GlaxoSmithKline

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James Gordon: Good morning and good afternoon. I'm James Gordon, J.P. Morgan, European pharma and biotech analyst. Today, at the J.P. Morgan Conference, I got the pleasure of introducing the GSK presentation and Q&A.

The GSK CEO, Emma Walmsley joining us for 20 minutes, and then we're going to have a 20-minute Q&A afterward. With that said, thanks a lot for joining us today, Emma. I leave it to you for the presentation.

Emma Walmsley: Thank you. Good morning, and good afternoon to everyone. Big thank you to James and a very happy new year to all of those attending today's virtual conference.

Let me first refer you to our usual cautionary statement on slide 2, and then please turn to slide 3. 2022 will be a landmark year for GSK. The demerger of our world-leading consumer healthcare business is set to unlock tremendous value for two new businesses set up for independent delivery of competitive growth, shareholder value, and scale impact on human health.

During my presentation, I'm going to set out clearly why New GSK our biopharma business will be a growth company able to create significant value for patients, shareholders, and our people from 2022 and on into the next decade.

This slide sets out the key messages, including our commitments to deliver attractive growth over the next five years and beyond, and to operate with the highest regard for sustainability. This means a step-change in performance that we expect to begin this year. Please turn to slide 4.

Before we get into our confidence about New GSK prospects, I want to spend a couple of minutes focusing on what has been achieved over the last five years and how this creates an entirely different platform for future growth.

Since 2017, we have undertaken an enormous amount of work to fix long-standing issues across the company, which have been a direct cause of historic underperformance and negative impact on total shareholder returns.

Our focus has been to improve R&D productivity, commercial execution, group structure, and capital allocation, and very significantly, drive a new culture with new leadership for more accountability, ambition, and delivery.

We've done this by prioritizing innovation, performance, and trust. Driving a sustained multi-year strategic transformation and investment program. Please turn to slide 5.

The scale of the changes made in the last five years is unprecedented. As we've sought to improve performance, strengthen capabilities, and prepare GSK for a new future. Our sales and cash flow performance have improved despite the loss of multi-billion pound Advair to generics.

We've maintained operating profit levels whilst making much-needed increases in R&D investment. This investment up 30 percent over the period, and Hal’s leadership team have strengthened our R&D performance and productivity.

Since 2017, we've delivered 13 major approvals, a top quartile performance, and we've more than doubled the number of potential new vaccines and medicines in phase 3, and registration to 23.

We now have a pipeline of over 60, many of which are potential best or first in class vaccines and medicines.

Luke Miels and Deborah Waterhouse have transformed our commercial execution. New and specialty medicines have reached £10 billion growing double digits and since 2017, vaccines revenues have also increased 35 percent under Roger Connor's leadership.

We've made significant changes to our portfolio and manufacturing network driving changes to our business mix, reducing our footprint streamlining our supply chain, achieving substantial cost savings, and divesting non-core brands.

We've created a new world-leading consumer healthcare business following two successful global mergers and integrations with a radically transformed portfolio and a 25 percent increase in adjusted operating profit.

We have maintained our acknowledged leadership in ESG. Powering it all has been a new culture for more accountability and ambition. This change has started at the top where we transformed our leadership.

85 percent of the top 125 leaders are new in roll since 2017, including 30 percent recruited externally. Please turn to slide 6.

We are now ready to deliver the most significant corporate change for GSK seen in more than 20 years. To separate and create a New GSK and a new consumer healthcare. Both these businesses will have scale impact on human health and the opportunity to deliver compelling performance and attractive returns for shareholders. Please turn to slide 7.

We're going to create a new world leader in consumer healthcare with a planned separation in the middle of this year. 150 billion-pound market with very favorable dynamics for consistent future growth.

Expertly built and integrated by CEO designate Brian McNamara and his team, this business will serve 100 markets with a portfolio generating annual sales of around £10 billion. It will be driven by brands and innovation with leading-edge science and human understanding to deliver better everyday health.

With nine global power brands holding category leadership positions, a significant sales presence in the US and China, and 11 other brands each generating more than £100 million in sales, the business is well placed to address future consumer needs and achieve our revenue ambitions.

We are confident that this business will deliver sustainable organic sales growth well ahead of its categories in the years to come. Alongside prospects and further margin expansion and high cash generation, this offers a highly attractive financial profile for future investors. One that can support investment for growth and delivery of sustainable attractive returns.

An appropriately skilled independent board will oversee it, the full composition of which will be announced shortly. In December last year, I was delighted we announced the appointment of Sir Dave Lewis as the Chair Designate.

We're going to be holding a capital markets day, very soon later this quarter, which is going to detail the very compelling prospects for consumer health as a new and independent company.

You can turn to the next slide, please.

The separation will occur in the middle of this year and we're moving at pace with our plans. The Board reviewed multiple separation options to unlock the potential of both businesses, strengthening the New GSK's balance sheet, and most importantly of all, maximizing shareholder value.

On this basis, the separation will take the form of a demerger of at least 80 percent of GSK's holding in the business to shareholders. New GSK will retain up to 20 percent as a short-term financial investment that will be monetized in a timely and pragmatic manner to strengthen our balance sheet further.

The new consumer business is expected to be a FTSE 100 company and will benefit from a premium listing on the London Stock Exchange. Please turn to slide 9.

Turning now to New GSK. With new ambition comes new purpose. For New GSK, this is to unite science, talent, and technology to get ahead of disease together. All with a clear ambition of delivering human health impact, stronger and more sustainable returns, and as a new, exciting future facing GSK where outstanding people thrive.

Getting ahead means preventing disease as well as treating it. It means innovating together fusing ideas, capabilities, and know-how inside and outside GSK.

Our R&D focus is to deliver new vaccines and medicines using the science of the immune system, human genetics, and advanced technologies together with a deep commitment to operate responsibly for all our stakeholders. Prioritizing innovation, performance, and trust.

We remain committed to getting ahead of issues that matter for our company's sustainability. Be it pricing and access, the environment, or stronger diversity and inclusion. We do all this through our people and our culture with ambition, accountability, and a shared responsibility to do the right thing. Please turn to slide 10.

Our bold ambitions are reflected in the new commitments to growth provided at our investor update in June last year. Both of these goals represent a significant step-change in delivery.

With strong and effective commercial execution in the next five years, we expect to deliver more than 5 percent sales and more than 10 percent of adjusted operating profit growth on a

compounded basis. By 2031, we aim to deliver more than £33 billion in sales. Please turn to slide 11.

To drive this step-change in growth, we'll continue to prioritize investment in vaccines and specialty medicines, which we expect to grow to around three-quarters of our revenue base by 2026.

Over the next five years in CAGR terms, we expect sales to grow at high single digits for vaccines and double digits for specialty meds. Our newly defined general medicines business will contain all our primary care medicines.

We'll optimize this business for profitability and cash flow. As we've done in the last five years, we'll always continue to look for opportunities to streamline the portfolio and maximize its value for shareholders.

Overall, we expect general medicine sales to be broadly stable over the next five years, which is a significant change from the past.

Slide 12. A key reason for prioritizing investment in vaccines and specialty medicines is to realize the increasing opportunities for disease prevention and treatment.

Our understanding of the relevance of the science of the immune system continues to grow and modalities are converging. We have the approach, the tools, the portfolio, and the combat capabilities to deliver growth and value. Turning to slide 13.

We continue to prioritize four therapeutic areas, and also include the pursuit of opportunities in new areas that align with our strategy of focusing on the science of the immune system, human genetics to advance potential first or best in class vaccines and medicines.

We expect our portfolio of marketed vaccines and medicines and our late-stage pipeline to deliver strong growth over the next decade. The next five years will see us build on the momentum we've achieved today. We expect growth to be increasingly supplemented by contributions from the late-stage R&D pipeline.

The value that these potential new vaccines and medicines can bring to patients and New GSK is very significant indeed. On a non-risk-adjusted basis, we believe they have the potential to deliver peak year sales of more than £20 billion. Turning to slide 14.

Over the past year, we've made significant progress. Of the key pipeline achievements highlighted on this slide, I'll call out three in particular. First is the compelling phase 3 results from daprodustat that are potential best in class medicine to treat patients with anemia due to chronic kidney disease.

We anticipated regulatory submission in coming months here. Second, we've made tremendous progress in treating COVID-19 with our potentially best-in-class monoclonal antibodies Xevudy with our collaboration partners Vir.

We were not the first to enter this category, we were thinking about the risk of mutant variants and chose to pursue an approach that targets a highly conserved parts of the spike protein.

This rational approach to drug development appears to have paid off as the Xevudy was the first monoclonal antibody to demonstrate preclinical activity against all COVID variants of concern, including Omicron.

Thirdly, last month, we received USA-FDA regulatory approval for APRETUDE in HIV prevention. With every two months dosing and superior efficacy to current oral options, APRETUDE advances, again our innovation leadership in meeting the needs of people vulnerable to HIV. Please turn to slide 15.

In the year ahead, we will continue to see R&D deliver important news flow on a high proportion of our late-stage pipeline. Specifically, we expect to report data readouts on up to 7 of the 11 potential new vaccines and medicines that we highlighted at our investor update, including our older adults RSV vaccine, as well as proof of concept on our potential hep B therapeutic.

We're also planning two important regulatory submissions. First, daprodustat, and second for BLENREP in third-line multiple myeloma. Please turn to slide 16.

The significant contributions to our top-line ambitions are summarized here. Of course, alongside expected positive contributions from vaccines and medicines on generic expirations.

From '21 to 2026, our loss of exclusivity exposure is negligible and compares very favorably to peers. As can be seen here, our next anticipated loss of exclusivity comes from the patent expiration of dolutegravir in '28 in the US and '29 in Europe.

In November last year at our HIV investor event, we explained the transition we expect to see in our HIV portfolio to long-acting medicines. This significantly reduces our exposure to genericization and supports profitable revenue renewal in our HIV portfolio.

On a company level, we expect the loss of dolutegravir to be more than offset by the expected sales contribution from our late-stage pipeline. From 26 to 31, growth will be driven by several late-stage potential new vaccines and medicines, enabling us to achieve our ambition of more than £33 billion in sales.

This ambition also does not include any significant contribution from the early-stage pipeline or any contribution from future business development, which we will of course continue to pursue. I should also reiterate that these outlets do not include any revenues or profits from COVID-19 solutions. Please turn to slide 17.

We will leverage our top-line growth to drive significant margin expansion. The adjusted operating profit margin will increase from the mid-20s to over 30 percent by 2026. Delivering double-digit compounded profit growth over the period.

We also expect to achieve a combined total of £1.5 billion of annual cost savings by 2023. Approximately one-third of these savings are being reinvested to drive growth in the business, with the remainder expected to drop through to the bottom line.

These programs are expected to complete in 2022 and no further restructuring programs are planned.

Our focus, however, on driving out costs is going to continue. This will include more R&D productivity initiatives, further streamlining our manufacturing network, deploying technology as a deflationary force, embedding pandemic learnings and new ways of working, and prioritizing projects with the highest returns.

Another very critical driver of margin expansion is the change in sales mix towards higher margin vaccines and specialty care medicines. Please turn to slide 18.

Now turning to our capital allocation priorities, our priority is to reinvest in our pipeline, including business development activity, focusing on bolt-ons and in-licensing deals. You saw us take several steps in that direction in 2021 through new R&D collaborations with iTeos, Alector, Shionogi, and Arrowhead, amongst others.

We'll also strengthen our balance sheet with a consumer demerger, and the anticipated stronger operating cash flow we expect in the coming years.

By 2026, we expect cash generation from operations to exceed £10 billion. This will allow us to focus capital deployment on supporting growth through successful product launches and improving the sustainability of our operations including reducing our carbon footprint.

Of course, we intend to deliver attractively and bring returns to shareholders through a progressive dividend policy with an annual dividend starting at 45 pence per share in 2023. Please turn to slide 19.

For New GSK, ESG will continue to be an integral part of our strategy and our investment case. It will be a key driver and our goal to deliver health impact, build trust, reduce risk, and enable the delivery of positive social impact.

We're already making tremendous progress with our number one ranking in the Dow Jones Sustainability Index and our long-standing leadership in the access to medicines index.

Looking ahead, we aim to deliver ambitious environmental commitments with our targets of net zero on carbon and net positive on nature by 2030, and we also intend to lead the way on diversity and inclusion.

Central to our purpose is a defining measure of delivering health impact at scale. Our plan shows that New GSK can positively impact the health of more than two and a half billion people worldwide over the next 10 years. Please turn to slide 20.

In summary, we expect New GSK to deliver very competitive performance. Over the next five years with 2021 as a base year, we plan to deliver highly attractive growth with sales and adjusted operating profit of more than 5 percent and more than 10 percent on a compound basis.

These commitments represent a clear step-change in performance for a New GSK and we're confident that we can deliver. By 2031, we aim to achieve more than £33 billion in annual sales.

Our current late-stage pipeline drives this ambition for any significant contribution from our maturing early-stage pipeline or future business development. Our late-stage pipeline has the potential to deliver over £20 billion in non-risk-adjusted peak year sales, supporting our

confidence in these revenue ambitions.

Importantly, this expected revenue profile sees New GSK growing through the decade despite the anticipated loss of exclusivity for our HIV meds dolutegravir from 28 onwards.

New GSK will prioritize innovation in vaccines and specialty medicines, maximizing opportunities across prevention and treatment of disease. We will support investments in innovation through the attractive profitability and cash flow of our general medicines business, which we will continue to optimize.

New GSK will benefit from a strength and balance sheet after the demerger of consumer healthcare, enabling us to pursue a growth-oriented capital allocation policy. We will deliver this performance while meeting the high standards expected of us, retaining leading-edge ESG performance, and driving a culture of ambition, accountability, and responsibility.

This is New GSK, one that is ambitious for patients, for shareholders, and for our people.

With that, I'm going to be joined by my colleagues, Luke and David. I'm going to hand it back to James for the Q&A.

James: Great, thanks very much for the presentation. As Emma mentioned, we've got Luke Miels, Chief Commercial Officer, and David Redfern, Chief Strategy Officer with us. We've got 20 minutes, so we'll kick off the questions.

The first question would just be can you give us an update on what you're seeing in terms of COVID and Omicron on the business, and whether it's the same sort of disruption as you saw previously, and in particular, products like Shingrix, how much disruption you're currently seeing?

Emma: Thanks, James. Well, I'm going to ask our Chief Commercial Officer to comment on that, although there's no change in terms of our optimism and ambition for the outlook for Shingrix. Or, indeed all of the outlooks I've just covered in my presentation. Luke, do you want to pick that up?

Luke Miels: Thanks, Emma, and thanks, James. You're correct. If we go back a few months ago, there was a lot of debate around booster impact. I think Omicron has more of an impact than boosters.

In terms of Shingrix, I think overall, in terms of all the products and Shingrix itself, I think we feel

quite good about the direction and the manageability of what we're seeing in the US and also Europe.

Emma: David, I don't know whether you want to add anything in terms of our HIV business, because obviously, there have been some markets that have been, particularly the switch market, they've been a bit hit. But we see that as short-term. Do you want to comment further?

David Redfern: Yeah, there's no doubt that COVID has impacted the switch market and the HIV market generally, over the last 18 months, two years and that continues, hopefully, it will start to normalize as Omicron plays through particularly in the US.

That said, we've got very much used to that, our market share has gone up, particularly about two drug regiments, DOVATO and JULUCA, and clearly, we've now launched our long-acting medicines as well. We've been able to grow, despite the more conservative nature of the market, and hopefully, that growth will accelerate as the market returns to normal later this year.

James: Thank you. I've also been asked in terms of oncology, how much headwind you're seeing there?

Some other companies at the conference have called out they are still seeing diagnoses significantly hit or reduced, and for some oncology indications, a lack of surgeries occurring, which has been a significant headwind. Have you seen much improvement there, and is that a big headwind for GSK?

Emma: Luke...

Luke: This remains a challenge for ovarian. It's clearly correct. If you see more extreme indications, like pancreatic where the symptoms are more explicit, diseases progressing faster than those, even if you look at chemo, those rates are not as suppressed.

Definitely, the less obvious, the harder to diagnose. Like ovarian, we're seeing consistent reluctance of patients to present at primary care offices, and then the flown effect of that and agree, just a reluctance on the part of physicians or just an inability to conduct surgery.

That's still there's a longer tail on that than we really expect. I think the other critical thing, sadly, when these patients do present, eventually their disease is going to be more progressed. They are going to move through the first-line setting faster or extremely rapidly, which of course, has

implications in terms of maintenance treatment.

James: Thank you. One other question while we're on COVID, so Xevudy I believe it is now pronounced.

Emma: Xevudy.

James: Xevudy, sorry. A contract just announced. Is this a one of or could this be a more durable part of GSK's P&L? How far into the future could you still be having these sales?

Emma: Well, first of all, we've excluded as you know, James, our COVID solutions from our guidance as we did in 2021. It's all excluded from our outlook, precisely because there's some ongoing uncertainty on how it's going to play both as a disease but also as the competitive landscape and indeed, consumer behavior as well.

We are delighted to be contributing and mobilized to be contributing to COVID solutions. As you know, at Q3, we added beyond an upgrade on our base guidance, we also added an upgrade to an additional seven to nine points of EPS, we expected from COVID solutions coming from Xevudy. We were extremely deliberate on this.

The science here to identify an antibody that we thought maybe more variant proof and that's what sort of come to bear. Very pleased to see the new announcement this morning on a quarter one contract.

Discussions are ongoing with a variety of governments and we'll continue to do so. On our side, we're just mobilizing supply to do the best we can for patients and, we'll continue to contribute as possible.

We'll update more in February, as we get more a bit more visibility of the landscape but this will always be relatively flexible. The world is trying to learn more about Omicron, as it's burning through with these very high infection rates.

There is a reasonable hypothesis that we're moving to a more endemic world and that's also where other technology platforms, including mRNA, etc., and how we show up as a more sort of permanent part of our business, potentially, as something a question more for the future, as opposed to the immediate term.

Luke, I don't know if you want to add that because your team have been mobilizing like crazy on the prospects, and there's questions of, other meds as well as on this and [indecipherable] .

Luke: Yeah, and I agree. This dimension of understanding Omicron, governments are trying to understand, the role of mAbs, the role of orals. That's their debt negotiation point or navigation point, in terms of future purchasing decisions.

There's clearly a role for both, it depends on how physicians are going to...are mAbs going to be used for the more compromised in a poly complication type patients and orals be for younger, fitter individuals?

Is there a segment we see combinations being deployed, particularly in people with severe disease, myeloma, chemotherapy, etc., who are suppressed?

It's very interesting. What is pleasing just to build on Emma's point, is the deal was done. Hal had a clear hypothesis around preservation of activity, because it's derived from a SARS patient versus COVID? What's encouraging is that hypothesis is proven correct and governments can see that as well.

James: Are you running up against any capacity constraints for the product? If there's a lot of demand out there, could you do many multiples of what you've already signed, or could you be limited? This year, how much can actually be produced?

Emma: Well with...Go ahead, Luke.

Luke: That's right. What we'll say now, and we'll give more of an update on Q1. Clearly, there's an increase in demand, and we're working to satisfy that. That's probably all we could say, at this point.

James: Thank you. I've got one question that's come through on vaccines. The question is, thoughts on potential entry of an mRNA shingles vaccine, and if it's incorporated in the risk adjustment for your long-term planning?

Just to make the question a little bit broader, the idea has been that this shingles mRNA vaccine might be better in terms of tolerability, or potentially just the ability to make a lot more of it. How much of a threat is that product, and where do you think there isn't an opportunity if at all, versus Shingrix?

Emma: I'll start and Luke might want to add. Let's begin by saying we are incredibly confident in our shingles vaccine and remain very committed to delivering the ambition we talked about of doubling the sales over the next five years, which we shared last year.

This is a vaccine with 97 percent efficacy, and over 90 percent on the elderly, cohort, and by the way, eight years of sustained protection once you're vaccinated. A long safety track record.

What matters most, if anyone who's suffered with shingles, and it's an enormous market is that you are protected. The barrier for efficacy is extremely high.

The second thing to point to is we are now initially, we were supply-constrained. We are now not supply-constrained. You will imagine that we continue to work on lifecycle innovation, I'm not going to go further than that but to make sure that this, in every sense, remains competitive.

We had four years of data when we submitted for approval on this vaccine. We're very confident that and we're very confident in the adjuvant technology, and so much so that it's obviously coming through and some of our newer pipeline that we're excited about getting data on later this year.

Luke, is there anything you'd like to add in terms of geo expansion and the rest?

Luke: Yeah, the rate-limiting step as Emma said it's been capacity more than anything and then, of course, COVID disruption.

If you look at people completing the sequence, which I think is a pretty good indicator of tolerability. It's, one of the highest we had, it's 1.8, 1.85. The argument around the eight years plus and of course, that will continue to build hopefully, because it's just how long we've been observing this population.

Those things are going to flow in and we did assume that there will be competition, and as Emma said, we've been quite deliberate in terms of geographical expansion. I'd like to think we've been strategic around that, particularly around pricing and expansion beyond the US and European markets.

We've got our plans, we had this. We're going to activate them. There's a clear timeline now, we know more than we did before. We can act on it.

James: Thank you. While we're on vaccines, I believe in the first half, we've got your older adults RSV vaccine readout coming up. What's the confidence in that phase 3 readout, and in terms of how that might be differentiated versus some of the other people going after all the other RSV?

Do you think the differentiation that your product would have would be apparent in that data set, or we might have to wait a bit longer till we can really see how differentiated it is?

Emma: Let's wait and see what the data shows. I'm not going to make predictions on that for ourselves or others, except to say, we are very excited to see that other RSV readouts come through. It's an enormous potential market with over a billion people, over 60, worldwide.

The hospitalization rates on those infected are actually higher than flu, you've got to believe, by the way, that a busier market is going to create a bigger market because it usually does. We're also in an environment where adult vaccination is now something that's broadly accepted and welcomed.

We are the only vaccine going in with the AS01 adjuvant, which is proven in an older cohort and has historically driven a level of efficacy and duration of efficacy, obviously, you don't read duration until time passes.

We feel very good about that and we're excited that the results we were able to bring them into the first half rather than the second half.

Even in a crowded space, let's see what the data says, but there's the question of what the data says. Then there's the question of what happens commercially and we've seen time again, from Luke and his team, and on the HIV side, from Deborah and her team that when we're in a competitive environment, GSK now knows how to show up well.

Luke, I don't know if there's anything else you want to add on that?

Luke: Yeah, again, we compete with Pfizer in the meningitis market, and we've done very well there. We get over 70 percent of the business in the US and have been expanding it. Completely agree with Emma in terms of it's a bit hard to speculate at this point.

The only thing we won't know is just whether these are seasonal vaccines or have longer durability and that will show up in time and the tox profile of these vaccines.

Emma: That's another point. We know we were set on a long-term safety record here.

James: Thank you. A follow-up question, on that, so the first question was, part of the question was, how confident can you be that it will read out, as in, your phase 3 readout will be the first half? What actually is the bar given there aren't vaccines here already?

Emma: Given what?

James: Given there are no approved vaccines for older adults, what is the bar? What do you actually need to show?

Emma: I don't know Luke whether you can comment at all on that, but we've committed to the first half for a readout, so that's what we're expecting.

Luke: The driving is just the level of RSV circulating in the community and the combination of countries that you have for all companies there.

In terms of percentage, I don't want to get into a percentage, but I think if you look at the phase 2 results that are being reported by various companies, that's probably a good place to start.

In the end, what will matter is when everyone unblinds. The second step to this which is really important is you have the readout, but the rate-limiting step in terms of commercial success is going to be the ACIP meeting in the US where you'll get endorsement because approval in this setting, physicians are going to hold back until they see ACIP recommendations in the category of recommendation, the strength of that.

That will actually converge a lot of companies' data sets in 2023. You're going to see a fair amount of debate from regulators potentially with some of these mechanisms just from some of the insights we've got across from COVID vaccines.

It'll be interesting. As Emma said, the fact that you've got one or two players here will help drive expansion, it's going to be quite exciting and very good news for patients.

James: Thank you. There's a question here about the synthetic lethality programs, what programs excite you the most synthetic lethality? Do we see data this year for anything?

Emma: Luke.

Luke: Yes, the advantage, of course, is if we have ZEJULA as a backbone, I don't think you're going to see anything being reported externally this year.

In the second half, there will be some early data from CD96, potentially at ASCO that's not synthetically validated, but just in terms of earlier programs that people may be interested in.

That's probably the leading point that we'll have in the early-stage oncology pipeline. There's been a degree of care in terms of assembling various combinations and the main question is going to be tox with the combinations.

James: Another question, switching gears a bit is about consumer, when do we get this capital markets day? What are we going to learn there? If I could just tag on to that, you've announced a chair designate for the consumer business? Could you talk about who's been hired and what they might bring?

Emma: First of all, James, I don't know how many years we've been doing this, but it's been some time we've got to a consumer question early in this session. Thank you for that.

This is a momentous year for the company in terms of unlocking all the value that's been created over frankly, the last eight years in consumer with the two biggest deals in the sector and this massive change in the portfolio.

Now, for shareholders, we're very excited to bring a lot more visibility to the value created, and more importantly, the value that lies ahead for consumer. We've committed to having a fully-fledged, but it'll be remote capital markets day, this quarter, and we will be announcing very, very soon the date of that, not in weeks.

What's going to be exciting there, is to see with visibility, as I said in my comments, what underpins the confidence in sustainable organic growth well ahead of the categories, ongoing further margin expansion, and high cash conversion that we've got a highly attractive financial investment here with good prospects for growth continuing to invest in growth, but also deliver sustainable returns at the same time.

It is a truly unique business because it is the only pure-play 100 percent dedicated to consumer health, business, and in the sector of meaningful scale with a world-class portfolio, particularly in

the two biggest markets of the US and China and leading positions in all the key sub-categories.

There is a very clear strategy based on science and human understanding and competitive consumer capabilities in both digital and brand innovation, and route to market at scale.

Frankly, structurally, when you look at some of the inflationary pressures and other dynamics that are going on in broader consumer goods, quite well placed on those kinds of questions as well. Being so purposed, they are very competitive on ESG too.

Lots of exciting things to share from the broader team, led by our CEO designate who has already been named. We've also named the broader leadership team that will be taking that business forward and they'll be visible, we'll be sharing outlooks of prospects for growth.

Dave Lewis has been named as the Chair designate, he will obviously be working on bringing together the broader board, independent board, and we will obviously as part of that CMD also be sharing a lot more precision on the timeline forward up into the separation.

It will be a not to be missed event James, and we've announced the HQ, of that company, it will be as well. I just encourage everyone to at least pass on to their relevant colleagues, a chance to join us and hear about this amazing business that's been built inside GSK.

James: Looking forward to the event. Thank you very much. We've run out of time. Thanks to everyone from GSK for joining, and enjoy the rest of the conference.

Emma: Thanks very much, James.

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