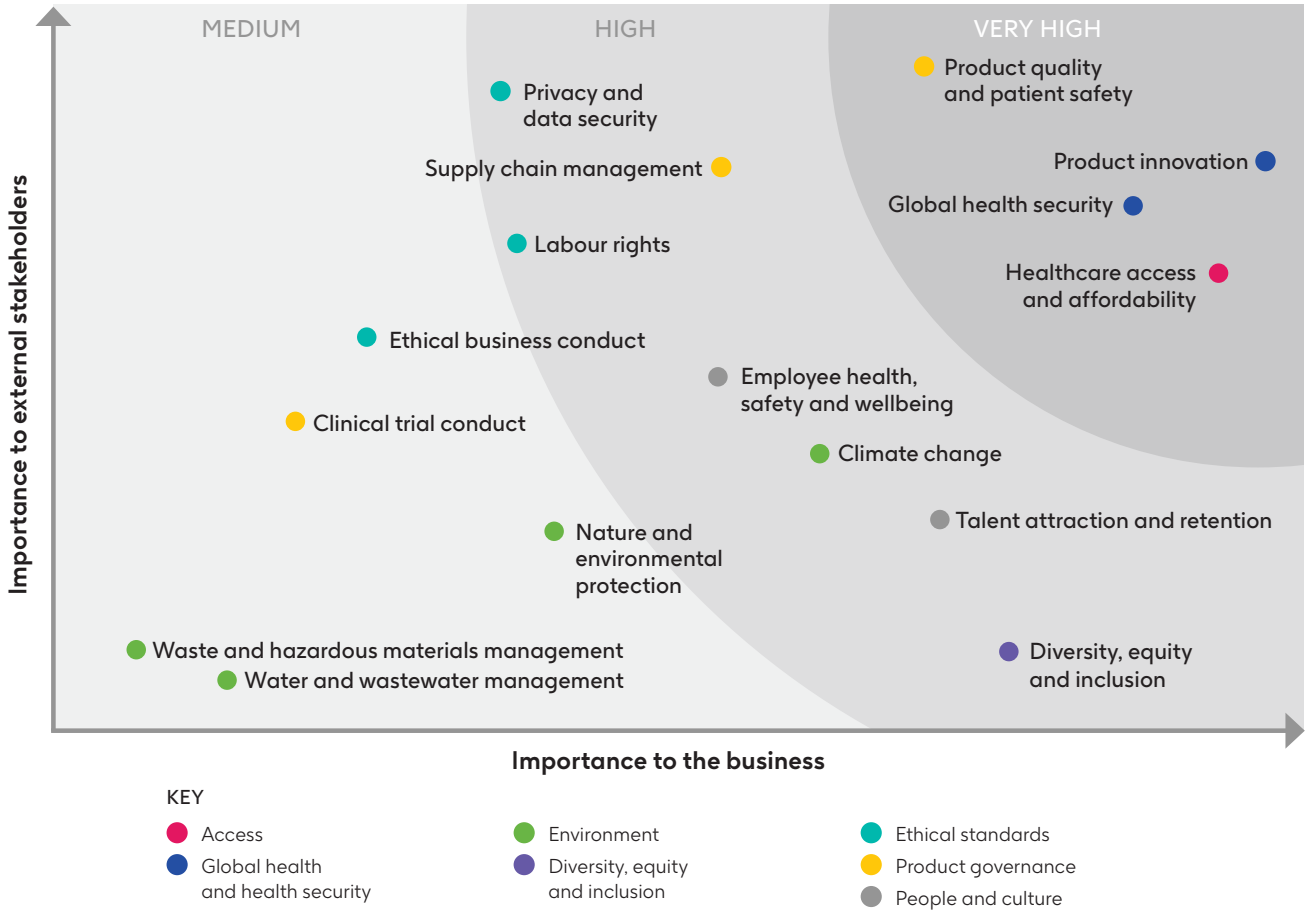
We used Datamaran's data analytics platform to conduct the assessment. The software monitors external ESG risks by assessing the coverage of issues within peer annual and sustainability reports, regulatory and legislative documents, media and social media. We also conducted stakeholder engagement, through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

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

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

+ **gsk.com:** Materiality assessment

Materiality matrix



Appendix continued

People disclosures

A positive experience at work is critical to attract, retain and motivate the best people. We want our workplace to embrace everyone's unique differences and encourage growth and development in a safe environment so that people can perform at their best at work. For more information around how we put our people at the heart of our success, please see page 8, and for further detail on our focus on Diversity, equity and inclusion, see page 26.

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, 35% are covered by collective bargaining arrangements and 15% 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. These rules are simple, standardised and easy to remember. Responsibilities for safety as leaders and as individuals have been reviewed at all levels of the organisation. Risk assessments are a key part of the environment, health and safety 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, warehouse safety and driver safety. In 2023, we improved our reporting processes and systems and carried out increased training in Safety and Incident Reporting which has contributed to an uplift in reported injuries and illnesses with lost time.

+ **gsk.com** Policy on environment, health and safety

	2020	2021	2022	2023	
Hiring					
Total number of new hires	9,305	11,110	12,513	**10,730**	
% of open positions filled by internal candidates	30.0%	34.0%	31.4%	**29.9%**	
Employee turnover					
Overall turnover	**10.3%**	**15.2%**	**13.3%**	**10.0%**	(A)
Turnover of voluntary leavers[2]	5.5%	7.8%	7.3%	**5.5%**	
% of all permanent leavers that were male[3]	56.9%	49.0%	54.1%	**56.7%**	
% of all permanent leavers that were female[3]	42.9%	50.9%	45.6%	**42.9%**	
Workforce breakdown by age (permanent employees)					
< 30 years old	13.8%	13.0%	13.1%	**12.8%**	
30-50 years old	61.0%	61.3%	60.9%	**63.2%**	
> 50 years old	25.2%	25.7%	26.0%	**23.8%**	
Engagement					
Employee surveys engagement score	84%	78%	81%	**81%**[4]	
Talent and leadership development					
Number of graduates recruited through our Future Leaders programme	176	139	161	**162**	
Number of postgraduates recruited through our Esprit programme	14	6	13	**4**	
Number of apprentices recruited	85	68	67	**57**	

(A) Metric's 2023 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 79% in 2023.

Appendix continued

	2020	2021	2022	2023	
Health and safety					
Number of fatalities (employees and complementary workers under GSK direct supervision)	1	0	0	**0**	A
Number of fatalities (contractors not under GSK direct supervision)	1	0	0	**0**	A
Reportable injuries with lost time	137	133	144	**195**	A
Reportable illnesses with lost time	8	5	8	**30**[1]	A
Lost time reportable injury rate (per 100,000 hours worked)	0.09	0.09	0.10	**0.13**	A
Lost time reportable illness rate (per 100,000 hours worked)	0.01	0	0.01	**0.02**	A
Reportable injuries with and without lost time	205	190	214	**292**	A
Reportable illnesses with and without lost time	31	42	32	**65**	A
Reportable injury rate (per 100,000 hours worked)	0.13	0.13	0.15	**0.19**	A
Reportable illness rate (per 100,000 hours worked)	0.02	0.03	0.02	**0.04**	A
Reportable injury and illness rate (per 100,000 hours worked)[1]	**0.15**	**0.15**	**0.17**	**0.24**	A
Hours worked (m)	156	151	147	**151**	A

(A) Metric's 2023 data has been independently assured.

1 In 2023, there were two illness-related incidents that involved multiple workers; these were promptly investigated and corrected.

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

Appendix continued

GRI guidelines and SASB index

GRI indicator	Description	Where to find the information
General disclosures		
2-1	Organisational details	Legal name: GSK plc Ownership: Annual Report – Share capital and share price, page 268 HQ address: Brentford, Middlesex, TW8 9GS, UK 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 2023 to 31 December 2023 Report publication: 1 March 2024 Contact: csr.contact@gsk.com
2-4	Restatements of information	Demerger: 2019-21 comparative results restated to reflect the demerger of our Consumer Healthcare business, unless otherwise specified. Other restatements of information are detailed where relevant for specific data points throughout the report.
2-5	External assurance	Independent limited assurance statements, pages 55-62
2-6	Activities, value chain and other business relationships	Sector: Healthcare, Pharmaceuticals Annual report, Business model, pages 8-9 Changes compared to the previous reporting period: Following the demerger of our Consumer Healthcare business to form Haleon in July 2022, we are now a fully focused biopharma company.
2-7	Employees	Full-time employees (FTEs) as of 31 December 2023, page 8 Annual Report – Employees by gender, page 75. Changes compared to previous reporting period: Following the demerger of our Consumer Healthcare business to form Haleon in July 2022, we are now a fully-focused biopharma company.
2-8	Workers who are not employees	Not reported
2-9	Governance structure and composition	Annual Report – The Board and GSK Leadership team, page 108 Annual Report – Corporate governance architecture, page 116
2-10	Nomination and selection of the highest governance body	Annual Report – Nominations & Corporate Governance Committee report, pages 131-132
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 128-129
2-13	Delegation of responsibility for managing impacts	Annual Report – Corporate Responsibility Committee report, page 128-129
2-14	Role of the highest governance body in sustainability reporting	Our ESG Performance Report is reviewed by both GSK Leadership Team and the Board
2-15	Conflicts of interest	Annual Report – Directors' conflicts of interest, page 161
2-16	Communication of critical concerns	Annual Report – Board committee reports, page 128
2-17	Collective knowledge of the highest governance body	Annual Report – The Board, page 108
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 139-160
2-20	Process to determine remuneration	Annual Report – Annual report on remuneration, pages 139-160
2-21	Annual total compensation ratio	Annual Report – Annual report on remuneration, page 151
2-22	Statement on sustainable development strategy	Annual Report – CEO's statement, page 7
2-23	Policy commitments	Policy positions, including on human rights. Policies are approved at GSK Leadership Team level and apply at Group-level.
2-24	Embedding policy commitments	Corporate responsibility committee
2-25	Processes to remediate negative impacts	Annual Report – Principal risks and uncertainties, page 230 Ethical standards, page 30 Ethics and compliance grievance mechanisms

Appendix continued

GRI indicator	Description	Where to find the information
2-26	Mechanisms for seeking advice and raising concerns	Ethical standards, ESG Performance Report 2023, page 30 Grievance mechanisms
2-27	Compliance with laws and regulations	Annual Report – Audit & Risk Committee report, page 133-138
2-28	Membership associations	Trade association memberships
2-29	Approach to stakeholder engagement	ESG Performance Report, Stakeholder engagement, page 4
2-30	Collective bargaining agreements	People disclosures, page 39 Position on human rights
3-1	Process to determine material topics	Materiality Assessment, ESG Performance Report 2023, page 38
3-2	List of material topics	Materiality Assessment, ESG Performance Report 2023, page 38
3-3	Management of material topics	Materiality Assessment, ESG Performance Report 2023, page 38
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 58 Annual Report – TCFD, page 62
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 163 Annual Report – Share capital and control, page 268
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, ESG Performance Report 2023, pages 30-33
205-3	Confirmed incidents of corruption and actions taken	Ethical standards, ESG Performance Report 2023, pages 30-33
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, ESG Performance Report 2023, page 23 Environment, Basis of reporting, Environmental Data 2023
302-2	Energy consumption outside of the organisation	Environment, ESG Performance Report 2023, page 23 Environment, Basis of reporting
302-3	Energy intensity	Annual Report, TCFD, pages 69-70 Environment, Basis of reporting
302-4	Reduction of energy consumption	Environment, ESG Performance Report 2023, pages 18-23 Environment, Basis of reporting
302-5	Reductions in energy requirements of products and services	Environment, ESG Performance Report 2023, pages 18-23 Environment, Basis of reporting
Water		
303-1	Interactions with water as a shared resource	Environment, ESG Performance Report 2023, Pages 18-25, Annual Report, TNFD, page 70
303-2	Management of water discharge-related impacts	Environment, Basis of reporting
303-3	Water withdrawal	Environment, ESG Performance Report 2023, Pages 18-25, Annual Report, TNFD, page 70 Environment, Basis of reporting
303-4	Water discharge	Environment, ESG Performance Report 2023, Pages 18-25, Annual Report, TNFD, page 70 Environment, Basis of reporting
303-5	Water consumption	Environment, ESG Performance Report 2023, Pages 18-25, Annual Report, TNFD, page 70 Environment, Basis of reporting

Appendix continued

GRI indicator	Description	Where to find the information
Biodiversity		
3-3	Management of material topics	Materiality assessment, ESG Performance Report 2023, page 38
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, page 71
304-2	Significant impacts of activities, products and services on biodiversity	Environment, ESG Performance Report 2023, pages 20-22, Annual Report, TNFD, pages 70-74
304-3	Habitats protected or restored	Environment, ESG Performance Report 2023, pages 20-22, Annual Report, TNFD, pages 70-74
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, ESG Performance Report 2023, page 23 Environment, Basis of reporting, Environmental Data 2023
305-2	Energy indirect (Scope 2) GHG emissions	Environment, ESG Performance Report 2023, page 23 Environment, Basis of reporting, Environmental Data 2023
305-3	Other indirect (Scope 3) GHG emissions	Environment, ESG Performance Report 2023, page 23-24 Environment, Basis of reporting, Environmental Data 2023
305-4	GHG emissions intensity	Annual Report, TCFD, page 70 Environment, Basis of reporting, Environmental Data 2023
305-5	Reduction of GHG emissions	Environment, ESG Performance Report 2023, pages 18-24 Environment, Basis of reporting, Environmental Data 2023
305-6	Emissions of ozone-depleting substances (ODS)	Environment, ESG Performance Report, page 24 Environment, Basis of reporting, Environmental Data 2023
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, ESG Performance Report, pages 22-25
306-2	Management of significant waste-related impacts	Environment, ESG Performance Report, pages 22-25 Environment, Basis of reporting
306-3	Waste generated	Environment, ESG Performance Report, pages 22-25 Environment, Basis of reporting
306-4	Waste diverted from disposal	Environment, ESG Performance Report, pages 22-25 Environment, Basis of reporting
306-5	Waste directed to disposal	Environment, ESG Performance Report, pages 22-25
Supplier environmental assessment		
308-1	New suppliers that were screened using environmental criteria	Ethical standards, ESG Performance Report, pages 30-32
308-2	Negative environmental impacts in the supply chain and actions taken	Ethical standards, ESG Performance Report, pages 30-32
Employment		
401-1	New employee hires and employee turnover	People disclosures, ESG Performance Report, pages 39-40
401-2	Benefits provided to full-time employees that are not provided to temporary or part-time employees	Life at GSK
401-3	Parental leave	Not reported
Occupational health and safety		
403-1	Occupational health and safety management system	GSK EHS policy
403-2	Hazard identification, risk assessment, and incident investigation	GSK EHS policy
403-3	Occupational health services	GSK EHS policy
403-4	Worker participation, consultation, and communication on occupational health and safety	GSK EHS policy
403-5	Worker training on occupational health and safety	GSK EHS policy
403-6	Promotion of worker health	GSK EHS policy
403-7	Prevention and mitigation of occupational health and safety impacts directly linked by business relationships	GSK EHS policy

Appendix continued

GRI indicator	Description	Where to find the information
403-8	Workers covered by an occupational health and safety management system	GSK EHS policy
403-9	Work-related injuries	People disclosures, ESG Performance Report, pages 29-30 GSK EHS policy
403-10	Work-related ill health	
Diversity and equal opportunity		
405-1	Diversity of governance bodies and employees	Diversity, equity and inclusion. People disclosures, ESG Performance Report 2023, pages 26-29, 39-40
405-2	Ratio of basic salary and remuneration of women to men	Gender pay gap report Diversity, equity and inclusion
Non-discrimination		
3-3	Management of material topics	Materiality assessment, ESG Performance Report 2023, page 36
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, ESG Performance Report 2023, pages 30-34
414-2	Negative social impacts in the supply chain and actions taken	Ethical standards, ESG Performance Report 2023, pages 30-34
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, ESG Performance Report 2023, pages 35-37
416-2	Incidents of non-compliance concerning the health and safety impacts of products and services	Product governance, ESG Performance Report 2023, pages 35-37
Customer privacy		
3-3	Management of material topics	Materiality assessment, Materiality Assessment, ESG Performance Report 2023, page 36
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, ESG Performance Report 2023, pages 35-37
417-3	Incidents of non-compliance concerning marketing communications	Product governance, ESG Performance Report 2023, pages 35-37

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, ESG performance report 2023, pages 36-37 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, ESG Performance Report 2023 pages 10-14
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, ESG Performance Report 2023 page 46 Global health and health security, ESG Performance Report 2023 pages 15-17

Appendix continued

SASB indicator	Description	Where to find the information
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, ESG Performance Report 2023, page 12
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, ESG Performance Report 2023, pages 10, 13
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, ESG Performance Report 2023, pages 35-37
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	ESG Performance Report 2023, Inspections, recalls and audit, page 34
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, ESG Performance Report 2023, pages 35-36 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, ESG Performance Report 2023, pages 35-36 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, ESG Performance Report, page 8
HC-BP-330a.2	(1) Voluntary and (2) involuntary turnover rate for: (a) executives/senior managers, (b) mid-level managers, (c) professionals, and (d) all others	People disclosures, ESG Performance Report, page 39
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, ESG Performance Report 2023, 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, ESG Performance Report 2023, pages 10-14 (patients reached through our access strategies)
HC-BP-000.B	Number of drugs (1) in portfolio and (2) in research and development (Phases 1-3)	Annual Report – Product development pipeline, page 250

Appendix continued

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

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

Appendix continued

ESG reporting criteria

Unless stated otherwise, the data reflects the reporting period of 1 January 2023 to 31 December 2023.

KPI	Definition	Method
Access		
Total community investment (£m)	All donations made by GSK globally for charitable purposes including cash, product, in kind donations, the value of time donated via volunteering and the management costs associated with charitable programmes.	Donations are only included if they are voluntary and charitable in purpose. Donations are valued in GBP at year end exchange rates. Product donations are valued at global average cost of goods as reported in year-end results. In-kind donations are valued at the value or cost of the item to GSK not the current external purchase price. Previous years' data is included for comparison but not restated for inflation or exchange rate changes. The methodology used follows the B4SI (formerly LBG) Framework for Corporate Community Investment.
Value of GSK medicine and vaccines provided through our US Patient Assistance Program (COGS in million USD)	The value of medicine and vaccines provided through the GSK and ViiV Healthcare Patient Assistance Programs Foundation which provides medication at no charge to eligible individuals. Patients who receive medications through the Patient Assistance Programs must meet eligibility requirements. These requirements include insurance status, a financial component based on the Federal Poverty Level, being a resident of the US, Puerto Rico or the US Virgin Islands and being treated by a US-licensed healthcare provider.	The GSK and ViiV Patient Assistance Programs Foundation administers 13 Patient Assistance Programs for patients in the US, Puerto Rico and the US Virgin Islands. We capture Patient Assistance Program orders for GSK and ViiV Healthcare products through an internal ordering database. The data is captured according to the Wholesale Acquisition Cost of the medicine or vaccine and is coded as 'Free Good Charitable Orders'. This amount is converted to a 'Cost of Goods Sold' amount for reporting purposes. Patient participation varies annually based on current program eligibility criteria, overall healthcare environmental factors and products included in the programs.
Doses of *Rotarix*, *Synflorix* and *Cervarix* vaccines supplied to Gavi (millions)	The number of doses of the *Rotarix*, *Synflorix* and *Cervarix* vaccine that are supplied to Gavi, the Vaccine Alliance.	To calculate the number of doses supplied, we use the number of GSK doses shipped to Gavi supported countries. GSK has been a Gavi supplier since Gavi's inception in 2000.
Doses of *Mosquirix* (RTS,S/AS01 E) vaccines supplied (millions)	The number of doses of the *Mosquirix* (RTS,S/AS01 E) vaccine GSK donated to the Malaria Vaccine Implementation Programme (MVIP) and number of Gavi funded doses supplied through Gavi-Unicef	To calculate the number of doses supplied, we use the number of GSK doses procured by UNICEF for MVIP and Gavi funded supply. GSK has supplied/donated 10 million *Mosquirix* (RTS,S/AS01 E), since the beginning of the MVIP in 2019 and has supplied the first Gavi funded doses from Q4-2023.
Doses of OPV vaccines ready-to-ship stockpile for outbreak responses to UNICEF (millions)	The number of doses of the OPV vaccine that are ready-to-ship stockpile for outbreak responses to UNICEF.	To calculate the number of doses in the OPV stockpile, we use the number of mOPV2 doses stored in GSK warehouse for outbreak responses.
Doses of OPV vaccines supplied to UNICEF (millions)	The number of doses of the OPV vaccine that are supplied to UNICEF.	To calculate the number of doses supplied, we use the total number of GSK doses shipped to countries procuring via UNICEF for both routine vaccination campaigns and outbreak responses.
People with access to a generic dolutegravir product through voluntary licensing agreements ('000)	The total number of people living with HIV currently accessing generic dolutegravir-based products through ViiV Healthcare's voluntary licensing agreements with the Medicines Patent Pool and directly with Aurobindo Pharma.	As a chronic and ongoing treatment, we capture the cumulative number of people with access to dolutegravir, rather than annual data, to avoid duplication. The indicator therefore represents the total number of people living with HIV accessing the treatment at the time of measurement. As a life-long treatment, this number incorporates people that have been receiving ongoing treatment for multiple years. For adults living with HIV, the number is calculated by adding the total number of packs of all generic dolutegravir-based products (indicated for adults) sold over the previous four quarters. This is then divided by twelve to obtain average monthly sales and estimate the number of adults on treatment. For children living with HIV, this is done by calculating the total number of paediatric DTG 10mg tablets sold over the previous four quarters and dividing this by 365 to calculate average number of tablets sold per day. This is then divided by 2.056 (the average daily number of tablets taken across different paediatric weight bands) to estimate the number of children on treatment. In both cases, packs of 90 and 60 are converted to 30 pack equivalents (i.e. monthly equivalents for a daily treatment). Data is provided by the Medicines Patent Pool and Aurobindo, through which ViiV's DTG patents are (sub-)licensed.

Appendix continued

KPI	Definition	Method
Access		
Estimated children reached with *Synflorix* through Gavi ('000)	The estimated number of children who have received the *Synflorix* vaccine (for the prevention of pneumococcal infection) through Gavi, the Vaccine Alliance. All children receiving *Synflorix* are under five years of age.	To calculate the estimated number of children reached, we use the number of GSK doses shipped to Gavi supported countries, and divide this by the number of doses needed to complete a full schedule, with Gavi estimated vaccine wastage rates factored in. For *Synflorix* a full schedule is three doses, and Gavi estimates wastage of 10% in 2017 and 2018, 8% in 2019-2023. See: Detailed-product-profiles.xlsx (live.com)
Estimated children reached with *Rotarix* through Gavi ('000)	The estimated number of children who have received the *Rotarix* vaccine (for the prevention of rotavirus) through Gavi, the Vaccine Alliance. All children receiving *Rotarix* are under five years of age.	To calculate the estimated number of children reached, we use the number of GSK doses shipped to Gavi supported countries, and divide this by the number of doses needed to complete a full schedule, with Gavi estimated vaccine wastage rates factored in. For *Rotarix* a full schedule is two doses and Gavi estimates wastage of 5% in 2017 and 2018, 4% in 2019-2023. See: Detailed-product-profiles.xlsx (live.com)
Estimated girls reached with Cervarix through Gavi ('000)	The estimated number of girls who have received the *Cervarix* vaccine (for the prevention of cervical cancer) through Gavi, the Vaccine Alliance.	To calculate the estimated number of girls reached, we use the number of GSK doses shipped to Gavi supported countries, and divide this by the number of doses needed to complete a full schedule, with Gavi estimated vaccine wastage rates factored in. For *Cervarix* a full schedule is either one dose or two doses and Gavi estimates 10% wastage in 2023. See: Detailed-product-profiles.xlsx (live.com)
Estimated people reached with the Oral Polio Vaccine (OPV) ('000)	The estimated number of people who have received the OPV vaccine for polio procured through UNICEF.	To calculate the estimated number of people reached, we use the number of bivalent OPV (bOPV) and monovalent OPV (mOPV) doses shipped to UNICEF, divided by the number of doses needed to complete a full schedule, with WHO estimated vaccine wastage rates factored in. In outbreak situations, which is where GSK OPV volumes are often used, 1 dose is usually given to each child. However, as the primary schedule is 4 doses and children may receive more than one dose through subsequent outbreak campaigns, we use 4 doses for the calculation in order to be conservative. WHO estimates 20% wastage given that we supply 10 and 20 dose vials, vials are mainly used in campaigns and vials may or may not be used or discarded after vial is opened at the end of the session. See WHO indicative vaccine wastage rates: OPV Supply: revising-wastage-concept-note.pdf (who.int)
Estimated people reached with *Mosquirix* (RTS,S/AS01 E) ('000)	The estimated number of children who have received the RTS,S vaccine through the Malaria Vaccine Implementation Programme (MVIP) and through Gavi-Unicef.	To calculate the estimated number of children reached, we use the number of GSK doses shipped and divide this by the number of doses needed to complete a full schedule (4 doses), with WHO estimated vaccine wastage rates (10% for 2 dose vials used in routine immunisation) factored in. See: Detailed-product-profiles.xlsx (live.com)
Albendazole tablets donated to help eliminate lymphatic filariasis (millions)	The number of albendazole tablets donated to the World Health Organization to support endemic country efforts to eliminate lymphatic filariasis (LF).	Albendazole tablet shipments are sent from GSK's manufacturing facility to endemic countries. These shipments are entered into a real-time database of donated medicines for Neglected Tropical Diseases. Albendazole tablet donation figures for LF are aggregated and reported annually through data pulled from this system.
Albendazole tablets donated to help treat intestinal worms (millions)	The number of albendazole tablets donated to the World Health Organization to support endemic country efforts to treat soil-transmitted helminthiasis (intestinal worms) in school-age children.	Albendazole tablet shipments are sent from GSK's manufacturing facility to endemic countries. These shipments are entered into a real-time database of donated medicines for Neglected Tropical Diseases. Albendazole tablet donation figures for soil-transmitted helminthiasis control are aggregated and reported annually through data pulled from this system.
People reached through the US Patient Assistance Program ('000)	The total number of unique individuals that received GSK and ViiV Healthcare product through all our Patient Assistance Programs. Patients who receive medications through the Patient Assistance Programs must meet eligibility requirements. These requirements include insurance status, a financial component based on the Federal Poverty Level, being a resident of the US, Puerto Rico or the US Virgin Islands and being treated by a US-licensed healthcare provider.	The GSK and ViiV Patient Assistance Programs Foundation administers 13 Patient Assistance Programs for patients in the US, Puerto Rico and the US Virgin Islands. Each of the 13 US Patient Assistance Programs provides a report at year-end, which enables us to consolidate the number of unique patients that received GSK and ViiV Healthcare products throughout the year. Patient participation varies annually based on current programme eligibility criteria, overall healthcare environmental conditions and products included in the programmes.

Appendix continued

KPI	Definition	Method
Global health and health security		
Number of assets progressed through the Global Health pipeline to address priority WHO diseases	The number of assets progressed through the Global Health pipeline to address priority WHO diseases across GSK's two Global Health hubs – Tres Cantos (Spain), which focuses on therapeutics, and the GSK Vaccines Institute for Global Health (GVGH in Sienna), which focuses on preventative treatment. Priority WHO diseases are defined as diseases and pathogens prioritized for R&D in public health emergency contexts, which distinguishes diseases to the degree they pose the greatest public health risk due to their epidemic potential and/or whether there is no or insufficient countermeasures. GSK uses the following lists: – WHO Priority Pathogen List* – WHO Emergency Diseases List* – WHO Blueprint for Prioritized Disease List* – WHO Essential Medicines List* – UN Sustainable Development Goals * WHO reviews and updates these lists as needs arise and methodologies change.	'Pipeline progression' is defined as the movement of a Global Health asset from one phase to another. GSK recognises progression through the following four categories: – Senior leadership endorsement of business plan for progression – Clinical trial starts ('First Subject, First Visit/Dose') – Business development/in-licensing – Regulatory milestone (ie – submission, approval, or launch) 2023 ESG achievements consider GSK's internal 2-week grace period to ensure that any asset progressed through 15 January will not be double counted for the metric in 2024.
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)	The 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).** GSK uses the following lists to define critical and/or urgent threats: – Bacterial pathogens categorized as a Critical Threats by the WHO (updated 2017) – Fungal pathogens categorized as a Critical Threats by the WHO (added 2022) – Pathogens listed as Urgent Threats on the CDC (Updated 2019) Active R&D Projects include R&D projects from ID therapeutics and Vaccines team. – Includes active R&D projects in Discovery, preclinical, or phase I, phase II, phase III, and open label trials. – Note that projects on clinical hold, and low priority/Tier 3 projects are NOT included in the count. ** Currently, WHO and CDC designated critical and/or urgent threats include carbapenem-resistant (CR) Acinetobacter spp., C. difficile, CR or ESBL+ Enterobacteriaceae, Drug-resistant N. gonorrhoeae and carbapenem-resistant P. aeruginosa, Candida auris, Candida albicans, Aspergillis fumigatus and Cryptococcus neoformans.	Active R&D projects include projects in discovery, preclinical, phase I, phase II, phase III, and open label trials. – The global infectious disease and vaccines team maintain an internal tracker with active projects being run exclusively by GSK. Additional projects being run with partner companies are added to the list. – Accuracy is validated by key subject matter experts identified in the controls document.
Environment		
For a full list of our environment reporting criteria, please see our Basis of reporting, including full definitions and methodologies.		
Diversity, equity and inclusion		
Ethnically diverse total (%)	Total percentage of ethnically diverse employees for GSK in the US and UK employee population across SVP/VP level, Director level, Manager level and across all employees. Due to differing ethnic groups across the UK and US employee population, race/ethnic categories are defined according to UK Census and US Federal reporting guidelines.	The data covers the total number of employees salaried in our internal HR system, both active (including Full-time/Part-time, Regular/Temporary employees) and non-active (ie, on Maternity Leave, Paternity Leave, Adoption Leave, etc.). It excludes Puerto Rico-based employees, Agency Temporary Workers ('Contingent Workers' defined as those payrolled via recruitment agencies) and employees with blank ethnicity and "Prefer not to say". The US figures exclude Puerto Rico-based employees given significant differences in ethnic composition of the territory's population relative to the rest of the US. The percentage is calculated using employee numbers as of 31 December of the current year. This is calculated as the number of salaried employees at 31 December of the current year recorded in our internal HR system who self-identified as Ethnically Diverse, divided by total salaried employees in the system.

Appendix continued

KPI	Definition	Method
Diversity, equity and inclusion		
Total women in management (%)	The total percentage of women in a management role. 'Management' is classed as an employee in grade bands 0-6 which includes Managers, Directors, VPs and SVPs.	The data covers the total number of salaried employees who identify as women within our HR system, including active (Full-time/Part-time, Regular/Temporary employees) and non-active (i.e., on Maternity Leave, Paternity Leave, Adoption Leave, etc.). It excludes Agency Temporary Workers ('Contingent Workers' defined as those payrolled via recruitment agencies) and employees with no gender recorded, or if they have indicated "Prefer not to say". The percentage is calculated using employee numbers as of 31 December of the current year. This is calculated as the number of salaried employees (at 31 December) recorded in our HR system with Gender specified as female, within grades 0-6, divided by the total payrolled employees recorded in the HR system.
% of phase III trials initiated in the current reporting year with proactive plans – Diversity	The total percentage of clinical trials that have achieved First Subject First Visit (FSFV) and have a Study Diversity Plan recorded at time of FSFV.	The number of (and status of) actual protocol approvals is recorded in GSK's electronic Trial Master File (Veeva CDMS) database.
Ethical standards		
Employees who had concerns raised against them	The number of distinct employees with a disciplinary concern raised against them.	Anyone inside or outside GSK can raise concerns or speak to an independent third party through our integrity lines, confidentially or anonymously. Concerns can also be raised internally by employees, management, or internal monitoring. This data comprises all regular employees and excludes contractors and contingent workers. The data includes the total number of distinct employees with a disciplinary concern raised against them during the reporting period and those employees with disciplinary concerns raised against them from prior year's open cases.
Employees disciplined for policy violations	The number of distinct employees where the outcome of a concern raised resulted in disciplinary action.	This data comprises all regular employees and excludes contractors and contingent workers. The data represents cases closed during the reporting period. In 2022, we also included three open cases where disciplinary decisions were made and action taken at year end; however, the cases had not yet been closed in the source system by the reporting criteria end date range due to timing. Disciplinary action includes a documented warning, termination, or resignation.
Employees who were dismissed or agreed to leave the company voluntarily	The number of distinct employees where the outcome of a disciplinary concern resulted in termination of employment or voluntary resignation of the employee.	This data comprises all regular employees and excludes contractors and contingent workers. The data represents cases closed during the reporting period. In 2022, we also included three open cases where disciplinary decisions were made and action taken at year end; however, the cases had not yet been closed in the source system by the reporting criteria end date range due to timing. Includes termination of employment or resignation.
Documented warnings	The number of distinct employees where the outcome of a disciplinary concern resulted in a documented warning.	This data comprises all regular employees and excludes contractors and contingent workers. The data represents cases closed during the reporting period. In 2022, we also included three open cases where disciplinary decisions were made and action taken at year end; however, the cases had not yet been closed in the source system by the reporting criteria end date range due to timing. Disciplinary action includes a documented warning (Level 1, 2, 3 sanction or final warning).
Open cases awaiting investigation or a disciplinary decision at year end	The number of distinct employees involved in an investigation or a disciplinary decision that is still open and pending an outcome at the end of the reporting period.	This data comprises all regular employees and excludes contractors and contingent workers This data represents employees that are involved in a disciplinary case that remain open at the end of the reporting period. In 2022, we also included three open cases where disciplinary decisions were made and action taken at year end; however, the cases had not yet been closed in the source system by the reporting criteria end date range due to timing. The outcome of investigations that are still open or awaiting disciplinary action at year end are captured during the subsequent reporting period, and correlating, this metric will be updated accordingly for the prior year.

Appendix continued

KPI	Definition	Method
Ethical standards		
Compliance – Breakdown of types of policy violation (%)	The breakdown of the types of policy violations that employees have been disciplined for during the year. Policy violations categories are defined as: – **Anti-Bribery and Corruption** – Anti-Bribery and Corruption – **Cyber Security** – Cyber Security (CSIR) – **Continuity of Supply Chain** – Supply Chain Continuity – **EHS and Sustainability** – Environment Health and Safety and Sustainability – **Employee Conduct** – Conflict of Interest; Discrimination; Expenses; Harassment; Inappropriate behaviour, Mandatory training – **Employee Relations & HR Policies** – Appeal; Attendance at Work; Capability (Health); Capability (Performance); External Litigation; GSK Performance System; Recruitment and Selection; Restructuring Programmes; Settlement/Mutual Agreement; Working arrangements – **Government Trade Restrictions** – Sanctions and Export Controls – **Product Quality** – Good Manufacturing Practice; Manufacturing Site Resilience; Supply Chain Quality Assurance – **Research and Development and Medical Practices** – Care and Welfare and Treatment of Animals; Data Integrity (nonGxP); Good Laboratory Practices/Good Clinical Practice; Human Biological Sample Management (HBSM); Non-Promotional Engagement; Non-Promotional Engagement; Patient Safety; Public Disclosure; Regulatory Filings – **Safeguard People and Information and Assets** – Communications; Corporate or Financial information, reporting and disclosure; Crisis and Continuity Management; Fraud; Intellectual Property; Privacy – Loss of data; Privacy – Unauthorized Access; Privacy – Unsecured data disclosure; Protection of Physical Assets and Security; Security – People; Security – Places/ Sites; Security - Products/Supply Chain – **Sales and Marketing** – Antitrust; Commercial Practices Funding; Contract Sales Organisation; External Experts; HCP/HCI Transfer of Value; Inappropriate Managerial Direction; Interactions with PAGs/Consumer/Payer groups; Product Promotion; Samples; Speaker Programme – **Tax and Treasury** – Tax; Treasury – **Other** – Any other policy violation types that do not fit into the above categories specified.	This data comprises all regular employees and excludes contractors and contingent workers. Individual employees can be subject to multiple allegations resulting in disciplinary action. Where this is the case, an individual is counted once against each unique category. Employee discipline results from policy violation, and includes Level 1 Sanction, Level 2 Sanction, Level 3 Sanction, Final Warning, Termination, or Resignation and is categorised as appropriate. Outcomes for employees including mediation, demotion and settlement are not included in counts or percentages within categories. These outcome types are not considered disciplinary action and they represent situations in which employees and the company work together towards a solution. All markets, except Germany, utilise a case management system to manage cases and data retention. The German market maintains its own case list which is submitted to the global employee relations team at year end for consolidation and analysis. Case owners regularly utilise published data quality reports to assist in data accuracy regularly. Quarterly internal audits are conducted to address any outstanding data discrepancies.
% of employees and complementary workers that complete GSK's mandatory training	The percentage of active employees and complementary workers who have been assigned the mandatory training curriculum and completed all training modules.	All active employees (Full-time/Part-time, Regular/Temporary) and complementary workers (ie, Agency workers, Statement of Work workers, Outsourced workers, etc.) are required to complete our global mandatory learning curriculum called Living our Code which comprises two modules: The Code, Living our Code. Additionally, those in high-risk roles or geographic regions complete an additional module: Effectively managing high ABAC risk. The percentage is calculated by using training data as of 31 December 2023 (ie, training due on or before 31 December 2023). This is calculated as the total number of active employees and complementary workers who have been assigned the Living our Code mandatory training and have completed all modules divided by the total population of active employees and complementary workers who have been assigned the Living our Code mandatory training.

Appendix continued

KPI	Definition	Method
Ethical standards		
% of employees who believe they "can and do Speak Up if things don't feel right"	The percentage of employees that strongly agreed or agreed with the question 'I can and do speak up if things don't feel right' in the GSK Annual Engagement and Culture Survey.	The question is included in the Annual Engagement and Culture Survey which is sent annually. The survey is issued to all regular full-time and fixed term contract employees in all countries in which GSK operates (excluding Russia due to the sanctions). Questions are translated by professional service partners into 23 languages (excluding English). In 2023, the "Annual Engagement and Culture Survey" replaced the quarterly Pulse surveys, therefore the percentage of employees for this metric is the result of a single annual data point instead of an average score across quarterly surveys.
80% of direct high-risk suppliers achieve GSK's minimum EcoVadis score or have an improvement plan in place	Direct high-risk suppliers are identified on a yearly basis through a combination of spend, category and high-risk countries. Direct procurement involves the purchasing of materials directly associated with the production of goods. Out of the total number of 4,414 direct suppliers, 122 are high-risk and managed through GSK's EcoVadis Programme. An improvement plan in place is defined as an ongoing improvement plan. GSK requires suppliers to have a minimum EcoVadis score of 45.	Through our EcoVadis Programme, we work with direct high-risk suppliers to help them improve their operations and support their sustainability journey. EcoVadis is an external ratings provider and assesses organisations across four themes: Environment & Community, Labour & Human Rights, Ethics and Sustainable Procurement. A supplier may not have an improvement plan in place because the assessment is in progress, the supplier has committed to participate in the programme but hasn't commenced yet or the supplier hasn't accepted the improvement plan. Where the improvement plan has been implemented and the supplier awaits reassessment to reflect improved score, this is reported as the supplier not having an improvement plan in place. An improvement plan is initiated by the supplier or any of its partners, including GSK, and tracked on the EcoVadis platform. Where required, GSK interacts directly with the supplier to ensure corrective actions are implemented. EcoVadis scorecard data is exported from the EcoVadis platform. Direct high-risk suppliers are identified on a yearly basis through a combination of spend, category and high-risk countries. Direct procurement involves the urchasing of material directly associated with the production of goods. Suppliers reaching the minimum score for a given year are considered to have met the minimum for the entire three-year grace period even if the desired minimum score increases in that period.
Product governance		
Total regulatory inspections from all health authorities	The number of regulatory inspections of GSK entities from all health authorities.	The data represents Good Manufacturing Practice (GMP)/Good Distribution Practice (GDP) inspections where results have been confirmed.
% of inspections from all regulators with no critical findings or official action indicated	The percentage of the number of regulatory inspections of GSK entities with no critical findings or official action.	Percentage across GMP/ GDP for the where results have been confirmed. The percentage is calculate by the total number of inspections from all regulators with no critical findings or official action indicated divided by the total number of inspections from all regulators multiplied by 100.
Total regulatory inspections from FDA/ MHRA/EMA regulators	The number of regulatory inspections by the following regulators of GSK entities: United States (US) Federal Drugs Agency (FDA); United Kingdom (UK) Medicines Healthcare Regulatory Agency (MHRA); and European Medicines Agency (EMA) National Competent Authority in the EEA.	The number of regulatory inspections across GMP/GDP based on FDA, MHRA and European regulators* that are inspecting on behalf of EMA where results have been confirmed. *National Competent Authorities
Number of critical/ major 483 findings per inspection by FDA/ MHRA/EMA regulators	The number of critical and major 483 findings from regulatory inspections of GSK entities by US FDA, UK MHRA and EMA regulators	The number of critical and major 483 findings across GMP/GDP on business and products based on FDA, MHRA and European regulators that are inspecting on behalf of EMA where results have been confirmed.
Total FDA regulatory inspections	The total number of regulatory inspections of GSK entities by US FDA.	The number of regulatory inspections across GMP/ GDP on the business and products based on US FDA regulatory inspections where results have been confirmed.
Number of FDA observations	The number of 483 observations issued by the US FDA to GSK entities.	The number of 483 observations across GMP/GDP on the business and products based on US FDA regulatory inspections where results have been confirmed.
Number of FDA warning letters	The number of warning letters issued by the US FDA to GSK entities, which led to enforced regulatory actions being required.	The number of enforceable GMP/GDP warning letters.

Appendix continued

KPI	Definition	Method
Product governance		
Total number of Class I/II/III external product recalls	The number of external Class I/II/III recalls of product broken down by recall type: – Class I recall: Reasonable probability that the use of or exposure to a violative product will cause serious adverse health consequences or death. – Class II recall: Use of or exposure to a violative product may cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote. – Class III recall: Use of or exposure to a violative product is not likely to cause adverse health consequences.	The number of external Class I/II/III recalls across GMP/ GDP.
FDA product recalls by business and class	The number of US FDA recalls of product from the US market. We categorise the data according to which of our businesses it relates to (pharmaceutical or vaccine) and according to recall type.	Business units track recall data in an electronic system.
Publicly available trial protocol summaries (register) and result summaries (disclose)	The number of trial protocol summaries registered and results summaries disclosed on the external facing GSK trial register or ViiV register as part of GSK's internal policy commitment to disclosure of human subject research. This is in addition to the mandatory requirements by regulators for disclosure of protocol registrations.	Studies for which protocol summaries were registered on the GSK trial register (www.gsk-studyregister.com) or on ViiV register (www.viiv-studyregister.com). The numbers represent the studies which were initiated in the current year for which protocol summaries were registered. For cumulative values: The numbers represent the studies for which protocol summaries were registered on the GSK register between 2004 and 2023; and those registered on ViiV study register between 2009 and 2023. These numbers are generated through the Transparency report which derives the data from the disclosure system used by the business.
People disclosures		
Overall turnover (%)	Overall turnover is a measure of GSK employees leaving GSK and does not include internal moves within GSK.	We calculate the number of leavers during the year as a percentage of the average reporting year's permanent headcount. The employee turnover rate includes employees who left the company both voluntarily and involuntarily during the year. The data is updated daily and extracted from our GSK-wide HR platform. The data is based on the effective date of termination and not the termination date. The termination date is the last day of work and the effective date of termination is the first day of termination, ie the following day. Therefore, employees with termination dates of 31 December of reporting year are not included in this dataset.
"Reportable" injury or illness	A GSK reportable injury or illness meets the following criteria: 1. Must be an employee or GSK-supervised worker 2. Must be GSK work-related 3. Must meet one or more of the general criteria: a. Medical treatment beyond first aid b. Restricted days/job transfer/days away from work c. Loss of consciousness d. A significant occupational injury or occupational illness diagnosed by a physician or other licensed healthcare professional e. Fatality 4. Must be a "new case"	Assessed and reviewed by EHS site team during approval/closure of record in EHS One system. as part of the reporting process.

Appendix continued

KPI	Definition	Method
People disclosures		
Fatalities	Work-related fatalities of employees and complementary workers under GSK direct supervision.	As per GSK standard, all work-related incidents are required to be reported into GSK's EHS One system.
Fatalities - contractors	Fatalities of contractors not under GSK direct supervision but related to work at GSK.	As per GSK standard, all work-related incidents are required to be reported into GSK's EHS One system.
Reportable injuries with lost time	Injuries at the global GSK site level meeting the criteria of GSK reportable and resulted in lost time. Lost time includes work-related incidents that have resulted in lost days, restricted time, or a job transfer.	As per GSK standard, all work-related incidents are required to be reported into GSK's EHS One system.
Reportable illnesses with lost time	Number of illnesses at the global GSK site level meeting the criteria of GSK reportable and resulted in lost time. Lost time includes work related incidents that have resulted in lost days, restricted time or a job transfer.	As per GSK standard, all work-related incidents are required to be reported into GSK's EHS One system.
Lost time reportable injury rate (per 100,000 hours worked)	The number of reportable injuries with lost days, restricted work or job transfers rated per 100,000 hours worked.	(# of reportable lost time injuries) × 100,000 divided by Total hours worked for GSK employees/GSK supervised workers.
Lost time reportable illness rate (per 100,000 hours worked)	The number of reportable illnesses with lost days, restricted work or job transfers rated per 100,000 hours worked.	(# of reportable lost time illnesses) × 100,000 divided by Total hours worked for GSK employees/GSK supervised workers.
Reportable injuries with and without lost time	Total number of injuries that meet the criteria of being "reportable".	As per GSK standard, all work-related incidents are required to be reported into GSK's EHS One system.
Reportable illnesses with and without lost time	Total number of illnesses that meet the criteria of being "reportable".	As per GSK standard, all work-related incidents are required to be reported into GSK's EHS One system.
Reportable injury rate (per 100,000 hours worked)	The number of reportable injuries rated per 100,000 hours worked.	(# of reportable injuries*100,000) divided by 'total hours worked for GSK employees/supervised workers.
Reportable illness rate (per 100,000 hours worked)	The number of reportable illnesses rated per 100,000 hours worked.	(# of reportable illnesses*100,000) divided by 'total hours worked for GSK employees/supervised workers.
Reportable injury and illness rate (per 100,000 hours worked)	The number of reportable injuries and illnesses rated per 100,000 hours worked.	(# of GSK reportable illnesses+ # of GSK reportable injuries*100,000) divided by 'total hours worked for GSK employees/supervised workers.
Hours worked	HR System Report of the hours worked.	Hours worked is based on multiplying headcount on the 15th of the month per site by 150 hours in the EHS One system each month. The total number of employees in active status with specified employee type codes for each location (site) and multiply that number by 150. This will provide the number of hours for that location (site).

WHEN TRUST MATTERS

Independent Limited Assurance Report

to the Directors of GSK plc

DNV Business Assurance Services UK Limited ("DNV", "us" or "we") were commissioned by GSK Services Unlimited to provide limited assurance to GSK plc ("GSK") over Selected Information presented in the ESG Performance Report 2023 (the "Report") for the reporting year ended 31 December 2023.

Our Conclusion: On the basis of the work undertaken, nothing came to our attention to suggest that the Selected Information is not fairly stated and has not been prepared, in all material respects, in accordance with the Criteria.

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

Our observations and areas for improvement will be raised in a separate report to GSK's Management. These observations do not affect our conclusion set out above.

Selected Information

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

- The Environmental Social and Governance (ESG) performance data listed in the **Appendix** of this document.
- The overall 2023 ESG Performance Rating score of "on track" relating to GSK's performance against the 2023 Performance Rating metrics listed on pages 6 and 7 of the Report.

To assess the Selected Information, which includes an assessment of the risk of material misstatement in the Report, we have used GSK's ESG Data Collection Process and Controls Documents which are summarised in the ESG reporting criteria (the "Criteria"), which can be found from pages 47 to 54 of the Report.

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

Standard and level of assurance

We performed a **limited** assurance engagement of specified data and information using DNV's assurance methodology Verisustain™, which is based on our professional experience and international assurance best practice including the International Standard on Assurance Engagements (ISAE) 3000 – 'Assurance Engagements other than Audits and Reviews of Historical Financial Information' (revised) issued by the International Auditing and Assurance Standards Board. This methodology ensures compliance with ethical requirements and mandates planning and execution of the assurance engagement to obtain a limited level of assurance.

DNV applies its own management standards and compliance policies for quality control, which are based on the principles enclosed within ISO IEC 17029:2019 - Conformity Assessment - General principles and requirements for validation and verification bodies, and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards, and applicable legal and regulatory requirements.

The procedures performed in a limited assurance engagement vary in nature and are shorter 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 if a reasonable assurance engagement had been performed.

Our competence, independence and quality control

DNV established policies and procedures are designed to ensure that DNV, its personnel and, where applicable, others are subject to independence requirements (including personnel of other entities of DNV) and maintain independence where required by relevant ethical requirements. This engagement work was carried out by an independent team of sustainability assurance professionals. DNV did not provide any services to GSK in 2023 that could compromise the independence or impartiality of our work. Our multi-disciplinary team consisted of professionals with a combination of environmental and sustainability assurance experience.

Basis of our conclusion

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

- Conducting interviews with GSK's management to obtain an understanding of the key processes, systems and controls in place to generate, aggregate and report the Selected Information;
- Remote site visits to Evreux (France), Ste. Foy (Canada) and Stevenage (UK) to review the processes and systems for preparing site level Health and Safety data consolidated at Company level. DNV were free to choose sites based on materiality;
- Performing limited substantive testing on a selective basis of the Selected Information to check that data had been appropriately measured, recorded, collated and reported;
- Reviewing that the evidence, measurements and their scope provided to us by GSK for the Selected Information is prepared in line with the Criteria;
- Assessing the appropriateness of the Criteria for the Selected Information; and
- Reading the Report and narrative accompanying the Selected Information within it with regard to the Criteria.

During the assurance process, we did not come across limitations to the scope of the agreed assurance engagement.

Disclaimers

The assurance provided by DNV is limited to the selected indicators and information specified in the scope of the engagement. DNV has not conducted an assessment of the reporting organisation's overall adherence to reporting principles or the preparation of the report. Therefore, no conclusions should be drawn regarding the reporting organization's compliance with reporting principles or the quality of the overall report. The assurance provided by DNV is based on the selected indicators and information made available to us at the time of the engagement. DNV assumes no responsibility for any changes or updates made to the indicators or information after the completion of the assurance engagement.

Use and distribution of our Independent Limited Assurance Report

This report is intended solely for the information and use of the Directors of GSK and is not intended to be and should not be used by anyone other than these specified parties. DNV expressly disclaims any liability or co-responsibility for any decision a person or an entity may make based on this Independent Limited Assurance Report.

for DNV Business Assurance Services UK Limited
London, UK
01 March 2024

Wallis-Copley, Holly
Digitally signed by Wallis-Copley, Holly
Date: 2024.02.28 21:39:59 Z

Holly Wallis-Copley
Lead Verifier
DNV Business Assurance Services UK Limited

Walden, Shaun
Digitally signed by Walden, Shaun
Date: 2024.02.29 11:48:56 Z

Shaun Walden
Technical Reviewer
DNV Business Assurance Services UK Limited

DNV-2024-ASR-C672898

Inherent limitations

DNV's assurance engagements are based on the assumption that the data and information provided by GSK to us as part of our review have been provided in good faith, is true, complete, sufficient, and authentic, and is free from material misstatements. Because of the selected nature (sampling) and other inherent limitations of both procedures and systems of internal control, there remains the unavoidable risk that errors or irregularities, possibly significant, may not have been detected. The engagement excludes the sustainability management, performance, and reporting practices of the Company's suppliers, contractors, and any third parties mentioned in the Report. We understand that the reported financial data, governance and related information are based on statutory disclosures and Audited Financial Statements, which are subject to a separate independent statutory audit process. We did not review financial disclosures and data as they are not within the scope of our assurance engagement.

Responsibilities of the Directors of GSK and DNV

The Directors of GSK have sole responsibility for:

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

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

DNV Supply Chain and Product Assurance

DNV Business Assurance Services UK Limited is part of DNV – Supply Chain and Product Assurance, a global provider of certification, verification, assessment and training services, enabling customers and stakeholders to make critical decisions with confidence.
www.dnv.co.uk/BetterAssurance

Appendix: Selected Information

The scope and boundary of our work is restricted to the Selected Information, including the ESG Performance data listed below and continued overleaf.

ESG Performance data	Reported value	Unit
Access		
Cash	80	£m
Product and in-kind	198	£m
Time	3	£m
Management costs	23	£m
Total community investment	304	£m
Value of GSK medicine and vaccines provided through our US Patient Assistance Programs Foundation	224	$m
Doses of *Synflorix* vaccines supplied to Gavi	41	m
Doses of *Rotarix* vaccines supplied to Gavi	43	m
Doses of *Cervarix* vaccines supplied to Gavi	5	m
Doses of OPV vaccines supplied to UNICEF	130	m
Doses of OPV vaccines supplied and in ready-to-ship stockpile to UNICEF	149	m
Doses of Mosquirix (RTS,S/AS01 E) vaccines supplied	6	m
Albendazole tablets donated to help eliminate lymphatic filariasis	462	m
Albendazole tablets donated to help treat intestinal worms	153	m
Total doses supplied	989	m
People with access to a generic dolutegravir product through voluntary licensing agreements	24,058	'000
Estimated children reached with *Synflorix* through Gavi	12,573	'000
Estimated children reached with *Rotarix* through Gavi	20,570	'000
Estimated girls reached with *Cervarix* through Gavi	4,307	'000
Estimated people reached with OPV through UNICEF	26,032	'000
Estimated people reached with Mosquirix (RTS,S/AS01 E)	1,383	'000
Total people reached	88,923	'000
People reached through our US Patient Assistance Programs	71	'000
Global health and health security		
Number of assets progressed through the Global Health pipeline to address priority WHO diseases	11	#
Environment		
Percentage of carbon offset volume in project pipeline (Percentage of 2.1MtCO_2 offsetting volume in 2030 project pipeline)	35	%
Diversity, equity and inclusion		
Percentage of Phase III trials initiated in 2023 that have proactive plans in place designed to enrol appropriately diverse trial participants, consistent with the disease epidemiology	100	%
US ethnic diversity: Ethnically diverse total of:		
- SVP/VP	35.7	%
- Director	30.0	%
- Manager	33.5	%
- All employees	34.9	%
UK ethnic diversity: Ethnically diverse total of:		
- SVP/VP	18.4	%
- Director	21.3	%
- Manager	25.0	%
- All employees	20.9	%
% of women (all employees):	48	%
- SVP/VP	45	%
- Director	50	%
- Manager	51	%
Total women in management	50	%
Ethical standards		
Employees who had concerns raised against them (including current year and prior year open cases)	1,960	#
Employees disciplined for policy violations	798	#

Appendix: Selected Information continued

ESG Performance data	Reported value	Unit
Breakdown of types of policy violation:		
- Employee conduct	304	#
- Sales and marketing	122	#
- Product quality	76	#
- Safeguarding people and information and assets	177	#
- Employee relations	99	#
- Research and development and medical practices	7	#
- Anti-bribery and corruption	39	#
- Cyber security	24	#
- EHS and sustainability	64	#
- Other	4	#
Employees who were dismissed or agreed to leave the company voluntarily as a result of misconduct	256	#
Documented warnings	553	#
Open cases awaiting investigation or a disciplinary decision at year end	297	#
% of employees and complementary workers that complete GSK's mandatory training	100	%
% of employees who believe they 'can and do Speak Up if things don't feel right'	83	%
% of direct high-risk suppliers that achieve GSK's minimum EcoVadis score or have an improvement plan in place	89	%
Product governance		
Total regulatory inspections from all health authorities	114	#
% of inspections from all regulators with no critical findings or official action indicated	100	%
Total regulatory inspections from FDA/MHRA/EMA regulators	32	#
Number of critical/major findings from FDA/MHRA/EMA regulators	11	#
Total FDA regulatory inspections	5	#
Number of FDA observations	8	#
Number of FDA warning letters	0	#
Total product recalls	16	#
- Total number of Class I external product recalls	2	#
- Total number of Class II external product recalls	3	#
- Total number of Class III external product recalls	11	#
Pharmaceuticals business - Class product I recalls	0	#
Pharmaceuticals business - Class product II recalls	0	#
Pharmaceuticals business - Class product III recalls	1	#
Vaccines business - Class product I recalls	1	#
Vaccines business - Class product II recalls	0	#
Vaccines business - Class product III recalls	1	#
Publicly available trial protocol summaries (register)	103	#
Publicly available trial result summaries (disclose)	98	#
People disclosures		
Overall turnover	10	%
Number of fatalities (employees and complementary workers under GSK direct supervision)	0	#
Fatalities (contractors not under GSK direct supervision)	0	#
Reportable injuries with lost time	195	#
Reportable illnesses with lost time	30	#
Lost time reportable injury rate	0.13	per 100,000 hours worked
Lost time reportable illness rate	0.02	per 100,000 hours worked
Reportable injuries with and without lost time	292	#
Reportable illnesses with and without lost time	65	#
Reportable injury rate	0.19	per 100,000 hours worked
Reportable illness rate	0.04	per 100,000 hours worked
Reportable injury and illness rate	0.24	per 100,000 hours worked
Hours worked	151	m

Independent Limited Assurance Report to the Directors of GSK PLC

Independent limited Assurance Report by Deloitte LLP to the Directors of GSK PLC on selected Environmental, Social and Governance ("ESG") metrics (the "Selected Information") within the Annual Report and Accounts and the ESG Performance Report for the reporting year ended 31 December 2023.

Our assurance conclusion

Based on our procedures described in this report, and evidence we have obtained, nothing has come to our attention that causes us to believe that the Selected Information, as presented on page 70 of the Annual Report and Accounts and pages 23-24 of the ESG Performance Report for the year ended 31 December 2023, and as listed below and indicated with an (A) in the Annual Report and Accounts and the ESG Performance Report has not been prepared, in all material respects, in accordance with the Basis of Reporting defined by the directors.

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, as presented on page 70 of the Annual Report and Accounts and pages 23-24 of the ESG Performance Report for the year ended 31 December 2023, and as listed below and indicated with an (A) in the Annual Report and Accounts and ESG Performance Report, is as follows:

Selected Information	Assured Value
Scope 1 emissions (thousand tonnes CO2e)	581
Scope 2 emissions – Market Based – (thousand tonnes CO2e)	64
Scope 2 emissions – Location Based – (thousand tonnes CO2e)	240
Total scope 1 and 2 market-based emissions (thousand tonnes CO2e)	645
Total energy for operations (GWh)	2,636
Purchased Renewable electricity (GWh)	782
Onsite renewably generated electricity (GWh)	17
Emissions from use of propellant based inhalers by patients (thousand tonnes CO2e)	5,039
Total water use at high water risk sites (million m3)	0.3
Total wastewater discharged (million m3)	6.2
Total water use (million m3)	7.4

The Basis of Reporting (defined by GSK PLC); 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.

The Selected Information, as listed in the above table, needs to be read and understood together with the Basis of Reporting prepared and published by GSK PLC at ESG resources | GSK.

Inherent limitations of the Selected Information

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

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

Inherent limitations exist in all assurance engagements due to the selective enquiry of the information being examined. Therefore fraud, error or non-compliance may occur and not be detected. Our work does not involve testing the operating effectiveness of controls over the underlying data, nor have we sought to review systems and controls beyond those relevant to the selected ESG metrics.

Directors' responsibilities

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

The Directors are also responsible for:

- 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 the Services.
- Confirming to us through written representations that they have provided us with all information relevant to our Services of which they 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 analytical review procedures and considered the risks of material misstatement of the Selected Information.
- 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 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 Sustainability Council 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 whether the data was appropriately consolidated.
- Performed procedures over underlying data on a statistical sample basis to assess whether the data was 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.

- 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.

Use of our report

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

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

Deloitte LLP
London, UK
27 February 2024