As filed with the Securities and Exchange Commission on March 3, 2025

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM 20-F

☐ **REGISTRATION STATEMENT PURSUANT TO SECTION 12(b) OR (g) OF THE SECURITIES EXCHANGE ACT OF 1934**

OR

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2024

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

OR

☐ **SHELL COMPANY REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

Date of event requiring this shell company report

For the transition period from to

Commission file number 1-15170

GSK plc

(Exact name of Registrant as specified in its charter)

England
(Jurisdiction of incorporation or organization)

79 New Oxford Street, London, WC1A 1DG, England
(Address of principal executive offices)

Victoria Whyte
Company Secretary
GSK plc
79 New Oxford Street,
London, WC1A 1DG
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+44 20 8047 5000
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(Name, Telephone, E-mail and/or Facsimile number and Address of Company Contact Person)

Securities registered or to be registered pursuant to Section 12(b) of the Act:

Title of Each Class	Trading Symbol(s)	Name of Each Exchange On Which Registered
American Depositary Shares, each representing 2 Ordinary Shares, Par value 31 1/4 pence	GSK	New York Stock Exchange
3.625% Notes due 2025	GSK/25	New York Stock Exchange
3.875% Notes due 2028	GSK/28	New York Stock Exchange
3.375% Notes due 2029	GSK/29	New York Stock Exchange
6.375% Notes due 2038	GSK/38	New York Stock Exchange
4.200% Notes due 2043	GSK/43	New York Stock Exchange

Securities registered or to be registered pursuant to Section 12(g) of the Act:
None
(Title of class)

Securities for which there is a reporting obligation pursuant to Section 15(d) of the Act:

None
(Title of class)

Indicate the number of outstanding shares of each of the issuer's classes of capital or common stock as of the close of the period covered by the annual report.

Ordinary Shares of Par value 31 1⁄4 pence each 4,314,303,734

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act.

☒ Yes ☐ No

If this report is an annual or transition report, indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934.

☐ Yes ☒ No

Note – Checking the box above will not relieve any registrant required to file reports pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 from their obligations under those Sections.

Indicate by check mark whether the registrant (1) has filed all reports to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days.

☒ Yes ☐ No

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files).

☒ Yes ☐ No

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or an emerging growth company. See definition of "accelerated filer," "large accelerated filer," and "emerging growth company" in Rule 12b-2 of the Exchange Act:

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐ Emerging growth company ☐

If an emerging growth company that prepares its financial statements in accordance with U.S. GAAP, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards† provided pursuant to Section 13 (a) of the Exchange Act. ☐

† The term "new or revised financial accounting standard" refers to any update issued by the Financial Accounting Standards Board to its Accounting Standards Codification after April 5, 2012.

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

If securities are registered pursuant to Section 12(b) of the Act, indicate by check mark whether the financial statements of the registrant included in the filing reflect the correction of an error to previously issued financial statements. ☐

Indicate by check mark whether any of those error corrections are restatements that required a recovery analysis of incentive-based compensation received by any of the registrant's executive officers during the relevant recovery period pursuant to §240.10D-1(b). ☐

Indicate by check mark which basis of accounting the registrant has used to prepare the financial statements included in this filing:

U.S. GAAP ☐ International Financial Reporting Standards as issued by the International Accounting Standards Board ☒ Other ☐

If "Other" has been checked in response to the previous question, indicate by check mark which financial statement item the registrant has elected to follow.

Item 17 ☐ Item 18 ☐

If this is an annual report, indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act).

☐ Yes ☒ No

Auditor Firm - Deloitte LLP - PCAOB ID No 1147

Form 20-F Cross Reference Guide

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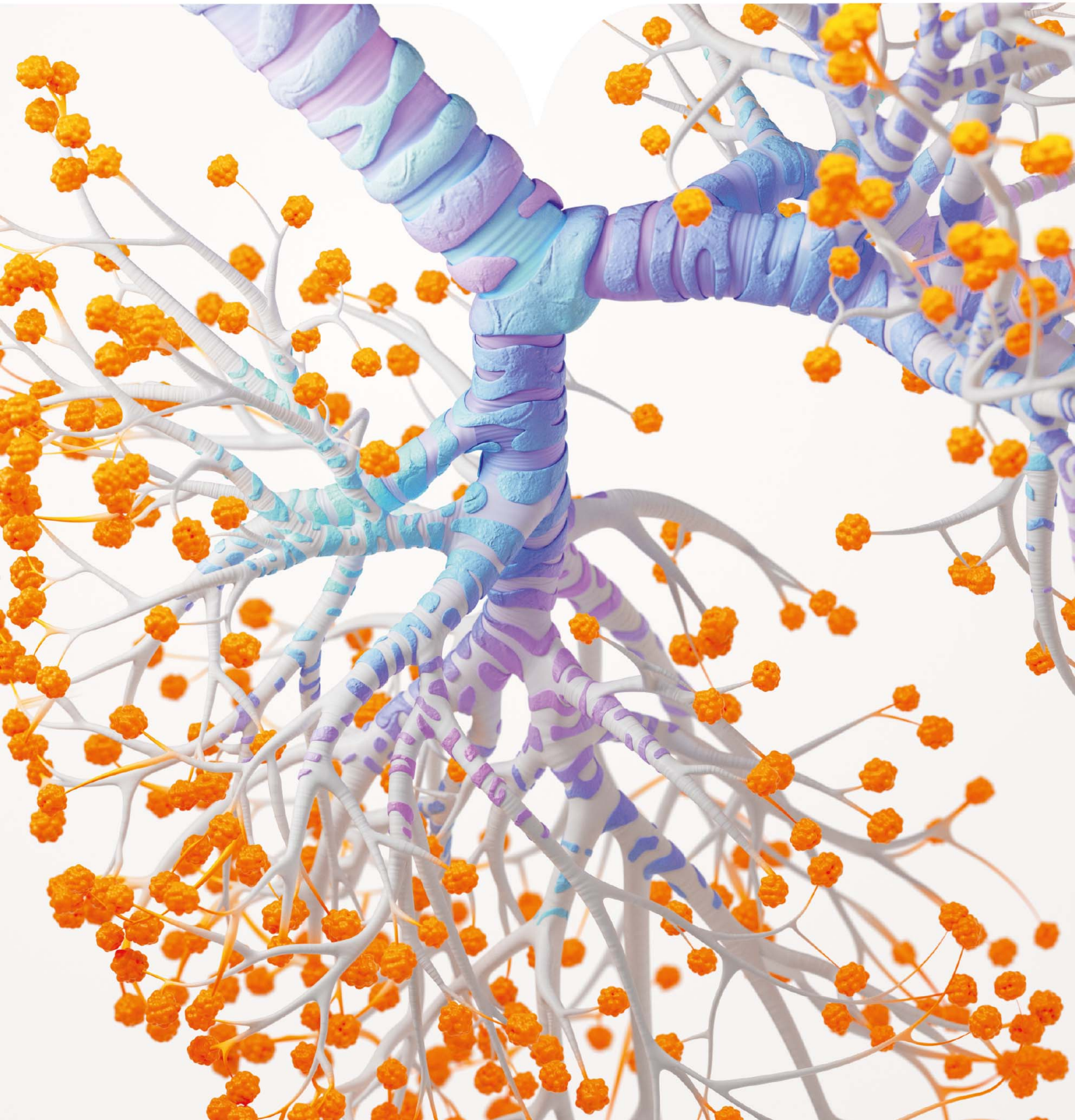
Ahead Together

GSK

2024 Annual Report on Form 20-F



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Visit gsk.com for more information

Our supplements

Our Responsible Business Performance Report is available on gsk.com

Front cover image: Lungs

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

Cautionary statement

See page 313 of this document for the cautionary statement regarding forward-looking statements.

Non-IFRS measures

We use a number of adjusted, non-International Financial Reporting Standards (IFRS) measures to report the performance of our business. Total reported results represent the Group's overall performance under IFRS. Core results and other non-IFRS measures may be considered in addition to, but not as a substitute for or superior to, information presented in accordance with IFRS. Core results and other non-IFRS measures are defined on pages 77 and 78 and reconciliations to the nearest IFRS measures are on pages 88 to 90.

Websites

Information on our website or any other website referenced in this Annual Report on Form 20-F is not incorporated into this Annual Report on Form 20-F and should not be considered to be a part of this Annual Report on Form 20-F. We have included any references to the website as an inactive textual reference only.

Our purpose

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

for health impact
+ shareholder returns
+ thriving people

Ahead Together

Our strategy

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

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

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

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

Our culture

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

Read about our culture and people on page 56

Business model

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

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

68,600

GSK people across 75 countries worldwide

£6.4bn

R&D investment in 2024

37

manufacturing sites

18,000

suppliers working directly with GSK

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

Specialty Medicines

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

Read more on page 32

General Medicines

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

Read more on page 38

Vaccines

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

Read more on page 35

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

Respiratory, immunology and inflammation

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

Read more on page 13

HIV

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

Read more on page 20

Oncology

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

Read more on page 16

Infectious diseases

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

Read more on page 22

Business model continued

…using advanced technologies…

Pipeline

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

Read how technology enables our R&D on page 26

Performance

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

Partnership

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

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

Innovation

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

Read more about our R&D on page 10

Performance

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

Read about our commercial operations on page 30

Trust

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

Read more in Responsible Business on page 44

…creating value for...

Patients

>2bn

estimated patients reached between 2021 and 2024[1]

Society and the economy

£1.3bn

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

Shareholders

61p

per share dividend

People

85%

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

...and enabling reinvestment to get ahead of disease

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

Being a responsible business is an integral part of our strategy and culture. Read more on page 44

Our strategy is supported by a robust framework for monitoring and managing risk, described on page 60

(1) We believe that we are on track to achieve our ambition of reaching 2.5 billion people by the end of the decade. Our estimated patient reach figure from 2021 to the end of 2024 is at least 2 billion people, excluding patient reach for albendazole donations in 2024 as this data is not yet available. For more detail see Access on page 46 and for more detail on our methodology see our Responsible Business Performance Report.

Chair's statement

Another year of strong performance and meaningful R&D progress

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

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

Strategic progress

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

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

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

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

The first phase of GSK's transformation, since the demerger, has built a foundation of consistent execution and delivery. The priority now is to build on this foundation as GSK moves into the second phase of its transformation, focused on executing pipeline delivery, preparing for the next wave of innovation.

Shareholder returns

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

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

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

R&D progress

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

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

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

Remuneration

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

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

Chair's statement continued

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

Resolving *Zantac* litigation

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

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

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

Culture and responsibility

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

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

Board evolution

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

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

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

Conclusion

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

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

Sir Jonathan Symonds
Chair

CEO's statement

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

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

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

We have developed an attractive, reshaped portfolio and pipeline of Specialty Medicines and Vaccines, with Specialty now representing close to 40% of GSK's sales.

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

Strong 2024 performance

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

Group sales were £31.4 billion, up 3% AER, 7% CER, and excluding COVID-19 sales, growth was up 4% AER, 8% CER.

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

In Respiratory/Immunology, sales were up 9% AER, 13% CER, driven by *Nucala*, our anti-IL5 biologic medicine and *Benlysta*, our treatment for auto-immune disease lupus.

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

HIV sales grew 10% AER, 13% CER, with 20% of total HIV sales now coming from new long-acting injectables for treatment and prevention (PrEP).

Vaccine sales were down 7% AER, 4% CER, reflecting challenges we have seen from external pressures, in the US and China, for Arexvy and Shingrix. While we expect these to continue in 2025, we are confident that these vaccines, together with the pipeline opportunities we have in this part of our portfolio, will deliver meaningful contributions to medium- and long-term growth.

General Medicines also delivered another strong year of performance, with sales up 2% AER, 6% CER and *Trelegy* strengthening its position even further as the top-selling medicine worldwide for COPD and asthma.

Pipeline momentum

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

We are now focused on the clinical development of 14 scale innovation opportunities – the majority in Specialty medicines.

These include five new product approvals expected in 2025[1], at the forefront of which are potential step-changes in treatment for multiple myeloma, with *Blenrep* our novel ADC treatment; and depemokimab – our new ultra-long-acting medicine for the treatment of severe asthma.

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

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

CEO's statement continued

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

Capital allocation and shareholder returns

We remain extremely focused on disciplined allocation of capital.

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

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

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

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

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

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

Operating as a Responsible Business

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

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

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

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

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

Culture

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

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

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

Clear momentum as we look ahead

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

Our portfolio is demonstrating growth and resilience in key areas of therapeutic strength.

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

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

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

Emma Walmsley
Chief Executive Officer

Our external environment

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

Innovation

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

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

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

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

Our response

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

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

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

Read more about our R&D to prevent and change the course of disease on pages 10 to 29

£9.9bn

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

$440bn

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

Performance

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

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

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

Our response

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

Read more about our commercial operations and performance on pages 30 to 43

Trust

Building trust and transparency is key to implementing innovation

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

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

Our response

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

Read more in the Responsible Business section on pages 44 to 55

Research and development

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

Research and development

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

Highlights

71
assets in the pipeline

19
assets in phase III/registration

13
positive phase III readouts

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

Our R&D approach

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

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

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

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

Focusing on execution, technology and culture

Three priorities guide our research and development:

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

See page 12

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

See page 26

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

See page 58

(1) Closed in February 2025

Execution

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

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

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

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

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

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

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

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

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

Strengthening innovation through collaboration and business development

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

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

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

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

Read more about our technology collaborations on page 28

Focusing on our four core therapeutic areas

Respiratory, immunology and inflammation, see page 13
Oncology, see page 16
HIV, see page 20
Infectious diseases, see page 22

(1) Source: Centre for Medicines Research

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

(3) Acquisition completed in February 2025

Respiratory, immunology and inflammation

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

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

In this section:

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

See a more detailed pipeline listing on pages 29 and 271

Respiratory

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

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

Next-generation treatments for patients with IL5 mediated conditions

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

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

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

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

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

Research and development continued

Extending the impact of *Nucala* to more patients

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

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

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

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

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

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

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

Improving outcomes for patients with ultra-long-acting treatments

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

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

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

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

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

Addressing the unmet need in refractory chronic cough with camlipixant

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

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

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

Immunology

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

Broadening use of *Benlysta* for immune-mediated conditions

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

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

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

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

Reinforcing our portfolio for lupus

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

Building on our early pipeline to address liver disorders

GSK'990

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

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

Linerixibat

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

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

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

Research and development continued

Oncology

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

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

In this section:

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

See a more detailed pipeline listing on pages 29 and 271

Targeting uncontrolled cell division

Blenrep – potential to redefine multiple myeloma treatment

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

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

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

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

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

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

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

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

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

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

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

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

Targeting immune system evasion

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

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

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

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

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

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

Research and development continued

Unprecedented results in locally advanced dMMR rectal cancer

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

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

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

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

Differentiated clinical trial design in unresected head and neck cancer

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

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

Exploring the impact of dostarlimab combinations

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

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

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

Research and development continued

Targeting mutation and repair of DNA

Niraparib – our PARP inhibitor for ovarian cancer and beyond

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

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

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

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

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

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

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

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

HIV

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

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

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

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

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

In this section:

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

See a more detailed pipeline listing on pages 29 and 271

Cabenuva – underlining the efficacy of our long-acting treatment

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

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

Dovato – showing the effectiveness of our oral daily treatment option

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Extending dosing and delivery options

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

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

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

Infectious diseases

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

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

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

In this section:

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

See a more detailed pipeline listing on pages 29 and 271

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

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

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

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

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

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

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

Research and development continued

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

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

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

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

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

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

Reducing the burden of meningitis with our meningococcal vaccines

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

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

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

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

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

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

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

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

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

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

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

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

Other infectious diseases

Influenza and respiratory combinations

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

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

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

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

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

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

Pneumococcal disease

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

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

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

Herpes simplex virus

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

Antibiotics and antimicrobial resistance

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

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

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

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

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

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

Tebipenem – treating complicated urinary tract infections

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

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

Technology

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

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

Data technology – deep understanding of disease

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

Platform technology – finding the right match

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

Our novel platform technologies include:

Advanced monoclonal antibodies

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

Antibody-drug conjugates

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

Small molecule design

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

Oligonucleotides

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

Our oligonucleotides include bepirovirsen for chronic hepatitis B (see page 23), and GSK'990 (see page 15) which we're developing as a potential treatment for steatotic liver disease. Our acquisition of Elsie Biotechnologies in 2024 brings together Elsie's expertise and our internal capabilities in AI/ML to accelerate a next-generation oligonucleotide platform. This will further enable us to create predictive models for designing oligonucleotides aimed at difficult-to-treat diseases that affect large numbers of patients.

MAPS technology

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

mRNA technology

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

Advanced adjuvants

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

Accelerating innovation in our pipeline

Data and platform technologies help us in four main ways:

Choosing the right targets

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

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

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

Identifying the right patients

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

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

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

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

Designing and manufacturing the right treatment

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

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

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

Making clinical trials more effective

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

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

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

Getting ahead together with our network of collaborations across tech

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

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

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

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

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

Pipeline overview

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

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

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

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

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

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

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

Commercial operations

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

Commercial operations

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

Total sales

£31.4bn

+3%
AER

+7%
CER

Turnover by product groups

Specialty Medicines
£11.8bn

15% AER, 19% CER

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

Read more on page 32

Vaccines
£9.1bn

-7% AER, -4% CER

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

Read more on page 35

General Medicines
£10.4bn

2% AER, 6% CER

Respiratory	£7.2bn
Other general medicines	£3.2bn

Read more on page 38

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

See Group financial review on page 75 for more detail.

Specialty Medicines

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

Accelerating momentum and strong performance across all therapy areas

Specialty Medicines contributed more than 80% of Group revenue growth

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

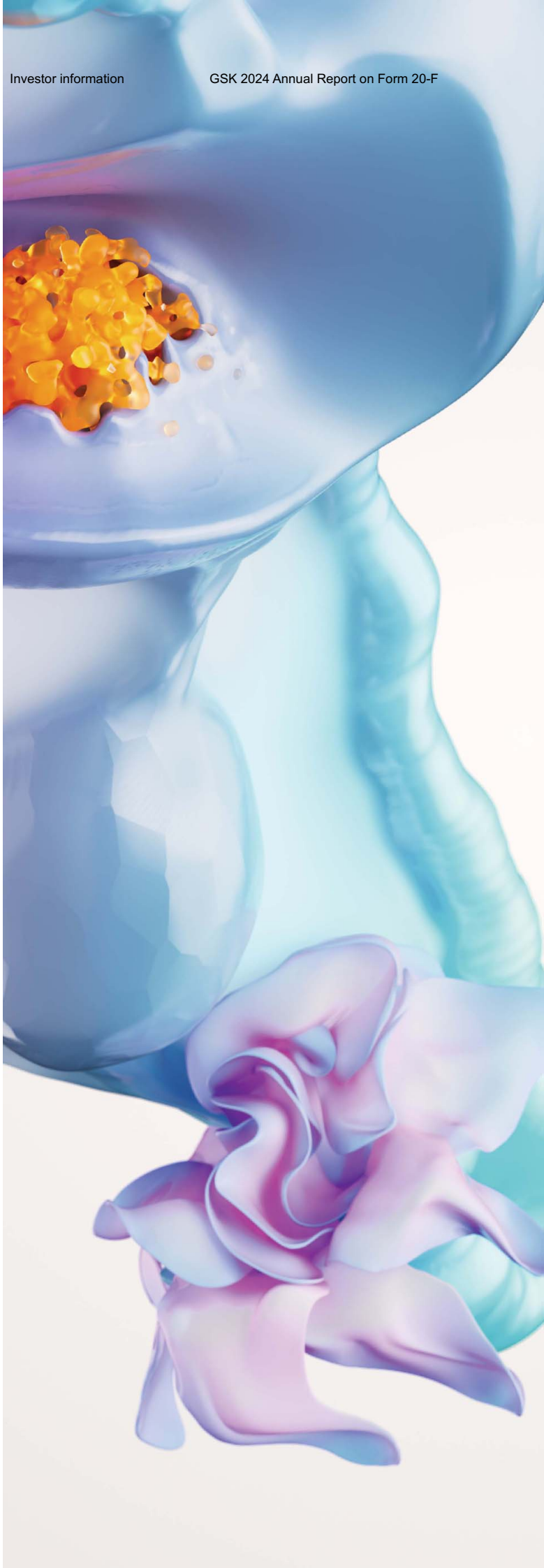


Image: Endometrial cancer

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

Performance: Specialty Medicines continued

Key marketed products

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

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

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

Respiratory/immunology

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

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

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

Performance: Specialty Medicines continued

Oncology

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

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

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

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

HIV

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

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

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

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

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

See Group financial review on page 75 for more detail.

Vaccines

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

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

Established vaccines continued to grow across International and the US

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

Image: Meningococcal serogroups (ABCWY) meningitis bacteria

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

Performance: Vaccines continued

Key products

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

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

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

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

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

Performance: Vaccines continued

Drivers of growth across the portfolio

Arexvy

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

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

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

Shingrix

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

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

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

Bexsero and *Menveo*

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

Established vaccines

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

See Group financial review on page 75 for more detail

General Medicines

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

General medicines contributed one third of Group turnover

Strong performance driven by both respiratory and other general medicines

Trelegy remains number one brand in COPD and asthma globally

Image: Streptococcus pneumonia bacteria

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

Performance: General Medicines continued

Key marketed products

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

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

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

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

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

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

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

Read more in R&D on page 25

Performance: General Medicines continued

Drivers of growth

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

Trelegy

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

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

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

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

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

Anoro

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

Ventolin

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

Augmentin

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

See Group financial review on page 75 for more detail

Manufacturing and supply

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

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

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

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

Accelerating innovation

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

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

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

Image: HIV virus

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

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

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

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

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

Investing for the future

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

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

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

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

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

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

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

Harnessing technology

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

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

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

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

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

Operations: Manufacturing and supply continued

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

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

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

Building sustainability

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

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

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

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

Promoting responsible manufacturing

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

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

Delivering quality, safety and reliability

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

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

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

Read more about product governance on page 55

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

Responsible business

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

Responsible business

Our approach

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

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

They are:

– Access to healthcare

– Global health and health security

– Environment

– Inclusion and diversity

– Ethical standards

– Product governance

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

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

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

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

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

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

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

Our Responsible Business Performance Rating

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

In this report, we set out progress made against inclusion and diversity (I&D) commitments previously set for 2024, and which are reflected in our overall Responsible Business Performance Rating for the year. In 2024, we measured progress towards our previously stated 2025 aspirations (set out on page 52). In 2024, we largely met[1] the leadership aspirations. Going forward, we will make changes in several areas related to inclusion and diversity to ensure continued compliance with the law and being respectful of our operating environment, including no longer setting aspirational targets for our leadership and supplier programmes.

How we assess performance

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

See page 108

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

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

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

2024 Responsible Business Performance Rating

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

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

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

External benchmarking (as at February 2025)

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

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

Access

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

Our commitment

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

Our Responsible Business Performance Rating metric

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

Progress in 2024

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

Measuring our progress on access and impact on health at scale

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

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

Evidence-based pricing that recognises benefits

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

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

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

Responsible business continued

Access strategies focused on lower income countries

Vaccines

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

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

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

Malaria

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

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

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

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

Lymphatic filariasis (LF)

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

HIV

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

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

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

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

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

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

Global health and health security

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

Our commitment

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

Our Responsible Business Performance Rating metrics 2024

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

Progress in 2024

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

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

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

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

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

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

To date, together with our partners, we've brought two products for the prevention and treatment of malaria to market – the world's first vaccine against malaria (see Access, page 46), and a single-dose, radical cure for P. vivax malaria, which are both WHO pre-qualified.

Strengthening health security

Getting ahead of antimicrobial resistance with our innovation

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

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

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

Ensuring sustainable, appropriate use and manufacture of antibiotics

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

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

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

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

(1) 2024 Access to Medicine Index

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

Partnering for pandemic preparedness

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

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

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

Environment

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

Our commitment

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

Our Responsible Business Performance Rating metrics 2024[1]

Climate

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

Freshwater

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

Land

- Percentage of paper packaging and palm oil certified

Waste

- Operational waste reduction at our sites

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

Progress in 2024

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

Climate

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

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

Long-term targets

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

Progress to date on carbon reduction pathway

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

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

Progress in 2024

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

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

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

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

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

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

Investing in carbon credits

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

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

Nature

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

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

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

Freshwater

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

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

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

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

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

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

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

Responsible business continued

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

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

Land

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

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

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

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

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

Oceans

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

Target

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

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

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

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

Waste

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

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

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

– Target: Zero operational waste[6] by 2030

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

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

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

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

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

(2) Using the Natural England Biodiversity Net Gain methodology

(3) Definition clarified in 2024 to reflect priority materials

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

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

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

Inclusion and diversity

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

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

Our Responsible Business Performance Rating metrics 2024

Representative clinical studies

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

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

Previous leadership aspirations through fair and equitable opportunities

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

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

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

Previous supplier programme aspirational targets

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

Progress in 2024

Representative clinical studies

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

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

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

Building a high-performing, inclusive organisation

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

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

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

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

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

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

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

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

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

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

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

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

Supplier programme

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

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

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

Ethical standards

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

Our commitment

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

Our Responsible Business Performance Rating metrics 2024

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

Progress in 2024

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

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

We have additional ABAC training for our people in certain high-risk roles or geographic regions. This helps them identify and mitigate any potential ABAC risk – especially in third-party relationships – and recognise, report and manage conflicts of interest. In 2024, 100% of this subset of employees and 98% of complementary workers completed this training. Our approach to managing ABAC risk, and other risks relating to ethical standards, forms part of our well-embedded risk management framework, which is described on page 60.

Reporting and investigating concerns

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

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

Responsible business continued

Our commitment to human rights

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

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

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

Working with third parties

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

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

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

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

Using data and AI responsibly

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

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

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

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

Political engagement

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

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

Product governance

Our commitment

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

Our Responsible Business Performance Rating metrics 2024

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

Progress in 2024

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

When issues arise, our quality systems, in line with our values-driven culture, help us respond swiftly and transparently. In these instances, we prioritise patient safety and work collaboratively to investigate the cause of issues, focused on science. By way of example, we initiated a voluntary recall of *Zantac* products and suspended the release, distribution and supply of all dose forms of *Zantac* in 2019. GSK and the scientific community have undertaken extensive tests and investigations into the safety of the product. The scientific consensus remains that there is no consistent or reliable evidence that ranitidine increases the risk of any cancer. For information on the recent *Zantac* settlements, see Legal proceedings on page 266.

A focus on quality

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

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

Regulatory inspections and recalls

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

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

Clinical data transparency

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

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

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

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

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

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

Our culture and people

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

Our culture

Ambitious for patients to deliver what matters better and faster

Accountable for impact with clear ownership and support to succeed

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

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

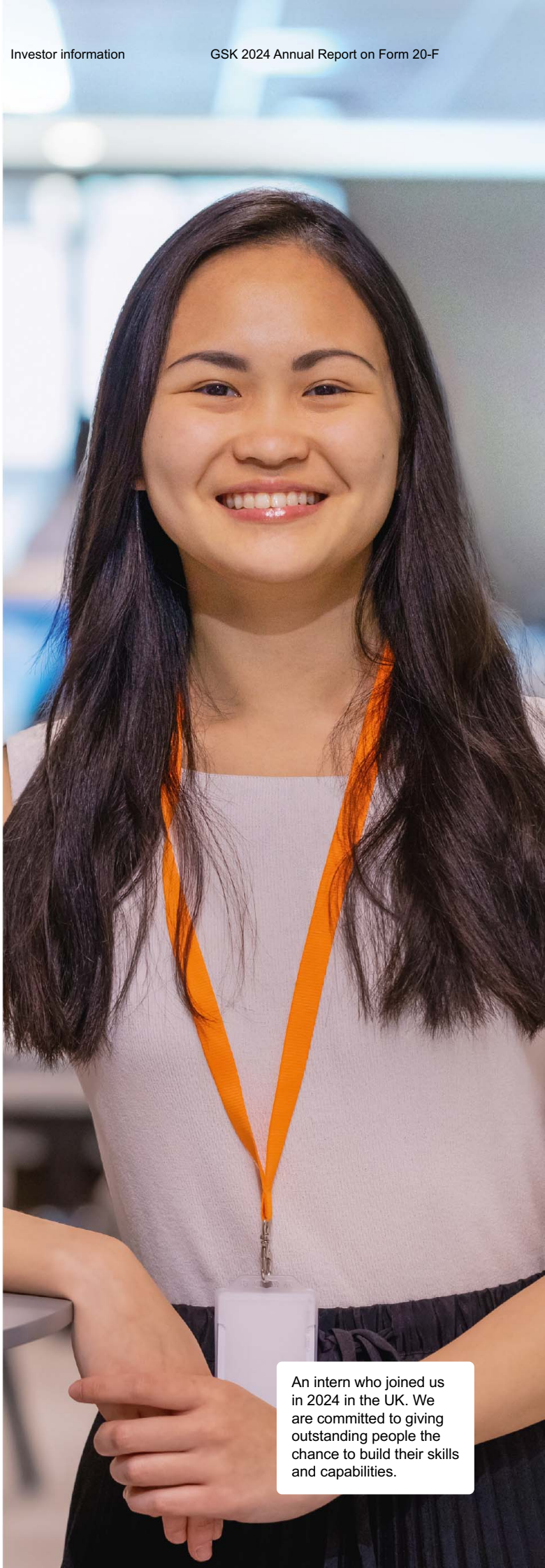
Our culture of being ambitious for patients, accountable for impact and doing the right thing is the foundation for how, together, we deliver for patients, shareholders and our people.

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

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

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

See The Code on gsk.com



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

Developing outstanding people

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

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

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

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

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

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

Recognising and rewarding people

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

Helping people thrive

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

Health, wellbeing and volunteering

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

– Thrive Global, a science-led digital platform which supports mental resilience and overall wellbeing with personalised, AI-driven micro steps towards individual goals. We have so far launched this in eight countries, reaching 56% of our people with positive uptake and engagement.

– Our global Partnership for Prevention programme, which provides our people and their families with access to preventive healthcare services in line with the recommendations of the World Health Organization (WHO).

– Our Global Employee Assistance Programme, which offers free, confidential help and support for our people and their families 24/7.

– Financial wellbeing support for our people, which includes access to ‘Nudge’, a financial education platform in over 60 countries, helping people manage their finances and achieve their financial goals.

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

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

How people experience GSK

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

Our culture in action – driving R&D

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

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

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

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

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

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

Read more about our innovation in R&D on pages 10 to 29

Risk management and disclosure statements

In this section

Risk management

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

Managing risk effectively through controls and guidance

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

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

Board oversight and clear accountability

The Board oversees our system of risk management and internal control and establishes our risk appetite, supported by the Audit & Risk Committee (ARC). The Corporate Responsibility Committee (CRC) and Science Committee assess the effectiveness of risk management strategies that fall within their remits. Cyber security risks are overseen by both the ARC and the Board. We describe the responsibilities and remits of the Board and its committees on page 113.

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

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

Assessing current, evolving and emerging risks

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

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

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

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

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

Our risk management and internal control framework

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

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

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

How we report our risks

For full risk definitions, potential impact, context and mitigating activities, see Risk Factors on page 277. Other risks related to ESG that are not assessed as principal risks, including environmental sustainability and climate change, are managed through our six focus areas, as described in our Responsible Business Performance Report.

See page 62 for more about climate-related risk management

Changes to our risks for 2025

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

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

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

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

Environment – see page 49
Climate-related financial disclosures – see page 62
ARC report – see page 127
Internal control framework – see page 130
Legal proceedings – see page 265

Climate-related financial disclosures

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

Governance

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

Board

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

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

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

See page 113 for further details of the Board architecture

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

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

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

GSK Leadership Team (GLT)

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

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

The GLT reviewed and discussed the mid-year and year-end performance for key climate and nature metrics (see page 49) as part of reviewing our Responsible Business Performance Rating.

GSK Sustainability Council

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

In 2024, the Council:

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

Other business support

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

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

Climate-related financial disclosures continued

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

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

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

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

Strategy

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

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

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

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

Risks:

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

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

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

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

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

Opportunities:

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

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

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

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

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

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

Transition plan

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

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

See page 49 for further details of our progress in reducing carbon emissions

Climate-related financial disclosures continued

Direct operations

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

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

Risks and uncertainties

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

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

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

Supply chain

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

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

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

Risks and uncertainties

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

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

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

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

Product impact

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

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

Risks and uncertainties

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

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

Climate-related financial disclosures continued

Carbon credits

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

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

Risks and uncertainties

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

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

Climate scenarios

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

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

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

Net zero scenario (SSP 1 – RCP 1.9)

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

Low-carbon scenario (SSP 1 – RCP 2.6)

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

Current trajectory scenario (SSP 2 – RCP 4.5)

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

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

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

Risk management

Our processes for identifying and assessing climate-related risks

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

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

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

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

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

Climate-related financial disclosures continued

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

Our processes for managing climate-related risk

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

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

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

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

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

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

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

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

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

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

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

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

Climate-related financial disclosures continued

Physical risks

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

Key

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

Climate-related financial disclosures continued

Transition risks

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

Key

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

Climate-related financial disclosures continued

Opportunity

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

Key

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

Climate-related financial disclosures continued

Metrics and targets

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

a. Disclose the metrics used by the organisation to assess climate risks and opportunities in line with its strategy and risk management process	We have considered the key metrics following the TCFD guidance of Tables A1.1 and A1.2 as well as the metrics consistent with cross-industry, climate-related metrics. Based on that, our strategic metrics are: – Scope 1 & 2 emissions (market-based and location-based approach), described in the table below – Scope 3 emissions, described in the table below – % renewably sourced electricity, described in the table below – Total supplied water, described in the table below – Total waste and materials, described in the table below – Responsible Business Performance Rating, as part of our senior leaders' remuneration policy - see on page 134 – Sites that have achieved water stewardship, described in the table below Our Responsible Business Performance Report includes more metrics used to support the strategic metrics listed above.
b. Disclose Scope 1, 2 and if applicable Scope 3 GHG emissions and related risks	In energy and carbon emissions, see table below: – Scope 1 emissions from energy – Scope 1 emissions from other sources – Scope 2 emissions (market-based) – Scope 2 emissions (location-based) – Scope 3 emissions metrics – Scope 1 & 2 emissions intensity metrics Prioritised physical and transition risks are included in the Risk Table above.
c. Describe the targets used by the organisation to manage climate-related risks and opportunities and performance against targets	Our targets (measured against a 2020 baseline where applicable) are: – 80% absolute reduction in greenhouse gas emissions from a 2020 baseline, across all scopes, and investment in nature-based solutions for the remaining 20% of our footprint by 2030 – Net zero greenhouse gas emissions across our full value chain by 2045: 90% absolute reduction in emissions from a 2020 baseline, across all scopes, and all residual emissions neutralised – 100% renewable electricity by 2025 (Scope 2) – Achieve good water stewardship at 100% of our sites by 2025 – Reduce overall water use in our operations by 20% in 2030 – Zero operational waste[1] by 2030 – Be water neutral in our own operations and at key suppliers in water-stressed regions by 2030 The performance against our targets is on page 49.[2]

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

(2) See Basis of Reporting 2024 in the ESG resources section of gsk.com (https://www.gsk.com/en-gb/responsibility/esg-resources/) for detailed methodologies for measuring and reporting all GSK environmental KPIs

We commit to a net zero, nature positive, healthier planet, with ambitious goals set for 2030 and 2045 across our entire value chain. We report progress in reducing Scope 1 & 2 carbon emissions, Scope 3 carbon emissions, energy use, % renewable energy, water and waste annually towards these targets in the Environment section on page 49 and in our public responses to the CDP Climate, Water and Forest questionnaires.

Climate-related financial disclosures continued

Metrics data

Carbon emissions[1]

Carbon emissions '000 tonnes CO_2e	2024	2023	2022
Scope 1 emissions (from energy)	289	301	320
Scope 1 emissions (other[2])	232	279	306
Scope 2 emissions (market-based)	44[4]	64	88
Scope 2 emissions (location-based)	234[4]	240	265
Scope 3 emissions[3]	–	8,983	8,995
UK Scope 1 & 2 emissions	92	102	111

Other metrics	2024	2023	2022
Scope 1 & 2 emissions from energy/sales revenue (tonnes CO_2e/£m)	10.6	12.0	13.9
Scope 1 & 2 emissions from energy/FTE (tonnes CO_2e/FTE)	4.9	5.2	5.9
Total energy used (GWh)	2,577[4]	2,636	2,759
UK energy used (GWh)	658	711	735
% renewably sourced electricity	90%	83%	73%
Total supplied water million m^3	7.0[4]	7.4	7.5
Total supplied water in areas of high water stress million m^3	0.3[4]	0.3	0.3
Total waste '000 metric tonnes	47.3	49.7	50.2
% sites that have achieved water stewardship	100%	100%	100%

(1) Carbon emissions are calculated according to the Greenhouse Gas Protocol: A Corporate Accounting and Reporting Standard (revised edition). We use market-based Scope 2 emissions for reporting purposes and report Scope 3 emissions across all 15 categories in our Responsible Business Performance Report.

(2) 'Other' refers to emissions from sales force vehicles, propellant emissions released during manufacture of inhalers (the majority of propellant emissions, released during patient use, are included in Scope 3 carbon emissions), on-site waste, or wastewater treatment and refrigerant gas losses

(3) We collect and publish Scope 3 data across 15 categories. The most recent Scope 3 data available is for 2023 as the process of compiling the 2024 data is not yet complete, except for 2024 Scope 3 emissions from patient use of inhalers, which are disclosed in the Responsible Business Performance Report. We will publish this data once it becomes available and it will be included in the 2025 Responsible Business Performance Report

(4) Methodologies for reporting and measurements are provided in the Basis of Reporting 2024 in the ESG resources section of gsk.com (https://www.gsk.com/en-gb/responsibility/esg-resources/)

Nature-related financial disclosures

We're committed to contributing to a nature positive world by avoiding and reducing nature impacts, as well as protecting and restoring nature.

Human health relies on the fundamentals of nature: clean air and fresh water. Nature loss has a range of negative impacts on health, for example, reduced air quality increases the incidence and severity of respiratory diseases and habitat degradation and deforestation are increasing the risk of new human pathogens and pandemics. To protect human health and get ahead of disease, we need to protect nature.

We're members of several working groups of the Taskforce on Nature-related Financial Disclosures (TNFD) and were involved in developing the TNFD Additional sector guidance – Biotechnology and pharmaceuticals publication. We've committed to make a full disclosure against the TNFD framework in early 2026 and we're now piloting the framework for a second year.

Governance

The Board's oversight of nature-related dependencies, impacts, risks and opportunities

As described on page 62.

Management's role in assessing and managing nature-related dependencies, impacts, risks and opportunities

As well as the disclosure on page 62, the Sustainability Council reviewed the results of the pilot process to set Science Based Targets for Nature (SBTN).

A new Nature Working Group chaired by the Nature Lead was established to support the Sustainability Council and Steering Committee. It's attended by representatives of Procurement, Manufacturing, Communications and Government Affairs, and subject matter experts.

Our human rights policies, engagement activities and oversight with respect to indigenous peoples, local communities, and other affected stakeholders

We publish our position on human rights on gsk.com. We have a responsibility to respect human rights through our engagements with patients, our employees, our suppliers and the communities in which we live and operate.

We'll continue to develop policies and procedures related to stakeholders' engagement and human rights specifically in relation to our assessment of impacts and our action on nature.

- As nature investments are always context-dependant, it is key for us to work with expert partners and NGOs to make sure project implementation includes local experts and local communities
- Before we make decisions on protection and restoration projects, we run a human rights assessment as part of our broader due diligence. This allows us to understand the local context and history, the process that partners use or plan to use to engage and involve local communities (including Free, Prior and Informed Consent (FPIC) and grievance mechanisms) and how benefits will be shared
- We've developed a toolkit to support project developers, investors and buyers to understand and enable health outcomes from protecting and restoring nature

Strategy

The nature-related dependencies, impacts, risks and opportunities we've identified over the short, medium and long term

Freshwater

Freshwater is essential for the production of our medicines and vaccines.

Our primary operational impact on water availability is through our own manufacturing sites and key suppliers located in areas of water stress.

Releases of Active Pharmaceutical Ingredients are a priority focus for us regarding water quality.[1] Pharmaceutical residues may sometimes pass into the environment as part of the normal biological process following patient use. To a lesser extent, pharmaceuticals can also enter the environment from unused medical products or factory discharges.

There are concerns that long-term exposure to pharmaceuticals in the environment can pose a risk to environmental species, including aquatic life. The presence of antibiotics in the environment, and its potential impact on driving antibiotic resistance as well as reducing microbial biodiversity, is a growing concern for many stakeholders[2].

(1) For more information see our public policy: https://www.gsk.com/media/8867/gsk-position-on-pharmaceuticals-in-the-environment-march-2022.pdf

(2) Read more about our position on antimicrobial resistance in our public policy

Land

Our primary dependency and impact on land is due to the natural materials we source, some of which derive from land-based commodities, a key driver of deforestation and land use change, globally.

Oceans

Our impacts and dependencies on oceans come primarily from two marine-derived materials that are part of manufacturing medicines and vaccines, specifically horseshoe crab blood and squalene.

Atmosphere

Our primary impact on air quality is from combustion of fossil fuels in our operations and supply chain.

The effect nature-related dependencies, impacts, risks and opportunities have on our business model, value chain, strategy and financial planning, as well as any transition plans or analysis in place

We're committed to contributing to a nature-positive world in line with the Global Biodiversity Framework to halt and reverse biodiversity loss by 2030. Our approach is through four focus areas, which are aligned to the 'realms' of nature as defined by TNFD and SBTN – freshwater, land, oceans and atmosphere – including the biodiversity of living species in them.

We're taking action across the four realms of nature in these ways:

- Avoiding and reducing our impacts on nature across our full value chain
- Investing in the protection and restoration of nature
- Helping to drive collective action for nature

We set targets in 2020 with a focus on the realms of nature, as well as supportive targets on waste and materials. We report progress against our nature plan and targets on page 49.

The resilience of our strategy to nature-related risks and opportunities, taking into consideration different scenarios

We manage organisational resilience to nature related risks through the implementation of our sustainability programme. We're working to develop nature scenarios in line with emerging guidance.

The locations of our direct operations that meet the criteria for priority locations

Freshwater

We've identified five of our sites located in three water-stressed basins in Algeria, India and Pakistan, which we've prioritised for investment in water neutrality.

Land

We've identified six priority sites in Belgium, France, Spain, the US and UK based on proximity to Protected Areas and Key Biodiversity Areas.

Nature-related financial disclosures continued

Risk and impact management

Our processes for identifying, assessing and prioritising nature-related dependencies, impacts, risks and opportunities in our direct operations and value chain

We're following the TNFD LEAP (Locate, Evaluate, Assess and Prepare) methodology to better understand our nature-related risks and opportunities. We're part of the first group of companies to be working with the Science Based Target Network (SBTN) in a pilot to set validated science-based targets for nature, starting with freshwater.

Our processes for managing nature-related dependencies, impacts, risks and opportunities

We manage nature-related dependencies, impacts, risks and opportunities by implementing our sustainability programme. We set targets in 2020 with a focus on the realms of nature, as well as supportive targets on waste and materials.

Water

All our sites complete a GSK water stewardship assessment and implement action plans to comply with our standard. For our sites located in water-stressed areas, we aim to secure certification under the Alliance for Water Stewardship standard.

Our sites located in water-stressed areas are prioritised for catchment-level projects of water replenishment, restoration, and regeneration activities that aim to deliver measurable environmental and social outcomes.

We're committed to making sure discharges from the manufacturing of active pharmaceutical ingredients (API), including antibiotics, don't adversely affect people or the environment.

Land

We're implementing land management action plans across our estate which aim to deliver a biodiversity improvement with a focus on our highest-priority sites.

We have an Eco-design programme to reduce the impacts of all our products and packaging and all newly developed or acquired medicines now have Sustainable Design Plans applied. These use industry-leading product sustainability methodologies to make sure we consider environmental impact at every step of the product decision-making process, from product design to disposal.

We've set ambitious standards for suppliers who provide us with materials that are highly dependent on nature.

We have roadmaps with an aim to achieve 100% certified paper and palm oil by 2025. We've engaged with associated suppliers to map the full supply chains involved, understand existing sustainability standards, identify gaps and establish action plans.

We're a founding member of the Circularity in Primary Pharmaceutical Packaging Accelerator (CiPPPA), a collaborative initiative across the pharmaceutical supply chain to develop and deploy solutions for the recycling of primary pharmaceutical packaging.

Oceans

We're working to reduce the volume of marine-derived materials, for example through process efficiencies, and are looking to transition to alternative materials.

In the meantime, we're working to implement our Marine Sustainable Sourcing Standard, which outlines the specific requirements that we ask our suppliers of marine-derived materials to follow.

Atmosphere

In 2024, we completed an in-depth air quality assessment with the Stockholm Environment Institute (SEI) and the University of York, using the methodology outlined in the Practical Guide for Business written by the Climate & Clean Air Coalition and SEI.

We're managing our impacts on air pollution by transitioning to renewable electricity and an electric fleet, and increasing the volumes of waste sent to circular routes of disposal.

We're members of the Alliance for Clean Air through the Clean Air Fund (CAF) and the World Economic Forum, which aims to drive corporate action on clean air to accelerate climate action and create healthy communities around the world.

How our processes for identifying, assessing, prioritising and monitoring nature-related risks are integrated into and inform our overall risk management processes

We manage any identified impacts, dependencies and nature-related risks through our sustainability governance structures. We're working to develop nature scenarios in line with emerging guidance.

Metrics and targets

We report performance against three nature metrics which are part of our Responsible Business performance metric. Our targets for managing our nature commitments are in the table below.

Nature-related financial disclosures continued

Realm	Key performance indicator
Freshwater	Average of the percentage of GSK sites and suppliers compliant with wastewater active pharmaceutical ingredient (API) limits and the percentage of sites and suppliers that are compliant with the AMR Industry Alliance Common Antibiotic Manufacturing Framework and discharge limits
Land	Percentage of paper packaging and palm oil certified
Waste and materials	Operational waste reduction at our sites

We set these targets for managing our nature commitments:

Focus area	Target
Freshwater	– 100% of our sites to achieve good water stewardship by 2025 and reduce overall water use by 20% by 2030 – Be water neutral in own operations and at key suppliers in water-stressed regions by 2030 – Achieve zero impact API levels[1] for all sites and key suppliers by 2030[2]
Land	– Positive impact on biodiversity[3] at all GSK owned sites by 2030 – 100% of key[4] naturally-derived materials sustainably sourced and deforestation free by 2030[2,]
Oceans	– 100% of marine-derived materials sustainably sourced by 2030
Atmosphere	– 100% renewable electricity by 2025 (Scope 2)[2] – 80% reduction in carbon emissions across our full value chain by 2030[2] – Net zero carbon emissions across our full value chain by 2045[2]
Waste and materials	– Zero operational waste[5] by 2030[2,6] – 10% waste reduction from supply chain by 2030 – 25% environmental impact reduction for our products and packaging by 2030

(1) Below the Predicted No-Effect Concentration level, as defined by the AMR Alliance and API Wastewater discharge limits
(2) Linked with the remuneration of our senior leaders
(3) Using the Natural England Biodiversity Net Gain methodology
(4) Definition clarified in 2024 to reflect priority materials
(5) Including a 20% reduction in routine hazardous and non-hazardous waste
(6) Target updated in 2024 to remove specific reference to the elimination of operational single-use plastics. This work has been integrated into the overall operational waste target

Employees by gender

Reported in compliance with the Companies Act s.212C(8):

	Male	Female	Total
Board[1]	6	6	12
Management[1,2]	8,735	9,046	17,781
All employees[3]	35,413	33,216	68,629

(1) Headcounts as of 31 December 2024
(2) Senior managers as defined in the Companies Act 2006 (Strategic Report and Directors' Report) Regulations 2013
(3) 'Total' calculated as full-time equivalent employees (FTEs) as of 31 December 2024. 'Male' and 'female' calculated by applying 'all employees' gender diversity percentages to 'total' FTE number

Group financial review

In this section

Group financial review continued

Financial performance summary

The Total results of the Group are set out below.

	2024		2023		Growth	
	£m	% of turnover	£m	% of turnover	£%	CER%
Turnover	31,376	100	30,328	100	3	7
Cost of sales	(9,048)	(28.8)	(8,565)	(28.2)	6	8
Gross profit	22,328	71.2	21,763	71.8	3	7
Selling, general and administration	(11,015)	(35.1)	(9,385)	(30.9)	17	20
Research and development	(6,401)	(20.4)	(6,223)	(20.5)	3	5
Royalty income	639	2.0	953	3.1	(33)	(33)
Other operating income/(expense)	(1,530)	(4.9)	(363)	(1.3)	>(100)	>(100)
Operating profit	4,021	12.8	6,745	22.2	(40)	(33)
Net finance costs	(547)		(677)			
Share of after tax profits/(losses) of associates and joint ventures	(3)		(5)			
Profit/(loss) on disposal of interest in associates and joint ventures	6		1			
Profit before taxation	3,477		6,064		(43)	(34)
Taxation	(526)		(756)			
Profit after taxation	2,951		5,308		(44)	(36)
Total profit attributable to non-controlling interests	376		380			
Total profit attributable to shareholders	2,575		4,928			
	2,951		5,308		(44)	(36)
Total earnings per share (pence)	63.2p		121.6p		(48)	(40)
Total earnings per ADS (US$)	1.62		3.02			

The Core results for the Group are set out below. Reconciliations between Total results and Core results for 2024 and 2023 are set out on pages 88 to 89.

	2024		2023		Growth	
	£m	% of turnover	£m	% of turnover	£%	CER%
Turnover	31,376	100	30,328	100	3	7
Cost of sales	(7,870)	(25.1)	(7,716)	(25.4)	2	4
Selling, general and administration	(8,974)	(28.6)	(9,029)	(29.8)	(1)	2
Research and development	(6,023)	(19.2)	(5,750)	(19.0)	5	7
Royalty income	639	2.0	953	3.2	(33)	(33)
Core operating profit	9,148	29.2	8,786	29.0	4	11
Core profit before taxation	8,613		8,112		6	13
Taxation	(1,462)		(1,257)		16	24
Core profit after taxation	7,151		6,855		4	11
Core profit attributable to non-controlling interest	654		572			
Core profit attributable to shareholders	6,497		6,283			
Core profit after taxation	7,151		6,855		4	11
Core earnings per share (p)	159.3p		155.1p		3	10

Group financial review continued

Reporting framework

Total and Core results

The Group financial review discusses the operating and financial performance of the Group, its cash flows and financial position and our resources. The results for each year are compared primarily with the results of the preceding year.

Total results

Total reported results represent the Group's overall performance.

GSK made one update to its reporting framework in Q1 2024 which was to change the description of Adjusted results to Core to align with European peers in the pharmaceutical industry but with no change to the basis or figures. In Q2 2024 an update was made to the definition of Core results to exclude amounts greater than £25 million from the foreign currency translation reserve which are reclassified to the income statement upon the liquidation of a subsidiary. There is no change to Total Results.

GSK also uses a number of adjusted, non-IFRS, measures to report the performance of its business. Core results and other non-IFRS measures may be considered in addition to, but not as a substitute for or superior to, information presented in accordance with IFRS. Core results are defined below and other non-IFRS measures are defined on page 78.

GSK believes that Core results, when considered together with Total results, provide investors, analysts and other stakeholders with helpful complementary information to understand better the financial performance and position of the Group from period to period, and allow the Group's performance to be more easily compared against the majority of its peer companies. These measures are also used by management for planning and reporting purposes and when determining compensation. They may not be directly comparable with similarly described measures used by other companies.

GSK encourages investors and analysts not to rely on any single financial measure but to review GSK's Annual Reports, including the financial statements and notes, in their entirety.

GSK is committed to continuously improving its financial reporting, in line with evolving regulatory requirements and best practice. In line with this practice, GSK expects to continue to review and refine its reporting framework.

Core results

Core results exclude the following items in relation to our operations from Total results, together with the tax effects of all of these items:

- amortisation of intangible assets (excluding computer software and capitalised development costs)
- impairment of intangible assets (excluding computer software) and goodwill
- Major restructuring costs, which include impairments of tangible assets and computer software, (under specific Board approved programmes that are structural, of a significant scale and where the costs of individual or related projects exceed £25 million) including integration costs following material acquisitions
- transaction-related accounting or other adjustments related to significant acquisitions
- proceeds and costs of disposals of associates, products and businesses; significant settlement income; significant legal charges (net of insurance recoveries) and expenses on the settlement of litigation and government investigations; other operating income other than royalty income, and other items including amounts reclassified from the foreign currency translation reserve to the income statement upon the liquidation of a subsidiary where the amount exceeds £25 million

Costs for all other ordinary course smaller scale restructuring and legal charges and expenses are retained within both Total and Core results.

As Core results include the benefits of Major restructuring programmes but exclude significant costs (such as amortisation of intangible assets except for computer software and capitalised development costs, significant legal, major restructuring and transaction items), they should not be regarded as a complete picture of the Group's financial performance, which is presented in its Total results. The exclusion of other Adjusting items may result in Core earnings being materially higher or lower than Total earnings. In particular, when significant impairments, restructuring charges and legal costs are excluded, Core earnings will be higher than Total earnings.

GSK has undertaken a number of Major restructuring programmes in response to significant changes in the Group's trading environment or overall strategy or following material acquisitions. Within the Pharmaceuticals sector, the highly regulated manufacturing operations and supply chains and long lifecycle of the business mean that restructuring programmes, particularly those that involve the rationalisation or closure of manufacturing or R&D sites, are likely to take several years to complete. Costs, both cash and non-cash, of these programmes are provided for as individual elements are approved and meet the accounting recognition criteria. As a result, charges may be incurred over a number of years following the initiation of a Major restructuring programme.

Significant legal charges and expenses are those arising from the settlement of litigation or government investigations that are not in the normal course and are materially larger than more regularly occurring individual matters. They also include certain major legacy matters.

Reconciliations between Total and Core results, providing further information on the key Adjusting items for 2024, 2023 and 2022, are set out on pages 88 to 90.

Group financial review continued

Reporting framework continued

Historical record of Adjusting items

The reconciliations between Total and Core operating profit from continuing operations over the last three years can be summarised as follows:

	2024 £m	2023 £m	2022 £m
Total operating profit from continuing operations	4,021	6,745	6,433
Intangible amortisation	1,002	719	739
Intangible impairment	314	398	296
Major restructuring	353	382	321
Transaction-related items	1,881	572	1,750
Significant legal, divestments and other items	1,577	(30)	(1,388)
Core results	9,148	8,786	8,151

The analysis of the impact of transaction-related items on operating profit for each of the last three years is as follows:

	2024 £m	2023 £m	2022 £m
Contingent consideration on former Shionogi-ViiV Healthcare JV (including Shionogi preferential dividends)	1,533	934	1,431
ViiV Healthcare put options and Pfizer preferential dividends	67	(245)	85
Contingent consideration on former Novartis Vaccines business	206	(187)	193
Contingent consideration on acquisition of Affinivax	(22)	44	17
Other adjustments	97	26	24
Transaction-related items	1,881	572	1,750

Full reconciliations between Total and Core results for 2022–2024 including continuing and discontinued operations are set out on pages 88 to 90. Further explanations on the Adjusting items for 2024, including the *Zantac* settlement, are reported on page 91.

Other non-IFRS measures

CER and AER growth

In order to illustrate underlying performance, it is the Group's practice to discuss its results in terms of constant exchange rate (CER) growth. This represents growth calculated as if the exchange rates used to determine the results of overseas companies in Sterling had remained unchanged from those used in the comparative period. CER% represents growth at constant exchange rates. £% or AER% represents growth at actual exchange rates. For those countries which qualify as hyperinflationary as defined by the criteria set out in IAS 29 'Financial Reporting in Hyperinflationary Economies' (Argentina and Turkey) CER growth is adjusted using a more appropriate exchange rate reflecting depreciation of their respective currencies in order to provide comparability and not to distort CER growth rates.

Free cash flow

Free cash flow is defined as the net cash inflow/outflow from continuing operating activities less capital expenditure on property, plant and equipment and intangible assets, contingent consideration payments, net finance costs, and dividends paid to non-controlling interests, contributions from non-controlling interests plus proceeds from the sale of property, plant and equipment and intangible assets, and dividends received from joint ventures and associates. It is used by management for planning and reporting purposes and in discussions with and presentations to investment analysts and rating agencies. Free cash flow growth is calculated on a reported basis. A reconciliation of net cash inflow to free cash flow is set out on page 92.

Total net debt

Net debt is defined as total borrowings less cash, cash equivalents, liquid investments, and short-term loans to third parties that are subject to an insignificant risk of change in value. Please see Note 30 'Net Debt' for the calculation of net debt.

Working capital

Working capital represents inventory and trade receivables less trade payables.

Group financial review continued

Reporting framework continued

Non-controlling interests in ViiV Healthcare

Trading profit allocations

As ViiV Healthcare is a subsidiary of the Group, 100% of its operating results (turnover, operating profit, profit after tax) are included within the Group income statement and then a portion of the earnings is allocated to the non-controlling interests owned by the other shareholders, in line with their respective equity shareholdings (Pfizer, Inc. (Pfizer) 11.7% and Shionogi & Co. Ltd (Shionogi) 10%). Each of the shareholders, including GSK, is also entitled to preferential dividends determined by the performance of certain products that each shareholder contributed. As the relative performance of these products changes over time, the proportion of the overall earnings allocated to each shareholder also changes. In particular, the increasing proportion of sales of dolutegravir- and cabotegravir-containing products has a favourable impact on the proportion of the preferential dividends that is allocated to GSK. Adjusting items are allocated to shareholders based on their equity interests. GSK was entitled to approximately 85% of the Total earnings and 83% of the Core earnings of ViiV Healthcare for 2024.

Remeasurements of the liabilities for the preferential dividends allocated to Pfizer and Shionogi are included within other operating income/(expenses).

Acquisition-related arrangements

As consideration for the acquisition of Shionogi's interest in the former Shionogi-ViiV Healthcare joint venture in 2012, Shionogi received the 10% equity stake in ViiV Healthcare and ViiV Healthcare also agreed to pay additional future cash consideration to Shionogi, contingent on the future sales performance of the products being developed by that joint venture, dolutegravir and cabotegravir. Under IFRS 3 'Business combinations', GSK was required to provide for the estimated fair value of this contingent consideration at the time of acquisition and is required to update the liability to the latest estimate of fair value at each subsequent period end. The liability for the contingent consideration recognised in the balance sheet at the date of acquisition was £659 million. Subsequent re-measurements are reflected within other operating income/(expenses) and within Adjusting items in the income statement in each period.

Cash payments to settle the contingent consideration are made to Shionogi by ViiV Healthcare each quarter, based on the actual sales performance and other income of the relevant products in the previous quarter. These payments reduce the balance sheet liability and hence are not recorded in the income statement, but are included in the cash flow. The cash payments made to Shionogi by ViiV Healthcare in 2024 were £1,190 million.

As the liability is required to be recorded at the fair value of estimated future payments, there is a significant timing difference between the charges that are recorded in the Total income statement to reflect movements in the fair value of the liability and the actual cash payments made to settle the liability.

The cash payments are reflected in the cash flow statement partly in operating cash flows and partly within investing activities. All cash payments are now reflected in operating activities. The tax relief on these payments is reflected in the Group's Adjusting items as part of the tax charge. The part of each payment relating to the original estimate of the fair value of the contingent consideration on the acquisition of the Shionogi-ViiV Healthcare joint venture in 2012 of £659 million is reported within investing activities in the cash flow statement and the part of each payment relating to the increase in the liability since the acquisition is reported within operating cash flows.

Movements in contingent consideration payable to Shionogi were as follows:

	2024 £m	2023 £m
Contingent consideration at beginning of the year	5,718	5,890
Remeasurement through income statement and other movements	1,533	934
Cash payments: operating cash flows	(1,190)	(1,106)
Cash payments: investing activities	–	–
Contingent consideration at end of the year	6,061	5,718

Of the contingent consideration payable (on a post-tax basis) to Shionogi at 31 December 2024, £1,127 million (31 December 2023: £1,017 million) is expected to be paid within one year.

Exit rights

Pfizer may request an IPO of ViiV Healthcare at any time and if either GSK does not consent to such IPO or an offering is not completed within nine months, Pfizer could require GSK to acquire its shareholding. Under the original agreements, GSK had the unconditional right, so long as it made no subsequent distribution to its shareholders, to withhold its consent to the exercise of the Pfizer put option and, as a result, in accordance with IFRS, GSK did not recognise a liability for the put option on its balance sheet. However, during Q1 2016, GSK notified Pfizer that it had irrevocably given up this right and accordingly recognised the liability for the put option on the Group's balance sheet during Q1 2016 at an initial value of £1,070 million. Consistent with this revised treatment, at the end of Q1 2016 GSK also recognised liabilities for the future preferential dividends anticipated to become payable to Pfizer and Shionogi on the Group's balance sheet.

Pfizer has the right to require GSK to acquire its shareholding in ViiV Healthcare in certain circumstances at any time. A put option liability is therefore recorded on the Group's balance sheet as a current liability. It is measured on the gross redemption basis derived from an internal valuation of the ViiV Healthcare business.

The closing balances of the liabilities related to Pfizer's shareholding are as follows:

	2024 £m	2023 £m
Pfizer put option	915	848

Group financial review continued

Reporting framework continued

Under the original agreements, Shionogi could also have requested GSK to acquire its shareholding in ViiV Healthcare in six-month windows commencing in 2017, 2020 and 2022. GSK had the unconditional right, so long as it made no subsequent distribution to its shareholders, to withhold its consent to the exercise of the Shionogi put option and, as a result, GSK did not recognise a liability for the put option on its balance sheet.

However, during Q1 2016, GSK notified Shionogi that it had irrevocably given up this right and accordingly recognised the liability for the put option on the Group's balance sheet during Q1 2016 at an initial value of £926 million. In Q4 2016, Shionogi irrevocably agreed to waive its put option and, as a result, GSK de-recognised the liability for this put option on the Group's balance sheet directly to equity. The value of the liability was £1,244 million when it was de-recognised.

GSK also has a call option over Shionogi's shareholding in ViiV Healthcare, which under the original agreements was exercisable in six-month windows commencing in 2027, 2030 and 2032. GSK has now irrevocably agreed to waive the first two exercise windows, but the last six-month window in 2032 remains. As this call option is at fair value, it has no value for accounting purposes.

Reporting definitions

Brand names and partner acknowledgements

Brand names appearing in italics throughout this document are trademarks of GSK or associated companies or used under licence by the Group.

Core Operating Margin

Core operating margin is Core operating profit divided by turnover.

COVID-19 solutions

COVID-19 solutions include the sales of pandemic adjuvant and other COVID-19 solutions principally during the year 2020 - 2023 and including vaccine manufacturing and *Xevudy* and the associated costs but does not include reinvestment in R&D. This categorisation is used by management and we believe is helpful to investors through providing clarity on the results of the Group by showing the contribution to growth from COVID-19 solutions during this period.

Discontinued operations

Consumer Healthcare was presented as a discontinued operations from Q2 2022. The demerger of Consumer Healthcare was completed on 18 July 2022. The Group Income Statement and Group Cash Flow Statement distinguish discontinuing operations from continuing operations for 2022.

General Medicines

General medicines are usually prescribed in the primary care or community settings by general healthcare practitioners. For GSK, this includes medicines in inhaled respiratory, dermatology, antibiotics and other diseases.

Non-controlling interest

Non-controlling interest is the equity in a subsidiary not attributable, directly or indirectly, to a parent.

Percentage points

Percentage points of growth which is abbreviated to ppts.

RAR (Returns and Rebates)

GSK sells to customers, both commercial and government mandated contracts, with reimbursement arrangements that include rebates, chargebacks and a right of return for certain pharmaceutical products principally in the US. Revenue recognition reflects gross-to-net sales adjustments as a result. These adjustments are known as the RAR accruals and are a source of significant estimation, uncertainty and fluctuation which can have a material impact on reported revenue from one accounting period to the next.

Specialty Medicines

Specialty Medicines are typically prescription medicines used to treat complex or rare chronic conditions. For GSK, this comprises medicines in infectious diseases, HIV, Oncology, Respiratory/Immunology and Other.

Turnover excluding COVID-19 solutions

Turnover excluding COVID-19 solutions excludes the impact of sales of pandemic adjuvant within Vaccines and *Xevudy* within Specialty Medicines related to the COVID-19 pandemic. Management believes that the exclusion of the impact of these COVID-19 solutions sales aids comparability in the reporting periods and understanding of GSK's growth including by region versus prior periods.

Total Operating Margin

Total Operating margin is Total operating profit divided by turnover.

Total Earnings per share

Unless otherwise stated, Total earnings per share refers to Total basic earnings per share.

Group financial review continued

Financial performance

Group turnover

	2024 £m	2023 £m	Growth £%	Growth CER%
Total Group turnover	31,376	30,328	3	7
Total Group pandemic	12	194	(94)	(94)
Total Group turnover ex COVID-19 solutions	31,364	30,134	4	8

Group turnover by business

Vaccines
£9.1bn
AER decline 7% CER decline 4%

Speciality Medicines
£11.8bn
AER growth 15% CER growth 19%

General Medicines
£10.4bn
AER growth 2% CER growth 6%

Group turnover by geographic region

US
£16.4bn
AER growth 4% CER growth 6%

Europe
£6.7bn
AER growth 2% CER growth 4%

International
£8.3bn
AER growth 5% CER growth 11%

GSK reports results under two segments namely Commercial Operations and Total R&D. See Note 6, 'Turnover and segment information' to the consolidated financial statements for more details.

The Commercial Operations segment has three product groups of Vaccines, Specialty Medicines, and General Medicines.

– Vaccines products, which includes sales of *Shingrix* and *Arexvy*
– Specialty Medicines products which includes GSK's marketed products for HIV, oncology, respiratory/immunology and other specialty medicines (including *Nucala*)
– General Medicines products, which includes medicines in inhaled respiratory, dermatology, antibiotics and other diseases that are typically accessed by patients through primary care settings

(1) Advisory Committee on Immunization Practices
(2) Centres for Disease Control and Prevention
(3) Based on data from IQVIA up until the end of Q3 2024
(4) Centers for Medicare & Medicaid Services

Vaccines

Turnover (£bn)

£9.1bn
29% of Group turnover

AER decline -7%
CER decline -4%

	2024 £m	2023 £m	Growth £%	Growth CER%
Total Vaccines	9,138	9,864	(7)	(4)
Pandemic	–	150	(100)	(100)
Vaccines ex COVID-19 solutions	9,138	9,714	(6)	(3)

Vaccines sales decreased primarily due to lower demand for *Arexvy* related to a more limited ACIP[1] recommendation in the US and channel inventory consumption compared to launch year stocking in 2023. Meningitis vaccines had their strongest year of sales to date with double-digit growth across all regions and Established vaccines continued to grow across International and the US. Overall, Vaccines performance was also adversely impacted due to COVID-19 solution sales and US CDC[2] stockpile replenishments in 2023, each impacting full year growth by 1 percentage point.

Shingles

	2024 £m	2023 £m	Growth £%	Growth CER%
Shingles	3,364	3,446	(2)	1

Sales of *Shingrix* a vaccine against shingles, declined 2% AER and grew 1% CER, with ex-US sales growth more than offsetting lower sales in the US.

The US cumulative immunisation rate reached 40%, up five percentage points compared to 12 months earlier.[3] Sales decreased by 21% AER, 18% CER reflecting the slowing pace of penetration of harder-to-reach unvaccinated consumers, partially offset by favourable pricing. *Shingrix* sales were also negatively impacted by changes in retail vaccine prioritisation partly due to a transition to a new CMS[4] rule that changed how pharmacies process reimbursements from payers.

Shingrix grew significantly in International, driven by a national immunisation programme in Australia and supply to our co-promotion partner in China. In Europe, *Shingrix* sales growth was driven by expanded public funding and higher uptake across multiple countries, partly offset by lower demand in Germany. Markets outside the US represented 56% of 2024 global sales (2023: 45%), with *Shingrix* launched in 52 countries. The overwhelming majority of ex-US *Shingrix* opportunity is concentrated in 10 markets where the average immunisation rate is around 7% with significantly higher uptake in funded cohorts.

Group financial review continued

Financial performance continued

Meningitis

	2024 £m	2023 £m	Growth £%	Growth CER%
Meningitis	1,437	1,260	14	18

Meningitis vaccines achieved double-digit growth. *Bexsero*, a vaccine against meningitis B, achieved sales of over £1 billion for the first time. Growth was primarily due to favourable pricing mix and increased full year purchases from the CDC in the US, recommendation in Germany and launch in Vietnam.

RSV

	2024 £m	2023 £m	Growth £%	Growth CER%
RSV (*Arexvy*)	590	1,238	(52)	(51)

Arexvy, a RSV[(1)] vaccine for older adults had declining sales in the year. US sales decreased due to lower demand partly related to a more limited recommendation from ACIP for individuals aged 60 to 74. Sales were also adversely impacted by channel inventory consumption compared to the launch year stocking in 2023. Arexvy maintained the market leading position in retail where the overwhelming majority of doses are administered. More than ten million US adults[(2)] aged 60 and older at risk have been protected by *Arexvy* since the launch in Q3 2023.

In countries outside the US, sales growth reflected uptake following a positive recommendation in Germany, initial tender deliveries in Saudi Arabia and new launch inventory builds in Australia and Brazil, partly offset in the quarter by lower demand in Canada. While *Arexvy* is approved in 59 markets globally, 17 countries had national RSV vaccination recommendations for older adults and 6, including the US, had reimbursement programmes in place at the year end.

Influenza

	2024 £m	2023 £m	Growth £%	Growth CER%
Influenza	408	504	(19)	(16)

Fluarix/FluLaval sales decreased driven by competitive pressure and lower market demand primarily in the US.

Established Vaccines

	2024 £m	2023 £m	Growth £%	Growth CER%
Established Vaccines	3,339	3,266	2	6

Established Vaccines growth reflected increased sales of Hepatitis vaccines across all regions, higher US market share and European demand for *Boostrix* and increased International supply and US uptake of MMR/V[(3)] vaccines. This was partly offset by adverse CDC stockpile movements for *Rotarix* and *Infanrix/Pediarix*. Established Vaccine sales in 2024 included around £130 million of non-repeating contracted sales including divested brands which have now ceased.

(1) Respiratory syncytial virus (2) Based on data from IQVIA

(3) Measles, mumps, rubella and varicella

(4) Based on sales data from 2024 and 2023: DoT Volume Market Share - IQVIA , GERS(France), Czech State Institute for Drug Control (SUKL), DLI Market Intelligence (Denmark), farmINFORM (Netherlands), Cegedim Healthcare (Romania)

Specialty Medicines

Turnover (£bn)

£11.8bn

AER growth 15%

CER growth 19%

38% of Group Turnover

	2024 £m	2023 £m	Growth £%	Growth CER%
Total Specialty Medicines	11,810	10,244	15	19
Pandemic	12	44	(73)	(73)
Speciality Medicines ex COVID-19 solutions	11,798	10,200	16	19

Specialty Medicines sales grew by double-digit percentages reflecting continued growth across disease areas, with strong performances in HIV, Respiratory/Immunology and Oncology.

HIV

	2024 £m	2023 £m	Growth £%	Growth CER%
HIV	7,089	6,444	10	13

HIV sales continue to grow double-digits driven by strong patient demand for long-acting injectable medicines (*Cabenuva, Apretude*) and *Dovato*. This demand primarily reflected a 2 percentage point[(4)] increase in market share compared to the prior period which contributed 10 percentage points of growth in 2024. The remainder of the growth was driven by favourable in-year pricing, including the positive impact from channel mix.

Oral 2DR

	2024 £m	2023 £m	Growth £%	Growth CER%
Oral 2DR	2,924	2,480	18	21

Sales of Oral 2DR (*Dovato, Juluca*) now represent 42% of the total HIV portfolio. *Dovato*, the first and only once-daily oral 2DR for the treatment of HIV infection in both treatment naive and virally suppressed adults and adolescents continues to be the largest product in the HIV portfolio with sales of £2,239 million in 2024 and growing 23% AER, 27% CER versus 2023.

Long-Acting Medicines

	2024 £m	2023 £m	Growth £%	Growth CER%
Long-Acting Medicines	1,292	857	51	55

Long-Acting Injectable Medicine sales contributed over 50% of the total HIV growth in 2024. *Cabenuva*, the only complete long-acting injectable regimen for HIV treatment, reached sales of £1,013 million in 2024, growing 43% AER, 47% CER, due to strong patient demand across US and Europe. *Apretude*, the first long-acting injectable option for HIV prevention delivered sales of £279 million in 2024, growing 87% AER, 93% CER compared to 2023.

Group financial review continued

Financial performance continued

Respiratory/Immunology and other

	2024 £m	2023 £m	Growth £%	Growth CER%
Respiratory/Immunology and Other	3,299	3,025	9	13

Sales primarily comprised contributions from *Nucala* in respiratory and *Benlysta* in immunology. Sales growth in the full year was delivered for both *Nucala* and *Benlysta*, driven by patient demand globally across US, European and International markets.

Nucala

	2024 £m	2023 £m	Growth £%	Growth CER%
Nucala	1,784	1,655	8	12

Nucala, is an IL-5 antagonist monoclonal antibody treatment for severe asthma, with additional indications including chronic rhinosinusitis with nasal polyps, eosinophilic granulomatosis with polyangiitis (EGPA), and hypereosinophilic syndrome (HES). Sales growth was driven particularly by strong performance in Europe and International regions, reflecting higher patient demand for treatments addressing eosinophilic-led disease.

Benlysta

	2024 £m	2023 £m	Growth £%	Growth CER%
Benlysta	1,490	1,349	10	14

Benlysta, a monoclonal antibody treatment for Lupus, continues to grow by double-digit percentages representing strong demand and volume growth in US, European and International regions, with bio-penetration rates having increased across many markets.

Oncology

	2024 £m	2023 £m	Growth £%	Growth CER%
Oncology	1,410	731	93	98

Strong Oncology sales growth continued driven by increasing patient demand for *Zejula*, a PARP[(1)] inhibitor, *Jemperli*, a PD-1[(2)] blocking antibody, and *Ojjaara/Omjjara,* a daily JAK1/JAK2 and ACVR1[(3)] inhibitor.

Zejula

	2024 £m	2023 £m	Growth £%	Growth CER%
Zejula	593	523	13	17

Zejula, a PARP inhibitor treatment for ovarian cancer, grew by double-digit percentages, with strong growth delivered across all regions with sustained increases in patient demand and higher volumes, further enhanced by positive price impacts in the US.

Jemperli

	2024 £m	2023 £m	Growth £%	Growth CER%
Jemperli	467	–	>100	>100

Jemperli, a medicine for first-line treatment in combination with chemotherapy for patients with primary advanced or recurrent endometrial cancer, continued to grow strongly. Strong sales were driven largely by increased patient uptake in the US, following Q3 2024 FDA approval expanding the indication to include all adult patients with primary advanced or recurrent endometrial cancer.

Ojjaara/Omjjara

	2024 £m	2023 £m	Growth £%	Growth CER%
Ojjaara/Omjjara	353	–	>100	>100

Ojjaara/Omjjara, a treatment for myelofibrosis patients with anaemia, grew strongly largely driven by the US with continued uptake in patients since its product launch in Q3 2023. Sales included increasing contributions from Europe and International regions following launches in the UK and Germany in Q1 2024, and in Japan in Q3 2024.

General Medicines

Turnover (£bn)

£10.4bn

AER growth 2%

CER growth 6%

33% of Group turnover

Sales include contributions from both the Respiratory and Other General Medicine portfolios. Sales growth was primarily driven by *Trelegy,* a COPD[(4)] and asthma medicine, with strong demand across all regions. Performance was adversely impacted by the removal of the AMP[(5)] cap on Medicaid drug prices in the US. This removal impacted *Advair, Flovent*, and *Lamictal* due to significant pricing reductions, reduced commercial contracting, and the decision to discontinue branded *Flovent*. However, this has been fully offset by the increased use of authorised generic versions of *Advair* and *Flovent* while, significantly, continuing to provide access to patients.

(1) PARP: a Poly ADP ribose polymerase

(2) PD-1: a programmed death receptor-1 blocking antibody

(3) JAK1/JAK2 and ACVR1: once a-day, oral JAK1/JAK2 and activin A receptor type 1 (ACVR1) inhibitor

(4) Chronic obstructive pulmonary disease

(5) Average manufacturer price

Group financial review continued

Financial performance continued

Respiratory

	2024 £m	2023 £m	Growth £%	Growth CER%
Respiratory	7,213	6,825	6	10

Sales growth reflected *Trelegy*'s strong performance in all regions. In the US adverse impacts from the removal of the AMP cap were fully offset by the increased use of authorised generic versions of *Advair* and *Flovent*, providing access to medicines for patients.

Trelegy

	2024 £m	2023 £m	Growth £%	Growth CER%
Trelegy	2,702	2,202	23	27

Trelegy is the most prescribed SITT[(1)] treatment worldwide for COPD and asthma. Sales grew 23% AER, 27% CER in the year, driven largely by volume growth, whilst also benefiting from favourable pricing. Strong volume growth continued across all regions reflecting patient demand, SITT class growth, and increased market share. Overall favourable pricing in the year was driven by US channel mix price adjustments in the first six months of 2024, which moderated in the second half.

Seretide/Advair

	2024 £m	2023 £m	Growth £%	Growth CER%
Seretide/Advair	1,057	1,139	(7)	(3)

Seretide/Advair is a combination treatment used to treat asthma and COPD. Sales decreased in Europe and International reflecting continued generic erosion by competitor products. This was partially offset by growth in the US driven largely by favourable impacts from channel mix adjustments.

Other general medicines

	2024 £m	2023 £m	Growth £%	Growth CER%
Other general medicines	3,215	3,395	(5)	–

Other general medicines' growth decreased 5% at AER and was flat at CER, with growth in antibiotics and dermatology in International markets offset by global declines from continued generic competition across the portfolio.

Turnover by regions

US

	2024 £m	2023 £m	Growth £%	Growth CER%
Total	16,384	15,820	4	6
Pandemic	10	10	–	10
Excluding COVID	16,374	15,810	4	6

Specialty Medicines double-digit growth in the year was driven by strong Oncology and HIV performance, and continued growth in *Nucala* and *Benlysta*. Vaccine sales decreased primarily in *Arexvy* due to lower demand related to a more limited ACIP recommendation and related channel inventory consumption compared to the 2023 launch year stocking. *Shingrix* also decreased reflecting lower demand driven by the continued challenge of activating harder-to-reach consumers. General Medicine's growth in the year was primarily driven by increased demand for *Trelegy*, with strong volume growth from higher patient demand and growth of the SITT market as well as favourable price benefits. Performance continues to be impacted following the removal of the AMP cap on Medicaid drug prices, which particularly impacted *Advair*, *Flovent* and *Lamictal*. This was fully offset by the increased use of authorised generic versions of *Advair* and *Flovent*, providing access to medicines for patients.

Europe

	2024 £m	2023 £m	Growth £%	Growth CER%
Total	6,666	6,564	2	4
Pandemic	1	133	(99)	(99)
Excluding COVID	6,665	6,431	4	6

Specialty Medicines sales grew by double-digits in the year due to continued strong performance in Oncology, *Benlysta* in immunology, and *Nucala* in respiratory including the benefit from new indication launches. HIV growth continued at a mid-to-high single-digit percentage.Vaccine sales grew in the year excluding the adverse impact of COVID-19 sales in 2023. *Shingrix* growth was driven by expanded public funding across several markets, partly offset by lower demand in Germany. *Bexsero* and *Arexvy* sales increased following recommendations in Germany. General Medicines sales were broadly stable. Strong double-digit growth for *Trelegy* and *Anoro* was offset by decreases across other general medicine products.

International

	2024 £m	2023 £m	Growth £%	Growth CER%
Total	8,326	7,944	5	11
Pandemic	1	51	(97)	>(100)
Excluding COVID	8,325	7,893	5	12

Specialty Medicine's double-digit growth in the year was driven by HIV, *Nucala* in Respiratory, *Benlysta* in Immunology, and Oncology. Vaccine sales grew strongly in the year driven by *Shingrix* related to the national immunisation program in Australia and supply to our co-promotion partner in China together with strong momentum in Meningitis vaccines and single-digit growth in Established Vaccines sales. General Medicines sales decreased 3% at AER and grew 3% at CER, with strong growth in *Trelegy*, *Augmentin* and dermatology products, partially offset by a decrease in other general medicine products.

(1) Single inhaler triple therapy

Group financial review continued

Financial performance continued

Cost of sales

	2024 £m	2023 £m	Growth £%	Growth CER%
Total cost of sales	(9,048)	(8,565)	6	8
% of sales	28.8%	28.2%	0.6	0.2
Core cost of sales	(7,870)	(7,716)	2	4
% of sales	25.1%	25.4%	(0.4)	(0.7)

Total and Core cost of sales as a percentage of sales benefited from price and channel mix benefits, as well as ongoing mix benefits in higher margin Specialty Medicines products, and supply chain efficiencies. These benefits were offset in the year by charges of £150 million in Q4 2024 to drive future supply chain efficiencies. Total cost of sales also increased due to additional amortisation for *Zejula* and *Jemperli*.

Selling, general and administration

	2024 £m	2023 £m	Growth £%	Growth CER%
Total selling, general and administration	(11,015)	(9,385)	17	20
% of sales	35.1%	30.9%	4.2	3.8
Core selling, general and administration	(8,974)	(9,029)	(1)	2
% of sales	28.6%	29.8%	(1.2)	(1.3)

Total SG&A growth was primarily driven by the increase in Significant legal costs reflecting the charge of £1.8 billion ($2.3 billion) in Q3 2024 in relation to *Zantac* for the State Courts Settlement, the Qui Tam Settlement, and the remaining 7% of pending state court product liability cases, partially offset by reduced future legal costs. Since that time, the vast majority of the remaining state court cases have been resolved or been dismissed such that less than 1% of the state court cases remain (see details on page 265).

Core SG&A growth was broadly flat at AER, with growth at CER driven by continued disciplined investment to support global market expansion and disease awareness for key assets including *Arexvy, Nucala, Shingrix* and *Jemperli,* and investment behind long-acting HIV medicines. Growth was partly offset by a 1 percentage point favourable impact of the reversal of the legal provision taken in Q1 2023 for the *Zejula* royalty dispute, following a successful appeal.

Research and development

	2024 £m	2023 £m	Growth £%	Growth CER%
Total research and development	(6,401)	(6,223)	3	5
% of sales	20.4%	20.5%	(0.1)	(0.4)
Core research and development	(6,023)	(5,750)	5	7
% of sales	19.2%	19.0%	0.2	–

Total R&D growth was driven by an increase in Core R&D investment, partly offset by lower impairment charges compared with the full year 2023.

Core R&D investment increased driven by progression across the portfolio.

In Specialty Medicines, investment increased in Respiratory, Immunology and Inflammation to support late-stage clinical development programmes for camlipixant (refractory chronic cough), the long-acting TSLP asset acquired from the Aiolos acquisition, bepirovirsen (chronic hepatitis B) and *Benlysta* (autoimmune diseases), with ongoing strong investment in depemokimab (asthma and eosinophilic inflammation).

In Oncology, increased investment reflected acceleration on antibody-drug-conjugates (ADCs) including those acquired from Hansoh Pharma at the end of 2023, and studies into *Blenrep* (multiple myeloma) and *Jemperli* (endometrial cancer). In HIV investment increased on next-generation long-acting treatment and preventative medicines.

In Vaccines, clinical trial programmes associated with the pneumococcal Multi Antigen Presenting System (MAPS) technology and mRNA continued to drive investment.

These increases were partly offset by reductions following the launches of *Arexvy* and *Ojjaara*, and progression to completion of gepotidacin and *Zejula* studies.

Royalty income

	2024 £m	2023 £m	Growth £%	Growth CER%
Total royalty income	639	953	(33)	(33)
Core royalty income	639	953	(33)	(33)

The decrease in Total and Core royalty income primarily reflected the cessation of the majority of Gardasil royalties at the end of 2023, with 2024 Gardasil royalties of £42 million (2023: £472 million).

This was partly offset by increases in Kesimpta and Biktarvy royalties.

Other operating income/(expense)

	2024 £m	2023 £m	Growth £%	Growth CER%
Other operating income/ (expenses)	(1,530)	(363)	>(100)	>(100)

Other operating expense reflected a charge of £1,839 million (2023: £546 million) principally arising from the remeasurement of contingent consideration liabilities (CCL). This primarily reflected improved longer term HIV prospects as well as smaller foreign currency movements compared to 2023 and an increase in liability for the Vaccines CCL. This was partly offset by higher other net income of £287 million (2023: £200 million) as well as a fair value gain of £22 million (2023: £17 million loss) on the retained stake in Haleon plc.

Group financial review continued

Financial performance continued

Operating profit

	2024 £m	2023 £m	Growth £%	Growth CER%
Total operating profit	4,021	6,745	(40)	(33)
% of sales	12.8%	22.2%	(9.4)	(8.3)
Core operating profit	9,148	8,786	4	11
% of sales	29.2%	29.0%	0.2	0.9

Total operating profit and margin were lower primarily due to the charge of £1.8 billion ($2.3 billion) for the *Zantac* settlement, higher CCL charges driven by improved longer term HIV prospects and other remeasurements as well as unfavourable foreign currency movements, additional amortisation for *Zejula* and *Jemperli,* and minimal movements on Haleon plc shares (2023 fair value loss).

Core operating profit growth benefited from strong Specialty Medicines sales performance, with favourable product and regional mix. This was partly offset by increased investment in R&D and growth assets, and lower royalty income. 2024 also includes a favourable impact from the reversal of the legal provision taken in Q1 2023 for the *Zejula* royalty dispute, following a successful appeal.

The adverse impact of lower sales of COVID-19 solutions had a two percentage points impact in the full year on Total and Core operating profit growth and a 0.4 percentage point impact on Total and Core operating profit margin.

Core operating profit by business

	2024 £m	2023 £m	Growth £%	Growth CER%
Commercial operations	15,335	14,656	5	9
% of sales	48.9%	48.3%	0.5	1.0
R&D	(5,845)	(5,607)	4	7

Commercial Operations Core operating profit benefited from strong Specialty Medicines sales performance and favourable product and regional mix, as well as price and channel mix benefits and supply chain efficiencies, and a reversal of the *Zejula* royalty dispute legal provision in Q1 2024. This was partly offset by charges to drive future supply chain efficiencies, continued disciplined investment in growth assets and lower royalty income.

The R&D segment operating expenses growth was driven by continued spend across the portfolio, and increased investment in Specialty Medicines including camlipixant, bepirovirsen and *Benlysta*, as well as the long-acting TSLP asset acquired as part of the Aiolos acquisition. In Oncology, increased investment in *Jemperli* and ADC assets was offset by investment decreases following the launches of *Ojjaara* and progression to completion of *Zejula* studies. In HIV, investment on long-acting medicines continued, and in Vaccines, pneumococcal (MAPS) and mRNA continued to drive investment.

Net finance costs

	2024 £m	2023 £m	Growth £%	Growth CER%
Total net finance cost	(547)	(677)	(19)	(18)
Core net finance cost	(532)	(669)	(20)	(19)

The decrease in net finance costs was mainly driven by lower interest on short-term financing as a result of cash received from the disposal of all Haleon plc shares, savings from maturing bonds, and higher interest income on cash, partly offset by fair value movements on net investment hedges. The comparator to 2023 also benefited from the net cost of bond buybacks completed in Q1 2023.

Share of after tax profits of associates and joint ventures

The share of after tax loss of associates and joint ventures was £3 million (2023: £5 million share of loss).

Profit on disposal of interest in associates

In 2024, the Group also reported a profit on disposal of interests in associates and joint ventures of £6 million (2023: £1 million profit).

Profit before tax

Taking account of net finance costs, the share of profits or losses of associates and profit or loss on disposal of interest in associates,Total profit before taxation was £3,477 million compared with £6,064 million in 2023.

Taxation

	2024 £m	2023 £m
UK current year charge	186	207
Rest of world current year charge	1,458	1,371
Charge/(credit) in respect of prior periods	(92)	43
Total current taxation	1,552	1,621
Total deferred taxation	(1,026)	(865)
Taxation on total profits	526	756

The charge of £526 million represented an effective tax rate on Total results of 15.1% (2023: 12.5%) and reflected the different tax effects of the various Adjusting items. Tax on Core profit amounted to £1,462 million and represented an effective Core tax rate of 17.0% (2023: 15.5%). Issues related to taxation are described in Note 14, ‘Taxation’ to the financial statements. The Group continues to believe it has made adequate provision for the liabilities likely to arise from periods which are open and not yet agreed by tax authorities. The ultimate liability for such matters may vary from the amounts provided and is dependent upon the outcome of agreements with relevant tax authorities.

Group financial review continued

Financial performance continued

Non-controlling interests (NCI)

	2024 £m	2023 £m	Growth £%	Growth CER%
Total continuing	376	380	(1)	8
Core	654	572	14	20

The decrease in total NCIs at AER was driven by lower ViiV Healthcare Total profits, reflecting adverse currency impacts, with an allocation of £356 million (2023: £374 million). The increase in Total NCIs at CER was driven by higher ViiV Healthcare Total profits (partly offset by a higher remeasurement loss on the CCL) as well as higher net profits in some of the Group's other entities.

The increase in Core NCIs primarily reflected higher core profit allocations from ViiV Healthcare, with £634 million in 2024 (2023: £566 million), as well as higher net profits in some of the Group's other entities with NCIs.

Earnings per share from operations

	2024 £m	2023 £p	Growth £%	Growth CER%
Total earnings per share	63.2p	121.6p	(48)	(40)
Core earnings per share	159.3p	155.1p	3	10

The decrease in Total EPS was primarily due to a charge of £1.8 billion ($2.3 billion) for the *Zantac* settlement (see details on page 266) and higher CCL charges.

The increase in the Core EPS primarily reflected the growth in Core operating profit as well as lower finance costs, partly offset by a higher effective taxation rate and higher non-controlling interests. Lower sales of COVID-19 solutions reduced Core EPS by two percentage points in the full year.

Currency impact on results

	2024 £m/£p	2023 £m/£p	Growth £%	Growth CER%
Turnover	31,376	30,328	3	7
Total earnings per share	63.2p	121.6p	(48)	(40)
Core earnings per share	159.3p	155.1p	3	10

The adverse currency impact primarily reflected the strengthening of Sterling against the US Dollar, Euro, Yen and emerging market currencies. Exchange gains or losses on the settlement of intercompany transactions had a negligible impact on Total and Core EPS.

Dividends

The Board has declared four interim dividends resulting in a total dividend for the year of 61p per share. The GSK Group dividend in 2023 was 58p per share. Please refer to Note 16, 'Dividends' to the financial statements.

Dividend policy

Dividends remain an essential component of total shareholder return and GSK recognises the importance of dividends to shareholders. On 23 June 2021, at the GSK Investor Update, GSK set out that from 2022 a progressive dividend policy will be implemented guided by a 40 to 60 percent pay-out ratio through the investment cycle. Consistent with this, GSK declared an increased dividend of 16p for Q4 2024 and 61p per share for full year 2024. The expected dividend for 2025 is 64p per share. In setting its dividend policy, GSK considers the capital allocation priorities of the Group and its investment strategy for growth alongside the sustainability of the dividend.

Group financial review continued

Adjusting items

Core results reconciliation

31 December 2024

	Total results £m	Intangible asset amortisation £m	Intangible asset impairment £m	Major restructuring £m	Transaction-related £m	Significant legal, Divestments and other items £m	Core results £m
Gross profit	22,328	947		163	40	28	23,506
Operating profit	4,021	1,002	314	353	1,881	1,577	9,148
Profit before taxation	3,477	1,002	314	354	1,881	1,585	8,613
Profit after taxation	2,951	794	251	274	1,570	1,311	7,151
Profit attributable to shareholders	2,575	794	251	274	1,292	1,311	6,497
Basic earnings per share (pence)	63.2p	19.5p	6.1p	6.7p	31.7p	32.1p	159.3p
Weighted average number of shares (millions)	4,077						4,077
The following adjustments are made in arriving at Core gross profit							
Cost of sales	(9,048)	947		163	40	28	(7,870)
The following adjustments are made in arriving at Core operating profit							
Selling, general and administration	(11,015)			160	2	1,879	(8,974)
Research and development	(6,401)	55	314	9			(6,023)
Other operating (expense)/income	(891)			21	1,839	(330)	639
The following adjustments are made in arriving at Core profit before tax							
Net finance costs	(547)			1		14	(532)
Share of after tax losses of associates and joint ventures	(3)						(3)
Profit/(loss) on disposal of interest in associates	6					(6)	–
The following adjustments are made in arriving at Core profit after tax							
Taxation	(526)	(208)	(63)	(80)	(311)	(274)	(1,462)
The following adjustments are made in arriving at Core profit attributable to shareholders							
Profit attributable to non-controlling interests	376				278		654

Group financial review continued

Adjusting items continued

Core results reconciliation

31 December 2023

	Total results £m	Intangible asset amortisation £m	Intangible asset impairment £m	Major restructuring £m	Transaction-related £m	Significant legal, Divestments and other items £m	Core results £m
Gross profit	21,763	647		164	13	25	22,612
Operating profit	6,745	719	398	382	572	(30)	8,786
Profit before taxation	6,064	719	398	383	572	(24)	8,112
Profit after taxation	5,308	565	304	300	472	(94)	6,855
Profit attributable to shareholders	4,928	565	304	300	280	(94)	6,283
Basic earnings per share (pence)	121.6p	13.9p	7.5p	7.4p	6.9p	(2.2p)	155.1p
Weighted average number of shares (millions)	4,052						4,052
The following adjustments are made in arriving at Core gross profit							
Cost of sales	(8,565)	647		164	13	25	(7,716)
The following adjustments are made in arriving at Core operating profit							
Selling, general and administration	(9,385)			216	13	127	(9,029)
Research and development	(6,223)	72	398	2		1	(5,750)
Other operating (expense)/income	590				546	(183)	953
The following adjustments are made in arriving at Core profit before tax							
Net finance costs	(677)			1		7	(669)
Share of after tax losses of associates and joint ventures	(5)						(5)
Profit/(loss) on disposal of interest in associates	1					(1)	–
The following adjustments are made in arriving at Core profit after tax							
Taxation	(756)	(154)	(94)	(83)	(100)	(70)	(1,257)
The following adjustments are made in arriving at Core profit attributable to shareholders							
Profit attributable to non-controlling interests	380				192		572

Group financial review continued

Adjusting items continued

Core results reconciliation

31 December 2022

	Total results £m	Profit from discontinued operations £m	Intangible asset amortisation £m	Intangible asset impairment £m	Major restructuring £m	Transaction-related £m	Significant legal, Divestments and other items £m	Core results £m
Gross profit from continuing operations	19,770		648		102	45	18	20,583
Operating profit from continuing operations	6,433		739	296	321	1,750	(1,388)	8,151
Profit before taxation from continuing operations	5,628		739	296	323	1,750	(1,378)	7,358
Profit after taxation from continuing operations	4,921		589	232	236	1,508	(1,266)	6,220
Profit after taxation from discontinued operations	10,700	(10,700)						
Total profit after taxation	15,621	(10,700)	589	232	236	1,508	(1,266)	6,220
Profit attributable to shareholders from continuing operations	4,461		589	232	236	1,373	(1,266)	5,625
Profit attributable to shareholders from discontinued operations	10,495	(10,495)						
Total profit attributable to shareholders	14,956	(10,495)	589	232	236	1,373	(1,266)	5,625
Basic earnings per share (pence) from continuing operations	110.8p		14.6p	5.8p	5.9p	34.1p	(31.5)p	139.7p
Basic earnings per share (pence) from discontinued operations	260.6p	(260.6)p						
Total Basic earnings per share (pence)	371.4p	(260.6)p	14.6p	5.8p	5.9p	34.1p	(31.5)p	139.7p
Weighted average number of shares (millions)	4,026							4,026
The following adjustments are made in arriving at Core gross profit from continuing operations								
Cost of sales	(9,554)		648		102	45	18	(8,741)
The following adjustments are made in arriving at Core operating profit from continuing operations								
Selling, general and administration	(8,372)				180	13	51	(8,128)
Research and development	(5,488)		91	296	39			(5,062)
Other operating (expense)/income	523					1,692	(1,457)	758
The following adjustments are made in arriving at Core profit before tax from continuing operations								
Net finance costs	(803)				2		10	(791)
Share of after tax losses of associates and joint ventures	(2)							(2)
The following adjustments are made in arriving at Core profit after tax from continuing operations								
Taxation	(707)		(150)	(64)	(87)	(242)	112	(1,138)
The following adjustments are made in arriving at Core profit attributable to shareholders								
Profit attributable to non-controlling interests from continuing operations	460					135		595
Profit attributable to non-controlling interests from discontinued operations	205	(205)						
Total profit attributable to non-controlling interests	665	(205)				135		595

Group financial review continued

Adjusting items continued

Intangible asset amortisation

See page 211 for description and information on Intangible asset amortisation.

Intangible asset impairment

See page 211 for description and information on Intangible asset impairment. No individual intangible asset accounted for a material impairment.

Major restructuring and integration

Within the Pharmaceuticals sector, the highly regulated manufacturing operations and supply chains and long lifecycle of the business mean that restructuring programmes, particularly those that involve the rationalisation or closure of manufacturing or R&D sites are likely to take several years to complete.

Major restructuring costs are those related to specific Board-approved Major restructuring programmes and are excluded from Core results. Major restructuring programmes, including integration costs following material acquisitions, are those that are structural and are of a significant scale where the costs of individual or related projects exceed £25 million. Other ordinary course smaller-scale restructuring costs are retained within Total and Core results.

Total Major restructuring charges incurred in 2024 were £353 million (2023: £382 million), analysed as follows:

	2024			2023		
	Cash £m	Non-cash £m	Total £m	Cash £m	Non-cash £m	Total £m
Separation restructuring programme	200	36	236	199	117	316
Significant acquisitions	59	1	60	65	1	66
Legacy programmes	48	9	57	(1)	1	–
	307	46	353	263	119	382

The Separation restructuring programme incurred cash charges of £200 million primarily from the restructuring of some commercial and administrative functions as well as Global Supply Chain. The non-cash charges of £36 million primarily reflected the write-down of assets in administrative and manufacturing locations.

The programme focussed on the separation of GSK into two separate companies and is now largely complete. The programme has delivered its target of £1.1 billion of annual savings, with total costs expected at £2.4 billion, with cash charges of £1.7 billion and non-cash charges of £0.7 billion.

Costs of significant acquisitions relate to integration costs of Sierra Oncology Inc. (Sierra) and Affinivax Inc. (Affinivax) which were acquired in Q3 2022, BELLUS Health Inc. (Bellus) acquired in Q2 2023 and Aiolos acquired in Q1 2024.

Cash charges of £48 million under Legacy programmes primarily arose from the divestment of the cephalosporins business.

Transaction-related adjustments

Transaction-related adjustments resulted in a net charge of £1,881 million (2023: £572 million), the majority of which related to charges/(credits) for the remeasurement of contingent consideration liabilities, the liabilities for the Pfizer put option, and Pfizer and Shionogi preferential dividends in ViiV Healthcare.

Charge/(credit)	2024 £m	2023 £m
Contingent consideration on former Shionogi-ViiV Healthcare Joint Venture (including Shionogi preferential dividends)	1,533	934
ViiV Healthcare put options and Pfizer preferential dividends	67	(245)
Contingent consideration on former Novartis Vaccines business	206	(187)
Contingent consideration on acquisition of Affinivax	(22)	44
Other adjustments	97	26
Total transaction-related charges	1,881	572

The £1,533 million charge relating to the contingent consideration for the former Shionogi-ViiV Healthcare joint venture represented an increase in the valuation of the contingent consideration due to Shionogi, driven by £1,107 million from updated future sales forecasts and exchange rates, and the unwind of the discount for £426 million.

The £67 million charge relating to the ViiV Healthcare put option and Pfizer preferential dividends represented an increase in the valuation of the put option primarily as a result of updated sales forecasts partly offset by higher preference dividends. The ViiV Healthcare contingent consideration liability is fair valued under IFRS. An explanation of the accounting for the non-controlling interests in ViiV Healthcare is set out on page 79.

The £206 million charge relating to the contingent consideration on the former Novartis Vaccines business primarily related to changes to future sales forecasts.

The £22 million charge relating to the contingent consideration on the former Novartis Vaccines business primarily related to changes to future sales forecasts.

Significant legal charges, Divestments and other items

Significant legal charges in the full year primarily reflected the Q3 2024 charge of £1.8 billion ($2.3 billion) in relation to *Zantac* for the State Courts Settlement, the Qui Tam Settlement, and the remaining 7% of pending state court product liability cases, partially offset by reduced future legal costs.

Legal charges provide for all significant legal matters and are not broken out separately by litigation or investigation.

Divestments and other items primarily included other net income from milestones and dividends related to investments, as well as amounts reclassified from the foreign currency translation reserve to the income statement upon the liquidation of subsidiaries.

Group financial review continued

Cash generation and conversion

A summary of the consolidated cash flow statement is set out below.

	2024 £m	2023 £m
Total net cash inflow from operating activities	6,554	6,768
Total net cash (outflow) from investing activities	(1,229)	(1,595)
Total net cash inflow/(outflow) from financing activities	(4,726)	(5,641)
Increase /(decrease) in cash and bank overdrafts	599	(468)
Cash and bank overdrafts at beginning of year	2,858	3,425
Exchange adjustments	(54)	(99)
Increase /(decrease) in cash and bank overdrafts	599	(468)
Cash and bank overdrafts at end of year	3,403	2,858
Cash and bank overdrafts at end of year comprise:		
Cash and cash equivalents	3,870	2,936
Overdrafts	(467)	(78)
	3,403	2,858

Reconciliation of net cash inflow from operating activities to free cash inflow

A reconciliation of net cash inflow from operating activities, which is the closest equivalent IFRS measure to free cash flow, is shown below.

	2024 £m	2023 £m
Net cash inflow/(outflow) from operating activities	6,554	6,768
Purchase of property, plant and equipment	(1,399)	(1,314)
Proceeds from sale of property, plant and equipment	65	28
Purchase of intangible assets	(1,583)	(1,030)
Proceeds from sale of intangible assets	131	12
Net finance costs	(494)	(651)
Dividends from joint ventures and associates	15	12
Contingent consideration paid (reported in investing activities)	(19)	(11)
Distributions to non-controlling interests	(416)	(412)
Contribution from non-controlling interests	9	7
Free cash inflow	2,863	3,409

Net cash generated from operating activities was £6,554 million (2023: £6,768 million), including £672 million payments for the *Zantac* settlement. The increase excluding *Zantac* reflected higher Core operating profit, the benefit of Q4 2023 *Arexvy* receivables' collections in Q1 2024, lower pension contributions and lower corporation tax payments, partly offset by the timing impact from lower returns and rebates, including the impact of the removal of the AMP cap, and lower receivables at the end of the year.

Capital expenditure and financial investment

Cash payments for tangible fixed assets amounted to £1,399 million (2023: £1,314 million) and intangible fixed assets amounted to £1,583 million (2023: £1,030 million) and disposals realised £196 million (2023: £40 million). The increase in intangible assets primarily related to acquisitions during the year and an upfront payment to CureVac N.V. for £342 million. Cash payments to acquire equity investments amounted to £103 million (2023: £123 million) and sales of equity investments realised £2,356 million (2023: £1,832 million).

Free cash flow

Free cash flow is the amount of cash generated by the Group after meeting our obligations for contingent consideration, interest, tax and dividends paid to non-controlling interests, and after capital expenditure on property, plant and equipment and intangible assets.

	2024 £m	2023 £m
Free cash inflow	2,863	3,409

Total cash payments to Shionogi in relation to the ViiV Healthcare contingent consideration liability in the year were £1,190 million (2023: £1,106 million), all of which was recognised in cash flows from operating activities. These payments are deductible for tax purposes.

Future cash flow

Over the long term, we expect that future cash generated from operations will be sufficient to fund our operating and debt servicing costs, normal levels of capital expenditure, obligations under existing licensing agreements, expenditure arising from restructuring programmes and other routine outflows including tax, pension contributions and dividends, subject to the ‘Risk Factors’ discussed on pages 277 to 285. We may from time to time have additional demands for finance, such as for acquisitions and share repurchases. We have access to multiple sources of liquidity from short and long-term capital markets and financial institutions for such needs, in addition to the cash flow from operations.

The Group, has in its opinion, sufficient working capital to meet its present requirements.

Please refer to "Group financial review” in the GSK Annual Report on Form 20-F for the year ended 31 December 2023 for a discussion of 2023 financial results compared to 2022.

Group financial review continued

Financial position and resources

	2024 £m	2023 £m
Assets		
Non-current assets		
Property, plant and equipment	9,227	9,020
Right of use assets	846	937
Goodwill	6,982	6,811
Other intangible assets	15,515	14,768
Investments in associates and joint ventures	96	55
Other investments	1,100	1,137
Derivative instruments	1	–
Deferred tax assets	6,757	6,049
Other non-current assets	1,942	1,584
Total non-current assets	42,466	40,361
Current assets		
Inventories	5,669	5,498
Current tax recoverable	489	373
Trade and other receivables	6,836	7,385
Derivative financial instruments	109	130
Current equity investments	–	2,204
Liquid investments	21	42
Cash and cash equivalents	3,870	2,936
Assets held for sale	3	76
Total current assets	16,997	18,644
Total assets	59,463	59,005
Liabilities		
Current liabilities		
Short-term borrowings	(2,349)	(2,813)
Contingent consideration liabilities	(1,172)	(1,053)
Trade and other payables	(15,335)	(15,844)
Derivative financial instruments	(192)	(114)
Current tax payable	(703)	(500)
Short-term provisions	(1,946)	(744)
Total current liabilities	(21,697)	(21,068)
Non-current liabilities		
Long-term borrowings	(14,637)	(15,205)
Corporation tax payable	–	(75)
Deferred tax liabilities	(382)	(311)
Pensions and other post-employment benefits	(1,864)	(2,340)
Other provisions	(589)	(495)
Contingent consideration liabilities	(6,108)	(5,609)
Other non-current liabilities	(1,100)	(1,107)
Total non-current liabilities	(24,680)	(25,142)
Total liabilities	(46,377)	(46,210)
Net assets	13,086	12,795
Total equity	13,086	12,795

Property, plant and equipment

Our business is science-based, technology-intensive and highly regulated by governmental authorities. We allocate significant financial resources to the renewal and maintenance of our property, plant, equipment and vehicles to minimise risks of interruption to production and to ensure compliance with regulatory standards. A number of our processes use hazardous materials.

The total cost of our property, plant and equipment at 31 December 2024 was £19,710 million, with a net book value of £9,227 million. Of this, land and buildings represented £2,766 million,, plant, equipment and vehicles £4,147 million and assets in construction £2,314 million. In 2024, we invested £1,393 million in new property, plant and equipment. This was mainly related to a large number of projects for the renewal, improvement and expansion of facilities at various worldwide sites to support new product development and launches as well as to improve the efficiency of existing supply chains. Property is mainly held freehold. New investment is financed from our liquid resources. At 31 December 2024, we had contractual commitments for future capital expenditure of £754 million. We believe that our property and plant facilities are adequate for our current requirements.

Right of use assets

Right of use assets amounted to £846 million at 31 December 2024 compared with £937 million at 31 December 2023. The decrease in the year primarily reflected depreciation of £211 million, and disposals and impairments amounting to £102 million, partially offset by additions of £230 million.

Goodwill

Goodwill increased to £6,982 million at 31 December 2024, from £6,811 million primarily as a result of £210 million from acquisitions-related transactions, partially offset by exchange rate losses and other small movements of £39 million.

Other intangible assets

Other intangible assets include the cost of intangibles acquired from third parties and computer software. The net book value of other intangible assets as at 31 December 2024 was £15,515 million (2023: £14,768 million). The increase primarily reflected additions, net of disposals and write-offs, of £2,585 million partly offset by impairment losses, net of reversals and amortisation, of £1,771 million and exchange rate losses of £91 million.

Investments in associates and joint ventures

We held investments in associates and joint ventures with a carrying value at 31 December 2024 of £96 million (2023: £55 million). See Note 21, 'Investments in associates and joint ventures' to the financial statements, for more details.

Group financial review continued

Financial position and resources continued

Current equity investments

Current equity investments amounted to £nil at 31 December 2024 (2023: £2,204 million). Current equity investments comprise equity investments which the Group holds with the intention to sell and which it may sell in the short term. Where acquired with this intention, they are measured at fair value through the profit and loss (FVTPL). They are initially recorded at fair value plus transaction costs and then remeasured at subsequent reporting dates to fair value. Unrealised gains and losses are recognised in the income statement. During 2024, the disposal of the remaining Haleon plc shares resulted in gross proceeds of £2,226 million (2023: £1,863 million).

Other investments

At 31 December 2024 we held other investments with a carrying value of £1,100 million (2023: £1,137 million). The most significant investments held at 31 December 2024 were in WAVE Life Sciences Ltd, SR One Capital Fund I-B, LP and Crispr Therapeutics AG. These investments had a fair value at 31 December 2024 of £165 million (2023: £55 million), £135 million (2023: £102 million) and £101 million (2023: : £158 million) respectively. The other investments included equity stakes in companies with which we have research collaborations, and which provide access to biotechnology developments of potential interest and interests in companies that arise from business divestments.

Derivative financial instruments: assets

We held current derivative financial assets at fair value of £109 million (2023: £130 million). The majority of these financial instruments related to foreign exchange contracts both designated and not designated as accounting hedges..

Inventories

Inventories amounted to £5,669 million (2023: £5,498 million) at 31 December 2024.

Trade and other receivables

Trade and other receivables amounted to £6,836 million (2023: £7,385 million) at 31 December 2024. The decrease is mainly driven by lower *Arexvy* sales in the US.

Deferred tax assets

Deferred tax assets amounted to £6,757 million (2023: £6,049 million) at 31 December 2024.

Derivative financial instruments: liabilities

We held current derivative financial liabilities at fair value of £192 million: 2023: £114 million). This is primarily related to foreign exchange contracts both designated and not designated as accounting hedges.

Trade and other payables

At 31 December 2024, trade and other payables were £15,335 million compared with £15,844 million at 31 December 2023. The decrease was primarily driven by lower returns and rebates accruals. See Note 29, 'Trade and other payables' to the financial statements.

Provisions

We carried deferred tax provisions and other short-term and non-current provisions of £2,917 million at 31 December 2024 (2023: £1,550 million). Other provisions at the year-end included £1,446 million (2023: £267 million) related to legal and other disputes, including the *Zantac* settlement, and £273 million (2023: £282 million) related to Major restructuring programmes. Provision has been made for legal and other disputes, indemnified disposal liabilities, employee-related liabilities and the costs of the restructuring programme to the extent that at the balance sheet date a legal or constructive obligation existed and could be reliably estimated.

Pensions and other post-employment benefits

We account for pension and other post-employment arrangements in accordance with IAS 19. The net deficits were £103 million (2023: £763 million) on pension arrangements and £863 million (2023: £943 million) on unfunded post-employment liabilities. See Note 31, 'Pensions and other post-employment benefits' to the financial statements.

Other non-current liabilities

Other non-current liabilities amounted to £1,100 million at 31 December 2024 (2023: £1,107 million).

Contingent consideration liabilities

Contingent consideration amounted to £7,280 million at 31 December 2024 (2023: £6,662 million), of which £6,061 million (2023: £5,718 million) represented the estimated present value of amounts payable to Shionogi relating to ViiV Healthcare, £502 million (2023: £516 million)) represented the estimated present value of contingent consideration payable to the former shareholders of Affinivax and £575 million (2023: £424 million) represented the estimated present value of contingent consideration payable to Novartis related to the Vaccines acquisition.

The liability due to Shionogi was £289 million in respect of preferential dividends. An explanation of the accounting for the non-controlling interests in ViiV Healthcare is set out on page 79.

Of the total contingent consideration payable (on a post-tax basis) at 31 December 2024, £1,127 million (2023: £1,107 million) is expected to be paid within one year to Shionogi. The consideration payable is expected to be paid over a number of years. As a result, the total estimated liabilities are discounted to their present values, on a post-tax basis using post-tax discount rates.

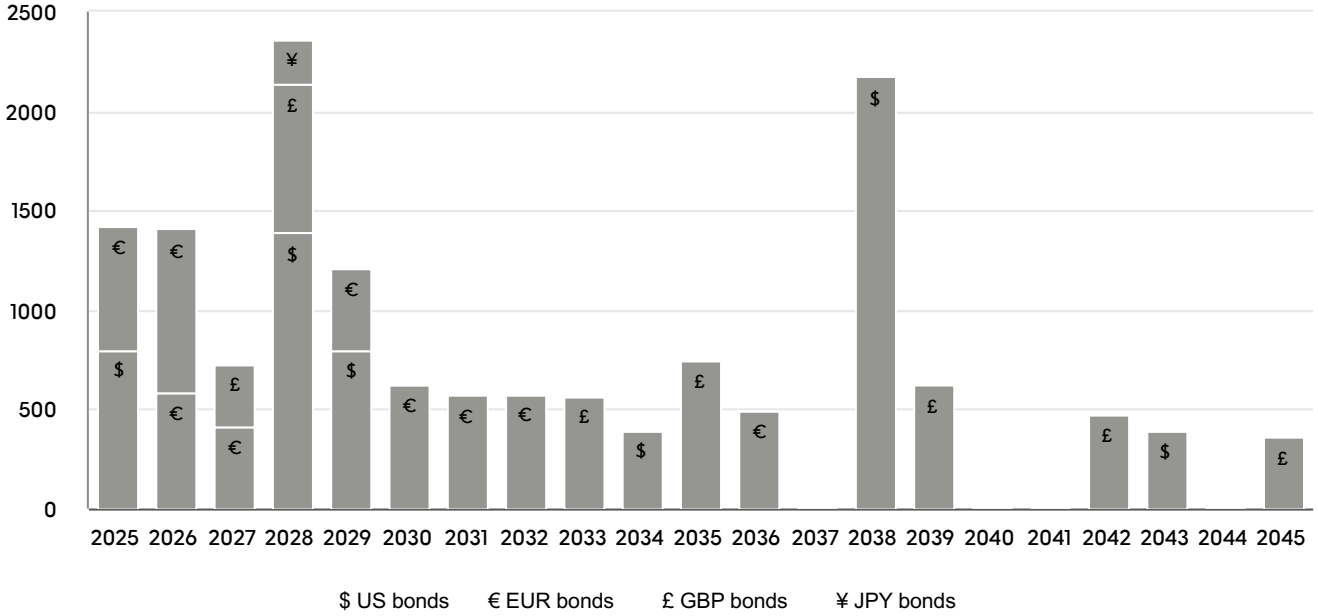
The Shionogi-ViiV Healthcare contingent consideration liability is discounted at 8%, the Affinivax contingent consideration liability is discounted at 9.0%, and the Novartis Vaccines contingent consideration liability is discounted partly at 8.0% and partly at 9.0%.

Group financial review continued

Financial position and resources continued

Maturity profile of bond debt

£m equivalent



Net debt

	2024 £m	2023 £m
Liquid investments	21	42
Cash and cash equivalents	3,870	2,936
Short-term borrowings	(2,349)	(2,813)
Long-term borrowings	(14,637)	(15,205)
Net debt the end of the year	(13,095)	(15,040)

At 31 December 2024, net debt was £13.1 billion, compared with £15.0 billion as at 31 December 2023, comprising gross debt of £17.0 billion and cash and liquid investments of £3.9 billion. Net debt decreased by £1.9 billion primarily due to £2.9 billion net cash inflow, after £0.7 billion of *Zantac* settlement payments, and £2.4 billion proceeds from the disposal of investments, primarily due to sale of the remaining retained stake in Haleon plc. This was partly offset by the net acquisition costs of Aiolos and Elsie Biotechnologies of £0.8 billion and dividends paid to shareholders of £2.4 billion.

At 31 December 2024, GSK had short-term borrowings (including overdrafts and lease liabilities) repayable within 12 months of £2.3 billion and £1.4 billion repayable in the subsequent year.

At 31 December 2024, GSK's cash and liquid investments were held as follows::

	2024 £m	2023 £m
Bank balances and deposits	2,590	1,942
US Treasury and Treasury repo only money market funds	300	155
Liquidity funds	980	839
Cash and cash equivalents	3,870	2,936
Liquid investments – government securities	21	42
	3,891	2,978

Cash and liquid investments of £3.1 billion (2023:£2.2 billion)) were held centrally at 31 December 2024.

The analysis of cash and gross debt after the effects of hedging is as follows:

	2024 £m	2023 £m
Liquid investments	21	42
Cash and cash equivalents	3,870	2,936
Gross debt – fixed	(16,060)	(16,898)
– floating	(924)	(1,120)
– non-interest bearing	(2)	–
Net debt	(13,095)	(15,040)

Group financial review continued

Financial position and resources continued

Movements in net debt

	2024 £m	2023 £m
Total net debt at beginning of year	(15,040)	(17,197)
Increase/(decrease) in cash and bank overdrafts	599	(468)
Increase/(decrease) in liquid investments	(21)	(72)
Repayment of long-term loans(1)	1,615	2,260
Issue of long-term notes	(1,075)	(223)
Net (increase)/decrease in short-term loans	811	333
Increase in other short-term loans(2)	(266)	–
Repayment of other short-term loans(2)	81	–
Repayment of lease liabilities	226	197
Net investments/(debt) of subsidiary undertakings acquired	–	50
Exchange adjustments	117	554
Other non-cash movements	(142)	(474)
Decrease/(increase) in net debt	1,945	2,157
Total net debt at end of year	(13,095)	(15,040)

(1) Repayment of long-term loans for 2024 of £1,615 million (2023: £2,260 million; 2022: £6,668 million) includes the current portion of long-term borrowings of £1,615 million (2023: £2,116 million; 2022: £5,074 million) which was classified as short term borrowing on the balance sheet and previously presented as repayment of short-term loans.

(2) Other short-term loans include bank loans presented within short-term borrowings on the balance sheet, with an initial maturity of greater than three months.

Total equity

At 31 December 2024, total equity had increased from £12,795 million at 31 December 2023 to £13,086 million.

A summary of the movements in equity is set out below:

	2024 £m	2023 £m
Total equity at beginning of year	12,795	10,096
Total comprehensive income for the year	2,778	4,991
Deconsolidation of former subsidiaries	(2)	–
Dividends to shareholders	(2,444)	(2,247)
Shares issued	20	10
Changes in non-controlling interests	4	–
Hedging gain/loss transferred to non-financial assets	(6)	36
Share-based incentive plans	344	307
Tax on share-based incentive plans	4	7
Contributions from non-controlling interests	9	7
Distributions to non-controlling interests	(416)	(412)
Total equity at end of year	13,086	12,795

Share purchases

At 31 December 2024, GSK held 169.2 million shares as Treasury shares (2023: 197.1 million shares) at a cost of £2,958 million (2023: £3,447 million), which has been deducted from retained earnings.

On 5 February, GSK announced an intention to commence a £2 billion share buyback programme, to be implemented over the next 18 months. The programme commenced on 24 February 2025.

In 2024, 27.8 million Treasury shares were transferred to the Employee Share Ownership Plan (ESOP) Trusts. Shares are held by the Trusts to satisfy future exercises of options and awards under the Group share option and award schemes..

A proportion of the shares held by the Trusts are in respect of awards where the rules of the scheme require GSK to satisfy exercises through market purchases rather than the issue of new shares. The shares held by the Trusts are matched to options and awards granted.

At 31 December 2024, the ESOP Trusts held 64.3 million (2023: 58.8 million) GSK shares against the future exercise of share options and share awards and for the Executive Supplemental Savings plan. The carrying value of £397 million (2023: £288 million) has been deducted from other reserves. The market value of these shares was £866 million (2023: £853 million).

Group financial review continued

Financial position and resources continued

Contractual obligations and commitments

Financial commitments are summarised in Note 36, 'Commitments' and Note 44, ‘Financial instruments and related disclosures’ to the financial statements. The amounts below represent the anticipated undiscounted contractual cash flows for the Group’s key financial commitments.

At 31 December 2024, the Group anticipates gross contractual cash flows of £16 billion for borrowings (excluding interest) of which £2 billion is payable within one year and £14 billion is payable after one year. Total undiscounted interest payable on these loans amounts to £5.2 billion of which £0.5 billion is payable within one year and £4.7 billion is payable after more than one year. Commitments in respect of loans and future interest payable on loans are disclosed before taking into account the effect of derivatives. Refer to Note 44. ‘Financial instruments and related disclosures’ on page 245 for more details.

At 31 December 2024, the Group had intangible assets capital commitments of £19 billion. Of these, £1 billion would fall due within one year and £18 billion would fall due after more than one year. These commitments include milestone payments, which are dependent on successful clinical development or on meeting specified sales targets, and which represent the maximum that would be paid if all milestones, however unlikely, were to be achieved. The amounts are not risk-adjusted or discounted. Refer to Note 36. ‘Commitments’ on page 232 for more details.

At 31 December 2024, the Group anticipates gross contractual cash flows of £1.1 billion for lease liabilities (excluding interest) of which £0.2 billion is payable within one year and £0.9 billion is payable after one year. Total undiscounted interest payable on lease liabilities amounts to £0.2 billion, most of which is payable after more than one year. Refer to Note 44. ‘Financial instruments and related disclosures’ on page 261 for more details.

At 31 December 2024, the Group had property, plant and equipment capital commitments of £0.8 billion of which £0.5 billion is payable within one year and £0.3 billion is payable after one year. Refer to Note 36. ‘Commitments’ on page 232 for more details.

At 31 December 2024, the Group had £0.2 billion of investment commitments of which £0.1 billion is payable within one year and £0.1 billion is payable after one year.

Contingent liabilities

Other contingent liabilities are set out in Note 35, 'Contingent liabilities' to the financial statements.

The following table sets out contingent liabilities, comprising guarantees and other items arising in the normal course of business, and when they are expected to expire.

	Total	Under 1 yr	1-3 yrs	3-5 yrs	5 yrs+
	£m	£m	£m	£m	£m
Guarantees	6	4.0	1.0	–	1.0
Other contingent liabilities	20	–	3.0	9.0	8.0
Total	26	4.0	4.0	9.0	9.0

In the normal course of business, we have provided various indemnification guarantees in respect of business disposals in which legal and other disputes have subsequently arisen.

A provision is made where an outflow of resources is considered probable and a reliable estimate can be made of the likely outcome of the dispute and this is included in Note 32, 'Other provisions' to the financial statements.

We provide for the outcome of tax, legal and other disputes when an outflow of resources is considered probable and a reliable estimate of the outflow may be made. At 31 December 2024, other than for those disputes where provision has been made, it was not possible to make a reliable estimate of the potential outflow of funds that might be required to settle disputes where the possibility of there being an outflow was more than remote.

The ultimate liability for such matters may vary significantly from the amounts provided and is dependent upon negotiations with the relevant tax authorities and the outcome of litigation proceedings, where relevant. This is discussed further in ‘Risk factors’ on pages 277 to 285 and Note 47, 'Legal proceedings' to the financial statements.

Approach to tax

Business makes a major contribution to the public purse through its tax contribution. This includes direct taxes (such as corporate income tax) and indirect taxes (such as VAT, environmental taxes and customs duties) as well as other taxes (such as employment taxes and property taxes). It is therefore important that companies explain their approach to tax. This helps inform dialogue about tax and tax policy.

We are supportive of efforts to ensure companies are appropriately transparent about how their tax affairs are managed. To this end, our Tax Strategy is set out in detail within the Public policies section of our website and we regularly engage in discussions with stakeholders who are keen to understand our tax profile and our approach to tax.

We support the exchange of country-by-country reporting (CBCR) data between tax authorities as, validated against existing information held on taxpayers, it will support their ability to ensure multinational groups pay the right amount of tax in the right places. Our published Tax Strategy includes a summary of our country-by-country reporting (CBCR) data.

As a global biopharmaceutical company, we have a substantial business and employment presence in many countries around the world and pay a significant amount of tax. This includes corporate income tax and other business taxes, and tax associated with our employees. We also collect a significant amount of tax on behalf of governments, such as income tax from payments to our employees and VAT along our supply chain. Further information in relation to GSK's total tax contribution, giving a better reflection of our overall fiscal contribution in a particular country, can be found in our published Tax Strategy.

We are subject to taxation throughout our supply chain. The worldwide nature of our operations means that our cross-border supply routes, necessary to ensure supplies of medicines into numerous countries, can result in conflicting claims from tax authorities as to the profits to be taxed in individual countries. This can lead to double taxation (with profits taxed in more than one country).

To mitigate the risk of double taxation, profits are recognised in territories by reference to the activities performed there and the value they generate. To ensure the profits recognised in jurisdictions are aligned to the activity undertaken there, and in line with current OECD guidelines, we base our transfer pricing policy on the arm's length principle and support our transfer prices with economic analysis and reports.

We do not engage in artificial tax arrangements – those without business or commercial substance. We do not seek to avoid tax by the use of 'tax havens' or transactions we would not fully disclose to a tax authority. We have a zero-tolerance approach to tax evasion and the facilitation of tax evasion.

Tax risk in all countries in which we operate is managed through robust internal policies, processes, training and compliance programmes. Our Board of Directors, supported by the Audit & Risk Committee (ARC), are responsible for approving our tax policies and risk management arrangements as part of our wider risk management and internal control framework. Our Risk Oversight and Compliance Council (ROCC) and the Audit and Assurance function help the ARC oversee tax risks and the strategies used to address them.

We seek to maintain open and constructive relationships with tax authorities worldwide, meeting regularly to discuss our tax affairs and real time business updates wherever possible to support their work and help manage tax risk in accordance with our framework.

We monitor government debate on tax policy in our key jurisdictions so that we can understand and share an informed point of view regarding any potential future changes in tax law, in support of a transparent and sustainable tax system. Where relevant, we provide pragmatic and constructive business input to tax policy makers either directly or through industry trade bodies, to help inform reforms that support economic growth and job creation.

In 2024, the Group corporate tax charge was £526 million (2023: £756 million) on profits before tax of £3,477 million (2023: £6,064 million) representing an effective tax rate of 15.1% (2023: 12.5%). We made cash tax payments of £1,307 million in the year (2023: £1,328 million). In addition to the taxes we pay on our profits, we pay duties, levies, transactional and employment taxes.

The Group's Total tax rate for 2024 of 15.1% (2023: 12.5%) was lower than the Core tax rate reflecting the different tax effects of various Adjusting items, including the impact of amortisation and impairments of intangible assets at higher tax rates and the impact of the *Zantac* settlement.

Our Core tax rate for 2024 was 17% (2023: 15.5%). The rate continues to benefit from innovation incentives available in key territories in which we operate, such as the UK and Belgium Patent Box regimes, albeit at a reduced level following introduction of global minimum corporate tax rate provisions, in line with the OECD's Pillar 2 model rules, with effect from 1 January 2024.

Further details about our corporate tax charges for the year are set out in Note 14 'Taxation' to the financial statements.

Group financial review continued

Treasury policies

We report in Sterling and pay dividends out of Sterling cash flows. The role of Treasury is to monitor and manage the Group's external and internal funding requirements and financial risks in support of our strategic objectives. GSK operates on a global basis, primarily through subsidiary companies, and we manage our capital to ensure that our subsidiaries are able to operate as going concerns and to optimise returns to shareholders through an appropriate balance of debt and equity. Treasury activities are governed by policies approved annually by the Board of Directors, and most recently on 10 October 2024. A Treasury Management Group (TMG) meeting, chaired by our Chief Financial Officer, takes place on a regular basis to review Treasury activities. Its members receive management information relating to these activities.

Treasury operations

The objective of GSK's Treasury activities is to minimise the post-tax net cost of financial operations and reduce its volatility in order to benefit earnings and cash flows. GSK uses a variety of financial instruments to finance its operations and derivative financial instruments to manage market risks from these operations. Derivatives principally comprise foreign exchange forward contracts and swaps which are used to swap borrowings and liquid assets into currencies required for Group purposes, as well as interest rate swaps which are used to manage exposure to financial risks from changes in interest rates.

Derivatives are used exclusively for hedging purposes in relation to underlying business activities and not as trading or speculative instruments.

Capital management

GSK's financial strategy, implemented through the Group's financial architecture, supports GSK's strategic priorities and is regularly reviewed by the Board. We manage the capital structure of the Group through an appropriate mix of debt and equity. We continue to manage our financial policies to a credit profile that particularly targets ratings of at least A2/A (Moody's/S&P), through the cycle.

Liquidity risk management

GSK's policy is to borrow centrally in order to meet anticipated funding requirements. Our cash flow forecasts and funding requirements are monitored by the TMG on a regular basis. Our strategy is to diversify liquidity sources using a range of facilities and to maintain broad access to financial markets.

Each day, we sweep cash to or from a number of global subsidiaries to central treasury accounts for liquidity management purposes.

Interest rate risk management

GSK's objective is to minimise the effective net interest cost and to balance the mix of debt at fixed and floating interest rates over time. The policy on interest rate risk management limits the net amount of floating rate debt to a specific cap, reviewed and agreed no less than annually by the Board.

Foreign exchange risk management

Our objective is to minimise the exposure of overseas operating subsidiaries to transaction risk by matching local currency income with local currency costs where possible. Foreign currency transaction exposures arising on external and internal trade flows are selectively hedged. GSK's internal trading transactions are matched centrally and we manage inter-company payment terms to reduce foreign currency risk. Where possible, we manage the cash surpluses or borrowing requirements of subsidiary companies centrally using forward contracts to hedge future repayments back into the originating currency.

In order to reduce foreign currency translation exposure, we seek to denominate borrowings in the currencies of our principal assets and cash flows. These are primarily denominated in US Dollars, Euros and Sterling.

Borrowings can be swapped into other currencies as required. Borrowings denominated in, or swapped into, foreign currencies that match investments in overseas Group assets may be treated as a hedge against the relevant assets. Forward contracts in major currencies are also used to reduce exposure to the Group's investment in overseas Group assets. The TMG reviews the ratio of borrowings to assets for major currencies regularly.

Commodity risk management

Our objective is to minimise income statement volatility arising from fluctuations in commodity prices, where practical and cost effective to do so. The TMG is authorised to approve the execution of certain financial derivatives to hedge commodity price exposures.

Counterparty risk management

We set global counterparty limits for each of our banking and investment counterparties based on long-term credit ratings from Moody's and Standard & Poor's. Usage of these limits is actively monitored and any breach of these limits would be reported to the Chief Financial Officer immediately.

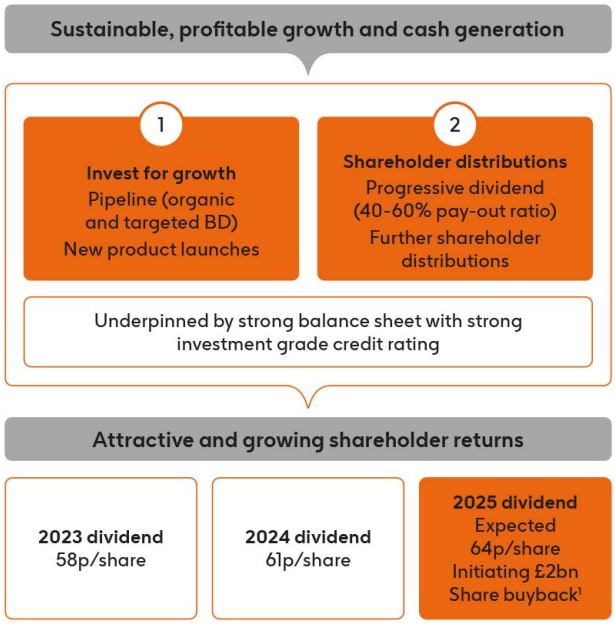
In addition, relationship banks and their credit ratings are reviewed regularly so that, when changes in ratings occur, changes can be made to investment levels or to authority limits as appropriate. All banking counterparty limits are reviewed at least annually.

Group financial review continued

Capital allocation

Capital allocation framework to support investment and returns

Priority is to invest for growth, coupled with attractive shareholder returns



(1) £2bn share buyback programme to be completed over 18 months

Our capital allocation framework to support investment and returns

Our capital allocation framework means our first priority remains to invest in the business, with capital allocated towards development of the pipeline, both organic and targeted business development.

We also remain committed to delivering attractive returns to shareholders and pursuing a progressive dividend policy, guided by a 40 to 60 percent pay-out ratio through the investment cycle. In setting its dividend policy, GSK considers the priorities of the Group and its investment strategy for growth, alongside the sustainability of the dividend.

Consistent with this, and reflecting strong business performance during the year, GSK declared an increased dividend of 61p per share for the full year 2024. The expected dividend for 2025 is 64p.

In the event of surplus cash, the excess would be considered for further returns to shareholders. We remain committed to maintaining a balance sheet with a strong investment grade credit rating.

Given the significant transformation since the demerger, we now have a strong balance sheet, which gives us a high level of flexibility for the acceleration of organic investments and further business development, whilst also enabling a step up in shareholder returns. We expect to augment our dividend with a £2 billion share buyback programme to be completed over the next 18 months.

Critical accounting policies

The Group consolidated financial statements have been prepared in accordance with UK-adopted international accounting standards in conformity with the requirements of the Companies Act 2006 and the International Financial Reporting Standards (IFRS) as issued by the International Accounting Standard Boards (IASB).

We are required to make estimates and assumptions that affect the amounts of assets, liabilities, revenue and expenses reported in the financial statements. Actual amounts and results could differ from those estimates.

The critical accounting policies relate to the following areas:

- Turnover
- Taxation (Note 14)
- Legal and other disputes (Note 47)
- Contingent liabilities (Note 35)
- Pensions and other post-employment benefits (Note 31)
- Impairment of intangible assets (Note 20)

Information on the judgements and estimates made in these areas is given in Note 3, 'Critical accounting judgements and key sources of estimation uncertainty' to the financial statements.

Turnover

In respect of the turnover accounting policy, our largest business is US Commercial Operations, and the US market has the most complex arrangements for rebates, discounts and allowances. The following briefly describes the nature of the arrangements in existence in our US Commercial Operations:

- We have arrangements with certain indirect customers whereby the customer is able to buy products from wholesalers at reduced prices. A chargeback represents the difference between the invoice price to the wholesaler and the indirect customer's contractual discounted price. Accruals for estimating chargebacks are calculated based on the terms of each agreement, historical experience and product growth rates.
- Customer rebates are offered to key managed care and Group Purchasing Organisations and other direct and indirect customers. These arrangements require the customer to achieve certain formulary status, performance targets relating to the value of product purchased or pre-determined market shares relative to competitors. The accrual for customer rebates is estimated based on the specific terms in each agreement, historical experience and product growth rates.
- The US Medicaid programme is a state-administered programme providing assistance to certain poor and vulnerable patients. In 1990, the Medicaid Drug Rebate Program was established to reduce state and federal expenditure on prescription drugs. In 2010, the Patient Protection and Affordable Care Act became law. We participate by providing rebates to states. Accruals for Medicaid rebates are calculated based on the specific terms of the relevant regulations or the Patient Protection and Affordable Care Act.
- Cash discounts are offered to customers to encourage prompt payment. These are accrued for at the time of invoicing and adjusted subsequently to reflect actual experience.
- We record an accrual for estimated sales returns by applying historical experience of customer returns to the amounts invoiced, together with market-related information such as stock levels at wholesalers, anticipated price increases and competitor activity.

A reconciliation of gross turnover to net turnover for US Commercial Operations is as follows:

	2024		2023		2022	
	£m	Margin %	£m	Margin %	£m	Margin %
Gross turnover	30,484	100	32,359	100	29,814	100
Market-driven segments	(7,704)	(25)	(8,874)	(27)	(8,275)	(28)
Government mandated and state programmes	(5,394)	(18)	(6,385)	(20)	(6,218)	(21)
Cash discounts	(502)	(2)	(566)	(2)	(536)	(2)
Customer returns	(272)	(1)	(344)	(1)	(255)	(1)
Prior year adjustments	631	2	591	2	780	3
Other items	(859)	(3)	(961)	(3)	(768)	(2)
Total deductions	(14,100)	(47)	(16,539	(51)	(15,272	(51)
Net turnover	16,384	53	15,820	49	14,542	49

Market-driven segments consist primarily of managed care and Medicare plans with which we negotiate contract pricing that is honoured via rebates and chargebacks. Mandated segments consist primarily of Medicaid and federal government programmes which receive government-mandated pricing via rebates and chargebacks.

Group financial review continued

Critical accounting policies continued

Overall sales deduction as a percentage of sales have decreased year over year in line with our commercial contracting strategy, movement in product mix and steps taken to address removal of the Average Manufacturer Price (AMP) Cap. Deductions within the year were split approximately as follows: General Medicines 61%, Specialty Medicines 28% and Vaccines 11%.

At 31 December 2024, the total accrual for discounts, rebates, allowances and returns for US Commercial Operations amounted to £5,235 million (2023: £5,951 million).
A monthly process is operated to monitor inventory levels at wholesalers for any abnormal movements. This process uses gross sales volumes, prescription volumes based on third-party data sources and information received from key wholesalers. The aim of this is to maintain inventories at a consistent level from year to year based on the pattern of consumption.

On this basis, US Commercial Operations inventory levels at wholesalers and in other distribution channels at 31 December 2024 were estimated to amount to approximately four weeks of turnover. This calculation uses third-party information, the accuracy of which cannot be totally verified, but is believed to be sufficiently reliable for this purpose.

Legal and other disputes

In respect of the accounting policy for legal and other disputes, the following briefly describes the process by which we determine the level of provision that is necessary.

In accordance with the requirements of IAS 37, 'Provisions, contingent liabilities and contingent assets', we provide for anticipated settlement costs where an outflow of resources is considered probable and a reliable estimate may be made of the likely outcome of the dispute and legal and other expenses arising from claims against the Group.

We may become involved in significant legal proceedings, in respect of which it is not possible to meaningfully assess whether the outcome will result in a probable outflow, or to quantify or reliably estimate the liability, if any, that could result from ultimate resolution of the proceedings. In these cases, appropriate disclosure about such cases would be included in the Annual Report, but no provision would be made.

This position could change over time and, therefore, there can be no assurance that any losses that result from the outcome of any legal proceedings will not exceed by a material amount the amount of the provisions reported in the Group's financial statements.

Like many pharmaceutical companies, we are faced with various complex product liability, anti-trust and patent litigation, as well as investigations of our operations conducted by various governmental regulatory agencies. Throughout the year, the General Counsel of the Group, as head of the Group's legal function, supported by the Senior Vice President and Head of Global Litigation for the Group, who is responsible for all litigation and government investigations, routinely brief the Chief Executive Officer, the Chief Financial Officer and the Board of Directors on the significant litigation pending against the Group and governmental investigations of the Group.

These meetings, as appropriate, detail the status of significant litigation and government investigations and review matters such as the number of claims notified to us, information on potential claims not yet notified, assessment of the validity of claims, progress made in settling claims, recent settlement levels and potential reimbursement by insurers.

The meetings also include an assessment of whether or not there is sufficient information available for us to be able to make a reliable estimate of the potential outcomes of the disputes. Often, external counsel assisting us with various litigation matters and investigations will also assist in the briefing of the Board and senior management. Following these discussions, for those matters where it is possible to make a reliable estimate of the amount of a provision, if any, that may be required, the level of provision for legal and other disputes is reviewed and adjusted as appropriate. These matters are discussed further in Note 47, 'Legal proceedings' to the financial statements.

Corporate governance

In this section

The Board

Sir Jonathan Symonds, CBE
Non-Executive Chair

Age: 65
Nationality: British
Appointed: 1 September 2019

(N)

Skills and experience
Jon has extensive international financial, life sciences and governance experience.

Jon served as an Independent Non-Executive Director of HSBC Holdings plc from April 2014 and as Chairman of the Group Audit Committee from 1 September 2014 and Deputy Group Chairman from August 2018, until his retirement from the Board in February 2020. He was previously Chairman of HSBC Bank plc, Chief Financial Officer of Novartis AG, Partner and Managing Director of Goldman Sachs, Chief Financial Officer of AstraZeneca plc, and a Partner at KPMG. Jon was previously a Senior Advisor to Chatham House.

Jon is a Fellow of the Institute of Chartered Accountants in England and Wales, an Honorary Fellow of the Oxford School of Pharmacology, and an Honorary Member of the Academy of Medical Sciences.

External appointments
Non-Executive Director, Genomics England Limited having previously served as its Chairman; Non-Executive Chair, Energy Aspects; Member, European Round Table for Industry; Member, Investor & Issuer Forum (I&IF) Steering Committee.

Dame Emma Walmsley
Chief Executive Officer

Age: 55
Nationality: British
Appointed: 1 January 2017
Chief Executive Officer from 1 April 2017

Skills and experience
Before being appointed as GSK's CEO, Emma was the CEO of GSK Consumer Healthcare, a joint venture between GSK and Novartis, from its creation in March 2015. Emma joined GSK in 2010 from L'Oreal, having worked there for 17 years in a variety of roles in Paris, London, New York and Shanghai. Emma's position as an Independent Director of Microsoft, Inc., further supplements the technology and cyber security experience she brings to the Board.

Emma holds an MA in Classics and Modern Languages from Oxford University.

External appointments
Independent Director, Microsoft, Inc.

Julie Brown
Chief Financial Officer

Age: 62
Nationality: British
Appointed: 1 May 2023

Skills and experience
Julie has an extensive financial and life sciences background, having been the Group CFO of Smith & Nephew from 2013 to 2017 and serving as a Non-Executive Director and Audit Chair of Roche Holding AG from 2016 to 2022. Before this, Julie was Interim Group CFO of AstraZeneca plc, having worked in a wide range of commercial, strategic and financial positions across three continents over a 25 year period. Julie was also Chief Operating Officer and CFO and Executive Director of Burberry Group plc from 2017 to 2023, where her responsibilities included Finance, Transformation, Information Technology and oversight of cyber security, Investor Relations and Sustainability.

Julie is a Fellow of the Institute of Chartered Accountants and the Institute of Tax.

External appointments
Co-Chair, CFO Leadership Network, Accounting for Sustainability (part of the King Charles III Charitable Fund Group of Companies); Patron, Oxford University Women in Business; Non-Executive Director and Chair of the Audit Committee, Diageo plc.

Elizabeth (Liz) McKee Anderson
Independent Non-Executive Director

Age: 67
Nationality: American
Appointed: 1 September 2022

(A) (R)

Skills and experience
Liz brings significant experience in commercial biopharmaceuticals and is a seasoned biotech board member. Her significant experience in commercial biopharmaceuticals, both operationally and at Board level, as well as her deep understanding of the biotechnology sector and application of technology, are invaluable to GSK as a pure biopharma company.

Before her current roles, Liz served as Worldwide Vice President and commercial leader in infectious diseases and vaccines and also for immunology and oncology at Janssen Pharmaceuticals, and as Vice President and General Manager at Wyeth Vaccines. Liz was also previously a Board member of Huntsworth Plc and a Board Member and Chair of the Science, Technology and Investment Committee of Bavarian Nordic A/S. Liz has a degree in Engineering and Technical Management and an MBA in Finance.

External appointments
Board Member, BioMarin Pharmaceutical, Inc; Board Member, Revolution Medicines, Inc; Board Member, Insmed, Inc; Trustee, The Wistar Institute; Director, Aro Biotherapeutics Company, a private company.

Key ● Committee Chair (C) Corporate Responsibility (S) Science (N) Nominations & Corporate Governance (A) Audit & Risk (R) Remuneration

The Board continued

Charles Bancroft
Senior Independent Non-Executive Director

Age: 65
Nationality: American
Appointed: 1 May 2020
Senior Independent Non-Executive Director from 18 July 2022

(A) (N) (R)

Skills and experience
Charlie has a wealth of financial and management experience in global biopharma.

Charlie retired from a successful career at Bristol Myers Squibb (BMS) in March 2020 where he held a number of leadership roles in commercial, strategy and finance. Beginning his career at BMS in 1984, he held positions of increasing responsibility within the finance organisation and had commercial operational responsibility for Latin America, Middle East, Africa, Canada, Japan and several Pacific Rim countries. He was appointed Chief Financial Officer in 2010, Chief Financial Officer and Executive Vice President, Global Business Operations in 2016 and Executive Vice President and Head of Integration and Strategy & Business Development in 2019. As Chief Financial Officer, Charlie had line management responsibility for Information Technology, including cyber security. Charlie successfully steered BMS through a period of strategic transformation, including its $74 billion acquisition of Celgene. Charlie also served as a member of the Board of Colgate-Palmolive Company from 2017 until March 2020.

External appointments
Board Member, Kodiak Sciences Inc; Board Member, BioVector Inc; Advisory Board Member, Drexel University's LeBow College of Business; Advisor, Patent Protection Research.

The Board determined that Charlie has recent and relevant financial experience and agreed that he has the appropriate qualifications and background to be an audit committee financial expert.

Dr Hal Barron
Non-Executive Director

Age: 62
Nationality: American
Appointed: 1 January 2018
Chief Scientific Officer and President, R&D from 1 April 2018
Transitioned to the role of Non-Executive Director on 1 August 2022

(S)

Skills and experience
Hal has had a distinguished career in biosciences, with a strong track record of research and development (R&D). He joined the Board of GSK in 2018 as Chief Scientific Officer and President, R&D, where he brought a new approach to R&D which focused on science related to the immune system, the use of human genetics and advanced technologies to help identify the next generation of transformational medicines. In August 2022, he transitioned to a Non-Independent Non-Executive Director, with additional responsibilities to support R&D.

Before joining GSK, Hal was President, R&D at Calico LLC (California Life Company), an Alphabet-funded company that uses advanced technologies to increase understanding of lifespan biology. Hal was previously Executive Vice President, Head of Global Product Development, and Chief Medical Officer of Roche, responsible for all the products in the combined portfolio of Roche and Genentech. At Genentech, he was Senior Vice President of Development and Chief Medical Officer. Hal was a Non-Executive Director and Chair of the Science & Technology Committee at Juno Therapeutics, Inc until March 2018, when it was acquired by Celgene Corporation. He previously served as a Non-Executive Board Director of GRAIL, Inc and an Advisory Board Member of Verily Life Sciences LLC.

External appointments
CEO and Board Co-Chair, Altos Labs Inc; Associate Adjunct Professor, Epidemiology & Biostatistics, University of California, San Francisco.

Dr Anne Beal
Independent Non-Executive Director

Age: 62
Nationality: American
Appointed: 6 May 2021

(C) (N) (R)

Skills and experience
Anne brings extensive healthcare experience to the Board as a physician and entrepreneur combined with a passion for patient advocacy. She is a recognised health policy expert in the development of global and national programmes for improving healthcare access for all patient groups and in ensuring the voice of patients is reflected in research programmes.

Prior to her current roles, Anne spent six years at Harvard Medical School and Massachusetts General Hospital, where she was an instructor in paediatrics. She has also held leadership roles at the Commonwealth Fund and the Aetna Foundation. Anne was previously Deputy Executive Director and Chief Engagement Officer for The Patient-Centered Outcomes Research Institute in the US and Chief Patient Officer and Global Head of Patient Solutions at Sanofi. In addition, Anne was previously a member of the Board of Academy Health.

External appointments
Founder and CEO, AbsoluteJOI Skincare; Board Member, Prolacta Bioscience; Board Member, Omada Health, Inc; Member of Board of Trustees, Brown University.

Key ● Committee Chair (C) Corporate Responsibility (S) Science (N) Nominations & Corporate Governance (A) Audit & Risk (R) Remuneration

The Board continued

Wendy Becker
Independent Non-Executive Director

Age: 59
Nationality: American
Appointed: 1 October 2023

(R) (A) (N) (C)

Skills and experience
Wendy is a highly experienced Non-Executive Director and has held significant leadership positions in a wide range of global businesses in public, private and non-profit sectors. She possesses a wealth of strategic and consumer marketing expertise in particular across the technology and life sciences sectors.

Wendy has strong executive management experience, having been Chief Executive Officer at Jack Wills Limited, Group Chief Marketing Officer at Vodafone Group plc and Partner at McKinsey & Company. Wendy's interest in science, healthcare and medical research dates to her time at McKinsey, where she worked with a range of healthcare clients in the US and Europe. This was furthered during the years that she served on the Board of Cancer Research UK. More recently, Wendy spent time as a Non-Executive Director of NHS England and as Chair of the British Heart Foundation.

Wendy has held several Non-Executive Director roles, amongst others, as Chair of the Remuneration Committees of Great Portland Estates plc and Ocado Group plc, a member of the Remuneration and Audit Committees of Whitbread plc and Senior Independent Director and Chair of the Remuneration Committee of Oxford Nanopore Technologies plc.

Through her current and prior roles in technology companies, Wendy adds to the Board's experience in cyber security.

External appointments
Chair of Logitech International S.A.; Vice Chair of the Board and Chair of the Compensation Committee, Sony Group Corporation; Member of the governing bodies of the University of Oxford; Trustee, University of Oxford.

Dr Harry (Hal) C Dietz
Independent Non-Executive Director and Scientific & Medical Expert

Age: 66
Nationality: American
Appointed: 1 January 2022

(S)

Skills and experience
Hal brings extensive experience in the field of human genetics which is central to GSK's approach to R&D. He is a former President of the American Society of Human Genetics and is recognised as the world's leading authority on the genetic disorder known as Marfan Syndrome. He also brings experience in developing novel therapies, particularly in relation to disease-modifying treatments for fibrotic and neurodegenerative diseases. In total, Hal has authored 282 original publications in peer-reviewed journals during his career.

As a physician scientist, he has dedicated his entire career to the care and study of individuals with heritable connective tissue disorders with primary perturbations of extracellular matrix homeostasis and function. His lab has identified the genes for many of these conditions, for which he uses model systems to explain disease mechanisms.

Hal has received many prestigious awards including the Curt Stern Award from the American Society of Human Genetics, the Colonel Harland Sanders Lifetime Achievement Award in Medical Genetics, the Taubman Prize for excellence in translational medical science, the Harrington Prize from the American Society for Clinical Investigation and the Harrington Discovery Institute, the Pasarow Award in Cardiovascular Research, the InBev-Baillet Latour Health Prize from Belgium, and the Research Achievement Award from the American Heart Association.

He is an inductee of the American Society for Clinical Investigation, the American Association for the Advancement of Science, the Association of American Physicians, the National Academy of Medicine, and the National Academy of Sciences. Hal was previously an Investigator at the Howard Hughes Medical Institute.

External appointments
Victor A. McKusick Professor of Paediatrics, Medicine, and Molecular Biology & Genetics in the Department of Genetic Medicine, The Johns Hopkins University School of Medicine; Non-Executive Board Director, Altius Institute for Biomedical Sciences; Independent Chair, GSK's Human Genetics Scientific Advisory Board.

Key ● Committee Chair (C) Corporate Responsibility (S) Science (N) Nominations & Corporate Governance (A) Audit & Risk (R) Remuneration

The Board continued

Dr Jesse Goodman
Independent Non-Executive Director and Scientific & Medical Expert

Age: 73
Nationality: American
Appointed: 1 January 2016

Ⓢ Ⓒ

Skills and experience
Jesse brings scientific and public health expertise to the Board's deliberations. He has a wealth of experience spanning science, medicine, vaccines, regulation and public health, and has a proven record in addressing pressing public health needs in both the academic and federal sectors.

Jesse previously served in senior leadership positions at the US Food and Drug Administration (FDA), including most recently as the FDA's Chief Scientist and previously as Deputy Commissioner for Science and Public Health and as Director of the Center for Biologics Evaluation and Research (CBER).

Jesse played a leadership role in developing the FDA's Regulatory Science and Medical Countermeasures Initiatives and has worked collaboratively with industry, academia, government and global public health and regulatory partners to prepare for and respond to major public health threats, including emerging infectious diseases, disasters and terrorism. He led the FDA's response to West Nile Virus and to the 2009 H1N1 influenza pandemic and served on the Senior Leadership Team for the 2010 White House Medical Countermeasure Review. Jesse was previously a member of both the Scientific Advisory Committee and the Regulatory and Legal Working Group of the Coalition for Epidemic Preparedness Innovations (CEPI). In addition, Jesse was a Board Member of the Scientific Counselors for Infectious Diseases, Centers for Disease Control and Prevention (CDC).

External appointments
Professor of Medicine and Attending Physician, Infectious Diseases, Georgetown University and directs the Georgetown University Center on Medical Product Access, Safety and Stewardship (COMPASS); Board Member (formerly President), United States Pharmacopeia (USP); Board Member, Intellia Therapeutics Inc; Member, US National Academy of Medicine; Board Member, BiomX Inc; Member of Committee on the Evidence Base for Lyme Infection-Associated Chronic Illnesses Treatment, National Academies Sciences Engineering Medicine.

Dr Jeannie Lee
Independent Non-Executive Director and Scientific & Medical Expert

Age: 60
Nationality: American
Appointed: 4 March 2024

Ⓢ Ⓒ

Skills and experience
Jeannie is a pioneer in the field of RNA Biology and its application to drug development and therapeutics. In addition to senior leadership positions held at both Harvard Medical School and the Massachusetts General Hospital, Jeannie co-founded Translate Bio and Fulcrum Therapeutics, two biotech companies specialising in RNA and epigenetic therapies.

Jeannie is a Member of the National Academy of Sciences and the National Academy of Medicine. She is a Harrington Rare Disease Scholar of the Harrington Discovery Institute, a recipient of the Lurie Prize from the Foundation for the National Institutes of Health, an awardee of the Centennial Prize from the Genetics Society of America, the 2010 Molecular Biology Prize and the 2020 Cozzarelli Prize from the National Academy of Sciences, U.S.A, and a Fellow of the American Association for the Advancement of Science. She has also served on the Board of the Genetics Society of America.

External appointments
Endowed Chair of Molecular Biology, Vice Chair of Genetics and Professor of Genetics (& Pathology), Harvard Medical School; Chair of Molecular Biology, Massachusetts General Hospital; Co-Founder and Consultant, Fulcrum Therapeutics; Scientific Advisory Board member, Skyhawk Therapeutics Inc.; Manager and Registered Agent, Pink Onion LLC.

Dr Vishal Sikka
Independent Non-Executive Director

Age: 57
Nationality: American
Appointed: 18 July 2022

Ⓒ

Skills and experience
Vishal has a distinguished background in technology, particularly in Artificial Intelligence (AI) and Machine Learning (ML), which are central to GSK's approach to R&D. He also brings a deep understanding of cyber security to the Board. He is the founder and CEO of Vianai Systems, Inc, a Silicon Valley-based company that provides advanced technological software and services in AI and ML to large enterprises around the world.

Before founding Vianai Systems in 2019, Vishal served as CEO of Infosys Limited, where he led an innovative strategy to help clients renew existing IT landscapes, using AI/automation, design thinking and next-generation technologies to transform customer experiences. He also served as a member of the Executive Board of SAP SE, prior to which he was its Chief Technology Officer, and also as a Board Member of Oracle Corporation. Vishal has a PhD in AI from Stanford University and has co-authored several research abstracts related to AI, technology and database management.

External appointments
Founder and CEO, Vianai Systems, Inc; Member, Supervisory Board, BMW AG; Member of the Advisory Board of Stanford University's AI Center (Institute for Human-Centered Artificial Intelligence).

Key ● Committee Chair Ⓒ Corporate Responsibility Ⓢ Science Ⓝ Nominations & Corporate Governance Ⓐ Audit & Risk Ⓡ Remuneration

Directors departing during 2024

Urs Rohner	1 January 2015 to 8 May 2024	Retired from the company on 8 May 2024

Independence statement

The Board considers all its Non-Executive Directors who are identified above – except Dr Hal Barron – to be independent after being assessed against Provision 10 of the Financial Reporting Council's UK Corporate Governance Code. Dr Jesse Goodman reached nine years of service and will step down from the Board at the 2025 AGM as planned. He continues to demonstrate all the characteristics of independence expected by the Board in carrying out his role as a Director.

GSK Leadership Team (GLT)

	Skills and experience
Emma Walmsley Chief Executive Officer	Emma joined GSK in 2010 and the GLT in 2011. See Board biographies on pages 104 to 107.
Julie Brown Chief Financial Officer	Julie joined GSK and the GLT in 2023. See Board biographies on pages 104 to 107.
Diana Conrad Chief People Officer	Diana was appointed Chief People Officer and member of the GLT in April 2019. She was previously Senior Vice President, HR, Pharmaceuticals R&D from 2016 where she played a key strategic role as leader of the R&D people and culture agenda to support its transformation. Diana joined GSK Canada's HR team in 2000 where she held several roles of increasing responsibility before becoming Senior Vice President, HR for Consumer Healthcare in 2009. Prior to joining GSK, she held HR roles in companies including GE Capital, Gennum Corporation and Zenon Environmental Laboratories. Diana has an Honours Bachelor of Arts from McMaster University in Canada.
James Ford SVP & Group General Counsel, Legal and Compliance	James joined the GLT in 2018, when he was appointed Senior Vice President and Group General Counsel, later taking responsibility for Compliance, Corporate Security and Investigations in 2021. He joined GSK in 1995 and has served as General Counsel Consumer Healthcare, General Counsel Global Pharmaceuticals, Vice President of Corporate Legal and was Acting Head of Global Ethics and Compliance. Prior to GSK, James was a solicitor at Clifford Chance and DLA. He holds a law degree from the University of East Anglia and a Diploma in Competition Law from King's College. He is qualified as a solicitor in England and Wales and is an attorney at the New York State Bar. James is based in London and has practised law and lived in the US, Singapore and Hong Kong. James was co-chair of the US-based Civil Justice Reform Group 2019-2022, and is a director of the European General Counsel Association and the Association of Corporate Counsel.
Sally Jackson SVP, Global Communications and CEO Office	Sally joined the GLT in March 2019 as Senior Vice President, Global Communications and CEO Office. She leads our Communications and Government Affairs function globally and is also the CEO's Chief of Staff. Prior to this, Sally was Senior Vice President, Office of the CEO and CFO and she previously served as Head of Investor Relations. She joined GSK in 2001. Sally holds a degree in Natural Sciences from the University of Cambridge.
Luke Miels Chief Commercial Officer	Luke joined GSK and the GLT in 2017. As Chief Commercial Officer he is responsible for our commercial portfolio of medicines and vaccines. Luke also co-chairs the Portfolio Investment Board with Tony Wood and is a member of the ViiV Healthcare Board. Outside of GSK, Luke is a member of the Singapore Economic Development Board. He previously worked for AstraZeneca as Executive Vice President of their European business and, prior to that, was Executive Vice President of Global Product and Portfolio Strategy, Global Medical Affairs and Corporate Affairs. Before that, he was head of Asia for Roche, based in Shanghai and then Singapore. Prior to that he held roles of increasing seniority at Roche, Sanofi-Aventis and AstraZeneca in the US, Europe and Asia. Luke holds a Bachelor of Science degree in Biology from Flinders University in Adelaide and a MBA from the Macquarie University, Sydney.
Shobie Ramakrishnan Chief Digital and Technology Officer	Shobie joined the GLT in 2021. As Chief Digital and Technology Officer, she is responsible for Technology and Cyber Security at GSK. She joined GSK in 2018 as CDTO for GSK's Commercial business and has deep and broad experience in both biotech and hi-tech companies. Prior to GSK, Shobie held senior technology leadership roles in organisations including AstraZeneca, Salesforce, Genentech and Roche. She is Board Member Emeritus at SustainableIT.org and was formerly a member of the board of directors at Remediant. Outside of GSK, Shobie is a Non-Executive Director at Deliveroo. Shobie holds a Bachelor's degree in Electronics Engineering from Vellore Institute of Technology, University of Madras, India.

GSK Leadership Team (GLT) continued

	Skills and experience
David Redfern President, Corporate Development	David joined the GLT as Chief Strategy Officer in 2008 and is responsible for corporate development and strategic planning. Previously, he was Senior Vice President, Northern Europe with responsibility for GSK's pharmaceutical businesses in that region and, before that, he was Senior Vice President for Central and Eastern Europe. He joined GSK in 1994. David was appointed Chairman of the Board of ViiV Healthcare Limited in 2011 and a Non-Executive Director of the Aspen Pharmacare Holdings Limited Board in 2015. He has a Bachelor of Science degree from Bristol University and is a Chartered Accountant.
Regis Simard President, Global Supply Chain	Regis joined the GLT in 2018, when he became President, Pharmaceuticals Supply Chain. He is responsible for the manufacturing and supply of GSK's medicines and vaccines. In addition, he leads Quality and Environment, Health, Safety and Sustainability at a corporate level. Regis joined GSK in 2005 as a Site Director in France, rising to become Senior Vice President of Global Pharmaceuticals Manufacturing before his current role. Previously, he held senior positions at Sony, Konica Minolta and Tyco Healthcare. He is a member of the Board of ViiV Healthcare. He is a mechanical engineer and holds an MBA.
Phil Thomson President, Global Affairs	Phil joined the GLT in 2011. He was appointed President, Global Affairs in 2017, and has responsibility for the Group's strategic approach to stakeholder engagement, reputation and policy development. Previously, Phil was Senior Vice President, Communications and Government Affairs. He joined Glaxo Wellcome as a commercial trainee in 1996. Phil holds a degree in English, History and Russian Studies from Durham University.
Deborah Waterhouse CEO, ViiV Healthcare and President, GSK Global Health	Deborah was appointed to the GLT in January 2020. She became Chief Executive Officer of ViiV Healthcare in April 2017. In addition to ViiV, Deborah also leads GSK's Global Health organisation. Deborah joined GSK in 1996 and, prior to ViiV, was the Senior Vice President of Primary Care within GSK's US business. She has a strong track record of performance in both specialty and primary care. Deborah led the HIV business in the UK before heading the HIV Centre of Excellence for Pharma Europe and held roles as General Manager of Australia and New Zealand and Senior Vice President for Central and Eastern Europe. Deborah is a Non-Executive Director of Schroders plc and holds a degree in Economic History and English Literature from Liverpool University.
Tony Wood Chief Scientific Officer	Tony was appointed Chief Scientific Officer (CSO), Head of R&D and a member of GLT on 1 August 2022, following his appointment as CSO designate on 19 January 2022. He joined GSK from Pfizer in 2017 as Senior Vice President, Medicinal Science and Technology, responsible for all science and technology platforms driving the delivery of new innovation. Tony has led large-scale global organisations in drug discovery and development in multiple therapeutic areas, including immunology, oncology and infectious diseases. During his time at Pfizer, Tony was responsible for the invention of a new antiretroviral medication used to treat HIV infection. He is a Fellow of the Academy of Medical Sciences, an Honorary Fellow of the Royal Society of Chemistry (RSC), the highest honour given by the RSC, and a Fellow of the Royal Society of Biology. Tony has a BSc in chemistry and PhD in organic synthesis from the University of Newcastle, and was a postdoctoral fellow at Imperial College, London. He is also currently a visiting professor at IMCM Oxford.

GLT members departing during 2024

There were no changes to the composition of the GLT during 2024.

Chair's governance statement

The primary focus of the Board's work in 2024 was on building confidence in the growth strategy to 2031. In 2025, the Board will spend significantly more time on the period beyond 2031 and the advanced technologies that will shape the industry

Sir Jonathan Symonds, Chair

Board evolution

The Board is now three years into GSK's transition as a pure biopharma company. Each of my Board colleagues now brings unique expertise and experience, contributing to the collective strength of the Board's scientific and technological capabilities to oversee, support and challenge delivery of our strategy and its underlying value proposition.

We now have the right balance of skills, background and knowledge to equip us to challenge and support GSK's leadership team on performance. Board discussions are richer and have increased intensity with every Board member contributing based on their specialist areas of knowledge. Our discussions focus on delivering our strategy and value creation, whilst driving sustained value for patients, healthcare systems and society at large.

Board changes

Given the appointments made in recent years, I am pleased to report that looking forward we have reached a period of stability in the Board's membership. I reported last year that Urs Rohner would step down at the AGM and be succeeded by Wendy Becker. I set out in last year's report the process we followed for Wendy's selection and appointment.

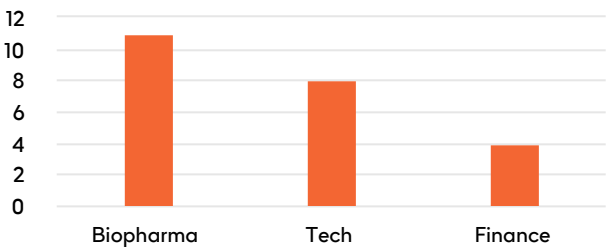
The Nominations & Corporate Governance Committee has since undertaken two further search processes in collaboration with the Science Committee to refresh the Board's scientific expertise. These follow the departure of Dr Laurie Glimcher from the Board in October 2022 and in anticipation of Dr Jesse Goodman retiring from the Board after nine years' service in May 2025.

We were pleased to announce the appointment of Dr Jeannie Lee in March last year. In addition, Dr Gavin Screaton will join the Board in May, as Jesse retires. They both bring expertise in key parts of our R&D approach.

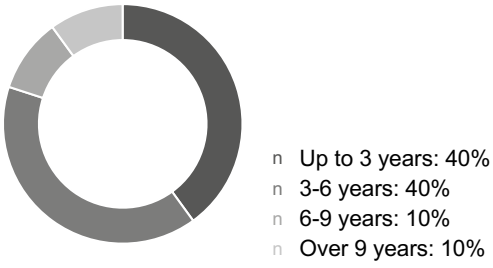
Jeannie is Vice Chair of the Department of Genetics at Harvard Medical School. She has brought her deep expertise in scientific and medical innovation, including in the field of RNA biology and epigenetics.

Gavin is a prominent figure in the field of immunology and infectious diseases. He is Head of the Medical Sciences Division at the University of Oxford, one of the world's leading academic research centres. Gavin's work extends to other critical infectious diseases, including HIV, SARS, and COVID-19, where his research has influenced treatment and prevention strategies worldwide.

Board industry experience



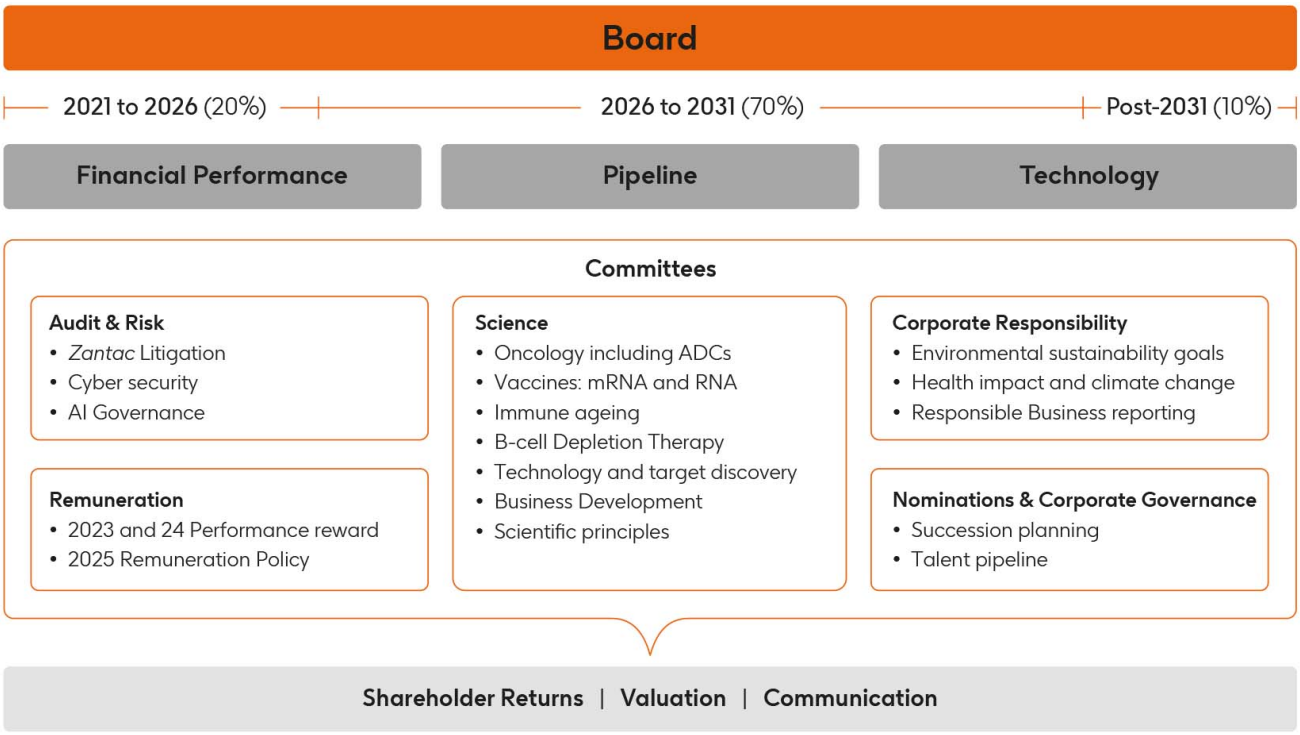
Non-Executive Director tenure



Chair's governance statement continued

Board focus in 2024

The Board, both individually and collectively, has been deeply committed to driving forward GSK's purpose, strategy and culture to support the creation of long-term shareholder value. During the year, the Board's priorities and time was broadly focused as follows:



GSK is continuing to deliver meaningful and consistent performance improvements. This needs to be sustained through effective capital allocation and thoughtful strategic choices. The Board and management's agendas are completely aligned with a clear focus on the three time periods that management communicates on – financial performance to 2026, pipeline progress and business development to support the growth ambitions to 2031, and the science and technologies that support the long-term growth of the business beyond 2031.

The primary focus of the Board's work in 2024 was on building confidence in growth to 2031. In 2025, the Board will spend significantly more time on the period beyond 2031 and the advanced technologies that will shape the industry.

The Board remains extremely focused on disciplined allocation of capital. The Board reviewed all of the strategies and priorities prior to updates provided to the market. Our first priority for capital remains to invest in growth in R&D. The growth strategy, the launch of a share buyback programme and the increased dividend expectations provided with the 2024 annual results were reviewed extensively in the second half of the year, along with GSK's longer-term strategic plan. This followed the Board, the Audit & Risk Committee and management's significant work in reducing the unnecessary exposures for the company and shareholders in respect of the *Zantac* litigation. The retirement of the *Zantac* risk, through the settlement of the vast majority of the cases in the US, was an important step.

Targeted business development remains a key priority. The Board and Science Committee worked alongside Emma and the management team to understand the scientific rationale, competitiveness of the assets under consideration, and the potential returns and value creation. This was a significant activity in 2024.

Board visits are an important element of our Board programme. In March, the Board had a three-day immersion in our HIV franchise with a visit to ViiV's hub in North Carolina, US. This provided an opportunity to ensure that the Board has a deeper understanding of the future prospects of the HIV business. The meetings involved a panel discussion with key external stakeholders from the HIV community, together with meetings with the ViiV management team and its key talent. It then concluded with a poster session with the R&D team in their lab to review the HIV pipeline and ongoing projects. In March this year, the Board will hold its meeting in Philadelphia, US, for an immersion in Oncology.

Chair's governance statement continued

R&D progress and technology

The longer-term future of the company will come from deep sustainable productivity of internally and externally sourced R&D and from our investment in technology. We continue to focus on the significant opportunities that can come from AI/ML, which continues to be a theme running through every Board meeting. Indeed, the path we set out on is rooted in our commitment to transform our productivity through the use of technology.Last year's Board's R&D updates centred on Oncology – including ADCs, mRNA and RNA vaccines, immune ageing and B cell depletion. We also reviewed therapy area tech and target discovery. These discussions as always are supported and validated by prior deep dives undertaken by the Science Committee. The Board was also very pleased to track R&D's execution in the late stage pipeline during the year with an exceptional 13 positive phase III clinical trial readouts across Respiratory, Immunology & Inflammation, Oncology, HIV and Infectious Diseases – a record for the company.

The Board continues to embrace the potential of AI/ML in every part of the business. It is crucial to our medium- and long- term success. We draw from the Tech expertise of our Board members, most especially Dr Hal Barron, with his experience at Verily and Google, and Dr Vishal Sikka's tech vantage points and experience.

Our CEO also continues to bring insights from her role at Microsoft, along with my own experience of the use of technology in biotechs and the UK's national genomics programmes. We hold educational briefings on new developments in AI/ML and review cyber and tech incidents in the external environment to seek to ensure GSK's environment continues to safely evolve at pace. Our biggest investment has been in R&D, but every part of GSK now has technology built into its optimisation. Given the importance of Tech it was a specific focus of the CEO's 2024 objectives.

Sir Jonathan Symonds

Chair
25 February 2025

Financial Reporting Council's UK Corporate Governance Code (FRC Code)

Financial experience

In accordance with the FRC Code, the Board determined that Charles Bancroft has recent and relevant financial experience. It also agreed that he has the appropriate qualifications and background to be an audit committee financial expert as defined by the Sarbanes-Oxley Act of 2002, and has determined that he is independent within the meaning of the Securities Exchange Act of 1934, as amended.

Members of the Audit & Risk Committee also have financial and industry experience, details of which can be found in their biographies on pages 104 to 107.

Compliance statement

The Board is pleased to report in 2024 it was in full alignment with the provisions of the FRC Code. The Board's explanation of how the Board considers its workforce engagement arrangements to be effective is set out on page 117.

The Board is also pleased to report that it has consistently applied the principles of the Code, as set out on the pages of this Corporate Governance report. A copy of the FRC Code is available on the FRC's website at www.frc.org.uk.

Corporate governance architecture

Our corporate governance architecture is a framework designed to improve the Board's effectiveness and to support its oversight of the GSK Leadership Team (GLT) as it delivers the company's strategy. This framework continues to evolve to support our infrastructure and priorities as a pure biopharma business. GSK's internal control and risk management arrangements are integral to our overall corporate governance framework and are described on pages 60 to 71 and page 130.

To make sure the framework is as effective as it can be, it:

– has a clear division of responsibilities for individual and collective Board roles, as described on page 114
– distributes workload to Board committees that have the requisite skills and focus
– has highly committed Board Directors who are motivated to carry out their roles and responsibilities for the success of the company

The Nominations & Corporate Governance Committee periodically reviews this architecture and recommends any changes to the Board. In 2024, the Committee undertook such a review of the structure to ensure the Board was operating effectively. Further details and the results of this review are set out on page 122.

Committee roles

Committee	Role and focus	Membership	Committee report on page
Nominations & Corporate Governance	Reviews the structure, size and composition of the Board, including appointment of members to Board committees. Makes recommendations to the Board as appropriate. Plans and assesses orderly succession for Executive and Non-Executive Directors and reviews management's succession plan to ensure its adequacy Is responsible for overseeing, monitoring and making recommendations to the Board on corporate governance arrangements. Reviews Board and GLT conflicts of interest	Sir Jonathan Symonds (Chair) Charles Bancroft Dr Anne Beal Wendy Becker Dr Hal Dietz	122-123
Science	Supports the Board in its understanding of business development transactions and the key strategic themes on which the company's R&D strategy is based, by reviewing underlying scientific assumptions in detail and giving the Board technical assurance. Supports oversight of R&D-related risks	Dr Hal Dietz (Chair) Dr Hal Barron Dr Jesse Goodman Dr Jeannie Lee	124-125
Corporate Responsibility	Considers GSK's Trust priority and has oversight of our Responsible Business approach and strategy, performance and reporting. This reflects the most important issues for responsible and sustainable business growth. Has oversight of the views and interests of our internal and external stakeholders, and reviews issues that could have a serious impact on GSK's business and reputation	Dr Anne Beal (Chair) Wendy Becker Dr Jesse Goodman Dr Jeannie Lee Dr Vishal Sikka	125-126
Audit & Risk	Reviews the financial reporting process, the integrity of the company's financial statements, the external and internal audit process, the system of internal control, and the identification and management of risks such as Information and cyber security, and the company's process for monitoring compliance with laws, regulations and ethical codes of practice Oversees Responsible Business data reporting and assurance. Initiates audit tenders, the selection and appointment of the external auditor, setting the auditor's remuneration and overseeing its work	Charles Bancroft (Chair) Elizabeth McKee Anderson Wendy Becker	127-133
Remuneration	Sets the company's Remuneration policy having regard to GSK's workforce remuneration so that GSK is able to recruit, retain and motivate its executives Regularly reviews the Remuneration policy to make sure that it is consistent with the company's scale and scope of operations, supports the business strategy and growth plans, is aligned to the wider workforce and helps drive the creation of shareholder value (The Chair and the CEO are responsible for evaluating and making recommendations to the Board about remuneration arrangements and policy for the Non-Executive Directors)	Wendy Becker (Chair) Elizabeth McKee Anderson Charles Bancroft Dr Anne Beal	134-174
Chairs'	Acts on behalf of the Board between its scheduled meetings to take decisions on urgent matters in accordance with matters and authority delegated to it by the Board from time to time	Sir Jonathan Symonds (company Chair) Senior Independent Director Board committee Chairs	n/a

Each Board committee has written terms of reference that are approved by the Board and reviewed at least annually to make sure they comply with the latest legal and regulatory requirements and reflect best practice developments. The Terms of reference of each Board committee is available at gsk.com.

Corporate governance architecture continued

Leadership

Chair
Jonathan Symonds

- leads and manages the business of the Board
- provides direction and focus
- makes sure there is a clear structure for the Board and its committees to enable them to operate effectively
- maintains a dialogue with shareholders about the governance of the company
- sets the Board agenda and ensures sufficient time is allocated to promote effective debate and sound decision-making
- makes sure the Board receives accurate, timely and clear information
- meets regularly with each Non-Executive Director to discuss individual contributions, performance and training and development needs
- shares peer feedback as part of the Board evaluation process
- meets regularly with all the Non-Executive Directors independently of the Executive Directors

⊕ The Chair's role description is available at gsk.com

Chief Executive Officer
Emma Walmsley

- manages the Group and its business
- develops the Group's strategic direction for the Board's consideration and approval
- implements the agreed strategy
- is supported by the GLT
- maintains a continuous dialogue with shareholders about the company's performance

⊕ The Chief Executive Officer's role description is available at gsk.com

Independent oversight and rigorous challenge

Senior Independent Non-Executive Director
Charles Bancroft

- acts as a sounding board for the Chair and a trusted intermediary for other Directors
- together with the Non-Executive Directors, leads the annual review of the Chair's performance, taking into account the views of the Executive Directors
- discusses the results of the Chair's effectiveness review with the Chair
- leads the search and appointment process and makes the recommendation to the Board for a new Chair
- acts as an additional point of contact for shareholders and maintains an understanding of their issues and concerns through meetings with shareholders and briefings from the Company Secretary and Investor Relations

⊕ The Senior Independent Non-Executive Director's role description is available at gsk.com

Non-Executive Directors

- provide a strong independent element to the Board
- constructively support and challenge management and scrutinise its performance in achieving agreed deliverables
- shape proposals about strategy and offer specialist advice to management
- each has a letter of appointment setting out the terms and conditions of their directorship
- devote such time as is necessary to properly carry out their duties
- are expected to attend all meetings as required

⊕ The Non-Executive Directors' role description is available at gsk.com

Company Secretary
Victoria Whyte

- secretary to the Board and all Board committees
- supports the Board and Committee Chairs to plan agendas and annual programmes
- ensures information is made available to Board members in a timely fashion
- supports the Chair to design and deliver Board inductions
- coordinates continuing business awareness and training for the Non-Executive Directors
- undertakes internal Board and committee evaluations at the Chair's request
- advises the Directors on Board practice and procedures and corporate governance matters
- chairs the Group's Disclosure Committee
- operates a Board-approved appointments policy that reflects the Board and external appointment requirements of the UK Corporate Governance Code
- is a point of contact for shareholders on all corporate governance matters

Corporate governance architecture continued

2024 Board and committee attendance

	Board	Chairs'	Nominations & Corporate Governance	Science	Corporate Responsibility	Audit & Risk	Remuneration
Total number of routine meetings	6	4	5	3	4	6	4
Current members	Attended	Attended	Attended	Attended	Attended	Attended	Attended
Sir Jonathan Symonds	6	4	5				
Emma Walmsley	6						
Julie Brown	6						
Elizabeth McKee Anderson	6					6	4
Charles Bancroft	6	4	4 (5)			6	4
Dr Hal Barron	6			3			
Dr Anne Beal	5 (6)	3 (4)	4 (5)		4		4
Wendy Becker	6	3 (3)	3 (3)		4	6	4
Dr Hal Dietz	6	4	3 (3)	3			
Dr Jesse Goodman	6			3	4		
Dr Jeannie Lee (joined 4 March 2024)	4 (5)			3	3 (4)		
Dr Vishal Sikka	6				4		
Retired members							
Urs Rohner (until 8 May 2024)	3 (3)	1 (1)	2 (2)			3 (3)	1 (1)
Number of additional meetings	7			8	1	3	1

In agreement with the Chair, Charles Bancroft and Dr Anne Beal missed meetings in December and March 2024 respectively due to extenuating circumstances. Dr Jeannie Lee joined the Board in March 2024. In her first year as a director she was able to attend all meetings, other than the Board's meetings in May 2024 which unfortunately clashed with pre existing external commitments.

For those Directors who served for part of the year, the numbers in brackets show the number of meetings they were eligible to attend. Details of committee members' skills and experience are included in their biographies on pages 104 to 107.

Board appointments policy

All our Non-Executive Directors are expected to devote such time as is necessary for the performance of their duties. Each Director is required to attend a minimum of 75% of scheduled Board and committee meetings. However, we recognise that there may be rare occasions when this is not possible. Special allowance is also given during the first year of Board membership while calendars are aligned.

Our Board Directors' external appointments are governed by a Board-approved policy. External appointments can help Board and GLT members widen their expertise and knowledge, and perform their roles more effectively. When proposing a new Non-Executive Director appointment to the Board for approval, the Board considers the other demands on the individual's time. Before being appointed to the Board, an individual is required to disclose the significant commitments they may have with an indication of the time involved.

The Board considers and approves all additional external appointments for serving Directors, noting the nature of the role and type of organisation, time commitment and any potential conflicts that could arise.

The Company Secretary maintains a register of commitments and potential conflicts. The Board is satisfied that given Directors' other interests, each has sufficient time to carry out their GSK role. Our Executive and Non-Executive Directors may undertake a maximum of one and up to four other listed-company directorships respectively.

Board activities

Engagement > Meeting programme > Decision making > Evaluation

Engagement

Prioritising continuous engagement

Our stakeholders rightly have high expectations of us, and our dynamic operating environment presents many challenges and opportunities. As a Board, we aim to balance our commercial success with our stakeholders' expectations, upholding our reputation, maintaining our licence to operate and building trust. We engage with, or are briefed about, our stakeholders' views to make sure we identify and respond to their expectations effectively and appropriately.

How we engage with our main stakeholder groups – including patients, shareholders, customers and our people – is covered in the pages of the Strategic report.

Patients and our people are the heart of our culture. Our people are accountable for outcomes and committed to doing the right thing. Our culture is described on pages 56 to 58 of the Strategic report.

The influence and importance of different stakeholder groups can vary, depending on the matter being considered. Certain stakeholders' interests can be in conflict, meaning that we, as a Board, need to make balanced judgements.

Continuous stakeholder engagement and feedback helps us identify emerging issues. It also enables us to make decisions in the context of what is relevant and important to each of them.

Our principal Board committees, and the GLT, undertake engagement on the Board's behalf according to their remit. This means that they can build a detailed understanding of how our actions or plans are affecting or might affect stakeholders. These insights are then shared with the Board.

In particular, the Board receives briefings on stakeholders' perspectives from the work of the Corporate Responsibility Committee, which is discussed on pages 125 and 126.

Board members regularly receive:

- the CEO's Board report
- a specific external stakeholder insights report. This provides strategic insights based on an analysis of key developments, achievements and risks affecting our reputation and the perceptions of all our external stakeholders
- a regular investor relations report which summarises investor perceptions
- regular corporate governance, litigation and regulatory updates

The Board also learns of stakeholders' views through:

Engagement and feedback events: such as quarterly investor results calls, the Annual General Meeting, employee survey reports, the Board's workforce engagement activities, and from experts presenting at Board or committee meetings. The Chair also holds regular investor check-in meetings, which the Senior Independent Non-Executive Director, Charles Bancroft, sometimes joins, and is available for individual meetings with investors.

Other opportunities: Board members also receive wider stakeholder views during the annual strategy meeting with the GLT, as part of the yearly review of strategy, budget and planning processes. This also includes a review of specific aspects of the company's policies or strategy. In addition, Board members are encouraged to meet individually with employees, shareholders and other key stakeholders during their induction, and then on an ongoing basis. They are expected to report to the Board on such experiences where relevant and material.

Engaging with our shareholders

As a Board, we aim to directly engage with and be directly accountable to institutional investors and private retail shareholders. We do this in several ways, including regular communications, the Annual Governance Meeting, our Annual General Meeting, and through the work of our Investor Relations team, the Chair, Jonathan Symonds, and our Company Secretary, Victoria Whyte. Our Senior Independent Non-Executive Director, Charles Bancroft, is another point of contact for our shareholders.

Each quarter, our CEO, Emma Walmsley, and CFO, Julie Brown, give results presentations to institutional investors, analysts and the media by webcast. They are also regularly joined by the Chief Scientific Officer, the Chief Commercial Officer, and CEO, ViiV Healthcare and President, Global Health, GSK. They are able to provide investors with more detailed insights into their specific areas of responsibility.

Through regular meetings, Emma and Julie each have an ongoing and active dialogue with institutional shareholders about the company's performance, plans and objectives. In 2024:

- CEO: 69 engagements, representing 36% of the company's issued share capital
- CFO: 134 engagements, comprising 41% of the company's issued share capital

Our Chair maintains a consistent dialogue with shareholders too – including fund and portfolio managers – and regularly engages with governance and sustainability professionals. During 2024, and up to the date of publication of this Annual Report, Jon held over 30 individual meetings with a range of institutional shareholders, and met or corresponded with shareholders which make up approximately 60% of the company's share capital. This enables him to gain a current understanding of shareholders' views, insights and perspectives of the company. He also discusses the continual evolution of the many aspects of Board governance, performance oversight and succession.

Board activities continued

Annual Governance Meeting

We held this year's hybrid meeting in central London at our new HQ. We invited institutional shareholders (representing approximately 60% of our share capital), key investment industry bodies and proxy advisory firms. Approximately 25 representatives of various institutional shareholders and proxy advisers attended the event, comprising around 30% of GSK's share capital.

The meeting is designed to be as interactive as possible. It began with our Chair sharing the Board's priorities and focus for 2024 and beyond, with our Remuneration Committee Chair then giving an update on the initial 2025 Remuneration Policy proposals. Our Chair, Remuneration Committee Chair and our Non-Executive Directors then held an informal and open discussion of those issues on shareholders' minds, which helped foster a richer dialogue.

The key themes covered included the:

- Board's focus on value creation, governance and oversight of strategy
- Board focus areas of 2024
- Initial proposals for the 2025 Remuneration Policy

The meeting was well received and shareholder feedback was shared with the Board.

Annual General Meeting

We were pleased to hold the company's AGM at the Royal Lancaster Hotel in May 2024 for shareholders to attend in-person or virtually (a hybrid meeting). We welcomed 125 shareholders in person and 38 shareholders virtually via the Lumi platform to watch and hear updates from our Chair and the CEO, ask questions and to vote. Our shareholders approved all resolutions, with majorities ranging from 92% to 99%.

Our hybrid AGM this year will be held at a new venue, The Landmark London hotel in Central London, which is located near our new global headquarters. For more details see page 289.

Engaging with our people

We have well-established and strong engagement mechanisms with our employees, which the Board monitors regularly. These engagement mechanisms are described on pages 56 to 58. Four key governance channels help the Board understand what our people are thinking:

- regular Board updates from our Chief People Officer and the CEO on culture and talent (please see pages 56 to 58 for further details on our culture and people)
- feedback from an annual employee engagement survey, including questions on engagement, confidence and inclusivity
- a range of pulse surveys of different-sized employee groups to help check sentiment on a quicker and more frequent basis, and to provide valuable insights on the impact of major initiatives, events or communications and direct engagement by the Board

Workforce engagement: Before the company's demerger, the Board reviewed its formal workforce engagement arrangements. We decided to move from a specific Workforce Engagement Director model and to apply an 'alternative arrangement' to the three methods set out in the FRC Code.

Given that the GSK Board was refreshed in terms of tenure with a renewed purpose and focus as a global biopharma company, we considered at that time the importance of adopting a collective Board engagement model. The Board continues to agree this to be the most effective approach to ensure it hears employees' views directly.

The model operated effectively in 2024 through:

- in-person receptions with local employees during Board site visits, including in Durham (North Carolina, US), Boston (Massachusetts, US) and our new global headquarters in central London
- the Chair's site visits, including to Upper Providence (Pennsylvania, US) and Wavre (Belgium)
- the Chair's attendance at management meetings, including Saudi Arabia and China
- the Chair and Corporate Responsibility Committee Chair organising and attending ongoing meetings with leaders of our employee resource groups to talk about how they experience GSK and to hear their suggestions to further enhance support and ensure that we meet the needs of all our employees to enable them to do their best work for GSK
- a variety of bespoke engagements that have enabled a broad and open dialogue and facilitated first-hand engagement discussions between the Non-Executive Directors and our people individually and as part of small groups, encompassing perspectives on our strategy, purpose and Ahead Together culture

Meeting programme

To work in the most effective way, the Board's annual meeting programme focuses on delivering our short-, medium- and long-term strategy. The Board meeting programme is completely aligned with the Board committees' and management's agendas with a clear focus on these three strategic time periods that we communicate on – financial performance to 2026, pipeline progress and business development to support our growth ambitions to 2031, and the science and technologies that support growth beyond 2031.

During the year, the overriding focus of the Board's work was on building confidence in our growth strategy to 2031. In 2025 the Board will spend increased time on our strategy beyond 2031.

In support of this work, the Board received papers and presentations and discussed progress with management and our people on the key areas of focus set out below. These materials and discussions help the Board make effective decisions, and contribute to its oversight of business performance and ensure good governance.

Areas of focus in 2024	
Execution of long-term strategy	Overseeing GSK as a pure biopharma business and delivery of our 2031 growth strategy and beyond included: – setting and approving the Board's 2024-2025 priorities – scrutinising updates on R&D strategy and progress, and progression of our pipeline – reviewing approach to data technology to accelerate our ambitions – reviewing the critical role and ambitions for our global supply chain – discussing our overall commercial strategy – discussing progress on our AI adoption strategy
Strengthening of business model	Overseeing the fundamentals of commercial execution, cost-base management, capital allocation, pipeline and culture included: – receiving regular reports from the CEO, CFO and CSO including the assessment of delivery of performance targets – assessing the product area strategy reports on Specialty Medicines, General Medicines and Vaccines – increased growth strategy to 2031 and set short-term guidance – reviewing GSK's capital allocation priorities to ensure investment for growth to deliver improved returns for shareholders – instigating a £2 billion share buyback programme – evaluating business development transactions, acquisitions and strategic partnerships with third parties including iDRX, Chimagen Biosciences, Flagship Pioneering, CureVac and Aiolos Bio – scrutinising the Group's financial performance, shareholder value creation and development of Investor Relations Roadmap – reviewing and endorsing approach to concluding *Zantac* litigation – approving the monetisation of the retained shares in Haleon
Enhancing Responsible Business leadership	Overseeing culture and embedding Responsible Business included: – endorsing approach to Double Materiality Assessment reviewed by the Audit & Risk and Corporate Responsibility committees' joint session – approving the Responsible Business Performance Report – reviewing stakeholder perception research
Regular oversight of corporate governance	The Board's programme of governance included: – reviewing the quarterly financial results, dividend proposals, earnings guidance, investor materials, results announcements and 2023 Annual Report and Form 20F, and receiving related reports from the external auditor – setting the annual budget and the forward-looking three-year plan and long-range forecast – conducting an annual review of the enterprise risk responsibility framework and enterprise-wide risks – undertaking an annual Board evaluation and implementing its agreed outcomes – receiving reports on Board committee work and reviewing and continuing to evolve the Board's governance architecture – evaluating the CEO's 2024 performance, and setting her 2025 objectives – reviewing culture, talent and succession plans – engaging with our stakeholders and people to gather and understand their views about our activities, operations and culture – reviewing the employee pulse survey results – receiving reports on wider corporate governance and regulatory developments, and the Company Secretary's report – approving the company's modern slavery statement and gender pay gap positioning

Key decisions

In its decision-making, the Board focuses on GSK's priorities as a pure biopharma company with strong momentum and big ambitions, whilst balancing the interests of our stakeholders. Examples of some of the key decisions taken by either the Board or its Committees to drive our purpose, momentum and strategy include:

Decision	How the Board/Committee regarded stakeholder interests	Stakeholder groups
Upgraded ambition for growth The Board considered upgrades to the long-term ambitions for GSK, through investing for the future and demonstrating belief in the short-, medium, and long-term and delivering attractive returns to shareholders.	In June 2021, GSK articulated to shareholders the growth strategy for the periods to 2026 and 2031. This was updated at the beginning of 2024 Given GSK's continued improved performance and strong momentum as a focused biopharma company in addition to the settlement of the *Zantac* litigation, the Board and Audit & Risk Committee agreed that a further update to investor expectations was appropriate. The second update was announced with the company's 2024 annual results in February 2025 The Board has reviewed with management the product and business forecasts and the gap between the market's view of valuation and our own. The Board discussed with management appropriate presentation of this to the market at a number of meetings throughout the year	Governments and regulators, employees, healthcare providers, patients and investors
Share buyback programme The Board reviewed and approved plans for a £2 billion share buyback programme	The Board reviewed and approved plans for a £2 billion share buyback programme, to be implemented over the next 18 months. The programme commenced on 24 February 2025 with an initial tranche of up to £0.7 billion The priority for capital remains to invest in growth and in R&D. Equally, the Board recognises that the value of GSK shares does not currently reflect its confidence in our growth strategy. The Board was very mindful of this and the need to deliver better shareholder value over the short-, medium- and long-term timeframes. We thought deeply about the gap between the market's view of valuation and our own. Whilst investing in the business will always be the first priority for the use of capital, the Board believes that the balance sheet is now strong enough to support a share buyback. This was intended to be a clear demonstration of the Board's belief in the medium- and long-term growth prospects of GSK Importantly, the company will maintain planned increased levels of investment in R&D, new launches and targeted business development, alongside the share buybacks	Patients, employees and investors
***Zantac* litigation resolution** The Board approved the settlement of the vast majority of *Zantac* litigation cases	The Audit & Risk Committee exercised primary oversight for the *Zantac* litigation, including the related accounting, disclosure and communication assessments. The Board approved the terms of the settlement of 93% (approximately 80,000 cases) of US state court *Zantac* product liability cases for up to $2.2 billion. It also approved a separate settlement to pay a total of $70 million to resolve the separate *Zantac* qui tam complaint. The settlements were agreed with no admission of liability The costs of these settlements were funded through existing resources, with no changes to GSK's growth agenda or investment plans for R&D as a result. The latest status of the *Zantac* litigation is set out in Note 47 to the Financial statements, Legal proceedings	Governments and regulators, employees, patients and investors
Responsible Business reporting The Board endorsed the recommendations of the Audit & Risk and Corporate Responsibility committees to adopt management's proposals regarding the Double Materiality Assessment (DMA) and evolution of Responsible Business reporting	In a joint session, the Audit & Risk and Corporate Responsibility committees reviewed management's roadmap to compliance with the European Union Corporate Sustainability Reporting Directive (CSRD), for inclusion in GSK's 2025 Annual and Responsible Business Performance & Disclosure reports The DMA, which comprised both financial (risks and opportunities) and impact (positive and negative) materiality assessments resulted in the identification of eight subtopics broadly aligned with our six focus areas and our Responsible Business Performance Rating system The committees agreed, and the Board endorsed: – management's assessment of the subtopics identified as being material – the materiality threshold used, based on the assessment of financial and impact materiality – the proposed updates to our Responsible Business reporting strategy, including – the production of a Responsible Business Performance & Disclosure Report	Governments and regulators, employees, patients and investors

Board activities continued

Key decisions continued

Decision	How the Board/Committee regarded stakeholder interests	Stakeholder groups
Data technology and accelerating GSK's ambition The Board reviewed and endorsed plans, including progress made on our AI adoption strategy	The Board reviewed and provided feedback on the technology priority objectives and management's approach to integrating technology into the core of GSK. In particular, AI represented a transformative opportunity for patient and shareholder impact, with a focus on achieving significant breakthroughs in scientific innovation, target identification and accelerating the progress of our pipeline While the opportunities presented by AI are clear and would be progressed at pace, this would need to be balanced against: – People and change: enlisting everyone at GSK in this effort and increasing digital fluency across the company – Data & Trust: meeting and maintaining the highest standards with regard to trust and integrity in how we use and manage data – External healthcare ecosystem: assessing the ecosystem of healthcare providers, payers and regulators for digital opportunities and risks to manage The Audit & Risk Committee also undertook a review of the evolution and operational effectiveness of our AI Governance arrangements	Patients, employees, investors, governments and regulators, healthcare providers, payers
Business development The Science Committee considered the scientific merits of business development opportunities and, where relevant, for late stage assets commercial reviews, prior to the Board's review and approval	The Board, with support from the Science Committee and commercial reviews for late stage assets, reviewed many business development opportunities during the year. Those leading to concluded transactions included: – restructuring of the CureVac collaboration under which GSK has assumed full control of developing and manufacturing candidates for seasonal influenza and COVID-19 in phase II and avian influenza in phase I – acquisition of an investigational T cell-engager from Chimagen Biosciences to expand the immunology pipeline – acquisition of iDRX, including the lead molecule being developed as a first- and-second-line therapy for the treatment of Gastrointestinal Stromal Tumour (GIST) – partnership with Flagship Pioneering to discover novel medicines and vaccines – acquisition of Aiolos Bio, including the phase II-ready long-acting antibody for the treatment of adult patients with asthma and with potential for additional indications These deals were considered in the context of their potential to help us deliver transformational medicines to patients and drive growth by accelerating our pipeline	Patients, employees and investors
Remuneration policy review The Remuneration Committee approved a new 2025 Remuneration policy and performance measures, which is subject to a binding shareholder vote at our 2025 Annual General Meeting	Prior to developing the 2025 Remuneration policy, the Remuneration Committee and Board chairs, on behalf of the Committee: – undertook an extensive consultation process with our major investors, as well as proxy advisers, on the proposed changes – met with the Chief People Officer and HR leads for each area of the business to hear their views on our remuneration arrangements at GSK and wider workforce pay alignment opportunities The Committee then carefully considered the feedback before finalising the Policy. Further details are on pages 134 to 164.	Our people, investors, patients, governments, regulators and proxy advisers

Evaluation

Board performance

The Board evaluates its performance, and that of its committees, every year.

The evaluation is normally carried out externally every third year. The most recent external evaluation was facilitated in 2022 by Jan Hall of No 4, a business advisory company that does not have any other connection with GSK.

The 2024 Board and committee evaluation was conducted internally by the Senior Independent Non-Executive Director (SID), supported by the Company Secretary.

Action points

After due consideration and discussion, the Board noted that the Board had performed well during the year and was continuing to deliver to a new standard. The first phase of GSK's transformation since the demerger had built a foundation of consistent execution and delivery. The Board's priorities, programme and meetings were well targeted and Board materials continued to improve and focus on key areas of discussion. Board discussions were robust and intense.

In terms of evaluating its performance for 2024, the Board's key consideration was that the value of GSK shares does not currently reflect its confidence in GSK's growth strategy. The Non-Executive Directors were very determined that GSK deliver better shareholder value over the short-, medium- and long- term timeframes.

The Board thought deeply about the gap between the market's view of GSK's valuation and its own, during the course of 2024. Whilst the Board was clear that investing in the business will always be the first priority for the use of capital, the balance sheet is now strong enough to support a share buyback. The Board wanted this to be seen as a clear demonstration of its belief in the medium- and long-term growth prospects for GSK.

The Board will continue to review performance in this regard and consider other actions to address the gap if necessary.

In terms of the action points from the 2024 Board evaluation, it was noted that:

- the Board held a deep dive with the Chief People Officer on GSK culture and considered the key elements of GSK's culture training provided to each employee. The Board would continue to be briefed on the evolution of GSK's culture
- Board engagement opportunities with employees were increased and had evolved to provide more focused engagements. In addition, from 2025 the Board will begin engaging more frequently with the participants in GSK's Enterprise Leadership Programme
- the Nominations & Corporate Governance Committee undertook a review of each Board committee's remit and scope to ensure that they remained appropriate. They were then updated to reflect the changes

Board committee evaluations

The review of the Board committees focused on potential opportunities to further support GSK's momentum in its third year as a pure biopharma company, to help remove duplication and support the delivery of the Board's priorities identified for 2025. In addition, each committee reviewed its members' tenure, knowledge, expertise and composition.

Each committee was considered to have operated effectively and the following enhancements were agreed:

Corporate Responsibility Committee: was considered to be performing well despite a challenging external environment. The focus for 2025 would be to ensure that increased monitoring was in place so that GSK was able to respond to the evolving global environment.

Science Committee: would be spending even more time on considering and identifying new science and technology platforms that can continue to drive performance beyond 2030. More time would also be allocated to strategy review discussions and blue sky thinking.

Nominations & Corporate Governance Committee's: primary focus had resulted in the identification of excellent new Board members. Consideration would be given to creating time to identify expertise needed for the future to accelerate what comes next. Consideration would also be given to further map the potential routes for securing new Board members with scientific experience in the future. The Committee would continue to ensure that its succession planning work was regularly refreshed.

Audit & Risk Committee's: continued progress had been made in streamlining Committee materials. It was agreed that this should continue to be an objective. Opportunities would be sought to create more time for the consideration and discussion of risk.

Remuneration Committee: was considered to be performing well despite a challenging environment. The focus for 2025 would be to finalise the Remuneration Policy for approval at the company's AGM. The Committee would continue to balance, understand and navigate shareholder views and positions on remuneration across the globe to ensure that GSK's remuneration policy could be as competitive as possible to retain and recruit the talent needed for successful strategy delivery. The Committee wanted to continue to track the wider group's philosophy on remuneration with a view that GSK could be competitive in protecting and rewarding talent. Opportunities to further streamline routine papers for the Committee would also be explored.

Chair's evaluation

The SID carried out the Chair's evaluation. He sought feedback on the Chair's performance from the Directors individually and collectively. From this review, the Non-Executive Directors concluded that the Chair was leading the Board appropriately and effectively. The Chair and SID then discussed the results of the review.

Board committee reports

Nominations & Corporate Governance Committee report

During the year, we further strengthened the scientific and medical expertise of the Board. Each of my Board colleagues brings a unique skill set to contribute to our collective purpose

Jonathan Symonds, Nominations & Corporate Governance Committee

I am pleased to present my sixth report as Chair of the Nominations & Corporate Governance Committee (the Committee).

Board succession

In my Chair's Governance statement, I discussed the important Board appointment processes that have been undertaken during 2024. A particular focus of the Committee this year has been succession for the scientific and medical expertise of the Board. Dr Jeannie Lee was appointed to the Board and Science Committee in March 2024. The appointment of Dr Gavin Screaton will also be effective from 1 May 2025. Further details on the appointment of Dr Screaton are set out in my Chair's Governance statement.

The Committee seeks to follow best practice in all the searches it makes, and appointments it recommends, to the Board, agreeing the criteria for each role, the interview panel and considering a comprehensive longlist of candidates. Shortlisted candidates are interviewed and assessed against the chosen criteria. Due diligence is then undertaken before the Committee makes its final recommendation. Executive search firms are appointed according to the company's procurement policy and based on their expertise relative to each role.

The Committee only engages search firms that are signatories to the Voluntary Code of Conduct of Executive Search Firms. The Committee worked with Russell Reynolds during 2024. They also provided executive search services to the company.

The Committee reviewed the potential for conflicts of interest and judged that there were appropriate safeguards against such conflicts. With the exception of the planned retirement of Dr Jesse Goodman, there are no imminent Non-Executive Director retirements for the Committee to consider.

Corporate governance architecture

As part of its regular reviews of the company's Corporate Governance architecture on behalf of the Board, the Committee monitors the composition of all Board committees in consultation with each Committee Chair. This is with a view to ensuring their composition is appropriate and makes the best use of the Board members' knowledge, skills and experience. After the 2024 AGM, the Committee undertook an in-depth review of the each Board committee's membership to ensure their composition was effectively calibrated to support the Board's priorities This resulted in:

- updates to the Nominations & Corporate Governance Committee's membership to include the Science Committee Chair
- although no changes to the Remuneration Committee's membership were needed, it was agreed that the Science Committee Chair would be invited to attend meetings where his expertise would be of assistance in the Remuneration Committee's deliberations. This would be particularly helpful with reviews of R&D performance measures and targets
- the appointment of Wendy Becker to the Corporate Responsibility Committee (CRC) to create a membership overlap between the CRC and Audit & Risk Committee, which was deemed to be helpful to both

In parallel, we have overseen a complementary exercise to further enhance the company's Corporate Governance architecture. This involved an in-depth review of each Board committee's Terms of Reference (Terms). This review sought to:

- simplify and improve consistency
- ensure continued alignment internally with current practice at GSK and externally with laws, regulations and best practice and
- accurately reflect the Board committees' continuing remit and the delegation of respective duties and authorities continue to complement one another

The agreed updated Terms included the creation of a 'Common Terms of Reference' document to eliminate duplication of administrative and logistical matters common to all our Board committees. All our Terms are available at gsk.com.

Corporate governance

The Committee regularly reviews, on behalf of the Board, GSK's corporate governance positioning, the external rating of GSK's corporate governance practices and emerging corporate governance requirements.

Board and GLT composition

We are committed to ensuring the most appropriate composition of our Board and its committees. The Board and management seek to support and encourage an inclusive culture throughout the company and being respectful of our operating environment.

An effective Board includes a range and balance of skills, experience and knowledge, as well as professional and social-economic background and independence, with individuals who are prepared to challenge each other collaboratively. This mix is complemented by a range of personal Board attributes, including character, intellect, judgement, honesty and courage.

The Committee in collaboration with all our Non Executive Directors continued to review our talent and succession pipelines and the development plans for key management roles and their successors. During the year, we undertook our regular deep dive of the emerging senior talent that the GLT had identified. These are employees who were exceeding expectations or who are exceptionally talented and who have the potential to take on a GLT role in the future. These discussions include reviewing our strategic approach to talent development planning. The Board seeks to meet with these individuals at employee receptions and through other Board engagement opportunities. Non Executive Directors now also meet more informally with participants in our Enterprise Leadership Programme to get to know them better on a personal level and support their continued development as potential successors to our GLT leaders.

In 2024, the work of the Committee also included monitoring our performance against the policy objectives we set to ensure that our Board and committee composition and succession planning promotes diversity, inclusion and equal opportunity, pursuant to the principles of the FRC Code. These objectives included gender and ethnicity representation targets for the Board in accordance with the Financial Conduct Authority (FCA)'s diversity targets, which we report on below (as required by the UK Listing Rules). We met or exceeded these objectives in the reporting period.

The Committee recognises that, going forward, the company will make changes in several areas related to inclusion and diversity to ensure continued compliance with the law and being respectful of our operating environment, including no longer applying a Board diversity policy.

Board and GLT diversity data collection

In 2024, diversity data has been gathered directly on a self-identified basis as follows:

- Board members: using a questionnaire
- GLT members: individual election held on GSK's HR database

As required by the UK Listing Rules, all data published in the following section of the report are as at 31 December 2024 and the date of publication. We also continue to oversee the developing pipeline of direct reports to the GLT. The Committee is reviewing its future position with regards to the collection of diversity data.

Sir Jonathan Symonds

Nominations & Corporate Governance Committee Chair
25 February 2025

FCA UK Listing Rule 6.6.6R(9) reporting

	Number of Board members	Percentage of the Board	Number of senior positions on the Board (CEO, CFO, SID and Chair)	Number in Executive Management	Percentage of executive management
Gender identity or sex					
Men	6	50%	2	6	50%
Women	6	50%	2	6	50%
Not specified/preferred not to say	—	—	—	—	—
Ethnic background					
White British or other White (including minority white groups)	9	75%	4	10	83.3%
Mixed/Multiple Ethnic Groups	—	—	—	—	—
Asian/Asian British	2	17%	—	1	8.3%
Black/African/Caribbean/Black British	1	8%	—	—	—
Other ethnic group	—	—	—	—	—
Not specified/preferred not to say	—	—	—	1	8.3%

Board committee reports continued

Science Committee report

The Committee has been impressed with the depth of scientific talent within GSK, as well as the use of technology to accelerate scientific research. This has driven exceptional progress in R&D across each of our therapeutic areas

Dr Hal Dietz, Science Committee

I am pleased to present my second report as Chair of the Science Committee (the Committee) on our activities during 2024.

The Committee's key activities in 2024 were split into three important areas:

- pipeline reviews: monitoring of GSK's pipeline
- business development: undertaking technical reviews and assessment of the scientific foundation for potential business development transactions
- scientific deep-dives: discussing and analysing the key scientific and technology themes which drive the company's R&D strategy

Pipeline progress

During 2024, the Committee continued to monitor the strong progress of R&D. Our CSO, Dr Tony Wood, provided regular updates on pipeline progress across the company's four therapeutic areas: respiratory, immunology and inflammation (RI&I), oncology, HIV, vaccines and infectious diseases, which has included 13 positive pivotal data readouts. Particular highlights noted by the Committee during the year included:

- Positive results for ultra long-acting biologic depemokimab, supporting dual indication filings for severe asthma and chronic rhinosinusitis with nasal polyps (CRSwNP)
- Expanded approval for *Jemperli* to all adult patients with primary advanced or recurrent endometrial cancer in the US and EU, including MMRp/MSS tumours which represent approximately 75% of cases
- Positive phase III data for *Blenrep*, including progression free survival and overall survival, and multiple regulatory filings in 2L+ relapsed/refractory multiple myeloma
- Expanded approvals for *Arexvy* in adults aged 50-59 at increased risk in the US, EU and Japan, in addition to positive new data demonstrating protection over three full RSV seasons
- Gepotidacin filed in the US as a potential first new antibiotic for uncomplicated UTIs in 20 years
- Regulatory designations, including Breakthrough Therapy Designations and Priority Reviews, in the US, EU, China and Japan for several assets including: *Blenrep* for 2L multiple myeloma, *Jemperli* in dMMR/MSI-H locally advanced rectal cancer, GSK'227 (B7-H3 ADC) in extensive-stage small-cell lung cancer and osteosarcoma, gepotidacin in uUTI and bepirovirsen in hepatitis B, recognising their potential in areas of significant unmet need

Business development transactions

The Committee continued to be actively engaged in evaluating the scientific principles of business development transactions during the year, aligned to therapeutic area focus and strategy. Key transactions reviewed by the Committee during the year included:

Respiratory, immunology and inflammation (RI&I)

- Aiolos Bio: acquisition of a potentially best-in-class TSLP antibody (AIO-001) from Aiolos Bio, expanding GSK's respiratory biologics and portfolio of mechanisms in COPD.
- Chimagen Biosciences: acquisition of an investigational T cell-engager from Chimagen Biosciences to expand GSK's immunology pipeline in autoimmune diseases such as lupus
- Flagship Pioneering: collaboration with the bioplatform innovation company Flagship Pioneering, with the goal of discovering and developing a portfolio of future transformational medicines and vaccines, starting in respiratory and immunology
- Relation Therapeutics: agreement with Relation Therapeutics, using their Lab in the Loop platform to discover novel targets for osteoarthritis, systemic sclerosis and other fibrotic mechanisms, supporting our data-tech driven approach in respiratory, immunology and inflammation

Oncology

- Duality Biologics and IDRx: licence agreement with Duality Biologics for a CDH17 antibody-drug conjugate with potential best-in-class treatment options in gastrointestinal cancers and acquisition of IDRx, including lead molecule IDRX-41, a highly selective KIT tyrosine kinase inhibitor being developed as a first- and second-line therapy for the treatment of GIST. These transactions add to GSK's growing portfolio in gastrointestinal cancers

Data and platform technologies

- Ochre Bio: licence agreement with Ochre Bio on a human liver cell platform and multi-modal data for AI/ML modelling and discovery to strengthen our data and platform technology capabilities
- Elsie Biotechnologies: acquisition of Elsie Biotechnologies, an oligonucleotide discovery and chemistry platform, strengthening our platform technology capabilities

Deep-dives into innovative science

During the year, the Committee has continued to undertake deep-dives into some of the scientific principles and highly innovative technologies that support the execution of our R&D priorities. These included, but were not limited to, the underlying scientific rationale for key transactions and the application of data and platform technologies across target choice, patient identification, molecule design and clinical trial effectiveness. The Committee is confident in the strategic approach to generate pipeline value with competitive advantage.

Collaborating with other Board committees

We also supported the Remuneration Committee during its review and implementation of the updated 2025 Remuneration Policy. In particular, we provided specialist guidance to the Remuneration Committee during the key considerations for the selection, design, measurement and adoption of:

- a new stretching Pipeline measure for the Annual bonus plan to reward delivery of shorter-term milestones for GSK's priority pipeline assets
- the evolution of the Pipeline Sustainability measure for our Performance Share Plan which now focuses on replenishment of the pipeline and longer-term performance

The Committee already reviews the Performance Share Plan Pipeline Progress targets annually prior to their approval by the Remuneration Committee.

Going forward, we will also assist in assessing and disclosing performance against both these measures.

Committee changes

We welcomed Dr Jeannie Lee to the Committee following her appointment to the Board on 4 March 2024. Dr Lee's expertise in the field of RNA biology and its application to drug development and therapeutics has already offered useful insights into the Committee's work and I look forward to her continued contributions.

We also look forward to welcoming Dr Gavin Screaton to the Committee, who will succeed Dr Jesse Goodman from 1 May 2025. His knowledge of immunology and infectious diseases will provide invaluable perspective to the Committee's discussions.

Dr Hal Dietz

Science Committee Chair
25 February 2025

Corporate Responsibility Committee report

As a Committee, we oversee our performance, progress and future plans across GSK's six Responsible Business areas. We view these areas as fundamental to sustainable growth, positive societal impact and consequential value for patients

Dr Anne Beal, Corporate Responsibility Committee

I am pleased to present this report, which is my third as Chair of the Corporate Responsibility Committee (the Committee).

To be successful over the long term, GSK needs to consider its responsible business impacts and risks. The Committee oversees the six areas that address what is most material to the business. These comprise the issues that matter the most to our internal and external stakeholders, including investors, our people, healthcare professionals, governments and regulators and particularly our patients who are the recipients of our portfolio of products and the ultimate drivers of our business.

As we worked through our programme of activities this year, my Committee asked management how:

- well the company is performing against, and making an impact on the six Responsible Business focus areas embedded in our strategy
- this supports our sustainable performance and long-term growth
- further improvements can be identified and implemented
- we can best report to our key stakeholders on what we have done and the level of impact we have made as we continue to adapt to the reporting requirements of the UK, US and EU

To support this, we built a number of in-depth sessions into our programme, including a combined session with the Audit & Risk Committee on interrelated Annual Report and Responsible Business performance.

External context

At the start of the year, we receive and discuss a comprehensive update on management's assessment of and view on the external trends and outlook relevant to responsible business issues. This sets the scene on the evolving investor, economic, political, regulatory and cultural backdrop to our Trust priority, and provides valuable context for the Committee in advance of the business we undertake during the course of the year. The Committee receives further updates if there are any material changes to these external factors to help inform our approach going forward.

Board committee reports continued

Responding to health impacts of climate change

The Committee heard from the Chief Scientific Officer and the President, Global Affairs on the health impacts of climate change. This helped us gain a greater understanding of how GSK might need to evolve its therapy areas due to climate change and nature loss. It also helped us identify the potential business risks and opportunities of our products, so they can be factored into planning our R&D. An independent review was commissioned by management which assessed GSK's product and pipeline portfolio. These results were shared with the Committee. This analysis suggested that GSK is well positioned with innovative vaccines and medicines to address some of the biggest health impacts arising from climate change, especially in Infectious Diseases, HIV and Respiratory.

The Committee encouraged management to continue this work to support the company's long-term value proposition through effective development of our R&D portfolio, strategic clinical choices and future investments in the supply chain.

Progress on climate and nature ambition

The Committee received a performance update on our pathway towards our net zero and nature goals. We discussed how the company was responding to external trends that could accelerate or disrupt our progress to achieving these goals and we were satisfied that these are being properly addressed. We also considered and endorsed the implementation of a number of key adjustments to maintain momentum against these stretching goals.

Health impact

GSK's President, Global Health and President, Global Affairs, outlined initial work that management had been undertaking to explore how we might develop an appropriate approach to measuring health impact. This includes working with two third parties to shape and pilot new methodologies for both a commercial and global health portfolio. The Committee asked management to keep in mind the importance of scale, access, reach and health impact as key concepts to help reinforce GSK's value proposition to society and shareholders.

Culture

The Committee heard from the Chief People Officer on the continuing work to build a high-performing organisation with an inclusive culture. We were pleased with the progress that had been made across many aspects of talent and inclusion.

Responsible Business Performance Rating

The Responsible Business Performance Rating is one of our KPIs and helps us measure delivery of progress on the six areas most material to our business. This is the third year that the Rating has been used and together with the Audit & Risk Committee, we jointly continue to oversee its evolution to make sure it meets the expectations of key stakeholders and remains relevant in respect of upcoming regulations.

We monitored and evaluated GSK's progress in 2024 against the 22 metrics across the six focus areas comprising the Rating at the half and full year, with a recommendation to the Board to publish a final 'on track' Responsible Business Performance Rating. For more details, see page 45 of the Strategic report and in the Responsible Business Performance Report – both of which are available at gsk.com.

Collaborating with other Board Committees

We supported the Remuneration Committee during its review and implementation of the updated 2025 Remuneration Policy. Together with the Audit & Risk Committee we jointly considered the EU Corporate Sustainability Reporting Directive compliance requirements for inclusion in GSK's 2025 Annual and Responsible Business Performance reports for publication in Q1 2026. For more details on this review, please see page 127 of our Audit & Risk Committee Chair's report.

Dr Anne Beal

Corporate Responsibility Committee Chair
25 February 2025

Board committee reports continued

Audit & Risk Committee report

The Committee's activities during the year have focused on Financial, Legal and Risk and assurance aspects of the business. Our work has underscored GSK's commitment to maintaining robust governance frameworks and adapting to evolving regulatory requirements

Charles Bancroft, Audit & Risk Committee

I am pleased to present this report, which is my fourth as Chair of the Audit & Risk Committee (the Committee), and in the following pages I aim to share insights into the activities undertaken or overseen by the Committee during the year.

At the beginning of the year, the Committee considered and agreed the Annual Programme for 2024 (the Programme) which is designed to complement and underpin the Board's priorities. These comprise the approach to financial, legal and compliance, risk and assurance, internal control framework and external auditing areas of oversight for the Committee.

Management prepares and submits concise papers on the key issues for the Committee to review, contribute to and make decisions on. Crucially, as Committee Chair, I have unfettered access to the senior leadership, key members of their teams and the external auditor. These include private Committee sessions or regular one-on-one meetings outside the Committee cycle. Based on the work the Committee has done or inspected during the year, GSK continues to exhibit a strong compliance culture, with a consistent tone and engagement from the top which runs throughout the organisation.

We hold a selection of in-depth sessions in the Programme, including regular reviews of cyber security and AI/ML control environment, and a combined meeting with the Corporate Responsibility Committee (the Committees) on our Responsible Business performance, assurance and reporting, is discussed below.

Financial

Financial reporting: The integrity of our financial statements, including the Annual Report and quarterly results, remain at the core of what the Committee does. This includes the review of investor materials, our progressive dividend policy, and payments and results announcements. Significant areas of judgement related to our financial statements are presented to the Committee by management and are commented on by the Auditor, including overlaps and any variances with the Auditor's key audit matters. Further details are included on page 131 of my report and the Auditor's report on pages 178 to 181. We are committed to representing GSK's financial reporting disclosures in a clear and transparent way and can confirm that the financial reporting and controls framework remains robust. No fundamental changes were required during the year.

UK Corporate Governance Code updates: In January 2024, the Financial Reporting Council published an updated Code, which includes a provision, effective 1 January 2026, requiring companies to report on the effectiveness of material financial, operational, reporting, and compliance controls. As a dual-listed company, GSK is well-positioned to meet these new requirements. We reviewed and endorsed management's approach to focusing on GSK's most material controls, which involved aligning our Internal Control framework with US Sarbanes-Oxley processes. I look forward to providing further details of the implementation of this approach in our next Annual Report, before formally reporting against these new controls in GSK's 2026 Annual Report.

Responsible business reporting: The Committees jointly considered the EU Corporate Sustainability Reporting Directive (CSRD) compliance requirements for inclusion in GSK's 2025 Annual and Responsible Business Performance reports for publication in Q1 2026.

CSRD establishes externally assured, mandatory reporting of sustainability issues, in relation to financial risks/opportunities and positive or negative impacts on society and the environment, against a standardised framework and taxonomy. The Committees considered the roadmap to CSRD compliance, then assessed and recommended to the Board the:

- double materiality topics, based around GSK's six Responsible Business focus areas, identified by management as being the correct ones for disclosure and to be embedded into strategic decision-making
- adoption of an appropriate Responsible Business reporting strategy for GSK in future years, as outlined by management

Assurance Hub: 2024 saw the Hub complete its first full year of operation after its successful launch in September 2023. The Committees scrutinised measures taken by management in continuing to strengthen the Hub's governance, processes, assurance and controls, how the Hub was discharging business as usual activities and progress being made in the projects the Hub is undertaking ahead of, and in readiness for, GSK's compliance with EU CSRD and SEC Climate reporting and data requirements from 2025.

The Committees' joint consideration of, and update on, the Responsible Business Performance Rating for 2024 are set out in the Corporate Responsibility Committee (CRC) Chair's report on page 125.

Board committee reports continued

Legal

At each scheduled meeting, the Committee reviews legal privileged reports given by the General Counsel on material litigation and investigations. The Chief Compliance Officer (CCO) also gives us updates. We monitor through to resolution material and/or privileged investigations across the enterprise that are either substantiated or unsubstantiated. Where appropriate any corrective/mitigatory actions and lessons learned will be discussed.

The Committee continued to exercise primary oversight for *Zantac* litigation, including related accounting, disclosure and communication assessments. This included assessing and agreeing the details of GSK's proposed resolution of the *Zantac* settlement:

– of 93% (approximately 80,000 cases) of US state court *Zantac* product liability cases for up to $2.2 billion and

– a separate settlement of the associated qui tam complaint for $70 million, prior to the public disclosure of the settlement

The Committee is pleased to see the *Zantac* risk retired for the best long-term interests of shareholders, with no admission of liability. The latest status of the *Zantac* litigation is set out in Note 47 to the Financial statements, Legal proceedings.

Risk and assurance

Risk management: GSK has a well-established and mature risk management and internal control framework which is described on page 130. The Committee continues to scrutinise the operation of this framework and reviews refinements proposed by management to ensure it remains fit for purpose and is sustainable.

We monitor a dashboard of all GSK's enterprise risks and the process by which they are identified and prioritised. Key enterprise risk topics for consideration by the Committee are determined dynamically during the year following reviews undertaken at Risk and Oversight Council (ROCC) meetings.

Following the review of the governance of enterprise risk management oversight, the CCO and I proposed an enhanced approach, with the Committee conducting more detailed reviews of GSK's Research practices, Patient safety and Scientific and patient engagement. These reviews were previously overseen by the Science Committee. The Science Committee Chair now joins the Committee when we review these enterprise risks together. The CRC leads on the review of those enterprise risks relating to its key areas of focus. The Committee continues to review any significant enterprise risk escalations or associated investigations.

Following the 2024 review, we agreed to add Pipeline delivery as a principal risk from 2025. This was agreed given the evolving external reporting regulations and the paramount importance of discovering and developing new medicines and vaccines. All enterprise risk plans were updated in 2024 to include assessment of data management and technology, in addition to the existing areas of impact of geopolitics and the exposure presented by third parties. In recognition of external changes to the wider workforce ecosystem, going forward we will oversee the mitigation of the potential risk of GSK failing to deliver our strategic priorities as a result of inadequate skills or planning.

Information and cyber security: This is a principal risk for GSK and a key oversight area for the Committee. The Chief Digital and Technology Officer (CDTO), Chief Information and Security Officer (CISO) and CCO present updates regularly on information and cyber security, as well as assessments of the status of their associated key risk indicators. We are joined by my Board colleague, Dr Vishal Sikka, for these discussions.

Dr Sikka and the CDTO's skills and experience, especially those related to cyber security, are set out on pages 107 and 108 respectively. The CISO and CCO's experience and responsibilities relating to cyber security are set out on page 133 of last year's Annual Report.

During the year, the Committee discussed a scheduled external NIST review of ongoing delivery against GSK's Cyber Security Plan by a specialist firm of independent cyber experts. This industry best practice framework is known as the National Institute of Standards and Technology Cyber Security Framework (NIST-CSF). We are pleased that GSK's cyber maturity rating is currently positioned in the upper quartile of our peers. This reflects an accelerated rate of execution and maturity growth since the plan was approved by the Committee in mid-2022 when the maturity rating baseline was established. Since then, there has been a significant improvement in control effectiveness. This continued strengthening of controls will help to protect against the principal cyber security threats to GSK. Given the ever-changing environment, we are currently considering recalibrating GSK's cyber maturity goals to further challenge GSK management to further enhance the protection of our systems.

The Committee is pleased with the rate of execution of the plan and progress made so far. We will continue to be briefed on how the NIST assessment framework and methodologies continue to adapt. We are also keen to observe management's deployment of other capabilities so that the company's defences remain relevant and robust in this rapidly evolving dynamic threat environment.

Further details of the other measures taken during the year to mitigate this risk are described on pages 60 and 282.

Board committee reports continued

AI Governance: Our Responsible AI framework helps us maintain clear guardrails as we scale adoption of AI across GSK to drive innovation, growth and productivity and, in doing so, to accelerate our purpose.

In my report last year, I described the establishment by the Board of the AI Governance Council (Council), its purpose and activities that helped to define, establish and oversee these guardrails. The Council is aligned to the ROCC and Committee's reporting arrangements, as well as our other governance forums, as appropriate. A year after the Council's creation, the Committee was keen to examine the:

- structure and evolving operational effectiveness of the Council
- functioning of the responsible AI governance architecture, including the complementary roles, duties, ownership and composition of each of these AI forums
- overall increase in maturity of our AI risk management arrangements

The Committee was pleased with the significant initiatives that the Council had pursued and rolled out across the Group to further enhance GSK's AI environment. These included:

- approving an AI Policy that embeds new AI principles and establishes guidelines for use of AI within the company. The Policy applies to all AI developed, procured, or used by our people at GSK. Responsible AI training modules continue to be rolled out
- developing, adopting and publishing an AI Standard Operating Procedure (AI SOP), defining steps required for all development and/or procurement of AI systems across GSK
- monitoring an inventory of all AI models developed across GSK. This is being actively monitored through the Council, as the number of AI applications in use expands at pace across the enterprise

The Committee received a briefing from the Head of Audit & Assurance (A&A) on the results of an initial audit, that primarily focused on evaluating how the AI Governance framework is embedding across GSK. This has also helped strengthen oversight capabilities by increasing the experience of the A&A team in conducting audits and oversight of new technologies.

In 2025, the Committee is looking forward to monitoring how the Council progresses its key focus areas. These include:

- supporting business units in further improving and refocusing their AI systems to align to the AI SOP
- continuing to embed and grow the Responsible AI SOP adoption throughout the organisation
- continuing to oversee and monitor AI systems, including developing technical and operational best practices
- refining and maturing the Council's governance approach for scaled adoption of AI across GSK

During the formative stage of AI development and adoption, the Committee is keen to ensure an appropriate balance is maintained between identifying, mitigating and monitoring key AI risk areas across the enterprise and with our third parties, while harnessing the opportunities and capabilities of this technology.

Assurance: The Head of A&A provides regular updates on progress against the agreed Assurance Plan. During the year we reviewed detailed briefings on:

- **Third parties:** The level of assurance work undertaken by A&A and other assurance groups within the business, covering exposure to third party services and suppliers used by GSK was covered. Given GSK's increasing reliance on third parties, particularly in high-risk areas such as R&D, there is a need to continue to strengthen the application of internal control management in this area. We reviewed initiatives to drive sustainable improvements and further enhance oversight in this regard.
- **Business development (BD):** The execution of targeted BD deals is a key Board priority to help drive the future growth of the company. We reviewed a series of audits that examined various aspects of BD, including diligence, governance, decision-making, contracting processes, and subsequent integration into the business. During future audits, A&A will focus on the effectiveness of the implemented corrective actions identified and embedded in such deals post approval.

Internal control framework

The Board recognises its obligation to present a fair, balanced and understandable assessment of GSK's current position and prospects. It is accountable for evaluating and approving the effectiveness of GSK's internal controls, including financial, operational and compliance controls, and risk management processes.

We ensure the reliability of our financial reporting, and compliance with laws and regulations, through our internal control framework. This is a comprehensive enterprise-wide risk management model, which supports the Board to identify, evaluate and manage the Group's principal and emerging risks, as required by the FRC Code. The framework is designed to manage the risk of GSK not achieving its business objectives.

A fit-for-purpose framework – complemented by our corporate culture and Speak Up processes – ensures that the risks associated with our business activities are actively and effectively controlled in line with our agreed risk appetite. We believe GSK's framework provides reasonable, but not absolute, assurance against material misstatement or loss.

The Board mandates the Group's Risk Oversight and Compliance Council (ROCC) of senior leaders to support the Committee in overseeing risk management and internal control activities. It also provides the business with a framework for risk management and escalation of significant risks. Risk management and compliance boards (RMCBs) across the Group promote the 'tone from the top' and establish our risk culture, and ensure effective oversight of internal controls and risk management processes.

Each principal risk has an assigned risk owner, drawn from senior management, who is accountable for managing the principal risk with oversight from a GLT member, which includes setting and implementing risk mitigation plans. Risk owners report quarterly on their respective risk management approach and progress at the ROCC and the appropriate Board committee. Our Compliance function assists the ROCC and RMCBs. Compliance is responsible for advancing enterprise-wide risk management and for developing risk-based and ethically sound working practices. It also actively promotes ethical behaviours by enabling all employees to operate in line with our culture and comply with applicable laws and regulations.

Our Audit & Assurance (A&A) function provides independent assurance to senior management and the Board on the effectiveness of risk management Group-wide, in line with an agreed assurance plan. This helps senior management and the Board to meet their oversight and advisory responsibilities to fulfil GSK's strategic objectives and build trust with patients and other stakeholders. A&A has a dual reporting line to the CFO and the Committee.

As a Committee we receive regular reports from principal risk owners, Compliance and A&A on areas of significant risk to the Group and on related internal controls. These reports assess the internal control environment within each principal risk area, including enhancements to strengthen controls. Once we have considered these reports, the Committee reports annually to the Board on the effectiveness of GSK's internal controls.

In 2024, through the authority delegated to the Committee, the Board conducted a robust assessment of the Group's principal and emerging risks. This assessment in line with the FRC Code included consideration of the nature and extent of risk the Board is willing to take to achieve GSK's strategic objectives.

The Board, via the Committee, also oversaw the effectiveness of our internal control environment and risk management processes across the Group for the whole year, up to the approval date of this Annual Report.

More detail about the review of the Group's risk management approach is further discussed in the Risk management section of the strategic report on pages 59 to 74.

The management of each principal risk is explained in 'Risk Factors' on pages 277 to 285.

Significant issues relating to the financial statements

In considering GSK's quarterly financial results announcements and the financial results in the 2024 Annual Report, the Committee reviewed the significant issues and management judgements in determining those results. It reviewed management papers setting out the key areas of risk, actions taken to quantify the effects of the relevant issues, and judgements made by management on the appropriate accounting required to address those issues in the financial statements.

The significant issues considered in relation to the financial statements for the year ended 31 December 2024 are set out in the following table, with a summary of the financial outcomes where appropriate. The Committee and the external auditor have discussed the significant issues addressed by the Committee during the year and the areas of particular audit focus, as described in the Independent Auditor's Report on pages 178 to 181.

Significant issues considered by the Committee in relation to the financial statements	How the issue was addressed by the Committee
Going concern basis for the preparation of the financial statements	The Committee considered the outcome of management's half-yearly and year-end reviews of current and forecast net debt positions and the various financing facilities and options available to the Group. The Committee also considered management's review of the impacts of both the current economic environment and climate change. Following consideration of these assessments, which included stress testing and viability scenarios, sources of liquidity and funding, forecasts and estimates, the Committee confirmed that the application of the going concern basis for the preparation of the financial statements continued to be appropriate.
Revenue recognition, including returns and rebates (RAR) accruals	The Committee reviewed management's approach to the timing of recognition of revenue and accruals for customer returns and rebates. The RAR accrual for US Commercial Operations was £5.2 billion at 31 December 2024 and the Committee reviewed the basis on which the accrual had been made and concurred with management's judgements on the amounts involved. A fuller description of the process operated in US Commercial Operations in determining the level of accrual necessary is set out in Note 3 'Critical accounting judgements and key sources of estimation uncertainty' on pages 101 and 102.
Provisions for legal matters, including investigations into various aspects of the Group's operations	The Committee received detailed reports on actual and potential litigation from both internal and external legal counsel including the *Zantac* litigation, together with a number of detailed updates on investigations into various aspects of the Group's operations. See Note 47 to the financial statements 'Legal Proceedings' for more details including the *Zantac* litigation. Management outlined the levels of provision and corresponding disclosure considered necessary in respect of potential adverse litigation outcomes and also those areas where it was not yet possible to determine if a provision was necessary, or its amount. At 31 December 2024, the provision for legal matters was £1.4 billion; see Note 32 to the financial statements, 'Other provisions' for more details.
Provisions for uncertain tax positions	The Committee considered current tax disputes and areas of potential risk and concurred with management's judgement on the levels of tax contingencies required. At 31 December 2024, a tax payable liability of £0.7 billion, including provisions for uncertain tax positions was recognised on the Group's balance sheet.
Impairments of intangible assets	The Committee reviewed management's process for reviewing and testing goodwill and other intangible assets for potential impairment. The Committee accepted management's judgements on the intangible assets that required writing down and the resulting impairment losses of £0.3 billion in 2024. See Note 20 to the financial statements, 'Other intangible assets' for more details.
Valuation of contingent consideration in relation to ViiV Healthcare	The Committee considered management's judgement that it was necessary to increase the liability to pay contingent consideration primarily as a result of increases in sales forecasts, updated exchange rate assumptions and the unwind of the discount. After cash payments of nearly £1.2 billion in the year, at 31 December 2024, the Group's balance sheet included a contingent consideration liability of £6.1 billion in relation to ViiV Healthcare. See Note 33 to the financial statements, 'Contingent consideration liabilities' for more details.
ViiV Healthcare put option	The Committee reviewed and agreed the accounting for the Pfizer put option and concurred with management's judgement on the valuation of the put option of £0.9 billion at 31 December 2024.

Board committee reports continued

Effectiveness and quality of external audit process

The Committee is committed to making sure that GSK receives a high-quality and effective external audit. In evaluating Deloitte's performance during 2024, prior to making a recommendation on its reappointment in early 2025, the Committee reviewed the effectiveness of its performance against the criteria which it agreed with management at the beginning of 2024.

The detailed criteria used to judge Deloitte's effectiveness as external auditor are available at gsk.com. These are based on the audit approach and strategy, ensuring a high-quality independent audit, effective relationship and value for money.

The Committee monitors engagements with external stakeholders relevant to our areas of oversight, including the FRC and Securities and Exchange Commission.

We sought to ensure that Deloitte would deliver a smooth, thorough and efficiently executed audit for 2024 and so considered:

- the overall quality of the audit
- the independence of Deloitte
- whether Deloitte showed an appropriate level of challenge and scepticism in its work.

Deloitte's length of tenure was not taken into account when assessing its independence and objectivity, given it only commenced its role as auditor in 2018. However, the Committee did consider how effectively it had assumed its role as auditor. The Committee also considered the outcomes of an audit effectiveness review undertaken by a team independent of the auditor at Deloitte. As part of this process, interviews were undertaken with key GSK stakeholders including Executive and Non-Executive Directors and key corporate functions.

The interviews focused on assessment in a number of areas including:

- alignment to expectations of external auditor
- feedback on Deloitte team members, including on their skills and experience
- effectiveness of communication and ways of working
- audit approach and quality
- areas of focus for improvement

As Committee Chair, I regularly meet independently with the audit partner. We also meet with the auditor privately at the end of each Committee meeting to discuss progress, as appropriate.

Having reviewed the above feedback, and noted any areas of improvement to be implemented by the audit team for 2025, the Committee was satisfied with the:

- effectiveness of the auditor and the external audit process
- auditor's independence, qualifications, objectivity, expertise and resources

We agreed to recommend to the Board Deloitte's reappointment at the next AGM, and did so free from the influence of any third party.

Auditor's reappointment

External auditor

External auditor appointment	
Last tender	May–December 2016
Transition year	2017
First shareholder approval of current auditor	May 2018
First audited Annual Report and 20-F	Year ending 31 December 2018
New lead audit engagement partner	2023
Next audit tender required by regulations	2026 (to take effect from 2028)

There were no contractual or similar obligations restricting the Group's choice of external auditor.

Audit tender

The Committee considers that, during 2024, the company complied with the mandatory audit processes and audit committee responsibility provisions of the Competition and Markets Authority Statutory Audit Services Order 2014.

As Deloitte continues to maintain its independence and objectivity, and the Committee remains satisfied with its performance, GSK does not currently intend to tender the external auditor contract before the end of the current required period of 10 years identified above and considers that this is in the best interests of shareholders.

The Committee was mindful that there were appointments of a new CFO for GSK and lead audit partner for Deloitte during the 2023 financial year. These changes help further mitigate the risks of any over-familiarity between the company and the auditor.

Board committee reports continued

Non-audit services

Management operates on the presumption that other accountancy firms will ordinarily provide non-audit services to GSK. However, where the external auditor's skills and experience make it the only suitable supplier of non-audit support – such as for audit-related matters, tax and other services – it may be used, in the best interests of the company.

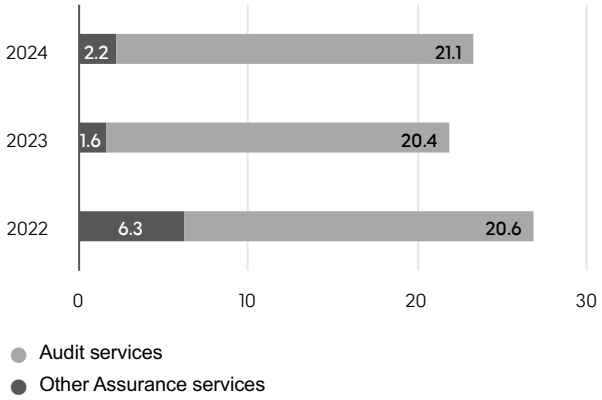
In line with GSK's non-audit services policy, the Committee ensures that auditor objectivity and independence are safeguarded by reviewing and pre-approving the external auditor's provision of such services. The company policy complies with the FRC's 2024 Revised Ethical Standard and the Sarbanes-Oxley Act of 2002. It observes the following core policy features on engaging the external auditor for non-audit services:

GSK non-audit services policy, key features:

Process:	All non-audit services over £50,000 are put to competitive tender with other financial services providers, in line with the Group's procurement process, unless the skills and experience of the external auditor make it the only suitable supplier.
Safeguards:	Adequate safeguards are established so that the objectivity and independence of the Group audit are not threatened or compromised.
Fee cap:	The total fee payable for non-audit services should not exceed 50% of the annual audit fee, except in special circumstances where there would be a clear advantage in the auditor undertaking the additional work.
Prohibitions:	GSK's policy includes a 'whitelist' of permitted non-audit services in line with the relevant regulations. Any service not on this list is prohibited.
Pre-approval:	All non-audit services require pre-approval as set out in the table below to ensure services approved are consistent with GSK's non-audit policy for permissible services. This process ensures all services fall within the scope of services permitted and pre-approved by the Committee and does not represent a delegation of authority for pre-approval.

Value	Pre-approver
More than £50,000	Committee Chair and CFO
Between £25,000 and £50,000	Group Financial Controller
Under £25,000	Designate of the Group Financial Controller

Audit and other services comparison (£m)



Further fees payable to Deloitte for non-audit services relating to the Consumer Healthcare demerger was £4.4 million in 2022 as set out on page 129 of the 2022 Annual Report. A fee of £0.2 million was paid to the auditor in respect of GSK pension schemes in each of 2022, 2023 and 2024.

The fees paid to the company's auditor and its associates are set out above. Further details are given in Note 8 to the financial statements, 'Operating profit' on page 200.

The Committee considered the level of non-audit services incurred as part of its annual review of Deloitte's independence set out on the previous page and was satisfied that the auditor continued to be independent and exercised objectivity throughout 2024.

Fair, balanced and understandable assessment

The need for an annual report to be fair, balanced and understandable is one of the key compliance requirements for a company's financial statements. To ensure that GSK's Annual Report meets this requirement, we have a well-established and documented process governing the coordination and review of Group-wide contributions to the publication. This runs in parallel with the process followed by the external auditor. The Committee received a summary of management's approach to GSK's 2024 Annual Report to ensure it met the requirements of the FRC Code. This enabled the Committee, and the Board, to confirm that GSK's 2024 Annual Report as a whole is fair, balanced and understandable and provides the necessary information for shareholders to assess the company's position and performance, business model and strategy.

Code of Conduct and reporting lines

We have a number of well-established policies (including a Code of Conduct), which are available on gsk.com, together with details of our confidential Speak Up lines for reporting and investigating unlawful conduct.

Charles Bancroft

Audit & Risk Committee Chair
25 February 2025

Remuneration report

GSK is successfully entering its next stage as a global biopharma company, delivering strong operational performance. After active engagement with a range of stakeholders, we are proposing an updated Policy to enable delivery of our Ahead Together strategy, outperformance against our ambitions and the company's ability to attract and retain global high-calibre executives

Wendy Becker, Remuneration Committee

Dear Shareholder

On behalf of the Remuneration Committee, I am pleased to present our Remuneration Report for 2024.

This is my first report since I succeeded Urs Rohner as Committee Chair following our AGM in May 2024. I joined GSK in October 2023 after many years of UK and multinational board experience and have enjoyed learning about GSK and how the Committee can continue to support GSK's transformation as a focused global biopharma business.

I will first report on the performance of GSK, the CEO and CFO last year and the remuneration they have earned as a result. I will then turn to the Committee's work in reviewing our Remuneration Policy for the next three years, ahead of our Remuneration Policy renewal in May 2025.

Progress and Performance in 2024

GSK delivered another year of strong operational performance in 2024, with strong sales and core operating profit growth driven by accelerating momentum of our Specialty Medicines portfolio. This was achieved together with outstanding phase III pipeline progress. We were also pleased to have resolved the vast majority of the *Zantac* litigation overhang. We announced the closure of 93% of state court cases in October 2024 and now have less than 1% of these state cases outstanding.

Beyond financial achievements and positive progress behind a reshaped pipeline, GSK has continued its momentum in operating as a Responsible Business (RB), as well as strengthening its culture, with already high people survey results increasing further, while attracting and building outstanding capability in areas such as R&D and AI.

2024 Annual bonus

It is against this performance that the Committee reviewed the annual bonus measures for the CEO and CFO. Annual bonus targets are set to incentivise yearly progress towards the delivery of our long-term strategy with a focus on delivering outperformance.

The bonus is primarily focused on rewarding over-delivery of financial performance against the targets set at the start of the year, with those targets generally being ahead of external consensus forecasts at the time they were set.

In terms of the two financial measures, the company delivered strong growth in sales and core operating profit, both above target. This demonstrated the resilience of the business given the challenging environment for our Vaccines business in the second half of the year.

The Committee also carefully reviewed performance against the non-financial individual strategic and operational measures for the CEO and CFO for 2024. We have provided greater detail on performance against each of their objectives and achievements on pages 147 and 148.

Before finalising the bonus outcomes, the Committee considered the broader performance of the company and the individuals. The Committee was satisfied that the payouts were appropriate given the strong financial and operational results for 2024, supporting delivery of our long-term strategy, though also recognising a less robust share price performance.

When all bonus measures are combined, the final payout against the maximum of 300% was 210% of base salary for the CEO (of which 110% of base salary was delivered in shares deferred for 3 years), and 198% of base salary for the CFO (of which 99% of base salary was delivered in deferred shares), i.e. 70% and 66% of maximum respectively. Both of them over-achieved on their personal objectives. This compares to 2023 bonuses of 288% for the CEO and 264% for the CFO, with the 2024 step back driven by vaccine challenges in the second half of the year.

Long-term incentive (LTI) awards

Moving on to the performance of our 2022 Performance Share Plan (PSP) LTI award. This marks the end of the first grant made under our 2022 Policy. The Committee was pleased at the progress being made. Overall 80.75% of the total award under the 2022 grant vested based on performance over the three-year period from January 2022 to December 2024.

The grant had five measures, all of which vested to some extent. Three of the five measures were fully vested, including Total Sales growth, Core operating profit growth and our Responsible Business: Environment measure. The Committee was encouraged that, for the first time in several years, following repeated strong operational business performance, the company's relative TSR positioning has improved. GSK ranked in fifth position against our current ten global pharma peers (including GSK) for relative TSR performance, resulting in above median positioning for GSK and an element of vesting (12% of a possible 30%) for this component. In terms of our Pipeline Progress measure (which currently tracks major regulatory approvals and phase III pivotal trial starts), 18.75% of this element vested out of a total 20%. We are hopeful that the progress we are making to develop our portfolio, together with the continued improvement of our longer-term growth strategy, will be increasingly reflected in GSK's valuation. Further detail of the performance against these measures is given on pages 149 and 150.

Before confirming the final total vesting level, the Committee considered the overall performance measure outcomes of the award, as well as shareholder experience. We agreed that, given the progress made, the outcome for the three-year period was appropriate.

Total Variable Performance Pay for 2024

Overall, 2024 resulted in total variable performance pay at 77% of maximum opportunity for the CEO. This was considered a fair reflection of the performance achieved. The CFO was not in role at the time of the 2022 PSP grant and, therefore, did not receive this award. Her performance resulted in a 66% bonus outturn. The formulaic outturns for the CEO and CFO were approved without the exercise of any discretion.

2025 Remuneration policy

Given that our 2022 Policy is due for renewal at our AGM in May 2025, my first action on becoming Chair of the Committee was to lead our Policy review. This coincides with the second phase of GSK's transformation as a global biopharma business. The 2022 Policy has been a critical 'carrot and stick' tool in our transformation journey. We continue to believe in the fundamental principle of incentivising out-performance and penalising under-performance to support our performance culture and long-term strategy. This remains central to our 2025 Policy proposal. We are looking to retain the majority of its elements.

By way of reminder, phase one of GSK's transformation commenced in July 2022 with the separation of our consumer healthcare business, now called Haleon plc. GSK then changed from a global pharma and consumer healthcare company to a focused global biopharma business. This reset followed shareholders' approval of our 2022 Policy in May 2022.

That Policy sought to reinforce the establishment of a strong performance culture, setting a foundation for consistent execution and delivery. The business has since demonstrated consistent operational delivery and financial dependability with a clear and growing number of pipeline assets developed to deliver our growth strategy to 2031. Since 2021, GSK has secured 17 approvals from the FDA and has 19 assets in Phase III trials. The number of key pipeline scale opportunities with potential peak year sales[1] launching between 2025 and 2031 has grown to 14. We believe that the 2022 Policy approved by shareholders, was instrumental in driving this improvement.

GSK is a very different business to four years ago. Our global sales have increased from approximately £25 billion in 2021 (including COVID-19 solutions) to over £31 billion in 2024 with consistent quarter on quarter delivery. Our product mix has improved with 67% derived from Specialty Medicines and Vaccines. The progressive dividend policy we set has seen the annual dividend payout increase too. The total dividend for 2024 is 61p with an expectation of 64p for 2025. A £2 billion share buy-back programme was also announced in February 2025.

Before reviewing GSK's remuneration arrangements, the Committee reflected on GSK's position globally today. The US is our largest commercial market and represents more than 52% of sales. Only 2% of our sales originate from the UK. The balance of 46% of sales originate from the rest of the world. The US is not only our largest market, it is also our largest employer across the globe. We employ 12,108 people in the US (16% of our workforce) and the balance across the rest of the world. Our GLT is also multinational in its composition, including American, Australian, British, Canadian and French nationals. We are truly an international business.

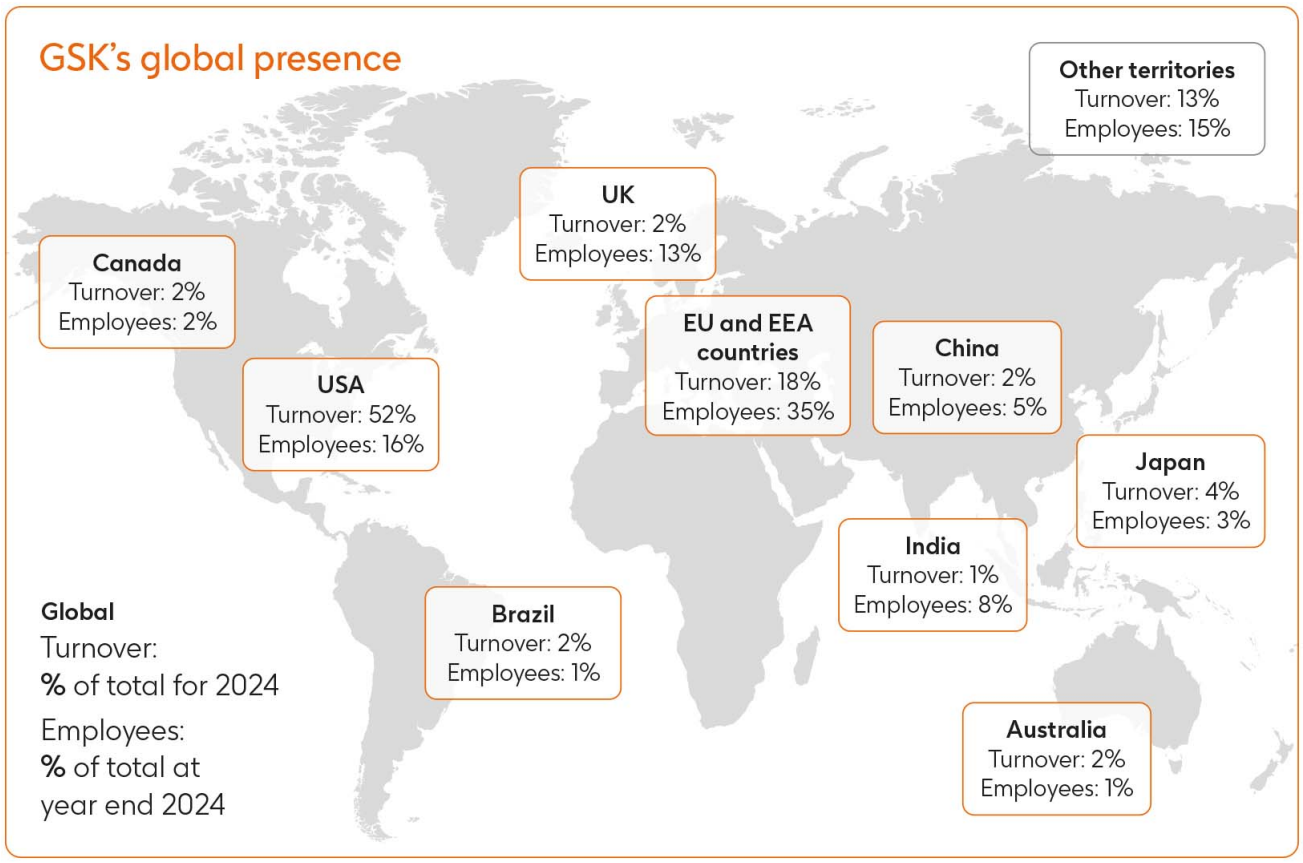
Changes for the 2025 Remuneration policy

The purpose of our 2025 Policy is, therefore, to:

- incentivise the delivery of the company's Ahead Together strategy and 2031 growth strategy
- reinforce the company's pay for performance, particularly out-performance, philosophy
- enable the retention and attraction of talent as a global biopharma company
- create the headroom to deliver market competitive reward through the organisation

(1) Excluding COVID-19 solutions

Remuneration report continued



It was with this in mind that we went on to develop our 2025 Policy proposal. We were driven by the need to be fully aligned to support successful delivery of our strategy and to ensure that incumbents are paid appropriately to be retained and incentivised and that the policy has sufficient flexibility to permit us to manage succession when required. We sought to be evidence-based in our approach – but without being slavish to data. We interrogated numbers but we also looked more deeply to our talent base today and into the future. We analysed our current competitors for talent as a global biopharma business. This work leveraged several internal and external data points to ensure it was comprehensive. The Committee drew on the expertise of the Science and the Corporate Responsibility committees for specialist input too.

The conclusions supported the importance of:

1. Size-adjusted Global Biopharma Peer Group: Evolving and focusing on one main performance and remuneration comparator peer group, rather than three. Since the demerger of Haleon, an assessment of our talent flows reflect that we are a biopharma company versus a generalist company and this new peer group is more relevant to those wins and losses. Within the peer group we are proposing, 11 of the 13 companies benchmark their performance against GSK today. Aligning our diverse comparator peer groups enables us to ensure that pay is better aligned with the shareholder experience and is appropriate throughout GSK's global leadership team, using a robust basis for benchmarking and consistency in the assessment of our achievements. In addition to ensuring incumbents are paid appropriately, it also gives increased confidence that our policies will enable succession at the appropriate time to ensure that GSK remains able to attract and retain the best available global talent.

The new peer group is intended to prove enduring and should remain relevant for some time as GSK's growth. continues. Our methodology for setting the peer group is described on page 137.

Size-adjusted global biopharma peer group

Amgen	Gilead	Roche Holding
AstraZeneca	Merck KGaA	Sanofi
Bayer	Moderna	Takeda
BMS	Novartis	
CSL	Pfizer	

2. Competitive Compensation: Having reset our peer group, we considered the remuneration arrangements for our CEO and CFO. Our CEO, whom we regard as a high performer, is currently positioned below the lower quartile of the new size-adjusted global biopharma peer group across all compensation metrics, except base salary where she is positioned below median. This remains true even when excluding US companies from our new group (see page 137).

   In addition, analysis reflects that GSK is facing meaningful external pay compression, with our CEO's pay being more consistent with 'number 2' roles in our peer group, making attracting external talent challenging. GSK has significant internal pay compression within our peer group, with the 'headroom gap' (i.e. the gap from CEO to number 2 role compensation) being over 40% less than the group average, which brings with it retention risk (see page 138). We therefore intend to begin the move towards the median of the new peer group in 2025, and during the term of the 2025 Policy.

Remuneration report continued

Alignment to Size-adjusted Global Biopharma Peer Group

From: 3 peer groups

1. **Primary compensation**
European Cross-Industry Comparator Group (27 companies)

2. **Secondary compensation**
Global Pharma Group (11 companies)

3. **TSR performance**
Global Pharma subset (9 companies + GSK)

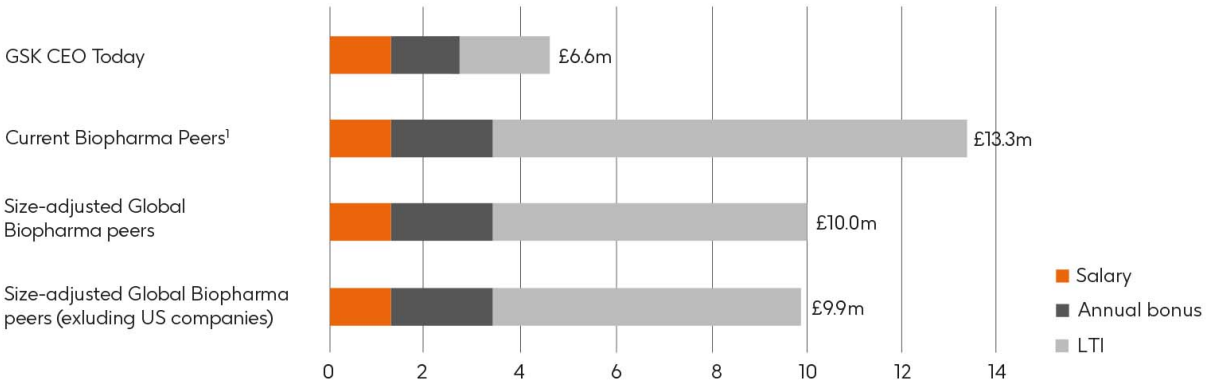
To: Methodology and filters for determining GSK's peer group

- 47 Global Biopharma companies
- ↓ 42 — 5 companies excluded based on listing location
- ↓ 16 — Narrowed to 1/3x – 3x revenue and market cap
- ↓ **13 Global Biopharma companies** (£23bn - £169bn market cap; 5 US, 6 Europe, 2 ROW) — Adjusted for business model: 4 out and 1 in*

* Namely: ThermoFisher, Danaher Corp, IQVIA & Regeneron – out, and Moderna in.

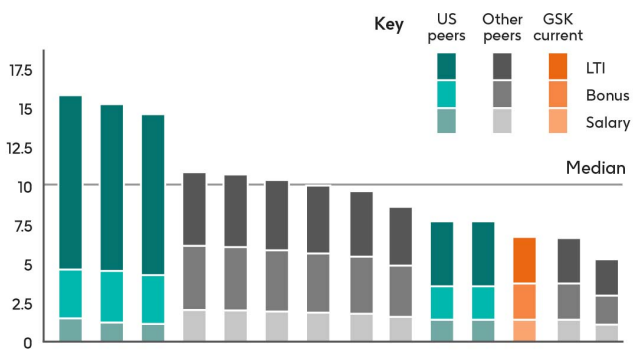
Expanded set of CEO Benchmarks

Median TDC (£m)



(1) Currently used for assessing performance, not salary

GSK CEO remuneration versus new peer group (2024 data)

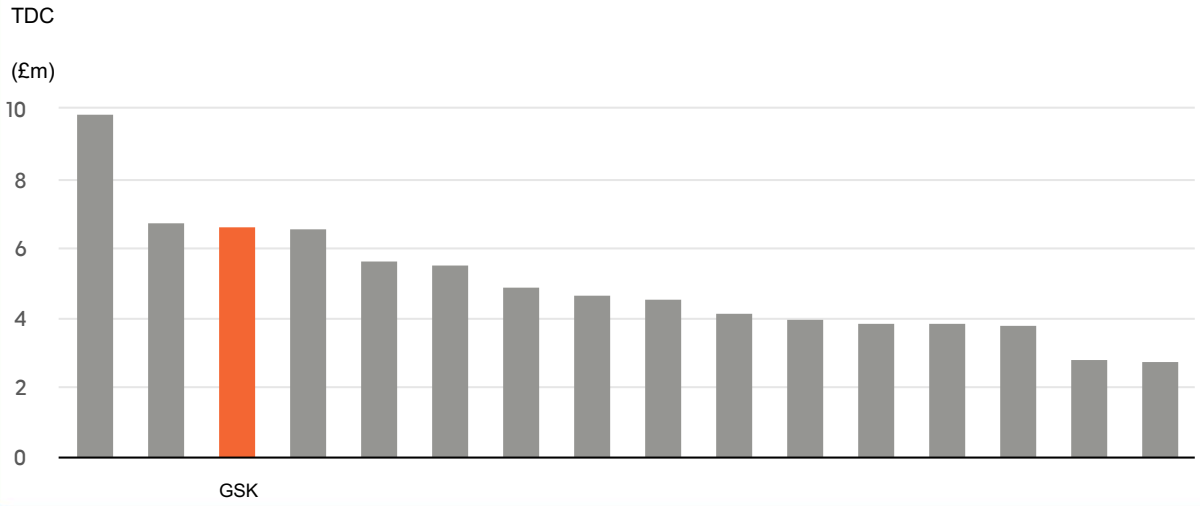


3. Strategic Alignment: We assessed the other aspects of our remuneration to ensure alignment to strategy. Given the priority now is to further demonstrate our ability to deliver the 2031 ambitions and beyond, we wish to ensure that our remuneration approach is even more focused on incentivising execution against pipeline delivery. We will therefore increase the pipeline focus in our Annual bonus objectives while retaining and refining the pipeline focus in our LTI plan.

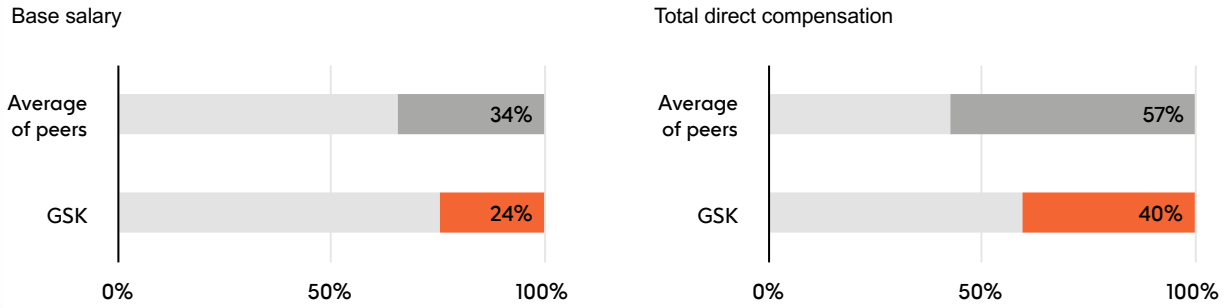
In refreshing our approach, we have noted shareholders' feedback regarding the importance of rigour in target setting and assessment, as well as focusing on value creation. We have worked closely with the Science Committee in this regard.

Remuneration report continued

External compression: GSK CEO vs. #2 at pharma peers



Internal compression: headroom between #2 pay and CEO pay



4. Alignment to Shareholder Experience: Finally, in recognition of the importance of further aligning shareholder and management experiences and shareholder input, we propose to increase the weighting of our relative TSR PSP measure from 30% to 40%. This will be achieved by reducing the other PSP elements equally by 2.5%. We recognise that not all shareholders are supportive of the use of TSR measures in LTI plans. To further align with shareholders and simplify our arrangements our Share Ownership Requirement (SOR) will be updated to track the PSP LTI grant multiple given to executive directors and to require that level be maintained for 2 years after cessation of employment.

Engagement

The Chair and I met to share our initial proposals with certain of our major shareholders before refining our thinking and holding broader discussions in October and November 2024. This culminated in the presentation of our proposals at our Annual Governance Meeting in December 2024 and writing to shareholders representing approximately 60% of our share capital. We subsequently met again with shareholders to further refine our proposals.

The full process we followed is set out on page 141. I would like to thank the many shareholders who engaged with us and for their time and the thoughtfulness in their responses. The feedback was greatly valued and carefully considered before the Committee decided how to proceed.

While it is never possible to reflect all feedback (as some views were irreconcilable), we carefully considered all feedback and made a number of changes to reflect suggestions. There was acknowledgement of GSK as a global biopharma company, the progress that has been made operationally and the stronger positioning of the company, We also discussed: (1) the appropriate level of alignment with shareholder experience, (2) comparability with our geographically local peers, (3) our confidence in the long-term pipeline and short-, medium- and long-term growth strategy, and (4) the importance of providing flexibility in the potential remuneration policy application over time.

Following these collaborative conversations and engagement, we refined our Bonus, LTIP and SOR proposals twice – once after initial discussions with shareholders and then after more broader engagement.

Though there is recognition of the performance and progress made by our highly respected CEO, the importance of aligning our proposals to the shareholder experience meant it was appropriate to make changes to better align to shareholder experience with phased share implementation, stronger shareholding requirements and greater reporting transparency. Our revised proposals will initially result in our CEO being remunerated between lower and median quartile of our new size-adjusted global biopharma peer group. We will have the flexibility to move towards median remuneration by the end of the 2025 Policy period in line with shareholder experience.

Journey towards peer group median for Total Direct Compensation (TDC)

All our analysis has confirmed that material changes are not currently required to the CFO's package at this point. It also confirmed the Committee's starting point that the CEO's current package, which is currently in the lower quartile of the new size-adjusted global biopharma peer group, is insufficient either to reward her performance, or to provide the appropriate capacity for succession. As a result, we will look to target median of the proposed new peer group's total direct compensation levels over time, with a continued strong bias towards performance-related pay.

This will be achieved for the CEO by:

– Annual bonus: the current 3.00 times base salary maximum will be held. However, we will increase on-target bonus from 1.00 times to 1.50 times base salary to help reach the new peer-group median level. The current approach of setting targets on a challenging basis consistent with our growth strategy will be maintained.

– LTI: the CEO's LTI Policy award maximum multiple will be increased from our current CEO Policy maximum of 6.00 (with current grants at 5.75 times) to a maximum of 8.00 times base salary. The Committee will then increase the CEO's PSP LTI grant to 7.25 for 2025.

Thereafter we will only increase the CEO's PSP LTI award multiple from 7.25 times salary after GSK shares are re-rated, or if required for succession purposes.

In addition, for the CEO this increase will be aligned to a more demanding performance scale with the percentage of base salary payable at threshold (TSR median) maintained at approximately the current level of 143.75% of base salary. In this way any benefit from the increase in quantum will clearly be linked to out-performance.

Further, the top end of the TSR scale will be linked to upper quintile (20th percentile) performance, rather than the current upper quartile (25th percentile). This would then be one of the most demanding relative TSR measures in our new peer group and will apply to the executive leadership team.

These combined changes will result in the CEO's total 'on target' remuneration opportunity being £8.76 million, positioned above the lower quartile of this peer group. Albeit, this remains closer to the lower quartile than the median. We will have the capacity to move from here in line with shareholder experience.

The Committee recognises that if GSK operated solely within the UK, the 2025 Policy proposal could be viewed differently. That said, we are of the view that these changes are essential to move towards competitive performance-related pay opportunity in the context of GSK's global operations. Hence a pure FTSE 100 peer group would not be appropriate.

Full details of the proposed 2025 Policy are set out on pages 164 to 172.

Remuneration policy implementation for 2025

During the 2025 Policy consultation process we also shared the changes we were proposing to the way we implement our Policy, in particular in terms of our long- and short-term performance measures.

2025 Annual bonus and LTI performance measures

Given the strategic importance of continued delivery of our pipeline as explained earlier, we have chosen to add a Pipeline measure to the Annual bonus. The 2025 Annual bonus measures for 2025 will therefore be changed as follows:

Current	New for 2025
Sales: 30%	Sales: 25%
Core Operating Profit: 30%	Core Operating Profit: 25%
RB: Inclusion: 10%	Pipeline: 20%
Strategic and operational: 30%	Strategic, operational and RB: 30%

The new short-term Pipeline measure is described in full on page 151. It rewards delivery of shorter-term, large publicly reported R&D milestones for GSK's priority pipeline assets which together are expected to deliver the company's 2031 growth strategy. The Science Committee supports the Committee in confirming the appropriateness and stretch in the Pipeline measure.

Our 2025 PSP LTI measures have been updated too and will be:

Current	New for 2025
Relative TSR: 30%	Relative TSR: 40%
Sales: 20%	Sales: 17.5%
Core Operating Profit: 20%	Core Operating Profit: 17.5%
Pipeline: 20%	Pipeline: 17.5%
RB: Environment: 10%	RB: Composite Score: 7.5%

These measures seek to reinforce over-delivery of our longer-term growth strategy. The Pipeline measure has been updated and focuses on the value and volume achievement of the overall pipeline supporting our 2031 growth strategy and beyond. This measure will only vest, either in full or in part, if at the time of vesting the most recently governed and published 2031 sales outlook remains at a specified level. Our RB measure has been simplified to be directly aligned and reward delivery against the company's full RB programme. You can read in detail about our progress in year and our ambitions in the context of our six RB focus areas set out on pages 45 to 58. We will continue to have transparency of measures and performance.

Remuneration report continued

Path to ensuring competitive compensation

The Committee noted that the UK wider workforce annual increase was 3.3%. It was agreed that the CFO's performance merited a base salary increase of 3.3%, and the CEO an increase of 5%.

The CEO's increase was set marginally higher than that of the general workforce increase given her very strong performance in 2024 and previous years, and her experience in the role, whilst noting the benchmark data. This increase also recognises that the CEO's base salary was 4-5% behind our new size-adjusted performance group median based on 12-month old (i.e. 2024) data. It supports the long-term aim of the Committee to position CEO TDC at the median of our new size-adjusted global biopharma peer group over the course of the 2025 Policy. The Committee also noted the compression impact on other colleagues of the CEO's remuneration both internally and against peers. The increase is insufficient to bridge the differential on TDC but, combined with the proposed increase in performance pay, will begin to move CEO's TDC, towards the median TDC of our new size-adjusted peer group.

Thank you

Once again, I would like to take this opportunity to thank shareholders for their input and engagement during this Remuneration Policy review, to help shape the new Policy presented in this report. During this consultation we were pleased to be able to engage with the majority of the company's shareholder register. I would like to congratulate all our people for all they have achieved in 2024 and the delivery of another excellent year of performance, and thank my fellow Committee colleagues for their wise counsel and support in developing the new Policy. Last but not least, I would also like to thank colleagues on the Board from the Science and the Corporate Responsibility committees for their collaboration and support in ensuring that these changes are robust and well validated. I welcome all shareholders' feedback on this report ahead of our AGM. We look forward to receiving your support for our new Remuneration policy and Annual report on remuneration at our Annual General Meeting on 7 May 2025.

Wendy Becker
Remuneration Committee Chair
25 February 2025

2025 Remuneration policy consultation

2025 Remuneration policy renewal: Key changes for GSK as a pure biopharma company

1	2	3	4
Refocus on meaningful competitive peer benchmark – aligned to GSK purpose and talent flows	Globally competitive compensation for GSK and performance pay potential for CEO	Strategic alignment - deeper and sharper pipeline focus across short- and long-term incentives	Alignment to shareholder experience

GSK consultation process and impact

What we did

Engagement event	Dates	Investor participation (approx.)	Share capital represented (approx.)
Review and understanding of existing policy and strategy	May - July 2024		
Consultation with Board and senior Human Resources Leaders on employee perspectives	July - October 2024		
Initial individual investor consultation	October - December 2024	25 investors	40%
2024 Annual Governance Meeting	December 2024	Invited: 60 investors and proxy advisors Attended: 25 investors	60% 30%
Consultation letter - seeking feedback on proposal	December 2024	60 investors and proxy advisors	60%
Letter - explaining how feedback was considered and incorporated	February 2025	60 investors and proxy advisors	60%
Meetings held with shareholders up to publication of Annual Report	December 2024 - February 2025	12 investors and proxy advisors	20%

What we heard

Reinforced:	Emphasised:
Logic of global biopharma group	Better alignment with shareholder experience
Uncompetitive CEO pay	Differentiate GSK's policy from other geographically local peers of a larger scale
Performance stretch	Request for greater transparency of Pipeline measures
Pipeline focus	Need for global compensation competitiveness, especially for succession

Impact on proposals

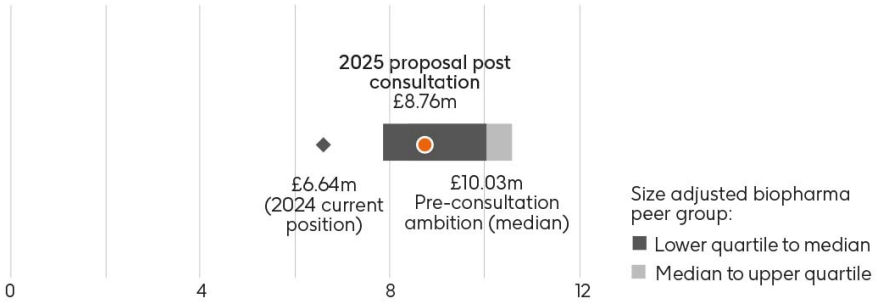
Peer group & salary	– Keep peer group and median aim but phase over the life of the plan
Annual bonus	– Reach market practice of 50% of bonus max for target, keeping max at market practice of 3.00 times base salary – Retain current Annual bonus deferral requirement, even after shareholding requirement is met, to enhance disclosure on pipeline and strategic operational measures
LTIP	– Adjust LTIP maximum award to 8.00 times CEO base salary – Cap the CEO's award at 7.25 times base salary until a meaningful and sustained re-rating of GSK's shares or succession requires it – Maintain Emma Walmsley's payout at threshold at approximately the current percentage of base salary (143.75% of base salary) – Increase maximum vesting for TSR to be top quintile related performance – Increase weighting of relative TSR measure from 30 to 40% of the PSP award – Increase transparency of the pipeline measure and add a vesting underpin to demand 2031 sales outlook at the time of vesting remains at a specified level
SOR	– Increase to match executives' PSP level. Increase post-cessation requirement to apply in full for 2 years post-cessation

2025 Remuneration policy consultation continued

Net impact

Our revised proposals will initially result in our CEO being remunerated between lower quartile and median of our new size-adjusted global biopharma peer group. We will have the flexibility to move towards median remuneration by the end of the 2025 Policy period in line with shareholder experience.

Net impact post consultation on CEO remuneration



2025 Executive Director remuneration

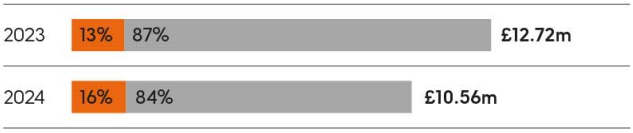
	Emma Walmsley	Julie Brown
Fixed remuneration		
Salary	£1,430,792	£1,022,697
Pension	Aligned to wider UK workforce	
Performance Pay		
Annual bonus (% of salary)	Maximum opportunity: 300%	
	On-target: 150%	On-target: 100%
LTI[1] (% of salary)	Maximum: 725%	Maximum: 400%
	Threshold: 145%	Threshold: 100%
Share ownership requirement (% of salary)	725%	400%

(1) CEO LTI of 725% of base salary to be delivered via initial grant of 575% of base salary and a top-up award granted in May 2025 of 150% of base salary (subject to shareholder approval of the Remuneration Policy at the company's 2025 AGM). The top-up award would vest in May 2028.

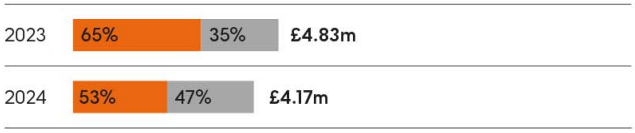
2024 remuneration at a glance

2024 Total remuneration

Emma Walmsley, CEO



Julie Brown, CFO



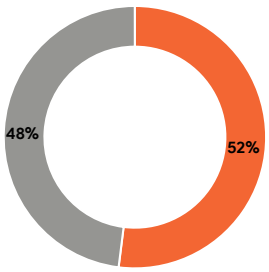
Fixed pay – salary, benefits, pensions and other

Performance pay – annual bonus and vested LTIs

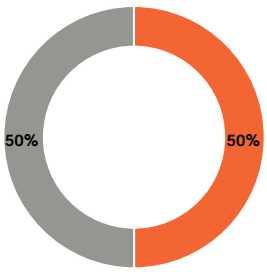
2024 Pay for performance

2024 Annual bonus outcome: Overall payout 70% and 66% of maximum for CEO and CFO respectively

2024 Annual bonus delivery



Emma Walmsley, CEO
Overall bonus
210% of salary

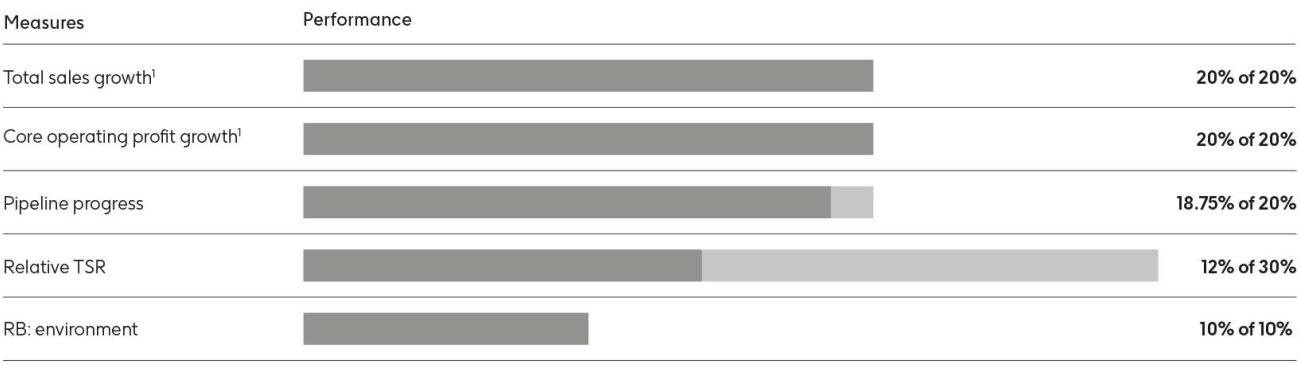


Julie Brown, CFO
Overall bonus
198% of salary

Shares deferred for 3 years
Cash

Shares deferred for 3 years
Cash

2022 PSP outcome: Overall vesting 80.75% of maximum



Vested

Lapsed

(1) Excluding COVID-19 solutions. Total sales is referred to as Group Turnover elsewhere within the report

(2) This measure ceased to operate at the end of 2024

Annual report on remuneration

2024 Total remuneration (audited)

Fixed pay		Pay for performance				
Salary Pension Benefits	+	Annual Bonus	+	LTI awards (2022 PSP award vesting)	=	Total remuneration
Read more on page 145		pages 146 to 148		pages 149 and 150		below

The following sections from this page to page 163 provide details of each element of 2024 'Total remuneration' and how the Committee implemented the company's shareholder-approved 2022 Remuneration policy during the year in terms of fixed and performance pay.

2024 Total remuneration (audited)

	Emma Walmsley, CEO		Julie Brown, CFO	
	2024 £000	2023 £000	2024 £000	2023 £000
Fixed pay				
Salary[1]	1,363	1,310	990	635
Benefits	180	212	64	50
Pension	98	94	69	44
Other[2]	—	—	1,088	2,411
Total fixed pay	1,641	1,616	2,211	3,140
Pay for performance				
Annual bonus[3]	2,855	3,774	1,955	1,687
Vesting of PSP LTI awards[4]	6,063	7,328	—	—
Total pay for performance	8,918	11,102	1,955	1,687
Total remuneration	10,559	12,718	4,166	4,827

(1) **Salary:** Julie Brown joined the company on 3 April 2023. Her 2023 base salary of £915,335 was pro-rated to reflect the time she worked as CFO Designate until 1 May 2023 and as CFO until 31 December 2023

(2) **Other:** Represents the sum paid in cash to Julie Brown, the CFO, as part of her buyout arrangements in relation to leaving Burberry, as set out in full on page 149 of the 2022 Annual Report. In setting the Buyout arrangements, which are staged over a two year period, the Committee sought to ensure she was compensated on a like-for-like basis as far as possible. In fulfilment of these arrangements, the CFO purchased 22,500 shares in June 2023

(3) **Deferred Annual Bonus Plan (DABP):** The mandatory DABP bonus deferrals for 2023 and 2024 are set out on page 160

(4) **2022 PSP vesting in 2025:** For the CEO, the figure has been valued based on the closing price on 18 February 2025 of £14.43. The share price on 15 February 2022, the date of grant, was £15.71. Of the vested amounts for the CEO, nothing was attributable to share price appreciation over the performance period. The Committee did not exercise any discretion in relation to the vesting of the awards or share price changes

All-employee share plans: The CEO and CFO each contribute the maximum of £250 and £125 a month into the Share Save plan and to buy shares under the Share Reward plan respectively. Further details of these HM Revenue & Customs (HMRC) approved all-employee plans are set out on page 154

Malus and clawback: The Committee may in specific circumstances, and in line with stated principles, apply malus and clawback, as it determines appropriate. Following due consideration by the Committee, there has been no recovery of sums paid (clawback) or reduction of outstanding awards or vesting levels (malus) applied during 2024 in respect of either the CEO or CFO

Fixed pay 2024 and 2025 (audited)

Salary

The Committee is very aware of the sensitivity amongst stakeholders to levels of pay. Before setting or reviewing salary, it considered the average increases awarded to employees below Executive Directors and the multiplier effect of increases in base salaries on total remuneration opportunity. The Committee considered the wider economic context, individual performance and market positioning of the increases awarded. The table below sets out the base salaries and increases agreed for 2024 and 2025 for the Executive Directors compared to increases for the UK workforce.

		% change		Salary £000		
	2024 and 2025 effective dates	2025	2024	2025	2024	2023
UK employees	1 April	3.3	4.0			
Emma Walmsley	1 January	5.0	4.0	1,431	1,363	1,310
Julie Brown	1 January	3.3	4.0	1,023	990	952

The CEO's base salary increase was set marginally higher than that of the general workforce increase given her very strong performance in 2024 and previous years, and her experience in role. This increase also recognises that the CEO's base salary was 4-5% behind the median of our new size-adjusted global biopharma performance group (based on previously disclosed peer company CEO remuneration). Further, the increase supports the long-term aim of the Committee to position CEO total direct compensation at the median of our size-adjusted global biopharma peer group over the course of the 2025 Policy.

Benefits

This table provides an analysis of total benefits (grossed up for tax) received by the Executive Directors in 2024 and 2023.

The UK remuneration reporting regulations require the company to add into each Executive Director's total benefits all items which are deemed by tax authorities to be a taxable benefit for them. These include employee benefits as well as business-related services provided to employees to assist or enable them to carry out their role, which a tax authority has deemed to be a taxable "benefit" to the individual. As these are business expenses, the company meets the tax which arises on them and therefore the items are shown grossed up for tax.

	Benefits £000	
	2024	2023
Emma Walmsley		
Benefits available to employees	103	118
Business-related services	77	94
Total benefits	180	212
Julie Brown		
Benefits available to employees	39	25
Business-related services	25	25
Total benefits	64	50

Pensions

From 1 January 2023, pension arrangements for Executive Directors were aligned to the wider workforce. They received GSK pension contributions or cash supplements of 7% of base salary and matching contributions of up to 3% on the first £66,666 of salary for 2024.

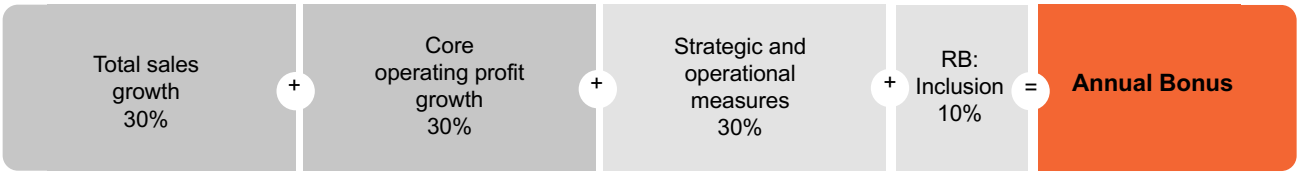
The table below shows the breakdown of the pension values included in 2024 Total remuneration on page 144.

	Emma Walmsley (£000)		Julie Brown (£000)	
Pension remuneration values	2024	2023	2024	2023
UK defined contribution	7	6	—	—
Employer cash contributions	91	88	69	44
Pension	98	94	69	44

Annual report on remuneration continued

2024 Pay for performance (audited)

Annual Bonus



Financial Measures: 60%

Operational: 40%

2024 Annual bonus performance

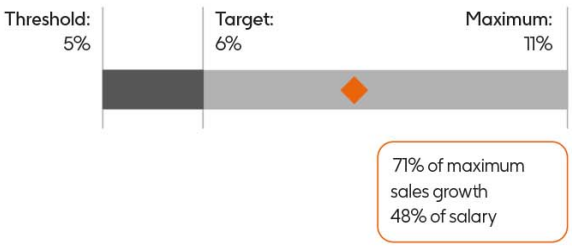
The following table shows the Annual bonuses earned compared to the bonus opportunity for 2024:

	2024 Bonus opportunity			2024 Bonus earned			2024 Bonus Paid as (£000)	
Bonus	Target (% of salary)	Maximum (% of salary)	2024 salary £000	% of Maximum Bonus	% of Salary earned	Total 2024 bonus (£000)	Cash	Shares (DABP Award)
Emma Walmsley	100	300	1,363	70	210	2,855	1,362.7	1,492.1
Julie Brown			990	66	198	1,955	977.7	977.7

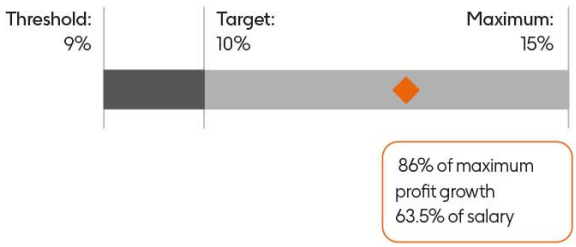
Details of the mandatory deferral by Executive Directors into the Deferred Annual Bonus Plan for the 2024 bonus are set out on page 160.

2024 Financial measures outcomes

Total sales growth excluding COVID-19 solutions



Core operating profit growth excluding COVID-19 solutions



Target setting

These targets were set following consideration of analyst consensus as well as internal budgets. Threshold and maximum performance was at 1% below and 5% above target growth respectively. The total sales growth and core operating profit growth targets and outcomes for the purposes of the Annual bonus calculation are based on CER and excluding the commercial benefit from COVID-19 solutions.

Annual report on remuneration continued

Pay for performance (audited) continued

2024 Strategic and operational measures outcomes

Target setting and review process

At the beginning of the year, after agreeing GSK's three-year plan for 2024 – 2026 and following review of the company's long term growth strategy, and the Board and Management's priorities for the year ahead, the Committee agreed the financial bonus targets for the CEO and CFO. The Committee agreed their key deliverables for the year ahead as their individual strategic and operational measures for 2024.

At the end of the year, after the Board's review of GSK's performance for 2024, the Committee received and considered specific performance assessment reports against the deliverables set for each Executive Director. These showed the extent of achievement against each deliverable. As with the financial bonus measures, the Committee was satisfied with the scale of the Executive Directors' achievements. In completing their assessment, the Committee considered shareholder experience and acknowledged in particular that the market's view of the valuation of GSK is substantially lower than the company's own view and that the Board remains mindful of the need to deliver improving shareholder value over the short-, medium- and long-term timeframes.

	Achievement during 2024	Performance assessment
Emma Walmsley		
	Emma led the executive team and the wider organisation to deliver continued, improved operating performance in 2024, with GSK's reshaped product portfolio demonstrating both strength and resilience, notably with an increased contribution from Specialty Medicines. Pipeline development was also strong, with a record number of positive Ph III readouts in 2024, and the company now focused on development of 14 scale growth opportunities expected to launch before 2031. This has resulted in further improvement to GSK's growth strategy. Alongside this, there was meaningful progress in culture, talent development and exemplary leadership as a responsible business	
	The following table sets out her performance against the Innovation, Performance, Trust and Culture objectives	
Innovation	– Delivered pipeline progression above target with 13 positive Ph III read outs – Delivered innovation sales above plan, accounting for 37% of total sales. Material over-delivery in Specialty and General Medicines compensated for shortfall in Vaccines – R&D now focused on clinical development of 14 potential scale opportunities expected to launch before 2031. These include five product approvals planned in 2025, at the forefront of which are *Blenrep* and depemokimab – Completed transactions to acquire assets in Oncology and Respiratory, Immunology & Inflammation; strengthened platform capabilities in mRNA and oligonucleotides; several new material research alliances established – Good progress across the R&D data/AI technology goals – target choice, patient identification, molecule design/chemical manufacturing and controls (CMC) and clinical trial effectiveness – AI enabled acceleration of digital submissions, reducing number of weeks for last patient visit (LPV) first regulatory submission by over 35%	Exceeded
Performance	– Delivered the financial plan exceeding guidance set for 2024, driven by strong growth and increasing contribution from Specialty Medicines, with growth in all therapy areas, more than offsetting impact of the US and China environment on Vaccines – Continued embedding of scale AI capability in global functions, manufacturing and commercial operations with measurable impact in sales and marketing ROI cost savings, quality and forecast accuracy – Significant increase in deployment and upskilling of AI usage with >29K attendees at the group-wide Data Academy	Met
Trust	– Personal leadership to deliver successful resolution of vast majority of US *Zantac* litigation – managed in best interests of shareholders and without any admission of liability – 2024 Responsible Business Performance Rating 'on track' for third consecutive year, demonstrating sustained momentum in all six priority areas, alongside strong track record of performance delivery – Ranked second in the latest global Access to Medicine Index, where we have been placed first or second since its inception in 2008 – Progressed development of six Global Health pipeline assets to address priority World Health Organisation (WHO) diseases – Environmental Sustainability – 16 of the 17 GSK KPIs at or above target. Low carbon Ventolin Ph III ongoing – 88% of Ph III trials completing enrolment met our thresholds for participants to represent the disease epidemiology under study – well ahead of our 50% target for 2024	Exceeded
Culture	– Annual employee survey improvement in confidence – up 3% to 83% overall – Highly positive engagement scores of more than 80% again in internal survey – Strong champion of leadership and learning, sponsoring a range of leadership programs for first and second line leaders and successful delivery of our Enterprise Leadership Program with excellent feedback and engagement – Strong progress in executive leadership succession planning and quality – New headquarters (HQ) move successfully completed	Exceeded
	The Committee determined that the CEO clearly exceeded her individual objectives and that 78% out of the 90% maximum should be attributed to her overall bonus	

Annual report on remuneration continued

Pay for performance (audited) continued

	Achievement during 2024	Performance assessment
Julie Brown		
	Julie led the Finance Leadership Team and worked alongside the GSK Leadership Team (GLT) to deliver continued, improved operating performance in 2024. Julie led a deep review of pipeline forecasting to support the upgrading of long-term growth strategy, and a strategic review of R&D investments to support smart resource allocation and ROI. Improved profits were delivered by securing a more competitive P&L and increased use of SG&A analytics. Julie continues to oversee the cyber security plan for GSK, with improvements in maturity and control effectiveness. Alongside this, she successfully led progress in culture, talent development and engagement of the Finance organisation	
Demonstrate financial leadership	– Deep review of pipeline forecasting to support upgrading of long-term growth strategy – Strategic review of R&D investments to increase spend and smart resource allocation to improve ROI. Total R&D investment of £6.4bn in 2024 – Strong focus on further improving momentum with business development, organic performance and productivity drivers to deliver a competitive P&L – Delivery of investor engagement programme including Investor Roadmap, 2024 Investor Update and Meet the Management events for Oncology and Early-Stage Pipeline – Led detailed shareholder value gap analysis informing the investor communication programme – Guidance, reporting, financial controls and external audit delivered effectively with no issues, with a step up in the clarity of the published quarterly reporting to the market	Exceeded
Cost discipline and cash flow management	– Organisational delivery of a more competitive P&L, coupled with SG&A analytics, delivering enhanced core operating profit and core operating margin – Cash generated from operations of £7.9bn – Effective, disciplined capital deployment to support business growth and shareholder returns including £2.3bn allocated to targeted business development – Significant progress in tech and AI-enabled changes in Finance, including Source to Pay, financial process improvement, cash and treasury – Successfully led the SG&A ROI project with the purpose of driving competitive, precision analytics to drive increased ROI whilst retaining a growth mindset	Exceeded
Demonstrate strong culture and leadership	– Positive progress on engagement and culture scores in the GSK survey driven by a focus on growth, development and continued wellbeing – Successful implementation of succession and talent development planning including appointment of three new Finance Leadership Team members – Cyber Maturity Plan: All 40 projects planned for 2024 delivery completed	Met
	The Committee determined that the CFO clearly met her individual objectives and that 66% out of the 90% maximum should be attributed to her overall bonus	

2024 Responsible Business (RB): previously set inclusion aspirations[1]

	Emma Walmsley	Julie Brown	Payout level
	Enterprise targets not met	Directorate targets not met	Nil (0%)
	Enterprise targets met, but not all directorate targets	Personal directorate targets met	Target (10%)
	Enterprise and all directorate targets met		Maximum (20%)
Outcome achieved	Maximum payout – 20%	Maximum payout – 20%	

Overview of performance against previously set leadership inclusion aspirations

We previously set aspirational targets for diversity of senior leadership to be achieved by 2025. The Committee agreed interim, annual aspirational targets for 2024 as part of this effort, including global gender representation and US and UK race and ethnicity representation at an enterprise level for the CEO and at a directorate level for the CFO. An internal governance team audited performance against these aspirations for the Committee. Going forward, we expect to make changes in several areas related to inclusion, including no longer setting leadership aspirations.

Delivery: The interim aspirations were met in 2024, and resulted in the leadership aspirational targets set for 2025 being largely met. At the year end, the GSK Enterprise performance was 48%[2] gender representation and 38.3% US ethnicity and 21.8% UK ethnicity in our VP and above employee population.

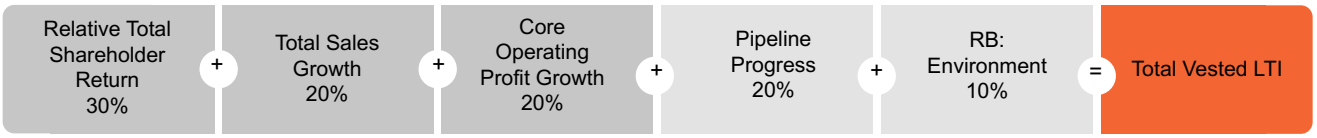
[1]This measure ceased to operate at the end of 2024

[2]Rounded percentile

Annual report on remuneration continued

Pay for performance (audited) continued

Vesting of 2022 PSP LTI awards



Overview of PSP LTI performance

In line with the Committee's agreed principles, actual performance against each measure is carefully reviewed and adjustments are made, as appropriate. This ensures that the vesting outcome reflects genuine underlying business performance and has been delivered in line with our culture and values. The Committee did not deem it necessary to exercise any discretion in relation to the vesting of the awards or due to share price changes. Overall, 80.75% of the 2022 PSP awards vested against the targets set out below.

2022 PSP Outcomes

Performance measures and relative weighting	Performance targets		Vesting level: % of maximum	Vesting level: % of award
Relative TSR (30%)	TSR ranking within comparator group (10 companies)	% vesting	40	12
	Maximum 1st, 2nd, 3rd	100		
	4th	70		
	5th	40		
	Threshold[1] Median	25		
	6th to 10th	0		
	[1] The median vesting threshold falls between two companies. The Relative TSR comparator group is set out on page 156.			
Total sales growth[2] (20%)	Recognises the importance of the company's commercial ambitions with regard to operating profit growth. The measure vests in accordance with the same table as set out below for core operating profit growth, against a target of £76.47bn.		100	20
Core operating profit growth[2] (20%)	Recognises the importance of the company's commercial ambitions with regard to operating profit growth against a target of £22.49bn.		100	20
	Performance vs Target	% vesting		
	Maximum 105 %	100		
	103 %	75		
	100 %	50		
	Threshold 99 %	25		
	<99%	0		
Pipeline progress (20%)	Targets strengthening our pipeline through progression of high quality assets into pivotal trials and the achievement of regulatory approvals in major markets. The points are allocated on achievement of these two equally weighted elements of 10%.			
	Measure: Threshold 25% / 50% / 75% / Maximum 100%			
	Pivotal Trial starts 11 / 13 / 15 / 17		100	
	Major regulatory approval milestones 16 / 18 / 20 / 22		87.5	18.75
RB: Environment (10%)	Recognises the importance of our Responsible Business priority and ambitions of having a Nature Net positive and Climate Net Zero impact by 2030. The measure includes six key performance measures (3x Climate ambitions and 3x Nature ambitions).			
	100% vesting Every measure must have been achieved, and at least two of the six measures, at least one in Climate and one in Nature, must have exceeded their targets at the end of 2024.		100	10
Total vesting in respect of 2022 PSP awards				80.75

(2) excluding COVID-19 solutions

Annual report on remuneration continued

Pay for performance (audited) continued

Pipeline progress - overview of assets contributing to outcome of this measure

	Assets contributing to outcome achieved
Pivotal trial starts (17 points)	depemokimab - CRSwNP, bepirovirsen - HBV, cobolimab + dostarlimab + docetaxel NSCLC, *Blenrep* - 1L MM, dostarlimab - colon, camlipixant - RCC, tebipenem pivoxil - cUTI, dostarlimab unresect HNSCC, CD226 GALAXIES Lung-301, niraparib GBM study, Low Carbon *Ventolin* and *Benlysta* - CTD - ILD.
Regulatory approval milestones (21 points)	RSV OA PreF3 US, RSV OA PreF3 EU, cabotegravir HIV PrEP EU, dostarlimab (RUBY) US, dostarlimab (RUBY) EU, momelotinib - myelofibrosis US, momelotinib - myelofibrosis EU, *Shingrix* - China, and dostarlimib (RUBY - all comers)

2022 PSP vesting

	Granted	Vested[1]	Value of vested shares[1] (£000)
Emma Walmsley	461,059	420,177	£6,063

(1) The number of shares which vested and the value they represented at vesting includes dividend reinvestments during the performance period. These are based on the vesting price of £14.43 on 18 February 2025

(2) The CFO joined GSK on 3 April 2023 and therefore did not receive the 2022 PSP award.

2024 LTI grants

The 2024 DABP awards, in respect of the deferral of 2023 bonus, and the 2024 PSP awards are set out below.

		2024 DABP awards			2024 PSP awards	
	% of total 2023 bonus deferred	Number of shares	Face value of award[1] £000	Award level as % of base salary	Face value of award[2][3] £000	Number of shares
Emma Walmsley	65	147,271	2,463	575	7,835	468,449
Julie Brown	50	56,190	940	400	3,960	236,763

(1) The face values of the DABP and PSP awards has been calculated based on a share price of £16.726, being the closing price on 7 February 2024 (the day before the grants). DABP awards are nil-cost options for the Executive Directors. No performance conditions are attached to the DABP awards, as they reflect the mandatory three-year deferrals in respect of the Annual Bonus for 2023

(2) PSP awards are conditional shares, based on the performance measures set out on page 149 of the 2023 Annual Report

(3) The performance period for the 2024 PSP awards is from 1 January 2024 to 31 December 2026. Awards vest at 25% of maximum for threshold performance. Please see the 2023 Remuneration Report for details of the measures and targets for the 2024 awards

Malus and clawback policy

For the purposes of the 2025 Remuneration policy, there are no changes to the malus and clawback policy (as set out on pages 166 to 167).

The Committee reviews and discloses whether it, or the Recoupment Committee, has exercised malus or clawback. Disclosure is only made when the matter has been the subject of public reports of misconduct, where it has been fully resolved, where it is legally permissible to disclose and where it can be made without unduly prejudicing the company and therefore shareholders. In line with these disclosure guidelines, there were no matters to report during 2024.

Annual report on remuneration continued

Pay for performance (audited) continued

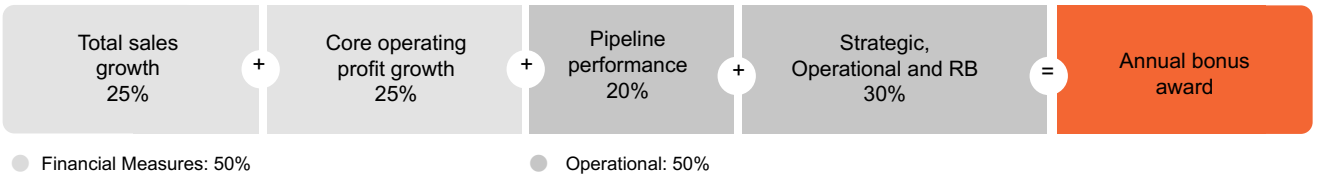
Pay for performance in 2025

Target setting

Following careful review of performance towards GSK's 2031 growth strategy at the end of 2024 and pipeline progression, the three-year plan for 2025 – 2027 was set. The Board then agreed the guidance for the year ahead and the key priorities for the CEO and the CFO. The Committee then considered these carefully together with current consensus expectations before setting the Executive Directors targets for the year ahead.

Inevitably targets linked directly to our financial and strategic plan are commercially sensitive. The Committee does not therefore consider it appropriate to disclose these targets until the end of the year. To disclose them earlier may result in competitive harm. Details will be disclosed in the 2025 Annual Report. The targets and outcomes are calculated based on CER.

2025 Annual bonus measures

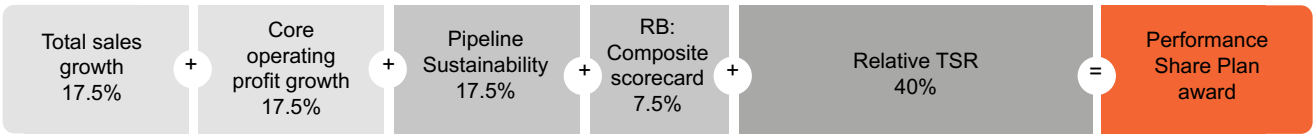


Total sales and Core operating profit growth	These targets are set following the Board's annual planning process and consideration of analysts' consensus to ensure that the targets are sufficiently stretching and support the Committee's aim to incentivise and reward over performance.
Pipeline performance	This is a new element of the Annual Bonus for 2025. It is focused on ensuring that executives have a direct link to the delivery of our pipeline milestones. It is designed to incentivise and reward "on-time in full" delivery of near term outcome based milestones across our priority assets and business development objectives. It also creates alignment across the full Executive team. Priority assets represent major launches and next wave programmes expected to deliver commercial success both in the near- and mid-term, and beyond. For each of the major launches and next wave assets, key inflection points which are expected in 2025 have been set as the respective thresholds, targets and stretch deliverables, with those priorities weighted and assigned points based on their value potential (i.e. contribution to Peak Year sales). Points will then be awarded in each case based on the milestones actually achieved for the relevant assets. 82% of points are available for priority assets and 18% for business development. The schedule of assets contributing to this measure for 2025, and their prioritisation were reviewed and approved by the Science Committee before being agreed by the Committee. The 2025 assets are: – Asthma portfolio: depemokimab & TSLP – COPD portfolio: mepolizumab, depemokimab, TSLP & IL33 – Camlipixant – *Blenrep* – B7-H3 & B7-H4 ADCs – *Jemperli* – HIV: Cab ULA, N6LS, '499, '301 – mRNA respiratory – Pneumococcal franchise – MenABCWY – Bepirovirsen – Gepotidacin – Tebipenem The milestones achieved during the year (including business development) will be disclosed by therapeutic area: – Respiratory, Immunology and Inflammation – HIV – Oncology – Infectious Diseases in the 2025 Annual Report together with the resulting bonus multiplier and the total points achieved (including for business development). The progress achieved will be reviewed by the Science Committee before the Committee agrees the remuneration outcomes.
Strategic, Operational and Responsible Business	The CEO and CFO's key deliverables are agreed in principle by the Board before being set by the Committee in January each year. They focus on supporting delivery of our guidance for the year, and towards the ultimate delivery of our medium and longer term strategic goals to 2031 and beyond.

Annual report on remuneration continued

Pay for performance (audited) continued

2025 Performance Share Plan measures



Financial Measures: 35% | Operational: 25% | Shareholder alignment: 40%

Total sales and Core operating profit growth

These targets are set following the Board's annual planning process and consideration of analysts' consensus to ensure that the targets are sufficiently stretching and support the Committee's aim to incentivise and reward over performance

	Performance vs Target	Proportion vesting
Below threshold	<99% of Target	Nil
Threshold	99% of Target	20%: CEO | 25%: CFO
Target	100% of Target	50%
	103% of Target	75%
Maximum	105% of Target	100%

Pipeline Sustainability

The Annual Bonus Pipeline Performance Measure focuses on OTIF delivery of near-term milestones for priority assets which are expected to contribute to the growth in sales by 2031.

The PSP measure focuses on GSK's replenishment of the pipeline and longer term pipeline performance. For inclusion, a Programme must be either a New Moleculer Entity (NME), or a new indication which adds £0.5 billion to Peak Year Sales. Programmes approved and launched during the three-year window will contribute to the total number of assets and to the sales contribution. It is based on a matrixed assessment of:

- Pipeline sales contribution to GSK's long range forecast (LRF) outlook. The target and vesting will each be based on 10 year net risk adjusted sales forecast i.e. the 2025 -2027 target based on the 2034 LRF and vesting based on the 2037 LRF and
- the Number of Programmes in Phase 2 and 3 and Registration and Approval

This element of the PSP will only vest, either in full or in part, if at the time of vesting the most recently governed and published 2031 sales outlook remains at a specified level. At the end of the period a list of the Programmes added or removed during the period will be disclosed. However, the pipeline sales contributions in the 2034 and 2037 LRFs and the assessment matrix will not be disclosed, as they are commercially sensitive. For the achievement of Threshold performance for both the Pipeline Sales contribution and the number of Programmes, the vesting proportions shall be 20% for the CEO, and 25% for the CFO

RB: Composite scorecard

The Composite scorecard focuses on all the Responsible Business metrics within the Responsible Business Performance Rating. The rating is reported on in detail in each year's Annual Report with the scorecard providing a balanced assessment of performance against all our Responsible Business priorities. Further details on the Rating and performance in 2024 are given on page 45.

Performance will be calculated by aggregating the annual performance across all the individual annual metrics within the rating for the 3 years of the PSP performance period

Performance	Vesting Schedule
70% or more of all metrics are on track	100%
60% of all metrics are on track	75%
50% of all metrics are on track	50%
Less than 50% of all metrics are on track, but progress is being made because at least 50% are either on track, or on track with work to do (the 'threshold' vesting level)	20%: CEO 25%: CFO
Less than 50% of all metrics are either on track or on track with work to do, the rest (i.e. more than 50%) are off track	Nil

Relative TSR

Performance against our new size-adjusted global biopharma peer group of 13 companies (set out on page 156) will be assessed using a percentile vesting approach. This compares GSK's actual TSR performance with that of our peers, rather than our previous approach which was to rank where GSK was placed within our previous global pharma peer group.

Threshold remains at median performance. Maximum performance has been stretched to require upper quintile performance for 100% vesting. Vesting levels between median and upper quintile are determined on the basis of a straight line interpolation

TSR Performance	Vesting Schedule
Above upper quintile	100%
Upper quintile	100%
Between median and upper quintile	Straight-line interpolation
Median (threshold vesting)	20%: CEO 25%: CFO
Below median of peer group	Nil

Annual report on remuneration continued

Pay for performance (audited) continued

2025 Performance pay

2025 Annual Bonus

	% of salary	
	Target	Maximum(1)
Emma Walmsley	150	300
Julie Brown	100	

(1) 50% of the equivalent of the first 200% of base salary earned is deferred, and any portion in excess of 200% is deferred in full.

2025 LTI Awards

The table below provides details of:

– the mandatory deferral of the 2024 Annual Bonus earned into the DABP and the associated awards granted. The shares awarded have no performance conditions, but must be held for three years, regardless of continued employment; and

– 2025 awards granted under the PSP

	2025 DABP awards			2025 PSP awards		
	2024 bonus deferred into shares (% of salary)	Number of shares	Face value of award (£000)	% base salary[1]	Number of shares	Face value of award (£000)
Emma Walmsley	110	103,980	1,492	575	573,313	8,227
Julie Brown	99	68,129	978	400	285,072	4,091

[1] Subject to shareholder approval of the 2025 Remuneration policy at the company's AGM in May 2025, it is intended that the CEO's PSP grant for 2025 be increased to 7.25 times base salary with an additional PSP grant of 1.5 times base salary.

Directors' pay in a wider setting

Internal context

Workforce fairness

In setting executive pay it is important that the Committee does so with a good understanding of the Group's wider workforce approach to pay, with an emphasis on fairness and equal opportunities. To that end, the Committee Chair on an annual basis, meets with senior Human Resources Leaders from across the company to understand their perspectives on pay and GSK's remuneration arrangements for the wider workforce globally. This year was the sixth such annual meeting held and my first since becoming Chair of the Committee.

Comparison of remuneration for employees and Executive Directors during 2024

Element	Wider workforce and Executive Director pay
Salary	The market competitiveness of base salaries across the company is assessed at a local market level. The competitiveness of roles is kept under regular review Increases may also be made to reflect a change in scope of an individual's role, responsibilities or experience For our Executive Directors following a performance review, increases in base salaries are considered in line with market practice, the average increase for the wider employee population and other comparator tools In agreeing increases for Executive Directors, the Committee is mindful of the multiplier effect on the individual's total remuneration
Benefits and pensions	The company seeks to provide an appropriate benefits and pensions package that is aligned to competitive market practices in those countries in which the company operates and where our employees and Executive Directors are based
Annual Bonus	With the exception of our sales force, who participate in separate arrangements, our wider workforce participates in a plan based on performance against four business and financial measures. These are structured to reflect the priorities of each specific business area This plan is designed to reward our employees' collective contribution to business achievement Separate mechanisms are in place to recognise outstanding individual performance and to address under-performance Our Executive Directors participate in the plan as follows. Any bonus up to 200% of salary is paid 50% in cash and 50% in shares deferred for three years. Bonus earned in excess of this (up to a maximum of 300% of salary) would be delivered fully in shares deferred for three years. Clawback and/or malus provisions apply
LTI plans	Senior Vice President (SVP) and Vice President (VP) employees participate in the same Performance Share Plan as our Executive Directors. Clawback and/or malus provisions apply Our SVP and VP employees, together with directors and managers below the GLT, receive annual Share Value Plan awards of restricted shares
Share ownership	All UK-based employees can participate in HMRC approved Share Save and Share Reward employee share plans

Dilution limits

All awards are made under plans which incorporate dilution limits consistent with the guidelines published by the Investment Association. This limit is 10% in any rolling ten-year period for discretionary and all-employee plans. Estimated dilution from existing awards made over the last ten years up to 31 December 2024 is 0.82%.

All-employee share plans

The Executive Directors may participate in HMRC approved all-employee share plans, namely the company's Share Save and Share Reward plans, along with the wider UK workforce. Participants of the Share Save plan may save up to £250 a month for three years and from which they have the option to buy GSK shares at a discount of up to 20% to the share price at the start of the savings contract. Participants of the Share Reward plan contribute up to £125 a month to purchase GSK shares which the company then matches on a one-for-one basis.

Annual report on remuneration continued

Directors' pay in a wider setting continued

CEO and wider employee pay ratio

Financial year	Lower quartile P25	Median P50	Upper quartile P75
2024	168:1	123:1	78:1
2023	207:1	152:1	94:1
2022	144:1	106:1	67:1
2021	154:1	108:1	67:1
2020	130:1	96:1	62:1
2019	160:1	119:1	73:1

GSK continues to use the Option A methodology because it is the most robust and statistically accurate way to calculate the three ratios from the options available under the Remuneration regulations. The pay ratio is lower than in 2023. This is influenced by the delivery of a slightly lower bonus for all, which impacts variable pay outcomes more significantly for our CEO who has a larger proportion of her pay based on performance than individuals at P25, P50 and P75. The CEO's LTI vest was also lower than in 2023 with nothing attributable to share price appreciation over the performance period. The 2022 award was granted at £15.71 and vested at £14.43.

The pay ratios above are calculated using actual earnings for the CEO and UK employees. The CEO's total single figure remuneration of £10.559 million for 2024 and £12.718 million for 2023 are detailed on page 144.

Total remuneration for all UK full-time equivalent employees on 31 December 2024 has been calculated in line with the single figure methodology. This reflects their actual earnings received in 2024 (which excludes business expenses), which were used to produce the percentile calculation under Option A of the Remuneration regulations. Business expenses have been excluded as they are reimbursed to employees and are not sufficiently substantial in value to significantly impact the ratios.

The table below shows the salary, total pay and benefits for each of the percentiles.

	P25 (£)		P50 (£)		P75 (£)	
	Salary	Total pay and benefits	Salary	Total pay and benefits	Salary	Total pay and benefits
2024	41,845	62,876	57,635	85,924	82,629	136,010
2023	39,903	61,490	55,057	83,783	78,496	135,819
2022	37,776	58,883	52,107	79,428	74,905	126,594
2021	37,251	53,151	51,492	76,234	72,997	122,852
2020	36,924	54,133	50,000	73,340	70,203	113,830
2019	34,510	50,467	47,029	68,200	66,561	110,638

The Committee believes that the median pay ratio is consistent with the company's pay, reward and progression policies. The base salaries of all employees, including the Executive Directors, are set with reference to a range of factors including market practice, experience and performance in role.

Relative importance of spend on pay

The table shows total employee pay and dividends paid to shareholders.

	Change %	2024 £m	2023 £m
Total employee pay	3.4	8,759	8,473
Dividends paid in the year	8.8	2,444	2,247

The figures in this table, reflecting payments made during each year and the impact of movements in exchange rates, are as set out on pages 201 and 207. However, cash dividends declared in respect of 2024 were £2,489 million (2023: £2,355 million) an increase of 5.7%. Please see Note 16 to the financial statements for further details.

Total employee pay is based on 69,305 employees, the average number of people employed during 2024 (2023: 70,244). See Note 9 to the financial statements for further details.

The last share repurchase made by the company was in 2014. On 5 February 2025, GSK announced its intention to implement a £2 billion share buyback programme to be completed over an 18-month period. The programme commenced on 24 February 2025 with an initial tranche of up to £0.7 billion.

Provision 40 of the FRC Code

The company's 2022 Remuneration policy was approved on 4 May 2022 at GSK's Annual General Meeting (and amended at the 2023 Annual General Meeting) and has operated as intended in terms of company performance and quantum since its approval. Details of how the 2022 Policy reflects Provision 40 of the FRC Code are set out on page 159 of the 2023 Annual Report.

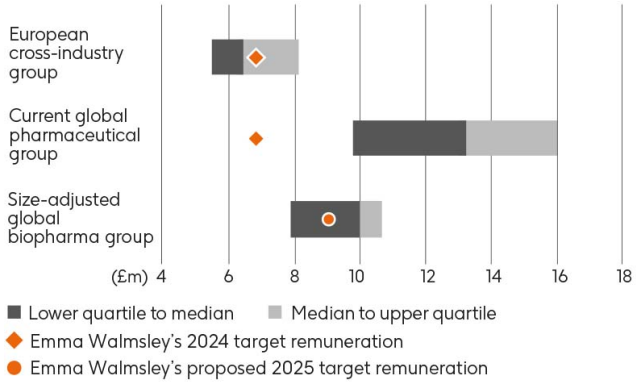
Annual report on remuneration continued

Directors' pay in a wider setting continued

External context

2024 target CEO total remuneration positioning

When reviewing the CEO's remuneration, the Committee's primary comparator group is the European cross-industry comparator group. It also references pay for the Global pharmaceutical comparator group.



Remuneration includes salary and the expected value of incentives based on the Committee's agreed benchmarking methodology

Historic CEO remuneration

Emma Walmsley								£000
	2024	2023	2022	2021	2020	2019	2018	2017
Total remuneration	10,559	12,718	8,449	8,203	7,031	8,084	5,887	4,883
% of maximum								
Annual Bonus award	70%	96%	83%	93%	49%	79%	93%	77%
Vesting of LTI awards	81%	69%	52%	58%	67%	67%	59%	69%

Sir Andrew Witty			£000
	2017	2016	2015
Total remuneration	715	6,830	6,661
% of maximum			
Annual Bonus award	0%	97%	100%
Vesting of LTI awards	0%	33%	38%

(1) Emma Walmsley's total remuneration for 2017 includes her pay for the period 1 January to 31 March 2017, before she became CEO

(2) Sir Andrew Witty received a pro-rata payment for 2017 in lieu of a variable bonus opportunity, in accordance with the 2014 Remuneration policy

(3) PSP and DABP awards for Sir Andrew Witty granted in 2015 did not vest until April 2018, in accordance with the terms of the Recoupment Policy

Comparator groups

For 2024, the European cross-industry comparator group was the Committee's primary comparator group for the CEO and CFO. The Global pharmaceutical comparator group was the secondary group for the CEO, and was also used to measure relative TSR performance. Details of the new Size-adjusted Global Biopharma peer group to apply from 2025 onwards are also set out below:

2024: European cross-industry comparator group

Roche Holding AG	Linde	Deutsche Telekom
Novartis	Sanofi	Kering
LVMH	AstraZeneca	Heineken
Anheuser-Busch InBev	Diageo	BASF
Unilever	Siemens	Vinci
SAP	Christian Dior	Adidas
L'Oreal	Inditex	Bayer
Novo Nordisk A/S	BAT	Safran
Airbus	Volkswagen	Reckitt Benckiser

2024: Global pharmaceutical comparator group

France	**US**
Sanofi	AbbVie(1)
Switzerland	Amgen(1)
Novartis	Bristol-Myers Squibb
Roche Holdings	Eli Lilly
UK	Johnson & Johnson
AstraZeneca	Merck & Co
	Pfizer

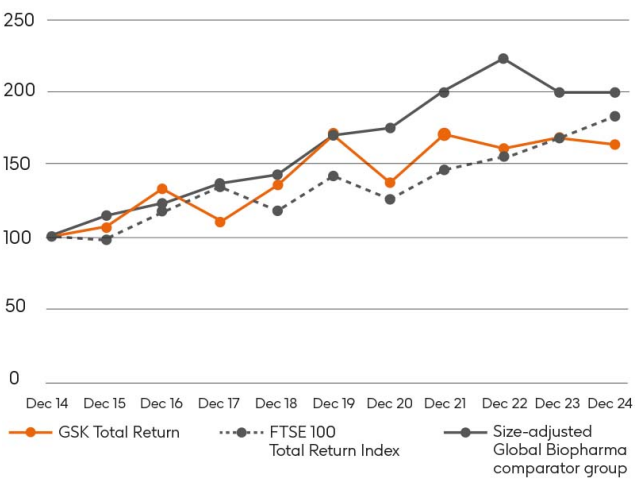
(1) AbbVie and Amgen were included for remuneration benchmarking, but were not included in the relative TSR performance comparator group

2025: Size-adjusted Global Biopharma peer group

Amgen	Gilead	Roche Holding
AstraZeneca	Merck KGaA	Sanofi
Bayer	Moderna	Takeda
Bristol-Myers Squibb	Novartis	
CSL	Pfizer	

TSR Performance graph

The following graph sets out the performance of the company relative to the FTSE 100 Index and to the size-adjusted global biopharma peer group comparator group for the ten-year period to 31 December 2024. These indices were selected for comparison purposes as they reflect both the primary index of which GSK is a constituent and the industry in which GSK operates.



Remuneration governance

Committee role and membership

These details are available on page 113 and are incorporated by reference into this Report. The Chair, CEO, Chief People Officer, Head of Reward, Group Financial Controller and the Company Secretary assisted the Committee during the year.

Adviser to the Committee

	Willis Towers Watson plc (WTW)	FIT Remuneration Consultants (FIT)
Independent adviser	Both advisors are members of the Remuneration Consultants Group and operate under its code of conduct for executive remuneration consulting in the UK which can be accessed at: www.remunerationconsultantsgroup.com	
Advice provided	The Committee noted that neither WTW nor FIT engagement partners or teams that provide remuneration advice to the Committee have connections with the company or its Directors that may impair their independence	
Appointed	Appointed as the Committee's principal remuneration advisor in December 2022	Appointed in October 2024 to provide specific advice on the 2025 Remuneration Policy development process
Fees (charged on a time and materials basis)	2024: £162,220 (2023: £67,419)	2024: £21,243
Conflicts of interest	WTW provides market data and other HR consulting services to the company. The Committee regularly reviews the arrangements for potential conflicts and where appropriate ensures safeguards are in place	The Remuneration Committee Chair declared a prior business relationship with FIT from other companies where she has worked with the consultant in her capacity as a Remuneration Committee Chair and/or member. Appropriate safeguards are in place to ensure independence

Statement of consideration of shareholder views

The Committee engages in regular dialogue with shareholders and holds meetings with GSK's largest investors to discuss and take feedback on its Remuneration policy practices and governance matters.

Details of the additional engagement undertaken in 2024 in support of the Remuneration policy review are given on pages 138 and 141.

The principal proxy advisory firms are also consulted regularly. They were also invited to our Annual Governance Meeting and are sent engagement letters from the Committee and company Chairs.

AGM voting

Details of voting levels in respect of Remuneration arrangements are set out below.

	Total votes cast (billion)	Total votes for (%)	Total votes against (%)	Votes withheld (million)
2024 AGM				
Remuneration Report	2.8	92.7	7.3	38.7
2023 AGM				
Remuneration Report	2.8	88.8	11.2	70.1
Amendments to 2022 Remuneration Policy	2.9	99.0	1.0	10.7
2022 AGM				
Remuneration Report	3.6	91.1	8.9	12.3
Remuneration Policy	3.6	61.8	38.2	13.3

Annual report on remuneration continued

Remuneration governance continued

Committee focus during 2024

	Items discussed
Remuneration policy	– Reviewed the current remuneration arrangements and developed and proposed 2025 Remuneration policy in consultation with the other Non-Executive Directors and employee insights – Consultation with shareholders and consideration of feedback
Fixed Pay	– Considered Executive Director and GLT performance, benchmarking competitiveness against GSK comparator groups – Reviewed GLT and Company Secretary salary recommendations for 2024 – Executive Director salary review recommendations for 2025 – Reviewed company Chair's fees for 2024 and 2025
Pay for Performance Annual Bonus	– Executive Director and GLT 2023 bonus recommendations and set 2024 Executive Directors' bonus objectives
LTI plans	– Considered the LTI performance outcomes and award vesting for the CEO, Executive Directors, GLT and below – Confirmed LTI grants for Executive Directors, GLT and below
Governance and other areas of focus	– Remuneration considerations and Committee programme for 2024 and 2025 – Committee evaluation and Annual Review of its Terms of Reference – Approved 2023 Remuneration report – Confirmed 2024 Group Budget for remuneration purposes – Considered AGM and Remuneration report feedback, the external remuneration environment and performance target disclosure for incentive plans – Agreed Committee's key messages for Annual Governance Meeting – Committee Chair consulted with employee representatives on wider workforce pay practices and pay generally

Payments (audited):

to past Directors	Iain Mackay stepped down from the Board in May 2023 and left the company on 31 December 2023: – The vesting of Mr Mackay's LTI awards, in accordance with the Recoupment policy, resulted in 232,302 shares vesting (including dividends) in respect of his 2021 PSP award in January 2025. Based on the closing share price on 21 January 2025 of £13.585 per share, the value of his vested shares was £3,155,823 – In accordance with the Remuneration policy, 141,577 shares vested (including dividends) in respect of the 2022 PSP award. Based on the closing share price on 18 February 2025 of £14.43 per share, the value of his vested shares was £2,042,956 – These awards remain subject to the following holding periods. The 2021 PSP award holding period expires in February 2026, and the 2022 PSP award holding period expires in February 2027 – In line with his service contract, Mr Mackay received gross benefits of £160,761
for loss of office	No loss of office payments were made during 2024

Annual report on remuneration continued

Non-Executive Directors' fees

The company aims to provide the Chair and other Non-Executive Directors with fees that are competitive with those paid by other companies of equivalent size and complexity, subject to the limits contained in its Articles of Association.

2024 and 2025 Non-Executive Directors' fees

The Non-Executive Directors' fees that applied during 2024, and will apply for 2025, are set out in the table below together with the fees for 2025:

	Per annum	
	2025	2024
Chair fee	£800,000	£764,400
Standard NED annual fee	£122,258	£118,352
Supplemental fees		
Chair of the Audit & Risk Committee	£80,000	£80,000
Senior Independent Director	£50,000	£50,000
Scientific & Medical Experts	£30,000	£30,000
Chairs of the Remuneration, Corporate Responsibility and Science committees and, when appointed, Workforce Engagement Director	£40,000	£40,000
Science Committee members undertaking significant additional responsibilities on behalf of GSK	Up to £200,000	Up to £200,000

Annual Fee Review

Following the annual review by the Committee at the end of 2024, it was determined that the Chair's fee should be increased to £800,000, an increase of 4.7%, marginally above the increase for the wider workforce of 3.3%. This increase reflects the additional contribution made by the Chair and was supported by external benchmarking. The Chair and CEO reviewed the Non-Executive Directors' standard fee at the end of 2024, and agreed that it should be increased by 3.3%, in line with the wider workforce, increasing it to £122,258.

2024 Total Non-Executive Director fees (audited)

The audited table below sets out the value of fees and benefits received by the Non-Executive Directors. Fees paid in a currency other than Sterling are converted using an average exchange rate that is reviewed from time to time. The average exchange rates were updated in 2024. In 2024, fees were converted to US Dollars using an exchange rate of $1.242. Benefits comprise the grossed up cash value of travel and subsistence costs incurred in the normal course of business, in relation to attendance at Board and Committee meetings and in fulfilling their role.

	2024					2023	
				Fixed fees			
Non-Executive Directors' emoluments (000) (audited)	Fixed fees	Benefits	Total pay	Cash	Shares/ADS	Benefits	Total pay
Sir Jonathan Symonds	£764	£17	£781	£551	£184	£30	£765
Elizabeth Anderson	$147	$59	$206	$100	$33	$30	$163
Charles Bancroft	$308	$25	$333	—	$295	$28	$323
Dr Hal Barron	$396	$66	$462	$344	$33	$78	$455
Dr Anne Beal	$197	$58	$255	$156	$33	$34	$223
Wendy Becker	£145	£12	£157	£21	£7	£4	£32
Dr Hal Dietz	$234	$41	$275	$191	$33	$40	$264
Dr Jesse Goodman	$185	$43	$228	$144	$33	$44	$221
Dr Jeannie Lee	$152	$14	$166	$—	$—	$—	$—
Dr Vishal Sikka	$147	$25	$172	—	$134	$13	$147
Retired Directors							
Urs Rohner	£57	£17	£74	£133	£28	£40	£201

Non-Executive Director section of 2022 Remuneration policy

At the 2023 AGM, shareholders approved an administrative amendment to the Non-Executive Director section of the Remuneration policy to allow the notional shares or ADS previously allocated under the Non-Executive Director plan to be delivered to the Chair and Non-Executive Directors at such time as the Committee and Board considered appropriate after any applicable tax withholding. The Chair and Mr Rohner's notional shares were released to them after the AGM in 2023. It is expected that the other Non-Executive Directors holdings will be released to them before the company's AGM in May 2025.

Annual report on remuneration continued

Directors' interests in shares (audited)

Executive Directors' interests in shares

The interests of the Executive Directors of the company in office during 2024 and their persons closely associated (PCA) are shown in the table below:

			As at 31 December 2024			
				Unvested share plan interests		
	Total directors' interests[1]		Beneficial interests	Not subject to performance		Subject to performance
	20 February 2025	31 December 2024	Shares[2]	Shares[3]	Options[4,6]	Shares[5]
Emma Walmsley	2,391,096	2,011,795	925,267	719,827	366,701	1,533,961
Julie Brown	169,340	100,532	42,655	—	57,877	523,727

None of the Directors hold vested but unexercised options.

(1) Total directors' interests includes beneficial interests and unvested share plan interests not subject to performance. For Emma Walmsley, the balance as at 20 February 2025 includes shares awarded in 2022, under the PSP and the DABP which vested in February 2025, less those sold to satisfy tax liabilities on the vested amounts where relevant. Executive Directors' shareholdings against their SOR are outlined below

(2) Beneficial interests includes shares held by the Executive Directors and their PCAs. For Emma Walmsley and Julie Brown, this includes 2,751 shares and 276 shares respectively purchased through the Share Reward plan

(3) Unvested shares not subject to performance represent PSP shares which have vested but are subject to an additional two-year holding period

(4) Unvested options not subject to performance represent bonus deferrals under the DABP which are awarded as nil-cost options (as described in note 6 below). This figure excludes 790 options and 828 options held by Emma Walmsley and Julie Brown respectively under the Share Save plan

(5) Unvested shares subject to performance represent unvested PSP awards

(6) DABP: The table below shows bonus deferrals and subsequent reinvestment of dividends under the DABP. The amounts represent the gross share balances prior to the sale of any shares to satisfy tax liabilities on vesting

DABP (Bonus deferrals)	20 February 2025	31 December 2024	1 January 2024
Emma Walmsley	393,053	366,701	258,843
Julie Brown	126,649	57,877	—

The following table sets out details of nil-cost options exercised during 2024 by Executive Directors:

	Date of grant	Number of shares under option	Date of exercise	Grant price	Market price at exercise	Gain on exercise (000)
Emma Walmsley	10.02.2021	52,435	12.02.24	£0.00	£16.52	£866

The nil-cost options awarded in 2021 under the DABP represent the bonus deferred by the Executive Director and recorded as remuneration (under Annual Bonus) in the 2020 Total remuneration table. The number of shares under option includes the initial award together with reinvested dividends accrued to the date of exercise.

Executive Directors' Share ownership requirements (SOR) (audited)

To align the interests of Executive Directors with those of shareholders, they are required to build and maintain significant holdings of shares in GSK over time. Executive Directors are required to continue to satisfy this SOR by holding 100% of their SOR for the first 12 months after leaving GSK and not less than 50% of their SOR for months 13-24 thereafter. Shares subject to performance conditions are excluded from the SOR calculation until the end of the performance period. These vested shares are then included to the extent that the performance conditions are met. The value of the holdings has been calculated on a post-tax basis. Iain Mackay exceeded his SOR at the date of his retirement from the Board and continues to maintain his SOR.

		Value of holdings as % of salary	
	SOR % of salary	20 February 2025	31 December 2024
Emma Walmsley	6.5	17.25	16.01
Julie Brown	3.0	1.48	1.08

Annual report on remuneration continued

Directors interests in shares (audited) continued

Non-Executive Directors' interests in shares

The interests of the Non-Executive Directors in office during 2024 and their persons closely associated (PCA) are shown in the table below:

		Total directors' interests as at[2]			Prior NED share allocation plan			
					Number of shares/ADS			
	NED SOR 20 February 2025[1]	20 February 2025	31 December 2024 or date of retirement	Beneficial interests at 31 December 2024 or date of retirement[4]	Dividends reinvested after year end	31 December 2024	Elected & allocated during the year[5]	1 January 2024
Shares								
Sir Jonathan Symonds	Met	81,757	81,757	81,757	—	—	—	—
Wendy Becker	In progress	2,367	2,367	2,367	—	—	—	—
ADS								
Elizabeth Anderson	In progress	2,180	2,159	2,159	—	—	—	—
Charles Bancroft	Met	32,164	31,270	14,757	754	16,513	709	15,804
Dr Hal Barron	Met	640,414[3]	661,080	661,080	—	—	—	—
Dr Anne Beal	In progress	3,899	3,795	1,914	85	1,881	80	1,800
Dr Hal Dietz	In progress	3,673	3,579	1,914	76	1,665	71	1,593
Dr Jesse Goodman	Met	15,714	15,094	1,914	602	13,180	566	12,614
Dr Jeannie Lee	In progress	796	790	790	—	—	—	—
Vishal Sikka	Met	8,337	8,257	8,257	—	—	—	—
Retired Directors								
Urs Rohner[6]	—	—	17,769	17,769	—	—	—	—

(1) NED Share Ownership Requirements: Since July 2022, the company has operated a minimum Non-Executive Director share ownership requirement (NED SOR) of at least one times the standard NED annual fee (or the Chair's fee) to be maintained until after retirement. from the Board. The Chair and Non-Executive Directors have transitioned from the previous NED share allocation plan (NED Plan) to purchasing shares and ADSs in the market from their net fees. The company provides an arrangement so that they can use their net fees to purchase GSK shares or ADSs in the market.

(2) Total directors' interests include beneficial interests and any notional shares/ADS received as all or part of their fees under the previously operated NED Plan. Dividends received on notional shares/ADS under the prior NED Plan during the year and in January 2025 were converted into notional shares/ADS as at 9 February 2025.

(3) The Total interests for Dr Barron have reduced since 31 December 2024 following the vesting of DABP awards granted to him in his former executive capacity as CSO. The DABP vest relates to the deferral of shares from the 2022 annual bonus. On vesting, shares are sold to meet an executive's tax liabilities. Details of his transition from CSO to a Non-Executive Director are given on page 135 of the 2022 Annual Report

(4) Beneficial interests includes shares/ADS held by the Non-Executive Directors and their PCAs

(5) Notional shares/ADS allocated during the year under the NED plan relates to dividends reinvested during the year

(6) Urs Rohner retired from the Board on 8 May 2024

Percentage change in remuneration of Directors

	2024 percentage change			2023 percentage change			2022 percentage change			2021 percentage change			2020 percentage change		
	Salary/ fees %	Benefits %	Bonus %	Salary/ fees %	Benefits %	Bonus %	Salary/ fees %	Benefits %	Bonus %	Salary/ fees %	Benefits %	Bonus %	Salary/ fees %	Benefits %	Bonus %
UK employees[1]	4.0	(0.2)	(16.0)	7.1	0.92	34.8	3.0	2.3	44.81	2.0	0.0	4.85	2.5	—	11.0
Executive Directors[2,3]															
Emma Walmsley	4.0	(15.1)	(24.4)	4.0	61.8	20.1	3.0	(2.2)	38.2	2.0	(5.0)	94.6	8.0	(26.6)	(33.4)
Julie Brown[4]	55.9	28.0	15.9	—	—	—	—	—	—	—	—	—	—	—	—
Non-Executive Directors[2,3]															
Jonathan Symonds	3.9	(43.3)	—	5.0	200.0	—	0.0	233.3	—	0.0	50.0	—	201.7	0.0	—
Elizabeth Anderson	10.5	96.7	—	209.3	—	—	—	—	—	—	—	—	—	—	—
Charles Bancroft	4.4	(10.7)	—	2.8	180.0	—	36.7	100.0	—	156.1	—	—	—	—	—
Dr Hal Barron[5]	5.0	(15.4)	—	127.1	609.1	—	—	—	—	—	—	—	—	—	—
Dr Anne Beal	4.2	70.6	—	2.7	126.7	—	121.7	—	—	—	—	—	—	—	—
Wendy Becker	417.9	200.0	—	—	—	—	—	—	—	—	—	—	—	—	—
Dr Hal Dietz	4.5	2.5	—	(3.4)	1900.0	—	—	—	—	—	—	—	—	—	—
Dr Jesse Goodman	4.5	(2.3)	—	(27.2)	41.9	—	11.0	34.8	—	(5.6)	0.0	—	(12.5)	(65.2)	—
Dr Jeannie Lee	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dr Vishal Sikka	9.7	92.3	—	131.0	—	—	—	—	—	—	—	—	—	—	—
Retired Non-Executive Directors															
Urs Rohner	(64.6)	(57.5)	—	12.6	73.9	—	5.9	109.1	—	(5.6)	175.0	—	16.3	(69.2)	—

(1) This table is provided in accordance with Schedule 8 of The Companies (Directors' Remuneration Policy and Directors' Remuneration Report) Regulations 2020. The UK employee population was considered to be the most relevant comparison as it most closely reflects the economic environment encountered by the Executive Directors

(2) Percentage changes have been calculated based on the 2024 Total remuneration table on page 144 for Executive Directors and the 2024 Total fees table on page 159 for Non-Executive Directors

(3) Further information on Executive Directors' salary and benefits can be found on page 145

(4) Julie Brown joined the company on 3 April 2023. Her 2023 base salary of £915,335 was prorated to reflect the time she worked as CFO Designate until 1 May 2023 and as CFO until 31 December 2023

(5) Dr Hal Barron transitioned to a Non-Executive Director role on 1 August 2022

Directors and Senior Management

Further information is provided on compensation and interests of Directors and Senior Management as a group (the group). For this purpose, the group is defined as the Executive and Non-Executive Directors, other members of the GLT and the Company Secretary. For the financial year 2024, the following table sets out aggregate remuneration for the group for the periods during which they served in that capacity.

	Remuneration for 2024 £
Total compensation paid	31,954,832
Aggregate increase in accrued pension benefits (net of inflation)	12,530
Aggregate payments to defined contribution schemes	1,366,412

During 2024, members of the group were awarded shares and ADS under the company's various LTI plans, as set out in the table below. To align the interests of Senior Management with those of shareholders, Executive Directors and GLT members are required to build and maintain significant holdings of shares in GSK over time. GLT members are required to hold shares to an equivalent multiple of two times their base salary, and must continue to satisfy these share ownership requirements for a minimum of 12 months after leaving GSK.

	Awards		Dividend reinvestment awards	
Awarded during 2024	Shares	ADS	Shares	ADS
Performance Share Plan	2,106,865	57,636	269,308	6,409
Deferred Investment Awards[1,2]	—	—	7,490	169
Share Value Plan[2]	10,050	—	—	—

(1) Notional shares and ADS

(2) Executive Directors are not eligible to receive Deferred Investment Awards or participate in the Share Value Plan

Annual report on remuneration continued

Directors and Senior Management continued

At 20 February 2025, the group and their PCAs had the following interests in shares and ADS of the company. Interests awarded under the various LTI plans are described in Note 45 to the financial statements, 'Employee share schemes' on pages 262 to 263.

Interests at 20 February 2025	Shares	ADS
Owned	4,351,616	700,013
Unexercised options	4,810	—
Deferred Annual Bonus Plan	1,414,721	42,027
Performance Share Plan	8,095,450	302,840
Deferred Investment Awards[1,2]	76,815	2,439
Share Value Plan[2]	20,100	—

(1) Notional shares

(2) Executive Directors are not eligible to receive Deferred Investment Awards or participate in the Share Value Plan

Executive Directors' external appointments

The company recognises that Executive Directors may be invited to become non-executive directors of other companies. Such appointments can broaden their knowledge and experience to the benefit of the company. Executive Directors are entitled to retain any fees received from such appointments. Emma Walmsley is an independent non-executive director of Microsoft Corporation. Julie Brown is an independent non-executive Director of Diageo plc.

Service contracts and letters of appointment

The table below sets out the dates of the Executive Directors' service contracts, which are available at the company's registered office and on gsk.com.

	Date of contract	Effective date	Expiry date
Emma Walmsley	29.03.17	01.04.17	30.06.34
Julie Brown	25.09.22	01.05.23	n/a

Non-Executive Directors have letters of appointment, which are also available to view at the company's registered office. Each Non-Executive Director is expected to serve on the Board until the end of the AGM following the third anniversary of their appointment, provided that they are elected and subsequently re-elected annually. Subject to mutual agreement, they may serve a further one or two, three year terms, depending on the needs of the Board.

2025 Remuneration policy report

2025 Remuneration policy

Remuneration policy renewal

Our current Remuneration policy (policy) was approved by our shareholders at our Annual General Meeting on 4 May 2022 when it received a 61.76% vote in favour. Shareholders are being asked to approve a new policy at our Annual General Meeting on 7 May 2025 which is intended to apply for the next three years.

During 2024, the Committee considered the policy to define the biopharma business' new approach to remuneration. The decision-making engagement process that the Committee followed for its determination, review and implementation of the proposed new policy are set out on pages 135 to 142.

The Committee's review of the policy sought to:

- incentivise the delivery of the company's Ahead Together strategy and 2031 growth strategy
- reinforce the company's pay for performance, particularly in over delivery
- enable retention and attraction of talent as a global biopharma company and
- create headroom to deliver market competitive reward throughout the organisation

In addition, changes to the policy have been made to ensure its implementation will support the delivery of our business strategy whilst delivering a clear, understandable and appropriately globally competitive package to attract, retain and motivate executive talent.

The Committee developed the new policy for Executive and Non-Executive Directors in the context of its oversight of wider workforce pay, not directly with employees. It sought employee insights from the Chief People Officer and senior Human Resources Leaders. It consulted with our largest shareholders in respect of the proposed changes and took shareholders' feedback into account when finalising the new policy.

The full policy that shareholders are asked to approve is set out below on this page to page 172.

Subject to shareholder approval on 7 May 2025 at GSK's Annual General Meeting, the Remuneration policy for each remuneration element will be as outlined in the table below.

Future policy table

Salary	To provide a core reward for the role. Set at a level appropriate to secure and retain high calibre individuals needed to deliver the Group's strategic priorities.	No change

Operation

Individual's role, experience, performance and independently sourced data for relevant comparator groups considered when determining salary levels.

Salary increases typically take effect in the first quarter of each year.

Salaries are normally paid in the currency of the Executive Director's home country.

Opportunity

There is no formal maximum limit and, ordinarily, salary increases will be broadly in line with the average increases for the wider GSK workforce.

However, increases may be higher to reflect a change in the scope of the individual's role, responsibilities or experience. Salary adjustments may also reflect wider market conditions in the geography in which the individual operates and outperformance.

Details of current salary levels are set out in the Annual report on remuneration.

Performance measures

The overall performance of the individual is a key consideration when determining salary increases.

Benefits	Levels are set to recruit and retain high calibre individuals to execute the business strategy	No change

Operation

Executive Directors are eligible to receive benefits in line with the policy for other employees which may vary by location.

These include, but are not limited to, car allowances, healthcare, life assurance/death in service (where not provided as part of the individual's pension arrangements), personal financial advice and contractual post-retirement benefits. In line with the policy for other employees, Executive Directors may be eligible to receive overseas relocation allowances and international transfer-related benefits when required. Executive Directors in the UK are also eligible to participate in all-employee share schemes (e.g. Share Save and Share Reward Plan), under which they are subject to the same terms as all other employees.

To recognise the high business travel requirements of the role, Executive Directors are also entitled to car travel and exceptionally may be accompanied by their spouse/partner on business trips. Other benefits include expenses incurred in the ordinary course of business, which are deemed to be taxable benefits on the individual.

Where an Executive Director is based outside the UK, but is required to travel to the UK to fulfil the responsibilities of their role and to attend Board Meetings, they may be subject to tax on their business travel expenses to and from the UK and on the provision of any accommodation in the UK. Although in

2025 Remuneration policy report continued

reality it represents a business expense, the tax treatment requires that their travel and accommodation expenses are then included as benefits. Because of the business context, the tax liabilities will be covered by the company on a grossed-up basis.

Benefit provision is tailored to reflect market practice in the geography in which the Executive Director is based and different policies may apply if current or future Executive Directors are based in a different country.

Opportunity

There is no formal maximum limit as benefits costs can fluctuate depending on changes in provider cost and individual circumstances.

Details of current benefits and costs are set out in the Annual report on remuneration.

Performance measure

None

Pension

Pension arrangements provide a competitive level of retirement income. — No change

Operation

Pension arrangements are structured in accordance with the plans operated in the country in which the individual is likely to retire.

Where the Executive Director chooses not to become a member of the pension plan the approach differs depending on the country in which the individual is located.

Where an individual is a member of a GSK legacy defined benefit plan, a defined contribution plan or an alternative pension plan arrangement and is subsequently appointed to the Board, he or she may remain a member of that plan.

Opportunity

UK:
From the date of appointment, all new UK Executive Directors receive:

- 7% of base salary contribution to defined contribution plan and a further 3% in matched contributions subject to any relevant cap and in line with implementation principles for other members of the plan; and
- 7% of base salary as a cash payment in lieu of pension contribution for the portion above the relevant cap;
  or
- 7% of base salary as a cash payment in lieu of pension contribution.

US:

- From the date of appointment, all new US Executive Directors will participate in the GSK 401(k) plan(1) and the Executive Supplemental Savings Plan (ESSP)(1) with core contributions of 7% of base salary and bonus(2) and matched contributions of 4% of base salary and bonus(2).
- If the Executive Director chooses not to make a contribution to the 401(k) and/or ESSP, there is no cash payment in lieu of pension contribution. GSK will continue to provide the relevant core contributions.

Global:

- Eligible for appropriate equivalent arrangement not in excess of the US/UK arrangements.

Performance measures

None.

(1) In the event of any change to the plans operated in the US, a similar treatment would be provided under any successor arrangements introduced within the market

(2) Less bonus deferred under the DABP

Annual bonus

To incentivise and recognise execution of the business strategy on an annual basis. Rewards the achievement of stretching annual financial, pipeline, strategic, operational and trust measures. — Change

Operation

Financial, operational and business targets are set at the start of the year by the Committee and bonus levels are determined by the Committee based on performance against those targets.

Strategic, operational and Responsible Business measures are set at the start of the year by the Committee and performance against those measures is assessed by the Committee and, where appropriate, with the Corporate Responsibility Committee.

Executive Directors are required to defer part of any bonus earned into shares, or ADS as appropriate, for three years. 50% of the equivalent of the first 200% of salary is deferred, and any portion in excess of 200% is deferred in full. Deferred bonus shares are eligible for dividend equivalents up to the date of vesting.

The Committee may adjust the formulaic vesting outcome (either up or down) to ensure that the overall outcome reflects underlying business performance over the vesting period. Clawback and/or malus provisions apply as described on pages 166 to 167.

Opportunity

The maximum bonus opportunity for Executive Directors is 300% of salary. Below 99% of target performance, the bonus payout on the financial measures will be nil. For target performance, the bonus payout will be 150% of salary for the CEO and 100% of salary for the CFO.

Performance measures

Based on a combination of financial, operational and business targets with at least 50% of the bonus assessed against the financial measures. The weighting between different measures will be determined each year according to business priorities. Further details, including the measures to be used in the financial year, are provided in the Annual report on remuneration.

Selection of annual bonus measures
The annual bonus is designed to drive the achievement of GSK's annual financial, strategic and operational measures. The annual bonus opportunity is based on a formal review of performance against the prevailing targets.

The annual bonus financial targets are set by reference to internal budget and external consensus targets.

2025 Remuneration policy report continued

Performance Share Plan (PSP)

To incentivise and recognise delivery of the longer term business priorities, financial growth and increases in shareholder value compared to other global biopharma companies. In addition, to provide alignment with shareholder interests, a retention element, to encourage long-term shareholding and discourage excessive risk taking.

Change

Operation

Conditional awards are made annually with vesting dependent on the achievement of performance conditions over three years and are subject to an additional two-year holding period. PSP targets are set by reference to internal budget and external consensus targets.

Awards are eligible for dividend equivalents up to the date of vesting and release.

The Committee may adjust the formulaic vesting outcome (either up or down) to ensure that the overall outcome reflects underlying business performance over the vesting period.

Clawback and/or malus provisions apply as described on pages 166 to 167.

Opportunity

The normal maximum award limits that may be granted under the PSP to an individual in any one year are set out in the table below:

	% of salary
CEO	800
CFO	400
Other Executive Director	500

Performance measures

Based on a combination of financial, share price related and strategic and Responsible Business performance conditions which are aligned to the company's strategic plan. For all measures, 25% of awards will vest at threshold performance, except for the CEO where awards will vest at 20% for threshold performance. Further details, including the performance targets attached to the PSP in respect of each year, and the weightings of the targets for the 2025 PSP awards are provided in the Annual report on remuneration.

Selection of long-term incentive measures

The Committee selects performance measures which focus Executive Directors' long-term remuneration on the delivery of GSK's key strategic priorities over the longer term and which align to shareholder experience. In addition to setting robust targets, the Committee has implemented a number of safeguards to ensure the targets are met in a sustainable way and performance reflects genuine achievement against targets and therefore represents the delivery of value for shareholders.

For each performance measure, the impact of any acquisition or divestment may be quantified and adjusted for after the event.

Any major adjustment in the calculation of performance measures will be disclosed to shareholders on vesting.

The Audit & Risk Committee chair and other members, who are also members of the Committee, provide input on the Audit & Risk Committee's review of the Group's performance and oversight of any risk factors relevant to remuneration decisions.

Details of the rationale behind the performance measures selected and how they are calculated are set out in the Annual report on remuneration.

Share Ownership Requirements

Change

To align the interests of Executive Directors with those of shareholders, they are required to build and maintain significant holdings of shares in GSK over time.

As a minimum, Executive Directors are required to maintain 100% of their share ownership requirements for two years after retirement from the company.

Executive Directors' Share Ownership Requirements have been reset to match their current annual PSP award level.

Clawback and malus

No change

The various incentive plans include broad discretion when assessing the outturn to consider wider factors and reduce levels accordingly.

In the event of a 'triggering event' (i.e. significant misconduct by way of violation of regulation, law, a significant GSK policy, such as the Code of Conduct, or a material misstatement or restatement of results, or serious reputational damage), the company will have the ability to claw back up to three years' annual and deferred bonuses as well as vested and unvested LTIs.

GSK may specify additional 'triggering events' and/or different clawback periods where required to do so by regulatory requirements, including the rules of any government or regulatory authority or relevant securities exchange.

In addition, in respect of PSP awards made from 2020, if a participant is subject to an investigation, then the vesting of their awards may be delayed until the outcome of that investigation.

A separate Recoupment Committee has been established to investigate relevant 'triggering events'. The Recoupment Committee exercises this authority for the wider employee base. It comprises of senior executives with relevant oversight and appropriate experience, including the Senior Vice

President, Chief Compliance Officer, and the Senior Vice President and Group General Counsel, Legal and Compliance.

In respect of each financial year, the Committee will disclose whether it (or the Recoupment Committee) has exercised clawback or malus. Disclosure will be made as required by law, regulation or the rules of any relevant securities exchange, and otherwise only when the matter has been subject to public reports of misconduct, where it has been fully resolved, where it is legally permissible to disclose and where it can be made without unduly prejudicing the company and therefore shareholders.

Additionally, where there has been continuity of responsibility between initiation of an adverse event and its emergence as a problem, the adverse event should be taken into account in assessing annual bonus awards and LTI vesting levels in the year the problem is identified and for future periods. The Committee (or Recoupment Committee) may make appropriate adjustments to individual annual bonuses as well as grant and vesting levels of LTI awards to reflect this.

Approach to recruitment remuneration

No change

The Committee determines the remuneration package of new Executive Directors on a case-by-case basis depending on the role, the market from which they will operate and their experience. Total remuneration levels will be set by reference to a relevant pay comparator group and, where appropriate, will allow for future development in the role.

It is expected that new Executive Directors will participate in short and long-term incentive plans on the same basis as existing directors. However, in exceptional circumstances, the Committee reserves the flexibility to set the incentive limit for a new Executive Director at up to an additional 50% of the existing limits.

The Committee retains this flexibility in recognition of the high levels of variable pay in GSK's global pharmaceutical competitors. However, the Committee will only use this flexibility when it is considered to be in the best interests of the company and its investors.

Pension arrangements for any external recruit as an Executive Director will be as set out in the Remuneration policy table on page 165.

Other benefits will be provided in line with the policy for existing Executive Directors.

Where required and deemed appropriate by the Committee, the costs of financial planning, legal and tax advice may be reimbursed.

Where required to meet business needs, relocation support will be provided in line with company policy.

For any internal appointments, entitlements under existing remuneration elements will continue, including pension entitlements and any outstanding awards. However, where not already the case, internal appointments will be required to move to Executive Director contractual terms, including termination provisions.

The Committee is mindful of the sensitivity relating to recruitment packages and, in particular, the 'buying out' of rights relating to previous employment. It will therefore seek to minimise such arrangements. However, in certain circumstances, to enable the recruitment of exceptional talent, the Committee may determine that such arrangements are in the best interests of the company and its shareholders. Such arrangements will, where possible, be on a like-for-like basis with the forfeited remuneration terms. Arrangements will therefore vary depending on the plans and arrangements put in place by the previous employer and may be in the form of cash or shares and may or may not be subject to performance conditions. Explanations will be provided where payments are made as compensation for previous remuneration forfeited.

The remuneration arrangements for any newly appointed Executive Director will be disclosed as soon as practicable after the appointment.

Loss of office payment policy

No change

The company does not have a policy of fixed term contracts. Generally, contracts for new appointments will expire in line with the applicable policy on retirement age, which since 2009 has been 65.

Contracts for existing Executive Directors will expire as applicable on the dates shown on page 163.

Notice period on termination by the employing company or the Executive Director is 12 calendar months. Where required and deemed appropriate by the Committee when recruiting externally, an initial notice period of 2 years may be applied, reducing to 12 calendar months over one year.

The ability to impose a 12-month non-compete period (and a non-solicitation restriction) on an Executive Director is considered important by the company to have the ability to protect the Group's intellectual property and staff. In light of this, the Committee believes that it would not be appropriate to provide for mitigation in the contracts.

Termination of employment

In the event that an Executive Director's employment with the company terminates, the following policies and payments will apply.

Element of Remuneration	Loss of office payment policy
Termination payment	Termination by notice: 12 months' annual salary payable on termination by the company (pro-rated where part of the notice period is worked). No termination payment is made in respect of any part of a notice period that extends beyond the contract expiry date. A bonus element is not normally included in the termination payment. However, the terms of the contracts seek to balance commercial imperatives and best practice. Redundancy: As above, for termination by notice. In the UK, only statutory redundancy pay will apply. In the US, the general severance policy does not apply. Retirement, death and ill-health, injury or disability: No termination payment.
LTI awards	PSP awards are governed by the plan rules as approved by shareholders. The following provisions will normally apply: Termination by notice: Unvested awards will lapse. Redundancy, retirement, death, ill-health, injury, disability or any other reason: Generally, awards will continue to vest over the original timescales subject to performance and normally pro-rated for time. In the event of a change of control, PSP awards will vest, taking into account performance to date and normally taking into account the proportion of the performance period that has elapsed. Alternatively, the awards may be exchanged for new awards.
Annual bonus	Termination by notice by individual: If an individual serves notice and the termination date falls before 31 December, the bonus is forfeited. Termination by notice by the company, redundancy, retirement, death, ill-health, injury or disability: If the termination date falls during the financial year, eligible for pro-rated on-target bonus (if employed on 31 December, bonus payable based on actual results).
Mandatorily deferred bonus under the DABP	DABP deferred bonus awards in respect of mandatorily deferred bonus amounts are governed by the plan rules as approved by shareholders. The following provisions will normally apply: Termination for gross misconduct: Generally, unvested awards will lapse Any other reason: Generally, awards will vest in full on the original vesting date. In the event of a change of control, awards will vest or may be exchanged for new awards.
Pensions	Pension scheme contributions by the individual and the company, and any pension scheme benefit accruals, generally cease at the termination date in accordance with pension scheme rules. Access to pension scheme benefits is governed by the pension scheme rules and country legislation.
Benefits	Generally, benefits will continue to apply until the termination date. The Committee may make payments in connection with an existing legal obligation or in respect of any claim related to the cessation of employment. This may include fees for outplacement assistance, legal and/or professional advice. Termination by notice by the company and retirement (US executives): In line with the policy applicable to US senior executives, they may become eligible, at a future date, to receive continuing medical and dental insurance after termination/retirement.

Termination by mutual agreement

In certain circumstances, it can be in the best interests of the company for the Board to manage proactively succession planning and the development of the senior talent pipeline. In such circumstances, the Board may therefore agree that an Executive's departure will be by mutual agreement. For this to apply, the Committee will need to be satisfied that the Executive has demonstrated performance in line with expectations and where required they should have contributed to an orderly succession. In the case of an Executive Director, they would then be treated as a 'good leaver' for the purposes of GSK's long-term incentive plans. If the termination date falls during the financial year, they would be eligible for a pro-rated on-target bonus and if they are employed on 31 December, the bonus payable would be based on actual results.

The Committee does not anticipate the exercise of discretion provided by the PSP and DABP plan rules in respect of termination payments in a manner which would benefit an Executive Director. However, there may be unforeseen circumstances where this is in the best interests of the company and its shareholders. Where it is necessary to exercise discretion, explanations will be provided.

Where an Executive Director leaves the company, the Committee will carry out an assessment of the individual's performance and conduct over the time in role. If it is determined that the individual's performance or conduct was contrary to the legitimate expectations of the company, the Committee reserves the right to apply appropriate mechanisms such as clawback or reduction or lapsing of outstanding incentive awards (malus), to ensure that any termination payments are in the best interests of the company and its shareholders (see pages 166 to 167).

Differences between Remuneration policy for Executive Directors and other employees

When setting remuneration for the Executive Directors, the Committee considers the company's strategic priorities, prevailing market conditions for global talent, the competitive environment (through comparison with the remuneration of executives at companies of similar size, complexity and international reach) and the positioning and relativities of pay and employment conditions across the broader GSK workforce.

In particular, the Committee considers the range of base salary rises for the workforces of those parts of GSK where the Executive Directors are employed. This is considered to be the most relevant comparison as these populations reflect most closely the economic environments encountered by the individuals.

The same principles apply to the Remuneration policy for Executive Directors and other employees although the remuneration offered to Executive Directors under this policy has a stronger emphasis on performance-related pay than that offered to other employees of the Group.

– Salary and benefits (including pension) are tailored to the local market.
– The annual bonus plan applies to the wider employee population and is based on business performance.
– A combination of performance-related and restricted share plans apply to the wider employee population.
– All-employee share plans are available to employees in the UK, including the HM Revenue & Customs approved UK Share Save and Share Reward Plans.

While employees are not directly consulted in respect of the Remuneration policy, Wendy Becker, the Committee Chair, meets with the Chief People Officer and senior HR representatives from across the business to review employee feedback. Board members engage with employees around during Board meetings where they are encouraged to share their views on the company, management and remuneration.

In the wider organisation, we have aligned our performance and reward systems with our strategic priorities and a culture anchored in purpose and performance. Our performance system evaluates employees on both 'what' they need to do and 'how' they do it. Also, for our most senior people we disincentivise unethical working practices using a clawback mechanism that allows us to recover performance-related pay.

2025 Remuneration policy report continued

2025 Non-Executive Director remuneration policy

No change

Element	Purpose and link to strategy	Operation
Chair's fees	To provide an inclusive flat rate fee that is competitive with those paid by other companies of equivalent size and complexity subject to the limits contained in GSK's Articles of Association.	There is no formal maximum. However, fees are reviewed annually and set by reference to a review of the Chair's performance and independently sourced market data. The Committee is responsible for evaluating and making recommendations to the Board on the fees payable to the Chair. The Chair does not participate in discussions in respect of their fees.
Basic fees	As above	There is no formal maximum. As with the Chair, fees are reviewed annually and set by reference to independently sourced data. The Chair and CEO are responsible for evaluating and making recommendations to the Board on the fees payable to the company's Non-Executive Directors.
Fee payment	Alignment with shareholders	Fees are paid in cash. Non-Executive Directors (including the Chair) are required to build an ownership requirement to hold shares or ADS with an aggregate value at or above one times their standard annual fee until their retirement from the Board.
Supplemental fees	To compensate Non-Executive Directors (other than the Chair) for taking on additional Board responsibilities	Additional fees for the Senior Independent Director, Committee Chairs, Science & Medical Experts and the Workforce Engagement Director role as applicable. The company has the authority to pay an additional fee, up to the equivalent of the Committee Chair supplement to a Non-Executive Director, should the company require significant additional time commitment in exceptional or unforeseen circumstances. The company has the authority to pay an additional fee of up to £200,000 to Non-Executive Directors (excluding the Chair) who are members of the Science Committee for undertaking additional responsibilities on behalf of GSK and to support R&D.
Benefits	To facilitate execution of responsibilities and duties required by the role.	Travel and subsistence costs for Non-Executive Directors are incurred in the normal course of business in relation to meetings on Board and Committee matters and other GSK-hosted events. For overseas- based Non-Executive Directors, this includes travel to meetings in the UK. In the event it is necessary for business purposes, whilst not normal practice, Non-Executive Directors may be accompanied by their spouse or partner to these meetings or events. The costs associated with the above are all met by the company and, in some instances, they are deemed to be taxable and therefore treated as benefits for the Non-Executive Director.

Approach to recruitment fees

No change

The following policy and principles apply to the roles of Chair and Non-Executive Director. It seeks to ensure alignment with shareholders through the requirement to invest in company shares and ADS.

Chair

Fees will be set at a level that is competitive with those paid by other companies of equivalent size and complexity.

Non-Executive Directors

Fee levels for new Non-Executive Directors will be set on the same basis as for existing Non-Executive Directors of the company, subject to local laws and regulations.

In the event of a Non-Executive Director with a different role and responsibilities being appointed, fee levels will be benchmarked and set by reference to comparable roles in companies of equivalent size and complexity.

Loss of office

No change

The Chair and other Non-Executive Directors are not entitled to receive any payments in respect of fees for loss of office when they retire or step down from the Board.

2025 Remuneration policy report continued

Scenarios for future total remuneration

The charts opposite provide illustrations of the future total remuneration for each of the Executive Directors in respect of the remuneration opportunity to be granted to each of them in 2025 under the proposed 2025 Remuneration policy. A range of potential outcomes is provided for each Executive Director and the underlying assumptions are set out below.

All scenarios use:

- 2025 base salary and pension contributions.
- 2024 benefits figures.
- The amounts shown under value of 2025 PSP award multiples are based upon the relevant multiples for 2025.

Fixed:

- Includes base salary, pension and benefits. Excludes Pay for performance, ie. no Annual bonus would be paid and PSP awards would not vest.

Expected:

- Includes Fixed pay.
- For the Annual bonus, it is assumed that target performance is achieved.
- For PSP awards, amounts reflect 50% vesting levels.

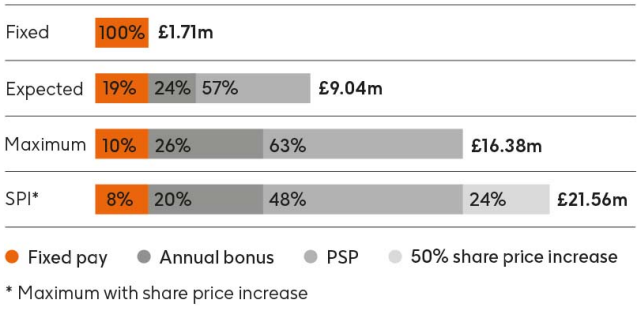
Maximum:

- It is assumed that the Annual bonus would be payable at the maximum level (i.e. 300% of salary) and that the awards under the PSP would vest in full.

Maximum with 50% share price increase:

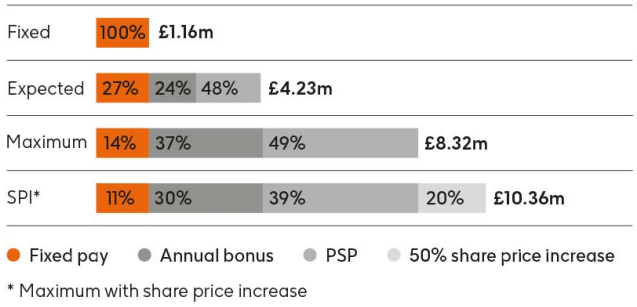
- All elements are the same as Maximum but assuming a 50% increase in share price.

Emma Walmsley



* Maximum with share price increase

Julie Brown



* Maximum with share price increase

Operation and scope of Remuneration policy

The Remuneration policy (Policy) is set out on pages 164 to 172 of this 2024 Annual Report on Form 20-F and it is intended that the Policy for GSK's Executive and Non-Executive Directors will operate for a period of three years from the date of approval at the company's Annual General Meeting on 7 May 2025.

The Committee wrote the Policy principally in relation to the remuneration arrangements for the Executive Directors, whilst taking into account the possible recruitment of a replacement or an additional Executive Director during the operation of the Policy. The Committee intends the Policy to operate for the period set out above in its entirety. However, it may after due consideration seek to change the Policy during this period, but only if it believes it is appropriate to do so for the long-term success of the company, after consultation with shareholders and having sought shareholder approval at a general meeting.

The Committee reserves the right to make any remuneration payments and/or payments for loss of office (including exercising any discretions available to it in connection with such payments) notwithstanding that they are not in line with the Policy where the terms of the payment were agreed:

(i) before the AGM on 7 May 2014 (the date the company's first shareholder-approved Directors' remuneration policy came into effect);

(ii) before the Policy came into effect, provided that the terms of the payment were consistent with the shareholder-approved Remuneration policy in force at the time they were agreed; or

(iii) at a time when the relevant individual was not a Director of the company and, in the opinion of the Committee, the payment was not in consideration for the individual becoming a Director of the company. For these purposes 'payments' includes the Committee satisfying awards of variable remuneration and, in relation to an award over shares or ADS, the terms of the payment are 'agreed' at the time the award is granted.

Performance Share Plan (PSP) awards are subject to the terms of the PSP plan rules under which the award has been granted. The Committee may adjust or amend awards only in accordance with the provisions of the plan rules. This includes making adjustments to reflect one-off corporate events, such as a change in the company's capital structure.

The Committee may also make minor amendments to the Policy (for regulatory, exchange control, tax or administrative purposes or to take account of a change in legislation) without obtaining shareholder approval for such amendments.

Statement of consideration of shareholder views

The Committee engages in regular dialogue with shareholders and holds annual meetings with GSK's largest investors to discuss and take feedback on its Remuneration policy practices and governance matters.

Basis of preparation

The Annual report on remuneration has been prepared in accordance with the Companies Act 2006 and The Large and Medium-sized Companies and Groups (Accounts and Reports) (Amendment) Regulations 2013 (the Regulations). In accordance with the Regulations, the following parts of the Annual report on remuneration are subject to audit: total remuneration figures for Executive Directors including further details for each element of remuneration (salary, benefits, pension, annual bonus and long-term incentive awards); Non-Executive Directors' fees and emoluments received in the year; Directors' interests in shares, including interests in GSK share plans; payments to past Directors; payments for loss of office; and share ownership requirements and holdings, for which the opinion thereon is expressed in pages 178-181. The remaining sections of the Annual report on remuneration are not subject to audit nor are the pages referred to from within the audited sections.

The Annual report on remuneration has been approved by the Board of Directors and signed on its behalf by:

Wendy Becker

Remuneration Committee Chair
25 February 2025

Directors' report

Directors' powers

GSK Directors' powers are determined by UK legislation and our Articles of Association, which contain rules about their appointment and replacement. They provide that Directors may be appointed by an ordinary resolution of the members or by a resolution of the Board. If appointed by the Board, the Director must retire at the next Annual General Meeting to be elected by shareholders.

Our Articles also provide that all Directors are required to seek re-election annually at our Annual General Meeting in accordance with the FRC Code.

A Director will then cease to be a Director if he or she:

- becomes bankrupt
- ceases to be a Director by virtue of the Companies Act or the Articles
- suffers mental or physical ill health and the Board resolves that he or she shall cease to be a Director
- has missed Directors' meetings for a continuous period of six months without permission and the Board resolves that he or she shall cease to be a Director
- is otherwise prohibited from being a Director by law
- resigns, or offers to resign and the Board accepts that offer
- is required to resign by the Board

Directors' conflicts of interest

All Directors have a duty under the Companies Act 2006 to avoid a situation in which they have, or could have, a direct or indirect conflict of interest or possible conflict with the company. Our Articles provide a general power for the Board to authorise such conflicts.

The Board reviews any new potential or actual conflict, which is recorded by the Company Secretary. Directors are not counted in the quorum for the authorisation of their own actual or potential conflicts. The Nominations & Corporate Governance Committee reviews the Register of Potential Conflicts on an annual basis which the Board subsequently approves.

On a continuing basis, the Directors are responsible for informing the Company Secretary of any such new actual or potential conflicts that may arise or if there are any changes in circumstances that may affect an authorisation previously given. Even when provided with authorisation, a Director is not absolved from his or her statutory duty to promote the success of the company. If an actual conflict arises post-authorisation, the Board may choose to exclude the Director from receipt of the relevant information and participation in the debate, or suspend the Director from the Board, or, as a last resort, require the Director to resign.

The Nominations & Corporate Governance Committee reviewed the Register of Potential Conflict authorisations (the Register of Potential Conflicts) in January 2024. The Committee reported to the Board that the conflicts had been appropriately authorised and that the process for authorisation continued to operate effectively. The Committee then recommended the approval of the Register of Potential Conflicts to the Board which it subsequently approved. Except as described in Note 40 to the financial statements, 'Related party transactions', during or at the end of the financial year no Director or Person Closely Associated had any material interest in any contract of significance with a Group company.

Our Articles prohibit a Director from voting on any resolution concerning his or her appointment or the terms or termination of his or her appointment.

Independent advice

The company has an agreed procedure for Directors to take independent legal and/or financial advice at the company's expense where they deem it necessary.

Indemnification of Directors

Qualifying third party indemnity provisions (as defined in the Companies Act 2006) are in force for the benefit of Directors and former Directors who held office during 2024 and up to the approval and signature of the Annual Report.

Change of control and essential contracts

We do not have contracts or other arrangements which individually are fundamental to the ability of the business to operate effectively. Neither is the company party to any material agreements that would take effect, be altered, or terminate upon a change of control following a takeover bid. We do not have agreements with any Director that would provide compensation for loss of office or employment resulting from a takeover, except that provisions of the company's share plans may cause options and awards granted under such plans to vest on a takeover.

Details of the termination provisions in the Executive Directors' service contracts are given in the full version of the company's 2022 Remuneration policy which is available on gsk.com in the Investors section.

Content of the Directors' report

For the purposes of the UK Companies Act 2006, the Directors' report of GSK plc for the year ended 31 December 2024 comprises:

Directors' report

	Section
Corporate governance report	113 to 186
Employee engagement	125
Directors' statements of responsibilities	188 and 189
Investor information	287 to 338

The Strategic report sets out those matters required to be disclosed in the Directors' report which are considered to be of strategic importance:

Strategic report

	Section
Risk management objectives and policies	62 to 81 and 307 to
Likely future developments of the company	1 to 111
Research and development activities	13 to 31
Business relationships	47 to 60
Diversity	54 and 55
Provision of information to and consultations with employees	54, 55 and 58 to 60
Carbon emissions	51 to 53

Directors' report continued

The following information is also incorporated into the Directors' report:

	Location in Annual Report
Interest capitalised	Financial statements, Notes 17 and 20
Particulars of important post-balance sheet events of the company or its subsidiaries	Financial statements, Note 48
Publication of unaudited financial information	Group financial review
Details of any long-term incentive schemes	Remuneration report
Waiver of emoluments by a Director	Not applicable
Waiver of future emoluments by a Director	
Non pre-emptive issues of equity for cash	
Non pre-emptive issues of equity for cash by any unlisted major subsidiary undertaking	
Parent company participation in a placing by a listed subsidiary	
Provision of services by a controlling shareholder	
Shareholder waiver of dividends	Financial statements, Notes 16 and 45
Shareholder waiver of future dividends	Financial statements, Notes 16 and 45
Agreements with controlling shareholders	Not applicable

The Directors' report

- has been drawn up and presented in accordance with and in reliance upon English company law and the liabilities of the Directors in connection with that Report shall be subject to the limitations and restrictions provided by such law.
- was approved by the Board of Directors on 25 February 2025 and signed on its behalf by:

Sir Jonathan Symonds

Chair
25 February 2025

Financial statements

In this section

Directors' statement of responsibilities

The Directors are responsible for preparing the Annual Report, the Remuneration report and the Group and parent company financial statements in accordance with applicable law and regulations.

UK company law requires the Directors to prepare financial statements for each financial year. The Directors are required to prepare the Group consolidated financial statements in accordance with UK-adopted international accounting standards in conformity with the requirements of the Companies Act 2006 and the International Financial Reporting Standards (IFRS) as issued by the International Accounting Standards Board (IASB). Under company law the Directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Group and its profit or loss for that period. In preparing the financial statements, the Directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and accounting estimates that are reasonable and prudent;
- state that the Group financial statements comply with IFRS, as issued by the IASB and in conformity with the requirements of the Companies Act 2006; and
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the Group and the parent company will continue in business.

In preparing the Group financial statements, International Accounting Standard 1 requires that directors properly select and apply accounting policies; present information, including accounting policies, in a manner that provides relevant, reliable, comparable and understandable information; provide additional disclosures when compliance with the specific requirements in IFRS Standards are insufficient to enable users to understand the impact of particular transactions, other events and conditions on the entity's financial position and financial performance; and make an assessment of the company's ability to continue as a going concern.

The Directors are responsible for keeping adequate accounting records that are sufficient to show and explain the company's transactions and disclose with reasonable accuracy at any time the financial position of the Group and to enable them to ensure that the Group financial statements and the Remuneration report comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Group financial statements for the year ended 31 December 2024, comprising principal statements and supporting notes, are set out in the 'Financial statements' on pages 182 to 268 of this report.

The responsibilities of the auditor in relation to the financial statements are set out in the Independent Auditor's report on pages 178 to 181.

The financial statements for the year ended 31 December 2024 are included in the Annual Report, which is published in printed form and made available on our website. The Directors are responsible for the maintenance and integrity of the corporate and financial information included on the company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Each of the current Directors, whose names and functions are listed in the Corporate Governance section of the Annual Report 2024 confirms that, to the best of his or her knowledge:

- the Group financial statements, which have been prepared in accordance with the applicable set of accounting standards and in conformity with the requirements of Companies Act 2006, give a true and fair view of the assets, liabilities, financial position and profit of the Group;
- the strategic report and risk sections of the Annual Report, which represent the management report, include a fair review of the development and performance of the business and the position of the company and the Group taken as a whole, together with a description of the principal risks and uncertainties that it faces; and
- the Annual Report and financial statement, taken as a whole, are fair, balanced and understandable and provide the information necessary for shareholders to assess the company's position and performance, business model and strategy.

Directors' statement of responsibilities continued

Disclosure of information to auditor

The Directors in office at the date of this Annual Report have each confirmed that:

– so far as he or she is aware, there is no relevant audit information of which the company's auditor is unaware; and
– he or she has taken all the steps that he or she ought to have taken as a Director to make himself or herself aware of any relevant audit information and to establish that the company's auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of section 418 of the Companies Act 2006.

Going concern basis

Pages 76 to 102 and pages 62 to 70 contain information on the performance of the Group, its financial position, cash flows, net debt position, borrowing facilities and climate-related risks. Further information, including Treasury risk management policies, exposures to market and credit risk and hedging activities, is given in Note 44, 'Financial instruments, and related disclosures' to the financial statements. Having assessed the principal risks and other matters considered in connection with the viability statement, the Directors considered it appropriate to adopt the going concern basis of accounting in preparing the financial statements.

Internal control

The Board, through the Audit & Risk Committee, has reviewed the assessment of risks and the internal control framework that operates in GSK and has considered the effectiveness of the system of internal control in operation in the Group for the year covered by this Annual Report and up to the date of its approval by the Board of Directors. Further detail on the review of internal controls is set out in the Governance report on page 130.

The 2018 UK Corporate Governance Code

The Board considers that GSK plc applies the principles and complies with the provisions of the UK Corporate Governance Code maintained by the Financial Reporting Council, as described in the Corporate Governance section including Remuneration on pages 103 to 174. The Board further considers that the Annual Report, taken as a whole, is fair, balanced and understandable, and provides the information necessary for shareholders to assess the Group's position and performance, business model and strategy.

As required by the Financial Conduct Authority's Listing Rules, the auditor has considered the Directors' statement of compliance in relation to those points of the UK Corporate Governance Code which are specified for their review.

Annual Report

The Annual Report for the year ended 31 December 2024, comprising the Report of the Directors, the Remuneration report, the Financial statements and Additional information for investors, has been approved by the Board of Directors and signed on its behalf by

Sir Jonathan Symonds
Chair

25 February 2025

Report of Independent Registered Public Accounting Firm

Report on the audit of the financial statements

To the shareholders and the Board of Directors of GSK plc

Opinion on the Financial Statements

We have audited the accompanying consolidated balance sheets of GSK plc and subsidiaries (the "Group") as at 31 December 2024 and 2023, the related consolidated income statements, statements of comprehensive income, statements of changes in equity, and cash flow statements, for each of the three years in the period ended 31 December 2024, and the related notes, included on pages 182 to 268 (collectively referred to as the "financial statements"). In our opinion, the financial statements present fairly, in all material respects, the financial position of the Group as at 31 December 2024 and 2023, and the results of its operations and its cash flows for each of the three years in the period ended 31 December 2024, in conformity with IFRS Accounting Standards as issued by the International Accounting Standards Board (IASB).

We have also audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the Group's internal control over financial reporting as at 31 December 2024, based on criteria established in *Internal Control — Integrated Framework (2013)* issued by the Committee of Sponsoring Organizations of the Treadway Commission and our report dated 3 March 2025, expressed an unqualified opinion on the Group's internal control over financial reporting.

Basis for Opinion

These financial statements are the responsibility of the Group's management. Our responsibility is to express an opinion on the Group's financial statements based on our audits. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Group in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether due to error or fraud. Our audits included performing procedures to assess the risks of material misstatement of the financial statements, whether due to error or fraud, and performing procedures that respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audits provide a reasonable basis for our opinion.

Critical Audit Matters

The critical audit matters communicated below are matters arising from the current-period audit of the financial statements that were communicated or required to be communicated to the audit committee and that (1) relate to accounts or disclosures that are material to the financial statements and (2) involved our especially challenging, subjective, or complex judgments. The communication of critical audit matters does not alter in any way our opinion on the financial statements, taken as a whole, and we are not, by communicating the critical audit matters below, providing separate opinions on the critical audit matters or on the accounts or disclosures to which they relate.

Valuation of the ViiV Healthcare Shionogi contingent consideration liability

Accounts impacted: Contingent consideration liabilities and Other operating expense

Refer to Notes 3 and 33 to the financial statements

Critical Audit Matter Description

The Group has completed a number of significant transactions which resulted in the recognition of material contingent consideration liabilities, which are a key source of estimation uncertainty. The most significant of these liabilities was the ViiV Healthcare Shionogi Contingent Consideration Liability (ViiV CCL).

The Group completed the acquisition of the remaining 50% interest in the Shionogi-ViiV Healthcare joint venture in 2012. Upon completion, the Group recognised a contingent consideration liability for the fair value of the expected future payments to be made to Shionogi. As at 31 December 2024 the liability was valued at £6,061 million.

We identified the ViiV CCL as a critical audit matter because of the significant estimates and assumptions relating to the sales forecasts used in valuing the ViiV CCL and the sensitivity of the valuation to these inputs. The most significant of these relate to sales forecasts in the United States (US) on certain products in the treatment and prevention portfolio. Such forecasts are based on an assessment of the expected launch dates for pipeline assets, the ability to shift market practice and prescriber behaviour towards long-acting injectable treatments and 2-drug regimens, the size of the long-acting prevention market and subsequent sales volumes. There is incremental challenge in forecasting sales associated with recently launched products due to the lack of historical actual data. The sales forecasts also required significant audit effort to perform appropriate audit procedures to challenge and evaluate the reasonableness of those forecasts.

How the Critical Audit Matter Was Addressed in the Audit

We performed the following audit procedures, amongst others, related primarily to the sales forecasts:

- Tested the controls over the key inputs and assumptions used in the valuation of the contingent consideration liability, including review controls over the sales forecasts of the treatment product portfolio used to value the ViiV CCL;
- Obtained the Group's assessment of the key inputs and assumptions used in the sales forecasts and evaluated the reasonableness of these, including through enquiries of key individuals from the senior leadership team, commercial strategy team and key personnel involved in the budgeting and forecasting process, and inspection of supporting evidence;
- Evaluated the US volume assumptions made by the Group to estimate sales forecasts. This involved benchmarking forecast market share data against external data, such as total prescription volumes and new patient prescription volumes, in order to assess for any sources of contradictory evidence;

– Evaluated the reasonableness of US pricing assumptions by the Group, by comparing the forecasted Returns and Rebates rate by product against the current rate, and assessing the forecasted Returns and Rebates against comparable products and expected changes in payer policy;
– Considered the results of clinical studies undertaken in the year by the Group and key competitors in order to assess whether these are corroborative or contradictory to assumptions used in the product portfolio sales forecasts in the US;
– Benchmarked the Group's sales forecasts against those included in reports from 18 analysts and considered sales forecasts on both a total ViiV basis and an individual product basis, assessing against identified contradictory data; and
– Together with our valuations specialists, assessed the reasonableness of the overall valuation methodology, including testing the valuation model for mechanical accuracy.

Valuation of US Returns and Rebates (RAR) accruals

Accounts impacted: Turnover and Trade and other payables

Refer to Notes 3 and 29 to the financial statements

Critical Audit Matter Description

In the US, the Group sells to customers under various commercial and government mandated contracts and reimbursement arrangements that include rebates, chargebacks and a right of return for certain pharmaceutical products. Returns and rebates provided to customers under these arrangements are accounted for as variable considerations, and recognised as a reduction to revenue in the form of gross-to-net sales adjustments. These adjustments are known as the Returns and Rebates (RAR) accruals and are a source of significant estimation uncertainty which could have a material impact on reported revenue.

In the US Commercial Operations in 2024, £14,100 million of RAR deductions were made to gross revenue of £30,484 million, resulting in net revenue of £16,384 million. The balance sheet accrual at 31 December 2024 for US Commercial operations amounted to £5,235 million.

The four most significant buying group to which the RAR accrual relates are Managed Care, Medicaid, Ryan White and Medicare Part D.

The two main causes of significant estimation uncertainty are:

– The utilisation rate, which is the portion of total sales that will be made into each buying group, estimated in recording the accruals. The utilisation assumption is the most challenging of the key assumptions used to derive the accrual given that it is influenced by historical trends, projected market conditions and other factors outside the control of the Group; and
– The time lag between the point of sale and the point at which exact rebate amounts are known to the Group upon receipt of a claim. Those buying group with the longest time lag result in a greater accrued period, and therefore, a greater level of estimation uncertainty in estimating the period-end accrual.

The level of estimation uncertainty is also impacted by significant shifts in channel mix driven by changes in the competitive landscape, including competitor and generic product launches, changes in government legislation and other macroeconomic factors. As such, we focus on the utilisation assumptions for those products where we deem the level of estimation uncertainty to be the most significant.

We also focus on the period-end adjustments made to the RAR accruals. These adjustments reflected updates made to the initial assumptions included within the forecasted RAR rates and, in our view, present the greatest opportunity for fraud in revenue recognition (notwithstanding the existence of internal controls).

How the Critical Audit Matter Was Addressed in the Audit

We performed the following audit procedures, amongst others, related to estimates in the RAR accruals:

– Tested the key controls over the estimation of RAR accruals including the controls associated with the forecasting of utilisation rates process and the month-end accrual review controls;
– Evaluated assumptions for a selection of utilisation rates, focusing on certain products where we concluded the accrual is most sensitive to these assumptions. Our procedures included comparison to historical utilisation rates, consideration of historical accuracy and assessment of projected market conditions such as the impact of competition, new product launches, changes in government legislation and macroeconomic factors are appropriately reflected in the RAR accruals;
– Supplemented this with substantive analytical procedures by developing an independent expectation of the accrual balance for each of the key segments, based on historical claims received adjusted to reflect market changes in the period third party information, on inventory held by customers, and an assessment of the time lag between the initial point of sale and the claim receipt. We then compared this independent expectation to those recorded to evaluate the appropriateness of the year ending accrual position;
– Considered the historical accuracy of estimates and evaluated whether forecast assumptions had been appropriately updated in a selection of cases where the actual rebate claims differed to the amount accrued;
– Evaluated the accuracy and completeness of period-end adjustments to the liability made as part of the Group's ongoing review of the estimated accrual; and
– Performed audit procedures over the actual rebate payments made in the year by agreeing to the relevant contract to assess whether the rebate payments were in line with the contractual terms.

Valuation of other intangible assets

Accounts impacted: Other intangible assets, Cost of sales, Research and development, and Selling, general and administration

Refer to Notes 3, 20 and 41 to the financial statements

Critical Audit Matter Description

As at 31 December 2024, the Group held £14,936 million of other intangible assets (including licenses, patents, trademarks, and trade names, but excluding goodwill and computer software). This includes £886 million of intangible assets acquired as part of the acquisition of Aiolos Bio, Inc (Aiolos) during the year.

Intangible assets which are in-development and not available for use should be tested at least annually for impairment irrespective of whether an indication of impairment exists.

When the carrying amount of an individual intangible asset, or cash-generating unit to which an intangible asset belongs, exceeds its recoverable amount, an impairment is recognised. Recoverability of an intangible asset is derived from certain assumptions and estimates of future trading performance which create significant estimation uncertainty.

The underlying assumptions include forecast sales pricing, volume, growth rates and probability of technical and regulatory success of ongoing clinical trials. This includes assumptions on timing of cash flows determined by anticipated launch year, peak year sales, subsequent sales erosion due to generic product competition and profit margin levels.

During 2024, impairment charges of £314 million were recorded. These were primarily full impairments due to cessation of research and development dictated by negative clinical trial readouts or lack of commercial attractiveness.

We identified the valuation of other intangible assets as a critical audit matter due to the inherent judgements involved in estimating future cash flows. Auditing such assumptions and estimates required extensive audit effort to evaluate the reasonableness of forecasts and management judgements.

How the Critical Audit Matter Was Addressed in the Audit

We performed the following audit procedures, amongst others, over the forecast sales pricing, volume, growth rates, probability of technical and regulatory success, and profit margin levels used in the assessment of the valuation of other intangible assets:

- Tested review controls over the key inputs and assumptions used in the valuation of other intangible assets. The controls encompass review of the valuation models, which contain a number of assumptions such as the probability of technical and regulatory success, launch dates plus other revenue and cost assumptions;
- Inquired with key individuals from the corporate development team, commercial forecasting leads, and key personnel involved in the assets research and development process. We used the outcome of these inquiries to evaluate the Group's evidence to support key assumptions such as overall sales forecasts, peak year sales (including anticipated market share, volume and uptake alongside price points where required), foreseeable competitive landscape, growth rates, probability of regulatory and technical success and margins;
- Evaluated the key inputs and assumptions applied in estimating sales and profit margin forecasts, including benchmarking of forecasts against external market data. This included independent market research of therapeutic area price points, price growth rates, and anticipated competitor market landscape, currently and at the time of forecast regulatory approval, plus assessment of any sources of contradictory evidence;
- Compared the forecast sales and profit margin levels to the Plan data (asset by asset internal forecasts) approved by the GSK Leadership Team and the Board of Directors, where the in-development intangible asset is forecast to launch within the next 3-year period;
- Assessed the historical accuracy of sales forecasts by performing retrospective reviews across marketed assets within the business;
- Engaged our fair valuation specialists to assess the reasonableness of the valuation methodology applied as well as performing mechanical accuracy checks; and
- Considered whether events or transactions that occurred after the balance sheet date, but before the reporting date, affect the conclusions reached on the carrying values of the assets and associated disclosures.

Valuation of uncertain tax positions, including transfer pricing

Accounts impacted: Corporation tax payable, Deferred tax liabilities and Taxation charge

Refer to Notes 3 and 14 to the financial statements

Critical Audit Matter Description

The Group operates in numerous jurisdictions and there are open tax and transfer pricing matters and exposures with UK, US and overseas tax authorities that give rise to uncertain tax positions. There is a wide range of possible outcomes for provisions and contingencies. Certain judgements in respect of estimates of tax exposures and contingencies are required in order to assess the adequacy of tax provisions, which are sometimes complex as a result of the considerations required over multiple tax laws and regulations.

At 31 December 2024, the Group has recorded provisions of £636 million in respect of uncertain tax positions.

How the Critical Audit Matter Was Addressed in the Audit

With the support of our tax specialists, we assessed the appropriateness of the uncertain tax provisions, focused on those jurisdictions where the Group has the greatest potential exposure and where the highest level of judgement is required, by performing the following audit procedures amongst others:

- Tested key controls over preparation, review and reporting of judgmental tax balances and transactions, which include provisions for uncertain tax provisions;
- Assessed the assumptions and judgements that are required to determine the range of possible outcomes for recognition and measurement of provisions for uncertain tax positions in compliance with the requirements of IFRIC 23 *Uncertainty over Income Tax Treatments;*
- Involved our transfer pricing specialists to evaluate the transfer pricing methodology of the Group and associated approach to provision recognition and measurement; and
- Considered evidence such as the actual results from the recent tax authority audits and enquiries, third-party tax advice obtained by the Group and our tax specialists' own knowledge of market practice in relevant jurisdictions.

Report of Independent Registered Public Accounting Firm

Report on the audit of the financial statements continued

Valuation of provisions and contingent liabilities for significant legal proceedings

Accounts impacted: Contingent liabilities and Other operating expense

Refer to Notes 35 and 47 to the financial statements

Critical Audit Matter Description

The Group operates in an environment where it is subject to significant legal and administrative proceedings, including product liability, intellectual property, tax, anti-trust, consumer fraud and governmental regulations.

The Group is exposed to a number of regulatory and litigation matters. The Group's provision for these matters is £1,446 million at 31 December 2024 and the income statement charge for the year is £2,039 million. Other matters are disclosed as contingent liabilities where the criteria for recognising a provision under IAS 37 *Provisions, Contingent Liabilities and Contingent Assets* are not met.

The most significant charges and provisions recorded in respect of regulatory and litigation matters in the year relate to the *Zantac* product litigation matter, which is classified as a Significant legal matter by the Group.

Significant judgement is required by the Group in assessing the following, as required by IAS 37 *Provisions, Contingent Liabilities and Contingent Assets*, as to:

– Whether a present obligation exists and whether the outcome will result in a probable outflow, particularly where the outcome of litigation is uncertain and subject to additional court proceedings;

– The determination of a reliable estimate of the amounts of the obligation; and

– The nature and extent of any contingent liabilities and underlying significant estimation uncertainties disclosed.

How the Critical Audit Matter Was Addressed in the Audit

We performed the following audit procedures, amongst others, to address the valuation of provisions and contingent liabilities for significant legal proceedings:

– Tested the Group's controls over the valuation of provisions, the robustness of the provision against the requirements of IAS 37, the appropriateness of judgements used to determine a 'best estimate' and completeness and accuracy of data used in the process;

– Evaluated the assessment of the provisions, associated probabilities, and potential outcomes in accordance with IAS 37;

– Evaluated whether the methodology, data and significant judgements and assumptions used in the valuation of the provisions are appropriate in the context of the applicable financial reporting framework;

– Inquired with and inspected correspondence from the Group's internal and external counsel to assess the litigation matters and evaluate the Group's significant judgements and assumptions;

– Read board minutes and settlement agreements to evaluate management's approach in respect of the litigation and agreed the terms and conditions of such arrangements to the payments made to evaluate the provisions already recorded and whether there is a requirement for additional provisions;

– Evaluated external information, including analyst reports, subject matter expert analysis and analogous litigation cases to understand the views and expectations of the external market; and

– Evaluated whether the disclosures made in the financial statements appropriately reflect the facts and critical accounting judgements.

/s/ Deloitte LLP

London, United Kingdom

3 March 2025

The first accounting period we audited was 31 December 2018.

Consolidated income statement

for the year ended 31 December 2024

	Notes	2024 £m	2023 £m	2022 £m
Turnover	6	31,376	30,328	29,324
Cost of sales		(9,048)	(8,565)	(9,554)
Gross profit		22,328	21,763	19,770
Selling, general and administration		(11,015)	(9,385)	(8,372)
Research and development		(6,401)	(6,223)	(5,488)
Royalty income		639	953	758
Other operating income/(expense)	7	(1,530)	(363)	(235)
Operating profit	8	4,021	6,745	6,433
Finance income	11	122	115	76
Finance expense	12	(669)	(792)	(879)
Share of after tax profit/(loss) of associates and joint ventures	13	(3)	(5)	(2)
Profit/(loss) on disposal of interests in associates and joint ventures		6	1	–
Profit before taxation		3,477	6,064	5,628
Taxation	14	(526)	(756)	(707)
Profit after taxation from continuing operations		2,951	5,308	4,921
Profit after taxation from discontinued operations and other gains/(losses) from the demerger		–	–	3,049
Re-measurement of discontinued operations distributed to shareholders on demerger		–	–	7,651
Profit after taxation from discontinued operations		–	–	10,700
Total profit after taxation for the year		2,951	5,308	15,621
Profit attributable to non-controlling interests from continuing operations		376	380	460
Profit attributable to shareholders from continuing operations		2,575	4,928	4,461
Profit attributable to non-controlling interests from discontinued operations		–	–	205
Profit attributable to shareholders from discontinued operations		–	–	10,495
		2,951	5,308	15,621
Total profit attributable to non-controlling interests		376	380	665
Total profit attributable to shareholders		2,575	4,928	14,956
		2,951	5,308	15,621
Basic earnings per share (pence) from continuing operations	15	63.2	121.6	110.8
Basic earnings per share (pence) from discontinued operations		–	–	260.6
Total basic earnings per share (pence)		63.2	121.6	371.4
Diluted earnings per share (pence) from continued operations	15	62.2	119.9	109.2
Diluted earnings per share (pence) from discontinued operations		–	–	257.0
Total diluted earnings per share (pence)		62.2	119.9	366.2

Consolidated statement of comprehensive income

for the year ended 31 December 2024

	Notes	2024 £m	2023 £m	2022 £m
Total profit for the year		2,951	5,308	15,621
Other comprehensive income/(expense) for the year				
Items that may be reclassified subsequently to continuing operations income statement:				
Exchange movements on overseas net assets and net investment hedges	38	(392)	(22)	113
Reclassification of exchange movements on liquidation or disposal of overseas subsidiaries and associates	38	(87)	(34)	2
Fair value movements on cash flow hedges		–	(1)	(18)
Deferred tax on fair value movements on cash flow hedges		1	1	9
Cost of hedging		(4)	–	–
Reclassification of cash flow hedges to income statement		4	4	14
		(478)	(52)	120
Items that will not be reclassified to continuing operations income statement:				
Exchange movements on overseas net assets of non-controlling interests	38	(4)	(25)	(28)
Fair value movements on equity investments		(100)	(244)	(754)
Tax on fair value movements on equity investments		17	14	56
Fair value movements on cash flow hedges		8	(40)	(6)
Remeasurement gains/(losses) on defined benefit plans		506	71	(786)
Tax on remeasurement losses/(gains) on defined benefit plans		(122)	(41)	211
		305	(265)	(1,307)
Other comprehensive income /(expense) for the year from continuing operations	38	(173)	(317)	(1,187)
Other comprehensive income for the year from discontinued operations		–	–	356
Total comprehensive income for the year		2,778	4,991	14,790
Total comprehensive income for the year attributable to:				
Shareholders		2,406	4,636	14,153
Non-controlling interests		372	355	637
Total comprehensive income for the year		2,778	4,991	14,790

Consolidated balance sheet

for the year ended 31 December 2024

	Notes	2024 £m	2023 £m
Assets			
Non-current assets			
Property, plant and equipment	17	9,227	9,020
Right of use assets	18	846	937
Goodwill	19	6,982	6,811
Other intangible assets	20	15,515	14,768
Investments in associates and joint ventures	21	96	55
Other investments	23	1,100	1,137
Deferred tax assets	14	6,757	6,049
Derivative financial instruments	44	1	–
Other non-current assets	24	1,942	1,584
Total non-current assets		42,466	40,361
Current assets			
Inventories	25	5,669	5,498
Current tax recoverable	14	489	373
Trade and other receivables	26	6,836	7,385
Derivative financial instruments	44	109	130
Current equity investments	22	–	2,204
Liquid investments	30	21	42
Cash and cash equivalents	27	3,870	2,936
Assets held for sale	28	3	76
Total current assets		16,997	18,644
Total assets		59,463	59,005
Liabilities			
Current liabilities			
Short-term borrowings	30	(2,349)	(2,813)
Contingent consideration liabilities	33	(1,172)	(1,053)
Trade and other payables	29	(15,335)	(15,844)
Derivative financial instruments	44	(192)	(114)
Current tax payable	14	(703)	(500)
Short-term provisions	32	(1,946)	(744)
Total current liabilities		(21,697)	(21,068)
Non-current liabilities			
Long-term borrowings	30	(14,637)	(15,205)
Corporation tax payable	14	–	(75)
Deferred tax liabilities	14	(382)	(311)
Pensions and other post-employment benefits	31	(1,864)	(2,340)
Other provisions	32	(589)	(495)
Contingent consideration liabilities	33	(6,108)	(5,609)
Other non-current liabilities	34	(1,100)	(1,107)
Total non-current liabilities		(24,680)	(25,142)
Total liabilities		(46,377)	(46,210)
Net assets		13,086	12,795
Equity			
Share capital	37	1,348	1,348
Share premium account	37	3,473	3,451
Retained earnings	38	7,796	7,239
Other reserves	38	1,054	1,309
Shareholders' equity		13,671	13,347
Non-controlling interests		(585)	(552)
Total equity		13,086	12,795

The financial statements on pages 182 to 268 were approved by the Board on 25 February 2025 and signed on its behalf by

Sir Jonathan Symonds

Chair

Consolidated statement of changes in equity

for the year ended 31 December 2024

	Shareholders' equity						
	Share capital £m	Share premium £m	Retained earnings £m	Other reserves* £m	Total £m	Non-controlling interests £m	Total equity £m
At 31 December 2021	1,347	3,301	7,944	2,463	15,055	6,287	21,342
Profit for the year	–	–	14,956	–	14,956	665	15,621
Other comprehensive income/(expense) for the year	–	–	(89)	(714)	(803)	(28)	(831)
Total comprehensive income/(expense) for the year	–	–	14,867	(714)	14,153	637	14,790
Distributions to non-controlling interests	–	–	–	–	–	(1,409)	(1,409)
Non-cash distribution to non-controlling interests	–	–	–	–	–	(2,960)	(2,960)
Contributions from non-controlling interests	–	–	–	–	–	8	8
Changes to non-controlling interests	–	–	–	–	–	(20)	(20)
Deconsolidation of former subsidiaries	–	–	–	–	–	(3,045)	(3,045)
Dividends to shareholders	–	–	(3,467)	–	(3,467)	–	(3,467)
Non-cash dividend to shareholders	–	–	(15,526)	–	(15,526)	–	(15,526)
Realised after tax profit/(losses) on disposal or liquidation of equity investments	–	–	14	(14)	–	–	–
Share of associates and joint ventures realised profits/(losses) on disposal of equity investments	–	–	7	(7)	–	–	–
Shares issued	–	25	–	–	25	–	25
Write-down of shares held by ESOP Trusts	–	–	(911)	911	–	–	–
Shares acquired by ESOP Trusts	–	114	1,086	(1,200)	–	–	–
Share-based incentive plans	–	–	357	–	357	–	357
Tax on share-based incentive plans	–	–	(8)	–	(8)	–	(8)
Hedging gain after taxation transferred to non-financial assets	–	–	–	9	9	–	9
At 31 December 2022	1,347	3,440	4,363	1,448	10,598	(502)	10,096
Profit for the year	–	–	4,928	–	4,928	380	5,308
Other comprehensive income/(expense) for the year	–	–	(45)	(247)	(292)	(25)	(317)
Total comprehensive income/(expense) for the year	–	–	4,883	(247)	4,636	355	4,991
Distributions to non-controlling interests	–	–	–	–	–	(412)	(412)
Contributions from non-controlling interests	–	–	–	–	–	7	7
Dividends to shareholders	–	–	(2,247)	–	(2,247)	–	(2,247)
Realised after tax profit/(losses) on disposal or liquidation of equity investments	–	–	(26)	26	–	–	–
Share of associates and joint ventures realised profits/(losses) on disposal of equity investments	–	–	(7)	7	–	–	–
Shares issued	1	9	–	–	10	–	10
Write-down of shares held by ESOP Trusts	–	–	(324)	324	–	–	–
Shares acquired by ESOP Trusts	–	2	283	(285)	–	–	–
Share-based incentive plans	–	–	307	–	307	–	307
Hedging gain after taxation transferred to non-financial assets	–	–	–	36	36	–	36
Tax on share-based incentive plans	–	–	7	–	7	–	7
At 31 December 2023	1,348	3,451	7,239	1,309	13,347	(552)	12,795
Profit for the year	–	–	2,575	–	2,575	376	2,951
Other comprehensive income/(expense) for the year	–	–	(83)	(86)	(169)	(4)	(173)
Total comprehensive income/(expense) for the year	–	–	2,492	(86)	2,406	372	2,778
Distributions to non-controlling interests	–	–	–	–	–	(416)	(416)
Contributions from non-controlling interests	–	–	–	–	–	9	9
Changes to non-controlling interests	–	–	–	–	–	4	4
Dividends to shareholders	–	–	(2,444)	–	(2,444)	–	(2,444)
Deconsolidation of former subsidiary	–	–	–	–	–	(2)	(2)
Realised after tax profit/(losses) on disposal or liquidation of equity investments	–	–	14	(14)	–	–	–
Share of associates and joint ventures realised profits/(losses) on disposal of equity investments	–	–	52	(52)	–	–	–
Shares issued	–	20	–	–	20	–	20
Write-down of shares held by ESOP Trusts	–	–	(362)	362	–	–	–
Shares acquired by ESOP Trusts	–	2	457	(459)	–	–	–
Share-based incentive plans	–	–	344	–	344	–	344
Hedging gain/(loss) after taxation transferred to non-financial assets	–	–	–	(6)	(6)	–	(6)
Tax on share-based incentive plans	–	–	4	–	4	–	4
At 31 December 2024	1,348	3,473	7,796	1,054	13,671	(585)	13,086

* An analysis of Other reserves is presented as part of Note 38, 'Movements in equity'.

Consolidated cash flow statement

for the year ended 31 December 2024

	Notes	2024 £m	2023 £m	2022 £m
Cash flow from operating activities				
Profit after taxation from continuing operations for the year		2,951	5,308	4,921
Adjustments reconciling profit after tax to operating cash flows	42	4,910	2,788	3,023
Cash generated from operations attributable to continuing operations		7,861	8,096	7,944
Taxation paid		(1,307)	(1,328)	(1,310)
Net cash inflow/(outflow) from continuing operating activities		6,554	6,768	6,634
Cash generated from operations attributable to discontinued operations		–	–	932
Taxation paid from discontinued operations		–	–	(163)
Net operating cash flows attributable to discontinued operations		–	–	769
Total net cash inflow/(outflow) from operating activities		6,554	6,768	7,403
Cash flow from investing activities				
Purchase of property, plant and equipment		(1,399)	(1,314)	(1,143)
Proceeds from sale of property, plant and equipment		65	28	146
Purchase of intangible assets		(1,583)	(1,030)	(1,115)
Proceeds from sale of intangible assets		131	12	196
Purchase of equity investments		(103)	(123)	(143)
(Increase)/decrease in liquid investments		21	72	1
Purchase of businesses, net of cash acquired	41	(805)	(1,457)	(3,108)
Proceeds from sale of equity investments		2,356	1,832	238
Share transactions with non-controlling interests		(1)	–	–
Contingent consideration paid		(19)	(11)	(79)
Disposal of businesses	41	(18)	49	(43)
Investments in joint ventures and associates		(43)	–	(1)
Proceeds from disposal of associates and joint ventures		–	1	–
Interest received		138	115	64
Dividend and distributions from investments		16	220	–
Dividends from joint ventures and associates		15	11	6
Net cash inflow/(outflow) from continuing investing activities		(1,229)	(1,595)	(4,981)
Net investing cash flows attributable to discontinued operations		–	–	(3,791)
Total net cash inflow/(outflow) from investing activities		(1,229)	(1,595)	(8,772)
Cash flow from financing activities				
Issue of share capital	37	20	10	25
Repayment of long-term loans [1]		(1,615)	(2,260)	(6,668)
Issue of long-term notes		1,075	223	1,025
Net increase/(decrease) in short-term loans		(811)	(333)	1,021
Increase in other short-term loans [1]		266	–	–
Repayment of other short-term loans [1]		(81)	–	–
Repayment of lease liabilities		(226)	(197)	(202)
Interest paid		(632)	(766)	(848)
Dividends paid to shareholders		(2,444)	(2,247)	(3,467)
Distributions to non-controlling interests		(416)	(412)	(521)
Contributions from non-controlling interests		9	7	8
Other financing items		129	334	376
Net cash inflow/(outflow) from continuing financing activities		(4,726)	(5,641)	(9,251)
Net financing cash flows attributable to discontinued operations		–	–	10,074
Total net cash inflow/(outflow) from financing activities		(4,726)	(5,641)	823
Increase/(decrease) in cash and bank overdrafts	43	599	(468)	(546)
Cash and bank overdrafts at the beginning of year		2,858	3,425	3,819
Exchange adjustments		(54)	(99)	152
Increase/(decrease) in cash and bank overdrafts in the year		599	(468)	(546)
Cash and bank overdrafts at the end of year		3,403	2,858	3,425
Cash and bank overdrafts at end of year comprise:				
Cash and cash equivalents		3,870	2,936	3,723
Overdrafts		(467)	(78)	(298)
		3,403	2,858	3,425

(1) In 2024, there was a change in the presentation of cash flows from long-term and other short-term loans. For further information see Note 43 'Reconciliation of net cash flow to movement in net debt'.

Notes to the financial statements

1. Presentation of the financial statements

Description of business

GSK is a global biopharma group which prevents and treats disease with specialty medicines, vaccines and general medicines. GSK focuses on the science of the immune system and advanced technologies, investing in four core therapeutic areas: respiratory, immunology and inflammation; oncology; HIV; and infectious diseases.

Compliance with applicable law and IFRS

The consolidated financial statements have been prepared in accordance with UK-adopted international accounting standards in conformity with the requirements of the Companies Act 2006 and the International Financial Reporting Standards as issued by the IASB ("IFRS Accounting Standards").

Composition of the consolidated financial statements

The consolidated financial statements are for the Group consisting of GSK plc and its subsidiaries. The consolidated financial statements are drawn up in Sterling, the functional currency of GSK plc, and in accordance with the presentation requirements of IFRS Accounting Standards. The consolidated financial statements comprise:

- Consolidated income statement
- Consolidated statement of comprehensive income
- Consolidated balance sheet
- Consolidated statement of changes in equity
- Consolidated cash flow statement
- Notes to the financial statements.

Composition of the Group

A list of the subsidiaries and associates which, in the opinion of the Directors, principally affected the amount of profit or net assets of the Group is given in Note 46, ‘Principal Group companies’.

Financial period

These consolidated financial statements cover the financial year from 1 January to 31 December 2024, with comparative figures for the financial years from 1 January to 31 December 2023 and, where appropriate, from 1 January to 31 December 2022.

Accounting principles and policies

The Directors have, at the time of approving the consolidated financial statements, a reasonable expectation that the Group has adequate resources to continue in operational existence for the foreseeable future. Thus, the financial statements have been prepared on a going concern basis and using the historical cost convention modified by the revaluation of certain items, as stated in the accounting policies.

The consolidated financial statements have been prepared in accordance with the Group’s accounting policies approved by the Board as described in Note 2, ‘Accounting principles and policies’. Information on the application of these accounting policies, including areas of estimation and judgement is given in Note 3, ‘Critical accounting judgements and key sources of estimation uncertainty’.

The preparation of the consolidated financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

In preparing the consolidated financial statements, the Group has evaluated the potential effects of both physical and transitional climate change risks, along with planned mitigation efforts, on the valuation of assets and liabilities; with consideration of the risks outlined in the Task Force on Climate-related Financial Disclosures (TCFD).

As of 31 December 2024, the Group has determined that climate-related risks do not have a material impact on the significant judgements and estimates and, as a result, the valuation of the assets or liabilities have not been impacted. The Group has reviewed the recoverable values of key assets impacted such as property, plant, and equipment, inventories, goodwill, and intangible assets given their potential exposure to climate-related risks, as well as the Group’s planned transition efforts.

Among the risks identified is the impact on metered dose inhalers (MDI). The Group is mitigating this risk by transitioning to a lower-carbon propellant. This transition is not anticipated to materially affect the recoverable amounts, or estimated useful lives, of related property, plant, and equipment. Additional information can be found in Note 17 'Property, plant, and equipment'.

While the Group does not foresee any significant medium-term impact at present, it remains aware of the evolving nature of climate-related risks. The Group continues to evaluate the implications on judgements and estimates, as well as on any potential effects on the preparation of the consolidated financial statements.

Notes to the financial statements continued

2. Accounting principles and policies

Consolidation

The consolidated financial statements include:

– the assets and liabilities, and the results and cash flows, of the Company and its subsidiaries, including ESOP Trusts;
– the Group's share of the results and net assets of associates and joint ventures; and
– the Group's share of assets, liabilities, revenue and expenses of joint operations.

The financial statements of entities consolidated are made up to 31 December each year.

Entities over which the Group has control are accounted for as subsidiaries and consolidated in the Group financial statements. Control is achieved when an entity in the Group:

– has power over the investee;
– is exposed, or has rights, to variable returns from its involvement with the investee; and
– has the ability to use its power to affect its returns.

This is generally through control over the financial and operating policies of the subsidiary.

Where the Group has the ability to exercise joint control over, and rights to, the net assets of entities, the entities are accounted for as joint ventures. Where the Group has the ability to exercise joint control over an arrangement, but has rights to specified assets and obligations for specified liabilities of the arrangement, the arrangement is accounted for as a joint operation. Where the Group has the ability to exercise significant influence over entities, they are accounted for as associates. The results, assets and liabilities of associates and joint ventures are incorporated into the consolidated financial statements using the equity method of accounting. The assets, liabilities, revenue and expenses of joint operations are included in the consolidated financial statements in accordance with the Group's rights and obligations. Interests acquired in entities are consolidated from the date the Group acquires control and interests sold are de-consolidated from the date control ceases.

Transactions and balances between subsidiaries are eliminated and no profit before tax is taken on sales between subsidiaries until the products are sold to customers outside the Group. The relevant proportion of profits on transactions with joint ventures, joint operations and associates is also deferred until the products are sold to third parties. Transactions with non-controlling interests are recorded directly in equity. Deferred tax relief on unrealised intra-Group profit is accounted for only to the extent that it is considered recoverable.

Business combinations

Business combinations are accounted for using the acquisition accounting method. Identifiable assets, liabilities and contingent liabilities acquired are measured at fair value at acquisition date. The consideration transferred is measured at fair value and includes the fair value of any contingent consideration.

The fair value of contingent consideration liabilities is reassessed at each balance sheet date with changes recognised in the income statement. Payments of contingent consideration reduce the balance sheet liability and as a result are not recorded in the income statement.

The part of each payment relating to the original estimate of the fair value of the contingent consideration on acquisition is reported within investing activities in the cash flow statement and the part of each payment relating to the increase in the liability since the acquisition date is reported within operating cash flows.

Where fair value of the consideration transferred, together with the non-controlling interest, exceeds the fair value of the assets, liabilities and contingent liabilities acquired, the excess is recorded as goodwill. The costs of effecting an acquisition are charged to the income statement in the period in which they are incurred.

Goodwill is capitalised as a separate item in the case of subsidiaries and as part of the cost of investment in the case of joint ventures and associates. Goodwill is denominated in the currency of the operation acquired.

Where fair value of the consideration transferred is below the Group's interest in the net assets acquired, the difference is recognised directly in the income statement.

Where not all of the equity of a subsidiary is acquired the non-controlling interest is recognised either at fair value or at the non-controlling interest's share of the net assets of the subsidiary, on a case-by-case basis. Changes in the Group's ownership percentage of subsidiaries are accounted for within equity.

Foreign currency translation

Foreign currency transactions are booked in the functional currency of the Group company at the exchange rate ruling on the date of transaction. Foreign currency monetary assets and liabilities are retranslated into the functional currency at rates of exchange ruling at the balance sheet date. Exchange differences are included in the income statement.

On consolidation, assets and liabilities, including related goodwill, of overseas subsidiaries, associates and joint ventures, are translated into Sterling at rates of exchange ruling at the balance sheet date. The results and cash flows of overseas subsidiaries, associates and joint ventures are translated into Sterling using average rates of exchange.

Exchange adjustments arising when the opening net assets and the profits for the year retained by overseas subsidiaries, associates and joint ventures are translated into Sterling, less exchange differences arising on related foreign currency borrowings which hedge the Group's net investment in these operations, are taken to a separate component of equity within retained earnings.

When translating into Sterling the assets, liabilities, results and cash flows of overseas subsidiaries, associates and joint ventures which are reported in currencies of hyper-inflationary economies, adjustments are made where material to reflect current price levels. Any gain or loss on net monetary position is charged to the consolidated income statement.

Notes to the financial statements continued

2. Accounting principles and policies continued

Revenue

Turnover

The Group receives revenue for supply of goods to external customers against orders received. The majority of contracts that GSK enters into relate to sales orders containing single performance obligations for the delivery of pharmaceutical and vaccine products. The average duration of a sales order is less than 12 months so there is no significant element of financing.

Revenue from the product sales is recognised when control of the goods is passed to the customer. The point at which control passes is determined by each customer arrangement, but generally occurs on delivery to the customer.

Revenue from the product sales represents net invoice value including fixed and variable consideration. Variable consideration arises on the sale of goods as a result of discounts and allowances given and accruals for estimated future returns and rebates. Revenue is not recognised in full until it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The methodology and assumptions used to estimate rebates and returns are monitored and adjusted regularly in the light of contractual and legal obligations, historical trends, past experience and projected market conditions. Estimates associated with returns and rebates are revisited at each reporting date or when they are resolved and revenue is adjusted accordingly. Please refer to Note 3, 'Critical accounting judgements and key sources of estimation uncertainty' for the details on rebates, discounts and allowances.

The Group has entered into collaboration agreements, typically with other pharmaceutical or biotechnology companies to develop, produce and market medicines and vaccines that do not qualify as joint arrangements. When GSK has control over the commercialisation activities, the Group recognises turnover and cost of sales on a gross basis. Profit sharing amounts and royalties due to the counterparty are recorded within cost of sales. Cost of sales includes cost of £7 million (2023: net recoveries of cost of £45 million; 2022: cost of £1,635 million) from profit sharing arrangements and royalties due to the counterparty. When the counterparty controls the commercialisation activities and records the sale, the Group is not the principal in the customer contract and instead records its share of gross profit as co-promotion income, on a net basis, within turnover. The nature of co-promotion activities is such that the Group records no costs of sales. Commercial Operations turnover includes co-promotion revenue of £1 million (2023: £1 million; 2022: £3 million). Reimbursements to and from the counterparty under collaboration agreements for ‘selling, general and administration’ and ‘research and development’ costs are recorded net in the respective lines in the income statement.

Other operating income and royalty income

GSK enters into development and marketing collaborations and out-licences of the Group’s compounds or products to other parties. These contracts give rise to fixed and variable consideration from upfront payments, development milestones, sales-based milestones and royalties.

Income dependent on the achievement of a development milestone is recognised when it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur, which is usually when the related event occurs. Sales-based milestone income is recognised when it is highly probable that the sales threshold will be reached.

Sales-based royalties on a licence of intellectual property are not recognised until the relevant product sale occurs.

For all revenue, if the time between the recognition of revenue and payment from the customer is expected to be more than one year and the impact is material, the amount of consideration is discounted using appropriate discount rates.

Value added tax and other sales taxes are excluded from revenue.

Expenditure

Expenditure is recognised in respect of goods and services received when supplied in accordance with contractual terms. Provision is made when an obligation exists for a future liability in respect of a past event and where the amount of the obligation can be reliably estimated.

Manufacturing start-up costs between validation and the achievement of normal production are expensed as incurred.

Advertising and promotion expenditure is charged to the income statement as incurred.

Shipment costs on inter-company transfers are charged to cost of sales; distribution costs on sales to customers are included in selling, general and administration expenditure.

Restructuring costs are recognised and provided for, where appropriate, in respect of the direct expenditure of a business reorganisation where the plans are sufficiently detailed and well advanced, and where appropriate communication to those affected has been undertaken.

Software as a service (SaaS) configuration costs are expensed as they are incurred where the software being configured is controlled by the SaaS provider.

Research and development

Research and development expenditure is charged to the income statement in the period in which it is incurred. Development expenditure is capitalised when the criteria for recognising an asset are met, usually when a regulatory filing has been made in a major market and approval is considered highly probable. Property, plant and equipment used for research and development is capitalised and depreciated in accordance with the Group’s policy.

Notes to the financial statements continued

2. Accounting principles and policies continued

Legal and other disputes

Provision is made for the anticipated settlement costs of legal or other disputes against the Group where an outflow of resources is considered probable and a reliable estimate can be made of the likely outcome. In respect of product liability claims related to certain products, provision is made when there is sufficient history of claims made and settlements to enable management to make a reliable estimate of the provision required to cover asserted and unasserted claims.

In certain cases, an incurred but not reported (IBNR) actuarial technique is used to determine this estimate. In addition, provision is made for legal or other expenses arising from claims received or other disputes.

The Group may become involved in legal proceedings, in respect of which it is not possible to meaningfully assess whether the outcome will result in a probable outflow, or to quantify or reliably estimate the liability. In these cases, appropriate disclosure about such cases is included but no provision is made.

Costs associated with claims made by the Group against third parties are charged to the income statement as they are incurred.

Pensions and other post-employment benefits

The costs of providing pensions under defined benefit schemes are calculated using the projected unit credit method and spread over the period during which benefit is expected to be derived from the employees' services, consistent with the advice of qualified actuaries.

Pension obligations are measured as the present value of estimated future cash flows discounted at rates reflecting the yields of high-quality corporate bonds. Pension scheme assets are measured at fair value at the balance sheet date.

The costs of other post-employment liabilities are calculated in a similar way to defined benefit pension schemes and spread over the period during which benefit is expected to be derived from the employees' services, in accordance with the advice of qualified actuaries.

The service cost of providing retirement benefits to employees during the year, together with the cost of any curtailment, is charged to operating profit in the year.

Actuarial gains and losses and the effect of changes in actuarial assumptions are recognised in the statement of comprehensive income in the year in which they arise.

The Group's contributions to defined contribution plans are charged to the income statement as incurred.

Employee share plans

Incentives in the form of shares are provided to employees under share option and share award schemes.

The fair values of these options and awards are calculated at their grant dates using a Black-Scholes option pricing model and charged to the income statement over the relevant vesting periods.

The Group provides finance to ESOP Trusts to purchase company shares to meet the obligation to provide shares when employees exercise their options or awards. Costs of running the ESOP Trusts are charged to the income statement.

Shares held by the ESOP Trusts are deducted from other reserves. A transfer is made between other reserves and retained earnings over the vesting periods of the related share options or awards to reflect the ultimate proceeds receivable from employees on exercise.

Property, plant and equipment

Property, plant and equipment (PP&E) is stated at the cost of purchase or construction, less accumulated depreciation and accumulated impairment. Financing costs are capitalised within the cost of qualifying assets in construction.

Depreciation is calculated to write off the cost less residual value of PP&E, excluding freehold land and assets under construction, using the straight-line basis over the expected useful life. Residual values and expected useful lives are reviewed, and where appropriate adjusted annually. The normal expected useful lives of the major categories of PP&E are:

Freehold buildings	20 to 50 years
Leasehold land and buildings	Lease term or 20 to 50 years
Plant and machinery	10 to 20 years
Equipment and vehicles	3 to 10 years

On disposal of PP&E, the cost and related accumulated depreciation and impairments are removed from the financial statements and the net amount, less any proceeds, is taken to the income statement.

Leases

The Group recognises right of use assets under lease arrangements in which it is the lessee, except for short-term leases (defined as leases with a lease term of 12 months or less) and leases of low value assets. Rights to use assets owned by third parties under lease agreements are capitalised at the inception of the lease and recognised on the balance sheet. Right of use assets are initially measured at the amount of the corresponding lease liability plus lease payments made at or before the commencement day, initial incremental direct costs, asset retirement obligations and less any lease incentives received. They are subsequently measured at cost less accumulated depreciation and impairment losses.

The corresponding liability to the lessor is recognised as a lease obligation within short and long-term borrowings. The lease liability is initially measured at the discounted present value of the lease payments that are not paid at the commencement date. The carrying amount of the lease liability is subsequently increased to reflect interest on the liability and reduced by lease payments made.

Notes to the financial statements continued

2. Accounting principles and policies continued

For calculating the discounted lease liability on leases with annual payments of £2 million or more, or a non-cancellable term of more than 10 years, the implicit rate in the lease is used. If this is not available, the incremental borrowing rate with a lease specific adjustment is used. If neither of these is available, and for leases with annual payments of less than £2 million, or a non-cancellable term of 10 years or less, the incremental borrowing rate is used. The incremental borrowing rate is the rate of interest at which GSK would have been able to borrow for a similar term and with a similar security the funds necessary to obtain a similar asset in a similar market.

Finance costs are charged to the income statement so as to produce a constant periodic rate of charge on the remaining balance of the obligations for each accounting period.

Variable rents which are not linked to an index or a rate are not part of the lease liability and the right of use asset. These payments are charged to the income statement as incurred. Lease rental costs for short-term and low-value leases which are not capitalised are also charged to the income statement as incurred.

Non-lease components are accounted for separately from the lease components in plant and equipment leases. For land and buildings or vehicle leases the lease and non-lease components are accounted for together in the lease when the non-lease components can be reliably determined in advance and are charged directly by the lessor.

If modifications or reassessments of lease obligations occur, the lease liability and right of use asset are remeasured.

Right of use assets where title is expected to pass to GSK at a point in the future are depreciated on a basis consistent with similar owned assets. In other cases, right of use assets are depreciated over the shorter of the useful life of the asset or the lease term.

Goodwill

Goodwill is stated at cost less accumulated impairments. Goodwill is deemed to have an indefinite useful life and is tested for impairment at least annually.

Where the fair value of the interest acquired in an entity's assets, liabilities and contingent liabilities exceeds the consideration paid, this excess is recognised immediately as a gain in the income statement.

Other intangible assets

Intangible assets have a finite life and are stated at cost less accumulated amortisation and accumulated impairments.

Licences, patents, know-how and marketing rights separately acquired or acquired as part of a business combination are amortised over their estimated useful lives, generally not exceeding 30 years, using the straight-line basis, from the time they are available for use. The estimated useful lives for determining the amortisation charge take into account patent lives (exclusivity period), where applicable, as well as the value obtained from periods of non-exclusivity. For Pharmaceutical intangible assets, depending on the characteristics, competitive environment and estimated long-term profits of the asset, between 80% to 90% of the book value is amortised over the exclusivity period on a straight-line basis and the remaining book value is amortised over a non-exclusivity period of 5-15 years on a straight-line basis. For Vaccines intangible assets, cost is usually amortised over the patent period plus 10 years, or 30 years if no patent is granted, on a straight-line basis. Asset lives are reviewed, and where appropriate adjusted, annually.

Contingent milestone payments are recognised at the point that the contingent event becomes probable. Any development costs incurred by the Group subsequent to the acquisition of licences, patents, know-how or marketing rights are written off to the income statement when incurred, unless the criteria for recognition of an internally generated intangible asset are met, usually when a regulatory filing has been made in a major market and approval is considered highly probable.

Acquired in process R&D and marketed products are valued independently as part of the fair value of businesses acquired from third parties where they have a value which is substantial and long term and where the assets either are contractual or legal in nature or can be sold separately from the rest of the businesses acquired.

The costs of acquiring and developing computer software for internal use are capitalised as other intangible assets where the software supports a significant business system and the expenditure leads to the creation of a durable asset controlled by the Group. ERP systems software is amortised over 7-10 years and other computer software over 2-5 years using the straight-line basis.

The Group capitalises certain implementation costs related to cloud computing arrangements when it has control over the underlying software.

Impairment of non-current assets

The carrying amounts of all non-current assets are reviewed for impairment, either on a stand-alone basis or as part of a larger cash generating unit, when there is an indication that the assets might be impaired. Additionally, goodwill and intangible assets which are not yet available for use are tested for impairment annually. Any provision for impairment is charged to the income statement in the year concerned.

Impairments of goodwill are not reversed. Impairment losses on other non-current assets are only reversed if there has been a change in estimates used to determine recoverable amounts and only to the extent that the revised recoverable amounts do not exceed the carrying amounts that would have existed, net of depreciation or amortisation, had no impairments been recognised.

Investments in associates, joint ventures and joint operations

Investments in associates and joint ventures are carried in the consolidated balance sheet at the Group's share of their net assets at date of acquisition and of their post-acquisition retained profits or losses and other comprehensive income together with any goodwill arising on the acquisition. The Group recognises the assets, liabilities, revenue and expenses of joint operations in accordance with its rights and obligations.

Notes to the financial statements continued

2. Accounting principles and policies continued

Inventories

Inventories are included in the consolidated financial statements at the lower of cost (including raw materials, direct labour, other direct costs and related production overheads) and net realisable value. Cost is generally determined on a first in, first out basis. Pre-launch inventory is held as an asset when there is a high probability of regulatory approval for the product. Before that point a provision is made against the carrying amount to reduce it to its net realisable value; the provision is then reversed at the point when a high probability of regulatory approval is determined.

Financial instruments

Financial assets

Financial assets are measured at amortised cost, fair value through other comprehensive income (FVTOCI) or fair value through profit or loss (FVTPL). The measurement basis is determined by reference to both the business model for managing the financial asset and the contractual cash flow characteristics of the financial asset. For financial assets other than trade receivables a 12-month expected credit loss (ECL) allowance is recorded on initial recognition. If there is subsequent evidence of a significant increase in the credit risk of an asset, the allowance is increased to reflect the full lifetime ECL. If there is no realistic prospect of recovery, the asset is written off.

Expected credit losses are recognised in the income statement on financial assets measured at amortised cost and at fair value through other comprehensive income apart from equity investments.

Current equity investments

Current equity investments comprise equity investments which the Group holds with the intention to sell and which it may sell in the short term. Where acquired with this intention, they are measured at FVTPL. They are initially recorded at fair value and then remeasured at subsequent reporting dates to fair value. Unrealised gains and losses are recognised in the income statement. Dividend income is recognised in the income statement when the Group's right to receive payment is established. Purchases and sales of current equity investments are accounted for on the trade date.

Other investments

Other investments comprise equity investments and investments in limited life funds. The Group has elected to designate the majority of its equity investments as measured at FVTOCI. They are initially recorded at fair value plus transaction costs and then remeasured at subsequent reporting dates to fair value. Unrealised gains and losses are recognised in other comprehensive income. On disposal of the equity investment, gains and losses that have been deferred in other comprehensive income are transferred directly to retained earnings.

Investments in limited life funds are measured at FVTPL. They are initially recorded at fair value and then remeasured at subsequent reporting dates to fair value. Unrealised gains and losses are recognised in the income statement.

Dividends on equity investments and distributions from funds are recognised in the income statement when the Group's right to receive payment is established.

Purchases and sales of Other investments are accounted for on the trade date.

Trade receivables

Trade receivables are measured in accordance with the business model under which each portfolio of trade receivables is held. The Group has portfolios in each of the three business models under IFRS 9: to collect the contractual cash flows where there is no factoring agreement in place (measured at amortised cost); to sell the contractual cash flows where the trade receivables will be sold under a factoring agreement (measured at FVTPL); and both to collect and to sell the contractual cash flows where the trade receivables may be sold under a factoring arrangement (measured at FVTOCI). Trade receivables measured at amortised cost are carried at the original invoice amount less allowances for expected credit losses.

Expected credit losses are calculated in accordance with the simplified approach permitted by IFRS 9, using a provision matrix applying lifetime historical credit loss experience to the trade receivables. The expected credit loss rate varies depending on whether, and the extent to which, settlement of the trade receivables is overdue and it is also adjusted as appropriate to reflect current economic conditions and estimates of future conditions. For the purpose of determining credit loss rates, customers are classified into groupings that have similar loss patterns. The key drivers of the loss rate are the nature of the business unit and the location and type of customer.

When a trade receivable is determined to have no reasonable expectation of recovery it is written off, firstly against any expected credit loss allowance available and then to the income statement.

Subsequent recoveries of amounts previously provided for or written off are credited to the income statement. Long-term receivables are discounted where the effect is material.

Cash and cash equivalents

Cash comprises cash in hand and on-demand deposits at bank.

Cash equivalents include cash in transit, deposits made with banks or financial institutions with a maturity of three months or less from the date of acquisition and are measured at amortised cost. Investments in money market funds are held at fair value through profit or loss because the funds fail the solely payments of principal and interest on principal outstanding (SPPI) test.

Borrowings

All borrowings are initially recorded at the amount of proceeds received, net of transaction costs. Borrowings are subsequently carried at amortised cost, with the difference between the proceeds, net of transaction costs, and the amount due on redemption being recognised as a charge to the income statement over the period of the relevant borrowing.

Notes to the financial statements continued

2. Accounting principles and policies continued

Derivative financial instruments

Derivative financial instruments are used to manage exposure to market risks. The principal derivative instruments used by GSK are foreign currency swaps, interest rate swaps, foreign exchange forward contracts and options. The Group does not hold or issue derivative financial instruments for trading or speculative purposes.

Derivative financial assets and liabilities, including derivatives embedded in host contracts which have been separated from the host contract, are measured at fair value. Changes in the fair value of any derivative instruments that do not qualify for hedge accounting are recognised immediately in the income statement.

Hedge accounting

Derivatives designated as the hedging instruments are classified at inception of the hedge relationship as cash flow hedges, net investment hedges or fair value hedges.

Changes in the fair value of derivatives designated as cash flow hedges are recognised in other comprehensive income to the extent that the hedges are effective and accumulated in the cash flow hedge reserve. Ineffective portions are recognised in profit or loss immediately. Amounts deferred in the cash flow hedge reserve are reclassified to the income statement when the hedged item affects profit or loss, or if the hedged forecast transaction is to purchase a non-financial asset, the amount deferred in the cash flow hedge reserve is transferred directly from equity and included in the carrying amount of the recognised non-financial asset.

Net investment hedges are accounted for in a similar way to cash flow hedges which are reclassified to the income statement when the hedged item affects profit or loss.

Changes in the fair value of derivatives designated as fair value hedges are recorded in the income statement, together with the changes in the fair value of the hedged asset or liability.

Taxation

Current tax is provided at the amounts expected to be paid, applying tax rates that have been enacted or substantively enacted by the balance sheet date. The tax charge for the period is recognised in the consolidated income statement, the consolidated statement of comprehensive income or directly in equity, according to the accounting treatment of the related transaction.

Deferred tax is provided in full, using the liability method, on temporary differences arising between the tax bases of assets and liabilities and their carrying amounts in the consolidated financial statements. Deferred tax assets are recognised to the extent that it is probable that future taxable profits will be available against which the temporary differences can be utilised. Deferred tax is provided on temporary differences arising on investments in subsidiaries, associates and joint ventures, except where the timing of the reversal of the temporary difference can be controlled and it is probable that the temporary difference will not reverse in the foreseeable future. Deferred tax is provided using rates of tax that have been enacted or substantively enacted by the balance sheet date. Deferred tax assets and liabilities are offset when there is a legally enforceable right to offset current tax assets against current tax liabilities and when they relate to income taxes levied by the same tax authority and the Company and its subsidiaries intend to settle their current tax assets and liabilities on a net basis.

Deferred tax assets and liabilities are not recognised if the temporary differences arise from the initial recognition of goodwill or from the initial recognition of other assets and liabilities in a transaction (other than a business combination) that affects neither the accounting nor the taxable profit or loss. The exception to this is situations where there are equal taxable and deductible temporary differences arising from the same transaction. Unrecognised deferred tax assets are reassessed at each reporting date and are recognised to the extent that it has become probable that future taxable profits will allow the deferred tax asset to be recovered.

Where an uncertain tax position is identified, management will make a judgement as to what the probable outcome will be, assuming the relevant tax authority has full knowledge of the situation. Where it is assessed that an economic outflow is probable to arise, a provision is made for the best estimate of the liability. In estimating any such liability GSK applies a risk-based approach which takes into account, as appropriate, the probability that the Group would be able to obtain compensatory adjustments under international tax treaties. These estimates take into account the specific circumstances of each dispute and relevant external advice.

Restructuring

Costs of restructuring arise from restructuring programmes that are planned and controlled by the Group. A provision for restructuring is recognised when there is a detailed formal plan in place, and management has created a valid expectation by separately announcing the main features of the plan to those affected by it, or has started implementation.

Discounting

Where the time value of money is material, balances are discounted to current values using appropriate discount rates. The unwinding of the discounts is recorded in finance income and finance expense.

Assets and liabilities held for sale or distribution and discontinued operations

Non-current assets or disposal groups are classified as held for sale or distribution if their carrying amount will be recovered principally through sale or a distribution to shareholders rather than through continuing use, they are available for sale or distribution in their present condition and the sale or distribution is considered highly probable. Assets held in Assets held for sale or distribution are measured at the lower of their carrying amount and fair value less costs to sell or distribute. Assets included in Assets held for sale or distribution are not depreciated or amortised. Assets and liabilities classified as held for sale or distribution are presented in current assets and current liabilities separately from the other assets and liabilities in the balance sheet.

A discontinued operation is a component of the Group that has been disposed of, distributed or is classified as held for sale or distribution and that represents a separate major line of business. The results of discontinued operations are presented separately in the consolidated income statement, the consolidated statement of comprehensive income and the consolidated statement of cash flows and comparatives are restated on a consistent basis.

Notes to the financial statements continued

3. Critical accounting judgements and key sources of estimation uncertainty

In preparing the financial statements, management is required to make judgements about when or how items should be recognised in the financial statements and estimates and assumptions that affect the amounts of assets, liabilities, revenue and expenses reported in the financial statements. Actual amounts and results could differ from those estimates. The following are considered to be the critical accounting judgements and key sources of estimation uncertainty.

Turnover

Reported Group turnover for 2024 was £31,376 million (2023: £30,328 million).

Estimates

Gross turnover is reduced by rebates, discounts, allowances and product returns given or expected to be given, which vary by product arrangements and buying groups. These arrangements with purchasing organisations are dependent upon the submission of claims some time after the initial recognition of the sale. Accruals are made at the time of sale for the estimated rebates, discounts or allowances payable or returns to be made, based on available market information and historical experience.

Sales of pharmaceutical and vaccine products in the US have complex arrangements for rebates, discounts and allowances. Turnover of Commercial Operations products in the US for 2024 of £16,384 million (2023: £15,820 million) was after recording deductions of £14,100 million (2023: £16,539 million) for rebates, allowances, returns and other discounts. At 31 December 2024, the total accrual amounted to £5,235 million (2023: £5,951 million). Due to the nature of these accruals it is not practicable to give meaningful sensitivity estimates due to the large volume of variables that contribute to the overall rebates, chargebacks, returns and other revenue accruals.

As there can be significant variability in final outcomes, the Group applies a constraint when measuring the variable element within revenue, so that revenue is recognised at a suitably cautious amount. The objective of the constraint is to ensure that it is highly probable that a significant reversal of revenue will not occur when the uncertainties are resolved. The constraint is applied by making suitably cautious estimates of the inputs and assumptions used in estimating the variable consideration. Because the amounts are estimated they may not fully reflect the final outcome, and the amounts are subject to change dependent upon, amongst other things, the types of buying group and product sales mix. The constraints applied in recognising revenue mean that the risk of a material downward adjustment to revenue in the next financial year is low.

The level of accrual for rebates and returns is reviewed and adjusted regularly in the light of contractual and legal obligations, historical trends, past experience and projected market conditions. Market conditions are evaluated using wholesaler and other third-party analyses, market research data and internally generated information. It is reasonably possible that there could be a significant adjustment within the next 12 months to recognise additional revenue, if actual outcomes are better than the cautious constrained estimates.

Revenue is not recognised in full until it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The amount of turnover recognised in the year from performance obligations satisfied in previous periods is set out in Note 6, ‘Turnover and segment information’, and is an indication of the level of sensitivity in the estimate.

Future events could cause the assumptions on which the accruals are based to change, which could materially affect the future results of the Group.

Taxation

The tax charge for the year was £526 million (2023: £756 million). At 31 December 2024, current tax payable was £703 million (2023: £500 million), non-current corporation tax payable was £nil million (2023: £75 million) and current tax recoverable was £489 million (2023: £373 million).

Judgement and estimates

The Group has open tax issues with a number of revenue authorities. Management makes a judgement of whether there is sufficient information to be able to make a reliable estimate of the outcome of the dispute. If insufficient information is available, no provision is made.

If sufficient information is available, in estimating a potential tax liability GSK applies a risk-based approach which takes into account, as appropriate, the probability that the Group would be able to obtain compensatory adjustments under international tax treaties. These estimates take into account the specific circumstances of each dispute and relevant external advice, are inherently judgemental and could change substantially over time as each dispute progresses and new facts emerge.

At 31 December 2024, the Group had recognised provisions of £636 million in respect of uncertain tax positions (2023: £584 million). Due to the number of uncertain tax positions held and the number of jurisdictions to which these relate, it is not practicable to give meaningful sensitivity estimates. No uncertain tax position is individually material to the Group.

Factors affecting the tax charge in future years are set out in Note 14, ‘Taxation’. GSK continues to believe that it has made adequate provision for the liabilities likely to arise from open assessments. Where open issues exist, the ultimate liability for such matters may vary from the amounts provided and is dependent upon the outcome of negotiations with the relevant tax authorities or, if necessary, litigation proceedings.

Legal and other disputes

Legal costs for the year were £1,964 million (2023: £271 million).
At 31 December 2024 provisions for legal and other disputes amounted to £1,446 million (2023: £267 million).

Judgement

Management makes a judgement of whether there is sufficient information to be able to make a reliable estimate of the likely outcome of the dispute and the legal and other expenses arising from claims against the Group. If insufficient information is available, no provision is made and disclosure of the claim is given.

Notes to the financial statements continued

3. Critical accounting judgements and key sources of estimation uncertainty continued

The estimated provisions take into account the specific circumstances of each dispute and relevant external advice, are inherently judgemental and could change substantially over time as each dispute progresses and new facts emerge. Details of the status and various uncertainties involved in the significant unresolved disputes are set out in Note 47, 'Legal proceedings'.

The company's Directors, having taken legal advice, have established provisions after taking into account the relevant facts and circumstances of each matter and in accordance with accounting requirements. In respect of product liability claims related to certain products, there is sufficient history of claims made and settlements to enable management to make a reliable estimate of the provision required to cover unasserted claims.

The Group may become involved in legal proceedings, in respect of which it is not possible to meaningfully assess whether the outcome will result in a probable outflow, or to quantify or reliably estimate the liability. In these cases, appropriate disclosure about such cases would be provided, but no provision would be made and no contingent liability can be quantified.

The ultimate liability for legal claims may vary from the amounts provided and is dependent upon the outcome of litigation proceedings, investigations and possible settlement negotiations. The position could change over time and, therefore, there can be no assurance that any losses that result from the outcome of any legal proceedings will not exceed the amount of the provisions reported in the Group's financial statements by a material amount.

Contingent consideration

The 2024 income statement charge for contingent consideration was £1,762 million (2023: £768 million).

At 31 December 2024, the liability for contingent consideration amounted to £7,280 million (2023: £6,662 million). Of this amount, £6,061 million (2023: £5,718 million) related to the acquisition of the former Shionogi-ViiV Healthcare joint venture in 2012.

Estimates

Any contingent consideration included in the consideration payable for a business combination is recorded at fair value at the date of acquisition. These fair values are generally based on risk-adjusted future cash flows discounted using appropriate post-tax discount rates. The fair values are reviewed on a regular basis, and any changes are reflected in the income statement. See Note 33, 'Contingent consideration liabilities'.

Pensions and other post-employment benefits

Judgement

Where a surplus on a defined benefit scheme arises, or there is potential for a surplus to arise from committed future contributions, the rights of the Trustees to prevent the Group obtaining a refund of that surplus in the future are considered in determining whether it is necessary to restrict the amount of the surplus that is recognised. Three UK schemes are in surplus (2023: three UK schemes), with a combined surplus of £725 million at 31 December 2024 (2023: £457 million).

There are further recognised pension surpluses totalling £173 million spread across five countries (2023: £177 million across five countries). GSK has made the judgement that these amounts meet the requirements of recoverability.

Estimates

The costs of providing pensions and other post-employment benefits are assessed on the basis of assumptions selected by management. These assumptions include future earnings and pension increases, discount rates, expected long-term rates of return on assets and mortality rates, and are disclosed in Note 31, 'Pensions and other post-employment benefits'.

Discount rates are derived from AA rated corporate bond yields except in countries where there is no deep market in corporate bonds where government bond yields are used. A sensitivity analysis is provided in Note 31, 'Pensions and other post-employment benefits', a 0.25% reduction in the discount rate would lead to an increase in the net pension deficit of approximately £320 million and an increase in the annual pension cost of approximately £17 million. Similarly, a 0.25% increase in the discount rate would lead to a decrease in the net pension deficit of approximately £309 million and a decrease in the annual pension cost of approximately £19 million.

A 0.75% reduction in the discount rate would lead to an increase in the net pension deficit of approximately £1,012 million and an increase in the annual pension cost of approximately £51 million. Similarly, a 0.75% increase in the discount rate would lead to a decrease in the net pension deficit of approximately £883 million and a decrease in the annual pension cost of approximately £55 million. The selection of different assumptions could affect the future results of the Group.

Impairment of intangible assets

The Group's intangible assets primarily comprise acquired licences, patents, amortised brands, and product development costs. At 31 December 2024, these assets have a carrying amount of £14,936 million (2023: £14,166 million). Intangible assets are tested for impairment when indicators of impairment arise, or annually where the asset is not yet in use.

Estimates

Given the inherent uncertainty in pharmaceutical development and commercialisation, there is significant estimation involved in determining the recoverable amount of intangible assets. The recoverable amount of intangible assets is determined as the higher of their fair value less costs of disposal and their value in use. The value in use is estimated using discounted cash flow models, which require estimates such as future sales forecasts, discount rates, probability of technical and regulatory success (PTRS) and the results from research and development activities. The key source of estimation uncertainty is in relation to the portfolio of intangible assets as a whole. Based on the number of assets held and the different assumptions for each asset, it is not practicable to give a meaningful sensitivity analysis.

Notes to the financial statements continued

4. New accounting requirements

Amendments to IFRS accounting standards applicable from 1 January 2024

GSK has adopted the following amendments to IFRS accounting standards, with no material impact to the Group in the year ended 31 December 2024:

- Classification of Liabilities as Current or Non-current and Non-current Liabilities with Covenants - Amendments to IAS 1.
- Supplier Finance Arrangements - Amendments to IAS 7 and IFRS 7.
- Lease Liability in a Sale and Leaseback - Amendments to IFRS 16.

New IFRS accounting standards and amendments issued but not yet effective

Certain amendments to IFRS accounting standards and interpretations have been published that are not mandatory for the 31 December 2024 reporting period and have not been early adopted by the Group. The amendments and interpretations that are not expected to have a material impact on the results or financial position of the Group in future reporting periods are:

- Lack of Exchangeability - Amendments to IAS 21 (effective from 1 January 2025, endorsed by the UKEB).
- Classification and Measurement of Financial Instruments - Amendments to IFRS 9 and IFRS 7 (effective from 1 January 2026, not yet endorsed by the UKEB).
- IFRS 19 Subsidiaries without Public Accountability: Disclosures (effective from 1 January 2027, not yet endorsed by the UKEB).
- Contracts Referencing Nature-dependent Electricity - Amendments to IFRS 9 and IFRS 7 (effective from 1 January 2026, not yet endorsed by the UKEB).

IFRS 18 Presentation and Disclosure in Financial Statements was issued by the IASB on 9 April 2024 and introduces new presentation and disclosure requirements, particularly for the Income statement.

Furthermore the new accounting standard provides enhanced principles on aggregation and disaggregation of information and introduces new disclosures for Management Performance Measures.

The requirements are effective for periods beginning on or after 1 January 2027 and are not yet endorsed by the UKEB.

GSK is assessing the impact of adopting the new requirements introduced by IFRS 18, and will adopt the standard for the reporting period ending 31 December 2027, subject to endorsement in the UK.

5. Exchange rates

The Group uses the average of exchange rates prevailing during the period to translate the results and cash flows of overseas subsidiaries, joint ventures and associates into Sterling and period end rates to translate the net assets of those entities. The currencies which most influence these translations and the relevant exchange rates were:

	2024	2023	2022
Average rates:			
US$/£	1.28	1.24	1.24
Euro/£	1.18	1.15	1.17
Yen/£	193	175	161

	2024	2023	2022
Period end rates:			
US$/£	1.25	1.27	1.20
Euro/£	1.20	1.15	1.13
Yen/£	197	180	159

Notes to the financial statements continued

6. Turnover and segment information

Operating segments are reported based on the financial information provided to the Chief Executive Officer and the responsibilities of the GSK Leadership Team (GLT). GSK reports under two segments; Commercial Operations and Total R&D. Members of the GLT are responsible for each segment.

Originally, GSK reported 2021 results under four segments: Pharmaceuticals, Pharmaceuticals R&D, Vaccines and Consumer Healthcare. However, the reporting of operating segments was changed in 2022 and with the demerger of Consumer Healthcare only two operating segments are reportable. There is no change to the reportable segments in the current or prior periods.

R&D investment is essential for the sustainability of the business. However for segment reporting the Commercial Operating profits exclude allocations of globally funded R&D.

The Total R&D segment is the responsibility of the Chief Scientific Officer and is reported as a separate segment. The operating costs of this segment includes R&D activities across Specialty Medicines, including HIV and Vaccines. It includes R&D and some Selling, General and Administrative (SG&A) costs relating to regulatory and other functions.

The Group's management reporting process allocates intra-Group profit on a product sale to the segment in which that sale is recorded, and the profit analyses below have been presented on that basis.

Turnover by segment	2024 £m	2023 £m	2022 £m
Commercial Operations	31,376	30,328	29,324
	31,376	30,328	29,324

Product sales are reported within three product groups: Vaccines, Specialty Medicines and General Medicines.

Commercial Operations:	2024 £m	2023 £m	2022 £m
Shingles	3,364	3,446	2,958
Meningitis	1,437	1,260	1,116
RSV	590	1,238	–
Influenza	408	504	714
Established Vaccines	3,339	3,266	3,085
	9,138	9,714	7,873
Pandemic Vaccines	–	150	64
Vaccines	9,138	9,864	7,937
HIV	7,089	6,444	5,749
Respiratory/Immunology and Other	3,299	3,025	2,609
Oncology	1,410	731	602
	11,798	10,200	8,960
Pandemic	12	44	2,309
Specialty Medicines	11,810	10,244	11,269
Respiratory	7,213	6,825	6,548
Other General Medicines	3,215	3,395	3,570
General Medicines	10,428	10,220	10,118
Total Commercial Operations	31,376	30,328	29,324

Notes to the financial statements continued

6. Turnover and segment information continued

During 2024, sales were made to three US wholesalers of £4,538 million (2023: £4,494 million; 2022: £4,045 million), £4,792 million (2023: £4,498 million; 2022: £4,161 million) and £3,366 million (2023: £3,531 million; 2022: £3,227 million) respectively, after allocating final-customer discounts to the wholesalers.

Revenue recognised in the year from performance obligations satisfied in previous periods impacting turnover arises from changes to prior year estimates of RAR (returns and rebates) accruals of £740 million (2023: £728 million).

Segment profit	2024 £m	2023 £m	2022 £m
Commercial Operations	**15,335**	14,656	13,590
Research and development	**(5,845)**	(5,607)	(5,060)
Segment profit	**9,490**	9,049	8,530
Corporate and other unallocated costs	**(342)**	(263)	(379)
Other reconciling items between segment profit and operating profit	**(5,127)**	(2,041)	(1,718)
Total Operating profit	**4,021**	6,745	6,433
Finance income	**122**	115	76
Finance costs	**(669)**	(792)	(879)
Gain on disposal of interest in associates	**6**	1	–
Share of after-tax losses of associates and joint ventures	**(3)**	(5)	(2)
Profit before taxation from continuing operations	**3,477**	6,064	5,628
Taxation	**(526)**	(756)	(707)
Profit after taxation for the year from continuing operations	**2,951**	5,308	4,921

Other reconciling items between segment profit and operating profit comprise items not specifically allocated to segment profit. These include impairment and amortisation of intangible assets; major restructuring costs, which include impairments of tangible assets and computer software; transaction-related adjustments related to significant acquisitions; proceeds and costs of disposals of products and businesses; significant legal charges and expenses on the settlement of litigation and government investigations; other operating income other than royalty income, and other items including amounts reclassified from the foreign currency translation reserve to the income statement upon the liquidation of a subsidiary where the amount exceeds £25 million. Please refer to the detail of Other reconciling items between segment profit and operating profit in the analysis of adjusting items in the Group financial review.

Depreciation and amortisation by segment	2024 £m	2023 £m	2022 £m
Commercial Operations	906	893	829
Research and development	569	572	467
Segment depreciation and amortisation	1,475	1,465	1,296
Corporate and other unallocated depreciation and amortisation	74	110	112
Other reconciling items between segment depreciation and amortisation and total depreciation and amortisation	1,002	719	739
Total depreciation and amortisation	2,551	2,294	2,147

Notes to the financial statements continued

6. Turnover and segment information continued

PP&E, intangible asset and goodwill impairment by segment	2024 £m	2023 £m	2022 £m
Commercial Operations	102	27	29
Research and development	22	13	32
Segment impairment	124	40	61
Corporate and other unallocated impairment	11	35	20
Other reconciling items between segment impairment and total impairment	302	432	420
Total impairment	437	507	501

PP&E and intangible asset impairment reversals by segment			
Commercial Operations	(28)	(16)	(6)
Research and development	(2)	(9)	(19)
Segment impairment reversals	(30)	(25)	(25)
Corporate and other unallocated impairment reversals	(3)	(14)	–
Other reconciling items between segment impairment reversals and total impairment reversals	–	–	(1)
Total impairment reversals	(33)	(39)	(26)

Net operating assets by segment	2024 £m	2023 £m
Commercial Operations	12,501	12,302
Research and development	7,459	7,021
Segment net operating assets	19,960	19,323
Corporate and other unallocated net operating assets	43	625
Net operating assets	20,003	19,948
Net debt	(13,095)	(15,040)
Investments in associates and joint ventures	96	55
Current equity investment	–	2,204
Derivative financial instruments	(82)	16
Current and deferred taxation	6,161	5,536
Assets held for sale (excluding cash and cash equivalents)	3	76
Net assets	13,086	12,795

The Commercial Operations segment includes the Shionogi-ViiV Healthcare contingent consideration liability of £6,061 million (2023: £5,718 million) and the Pfizer put option of £915 million (2023: £848 million).

Geographical information

The UK is regarded as being the Group's country of domicile.

Turnover by location of customer	2024 £m	2023 £m	2022 £m
UK	708	693	695
US	16,384	15,820	14,542
Rest of World	14,284	13,815	14,087
External turnover	31,376	30,328	29,324

Non-current assets by location of subsidiary	2024 £m	2023 £m
UK	7,803	6,464
US	13,977	13,280
Belgium	5,378	5,337
Rest of World	5,588	6,606
Non-current assets	32,746	31,687

Non-current assets by location excludes amounts relating to other investments, deferred tax assets, derivative financial instruments, pension assets, amounts receivable under insurance contracts and certain other non-current receivables. There are no other countries with individually material external revenue or non-current assets.

Notes to the financial statements continued

7. Other operating income/(expense)

	2024 £m	2023 £m	2022 £m
Upfront settlement income[1]	–	–	922
Fair value remeasurements of equity investments	51	(122)	256
Disposal of businesses and assets	246	61	215
Fair value remeasurements on contingent consideration recognised in business combinations[2]	(1,751)	(791)	(1,607)
Remeasurement of ViiV Healthcare put option liabilities and preferential dividends	(67)	245	(85)
Fair value adjustments on derivative financial instruments	–	7	3
Other (expense)/income	(9)	237	61
	(1,530)	(363)	(235)

(1) On 1 February 2022, ViiV Healthcare reached agreement with Gilead Sciences, Inc (Gilead) to settle the global patent infringement litigation relating to the commercialisation of Gilead's Biktarvy concerning ViiV Healthcare's patents relating to dolutegravir, an anti-retroviral medication used, together with other medicines, to treat human immunodeficiency virus (HIV). Under the terms of the global settlement and licensing agreement, Gilead made an upfront payment of $1.25 billion (£922 million) to ViiV Healthcare on 15 February 2022. In addition, Gilead will also pay a 3% royalty on all future US sales of Biktarvy and in respect of the bictegravir component of any other future bictegravir-containing products sold in the US. These royalties will be payable by Gilead to ViiV Healthcare from 1 February 2022 until the expiry of ViiV Healthcare's US Patent No. 8,129,385 on 5 October 2027 and will be recorded as royalty income in the income statement.

(2) Fair value remeasurements on contingent consideration disclosed above includes the fair value movements on related hedging contracts.

Fair value remeasurements of equity investments in 2024 included a gain of £22 million (2023: £17 million loss) from the remeasurement of the Group's retained investment in Haleon plc. See details in Note 22, 'Current equity investments'.

Disposal of businesses and assets in 2024 and 2023 primarily includes milestone income.

Disposal of businesses and assets in 2022 includes milestone income and the reversal of provisions no longer required.

Fair value remeasurements on contingent consideration recognised as business combinations included a net charge of £1,533 million related to the acquisition of the former Shionogi-ViiV Healthcare joint venture, and a £206 million net charge payable to Novartis related to the Vaccines acquisition, together with fair value movements on related hedging contracts.

Other income in 2023 primarily included net income from dividends related to investments, including £49 million dividends received from the retained investment in Haleon plc.

Notes to the financial statements continued

8. Operating profit

The following items have been included in operating profit:	2024 £m	2023 £m	2022 £m
Employee costs (Note 9)	8,759	8,473	7,693
Advertising	851	835	735
Distribution costs	198	199	192
Depreciation of property, plant and equipment	886	892	885
Impairment of property, plant and equipment, net of reversals	88	17	70
Depreciation of right of use assets	211	190	176
Impairment of right of use assets, net of reversals	(1)	10	40
Amortisation of intangible assets	1,454	1,212	1,086
Impairment of intangible assets, net of reversals	317	418	365
Impairment of tangible and intangible assets held for sale, net of reversals	–	23	–
Net foreign exchange (gains)/losses	13	11	11
Inventories:			
Cost of inventories included in cost of sales	6,495	6,576	6,137
Write-down of inventories	1,046	979	687
Reversal of prior year write-down of inventories	(630)	(598)	(483)
Short-term lease charge	13	8	6
Low-value lease charge	2	2	2
Variable lease payments	15	17	9
Fees payable to the company's auditor and its associates in relation to the Group (see below)	23.3	22.0	26.9

The reversals of prior year write-downs of inventories principally arise from the reassessment of usage or demand expectations prior to inventory expiration.

Net foreign exchange (gains)/losses include a net gain of £87 million (2023: £34 million gain; 2022: £2 million loss) arising from the recycling of exchange on liquidation or disposal of overseas subsidiaries. The recycling of exchange on disposal of overseas associates is £nil (2023: £nil). The recycling of exchange on disposal of overseas subsidiaries does not include recycling of exchange on disposal of Consumer Healthcare subsidiaries as this is reported as Profit after taxation on demerger of discontinued operations.

Included within operating profit are Major restructuring charges of £353 million (2023: £382 million; 2022: £321 million), see Note 10, 'Major restructuring costs'.

Fees payable to the company's auditor and its associates:	2024 £m	2023 £m	2022 £m
Audit of parent company and consolidated financial statements including attestation under s.404 of Sarbanes-Oxley Act 2002	10.8	10.2	10.9
Audit of the company's subsidiaries	10.3	10.2	9.7
Total audit services	21.1	20.4	20.6
Audit-related and other assurance services	2.2	1.6	6.3
Total audit services, audit-related and other assurance services	23.3	22.0	26.9

The other assurance services provided by the auditor related to agreed-upon procedures and other assurance services outside of statutory audit requirements. Audit-related and other assurance services include £nil (2023: £nil; 2022: £4.4 million) due to reporting accountant work performed in preparation for the Consumer Healthcare demerger.

In addition to the above, fees paid to the auditor in respect of the GSK pension schemes were:

	2024 £m	2023 £m	2022 £m
Audit	0.2	0.2	0.2

Notes to the financial statements continued

9. Employee costs

	2024 £m	2023 £m	2022 £m
Wages and salaries	6,750	6,706	6,110
Social security costs	862	818	763
Pension and other post-employment costs, including augmentations (Note 31)	368	356	369
Cost of share-based incentive plans	347	321	314
Severance and other costs from integration and restructuring activities	432	272	137
	8,759	8,473	7,693

The Group provides benefits to employees, commensurate with local practice in individual countries, including in some markets, healthcare insurance, subsidised car schemes and personal life assurance.

The cost of share-based incentive plans is analysed as follows:

	2024 £m	2023 £m	2022 £m
Share value plan	260	244	243
Performance share plan	67	58	55
Share option plans	6	5	4
Cash settled and other plans	14	14	12
	347	321	314

The average number of persons employed by the Group (including Directors) during the year:

	2024 Number	2023 Number	2022 Number
Manufacturing	23,206	23,209	22,946
Selling, general and administration	33,503	34,446	34,642
Research and development	12,596	12,589	11,542
Total Continuing Operations	69,305	70,244	69,130
Discontinued Operations	–	–	21,292
Total	69,305	70,244	90,422

Note: Consumer Healthcare was divested on 18 July 2022 and is shown as Discontinued Operations in the above table

The average monthly number of Group employees excludes temporary and contract staff.

The compensation of the Directors and senior management (members of the GLT) in aggregate, was as follows:

	2024 £m	2023 £m	2022 £m
Wages and salaries	32	37	31
Social security costs	6	4	5
Pension and other post-employment costs	1	1	2
Cost of share-based incentive plans	38	32	28
	77	74	66

Notes to the financial statements continued

10. Major restructuring costs

Within the Pharmaceuticals sector, the highly regulated manufacturing operations and supply chains and long lifecycle of the business mean that restructuring programmes, particularly those that involve the rationalisation or closure of manufacturing or R&D sites, are likely to take several years to complete.

Major restructuring costs are those related to specific Board-approved Major restructuring programmes, including integration costs following material acquisitions, which are structural and are of a significant scale where the costs of individual or related projects exceed £25 million.

In January 2020, the Board approved a Separation restructuring programme to prepare for the separation of GSK into two companies. This programme is largely complete. After the acquisition of Sierra Oncology (July 2022) and Affinivax (August 2022), the Board approved a Major restructuring programme for the integration of significant acquisitions designed to integrate and achieve synergies. GSK acquired Bellus Health Inc. in June 2023 and Aiolos Bio, Inc. in February 2024.

The total restructuring costs of £353 million in 2024 (2023: £382 million; 2022: £321 million) were incurred in the following areas:

– Restructuring costs for separation of GSK into two companies aiming to provide a robust and sustainable state for the Pharmaceutical organisation
– Continued transformation of central functions, including GSK technology platforms and interfaces, to deliver greater digital synergies, simplification of applications and staff reductions
– The integration of acquisitions

The analysis of the costs charged to operating profit under these programmes was as follows:

	2024 £m	2023 £m	2022 £m
Increase in provision for Major restructuring programmes (see Note 32)	195	172	138
Amount of provision reversed unused (see Note 32)	(51)	(55)	(111)
Impairment (reversals)/losses recognised	(12)	33	122
Other non-cash charges/(credit)	58	86	(7)
Other cash costs	163	146	179
	353	382	321

Provision reversals of £51 million mainly relate to the Separation restructuring programme. Asset impairment credit of £12 million and other non-cash charges of £58 million principally comprised fixed asset write-downs of manufacturing and accelerated depreciation where asset lives have been shortened in the supply chain manufacturing network as a result of the Major restructuring programmes. All other charges have been or will be settled in cash and include site closure costs, consultancy and project management costs.

The analysis of Major restructuring charges by programme was as follows:

			2024
	Cash £m	Non-cash £m	Total £m
Separation restructuring programme	200	36	236
Significant acquisitions	59	1	60
Legacy programmes	48	9	57
	307	46	353

			2023
	Cash £m	Non-cash £m	Total £m
Separation restructuring programme	199	117	316
Significant acquisitions	65	1	66
Legacy programmes	(1)	1	–
	263	119	382

The analysis of Major restructuring charges by income statement line was as follows:

	2024 £m	2023 £m	2022 £m
Cost of sales	163	164	102
Selling, general and administration	160	216	180
Research and development	9	2	39
Other operating expense	21	–	–
	353	382	321

Notes to the financial statements continued

11. Finance income

	2024 £m	2023 £m	2022 £m
Finance income arising from:			
Financial assets measured at amortised cost	60	48	31
Financial assets measured at fair value through profit or loss	72	60	31
(Net losses)/net gains arising from net investment hedge relationships[1]	(16)	–	12
Other finance income	6	7	2
	122	115	76

(1) (Net losses)/net gains arising from net investment hedge relationships contains a £15 million loss relating to ineffectiveness on net investment hedges (2023: £nil 2022: £nil).

12. Finance expense

	2024 £m	2023 £m	2022 £m
Finance expense arising on:			
Financial liabilities at amortised cost	(569)	(672)	(789)
Net losses arising from:			
Financial instruments mandatorily measured at fair value through profit or loss	(262)	(23)	743
Retranslation of loans	266	25	(761)
Reclassification of hedges from other comprehensive income	(4)	(4)	(2)
Unwinding of discounts on provisions	(25)	(15)	(7)
Finance expense arising on lease liabilities	(46)	(38)	(30)
Other finance expense	(29)	(65)	(33)
	(669)	(792)	(879)

13. Associates and joint ventures

The Group's share of after-tax profits and losses of associates and joint ventures is set out below:

	2024 £m	2023 £m	2022 £m
Share of after-tax (losses)/profits of associates	(3)	(2)	1
Share of after-tax losses of joint ventures	–	(3)	(3)
	(3)	(5)	(2)

Aggregated financial information in respect of GSK's share of other associated undertakings and joint ventures is set out below:

	2024 £m	2023 £m	2022 £m
Share of after-tax losses	(3)	(5)	(2)
Share of other comprehensive income/(expense)	21	7	(9)
Share of total comprehensive income/(expense)	18	2	(11)

The Group's sales to associates and joint ventures were £nil in 2024 (2023: £nil; 2022: £nil).

Please refer to the balance sheet information on Note 21, 'Investments in associates and joint ventures'.

Notes to the financial statements continued

14. Taxation

The Group's tax charge is the sum of the total current and deferred tax expense.

Taxation charge based on profits for the year	2024 £m	2023 £m	2022 £m
UK current year charge	186	207	200
Rest of World current year charge	1,458	1,371	1,351
Charge/(credit) in respect of prior periods	(92)	43	(60)
Current taxation	1,552	1,621	1,491
Deferred taxation	(1,026)	(865)	(784)
	526	756	707

In 2024, GSK made corporate income tax payments globally of £1.3 billion (2023: £1.3 billion), of which £106 million (2023: £205 million) was UK corporation tax paid to HMRC. These amounts are for corporate income tax only, and do not include the various other business taxes borne by GSK each year.

The deferred tax credits in each period reflect current year losses where offset against taxable profits in future periods is probable and the release of deferred tax liabilities. The latter relates primarily to the unwind of deferred tax liabilities on intangible assets.

The following table reconciles the tax charge calculated at the UK statutory rate on the Group profit before tax with the actual tax charge for the year.

Reconciliation of taxation on Group profits	2024 £m	2024 %	2023 £m	2023 %	2022 £m	2022 %
Profit before tax	3,477		6,064		5,628	
UK statutory rate of taxation	869	25.0	1,425	23.5	1,069	19.0
Differences in overseas taxation rates	185	5.3	159	2.6	318	5.6
Benefit of intellectual property incentives	(602)	(17.3)	(696)	(11.5)	(600)	(10.7)
R&D credits	(89)	(2.6)	(121)	(2.0)	(119)	(2.1)
Permanent differences on disposals, acquisitions and transfers	2	0.1	10	0.2	275	4.9
Other permanent differences	302	8.7	102	1.7	82	1.5
Re-assessments of prior year current tax estimates	(92)	(2.6)	43	0.7	(60)	(1.1)
Re-assessments of prior year deferred tax estimates	(40)	(1.2)	(147)	(2.4)	(233)	(4.1)
Changes in tax rates	(9)	(0.3)	(19)	(0.3)	(25)	(0.4)
Tax charge/tax rate	526	15.1	756	12.5	707	12.6

As a global biopharmaceutical company, we have a substantial business and employment presence in many countries around the world. The impact of differences in overseas taxation rates arose from profits being earned in countries with tax rates higher than the UK statutory rate, the most significant of which in 2024 were France, Germany and Italy. This adverse impact was offset by the benefit of intellectual property incentives such as the UK Patent Box and Belgian Innovation Income Deduction (IID) regimes, which provide a reduced rate of corporation tax on profits earned from qualifying patents. We claim these incentives in the manner intended by the relevant statutory or regulatory framework. The introduction of new global minimum corporate income tax rules introduced in the UK and Belgium with effect from 1 January 2024 (in line with the OECD's Pillar 2 framework) resulted in a reduction in these incentives and an additional tax charge of £6 million.

Other permanent differences includes the impact of the partial deductibility of *Zantac* settlement costs.

The Group's tax rate is also influenced by updates to estimates of prior period tax liabilities following closure of open issues with tax authorities in various jurisdictions and changes in tax rates.

Future tax charges, and therefore our effective tax rate, may be affected by factors such as acquisitions, disposals, restructuring, the location of research and development activity, tax regime reforms and resolution of open matters as we continue to bring our tax affairs up to date around the world.

Notes to the financial statements continued

14. Taxation continued

Tax on items charged to equity and statement of comprehensive income	2024 £m	2023 £m	2022 £m
Current taxation			
Share-based payments	(4)	(1)	(3)
Defined benefit plans	–	(143)	–
Fair value movements on cash flow hedges	–	–	–
Fair value movements on equity investments	4	(6)	12
	–	(150)	9
Deferred taxation			
Share-based payments	–	(6)	11
Defined benefit plans	122	184	(211)
Fair value movements on cash flow hedges	(1)	(1)	(9)
Fair value movements on equity investments	(21)	(8)	(68)
	100	169	(277)
Total charge/(credit) to equity and statement of comprehensive income	100	19	(268)

All of the above items have been charged to the statement of comprehensive income except for tax on share-based payments.

Issues relating to taxation

We are subject to taxation throughout our supply chain. The worldwide nature of our operations means that our cross-border supply routes, necessary to ensure supplies of medicines into numerous countries, can result in conflicting claims from tax authorities as to the profits to be taxed in individual countries. This can lead to double taxation (with the same profits taxed in more than one country). To mitigate the risk of double taxation, profits are recognised in territories by reference to the activities performed there and the value they generate. To ensure the profits recognised in jurisdictions are aligned to the activity undertaken there, and in line with current OECD guidelines, we base our transfer pricing policy on the arm's length principle and support our transfer prices with economic analysis and reports. The Group also has open items in several jurisdictions concerning such matters as the deductibility of particular expenses and the tax treatment of certain business transactions. GSK applies a risk-based approach to determine the transactions most likely to be subject to challenge and the probability that the Group would be able to obtain compensatory adjustments under international tax treaties.

The calculation of the Group's total tax charge therefore necessarily involves a degree of estimation and judgement in respect of certain items whose tax treatment cannot be finally determined until resolution has been reached with the relevant tax authority or, as appropriate, through a formal legal process. At 31 December 2024 the Group had recognised provisions of £636 million in respect of such uncertain tax positions (2023: £584 million). The net increase in recognised provisions during 2024 was driven by the reassessment of estimates and the agreement of a number of open issues with tax authorities in various jurisdictions. Whilst the ultimate liability for such matters may vary from the amounts provided and is dependent upon the outcome of agreements with the relevant tax authorities, or litigation where appropriate, the Group continues to consider that it has made appropriate provision for periods which are open and not yet agreed by the tax authorities.

A provision for deferred tax liabilities of £159 million as at 31 December 2024 (2023: £165 million) has been made in respect of taxation that would be payable on the remittance of profits by certain overseas subsidiaries. Whilst the aggregate amount of unremitted profits at the balance sheet date was approximately £18 billion (2023: £18 billion), the majority of these unremitted profits would not be subject to tax (including withholding tax) on repatriation, as UK legislation relating to company distributions provides for exemption from tax for most overseas profits, subject to certain exceptions. Deferred tax is not provided on temporary differences of £696 million (2023: £869 million) arising on unremitted profits as management has the ability to control any future reversal and does not consider such a reversal to be probable.

Notes to the financial statements continued

14. Taxation continued

Movement in deferred tax assets and liabilities

	Accelerated capital allowances £m	Intangible assets £m	Contingent consideration £m	Intra-Group profit £m	Pensions & other post employment benefits £m	Tax losses £m	Share option and award schemes £m	Other net temporary differences £m	Total
At 1 January 2023	(57)	(819)	992	1,099	794	1,661	57	1,642	5,369
Exchange adjustments	11	58	–	(70)	(24)	(2)	–	(100)	(127)
Credit/(charge) to income statement	72	229	(71)	223	(15)	335	12	80	865
Credit/(charge) to statement of comprehensive income	–	–	–	–	(184)	–	5	10	(169)
Acquisitions/disposals	–	(144)	–	–	–	–	–	–	(144)
R&D credits utilisation	–	–	–	–	–	–	–	(56)	(56)
At 31 December 2023	26	(676)	921	1,252	571	1,994	74	1,576	5,738
Exchange adjustments	9	(37)	2	(10)	(5)	–	–	11	(30)
Credit/(charge) to income statement	97	197	50	32	(103)	455	(8)	306	1,026
Credit/(charge) to statement of comprehensive income	–	–	–	–	(122)	–	–	22	(100)
Acquisitions/disposals	–	(190)	–	–	–	–	–	–	(190)
R&D credits utilisation	–	–	–	–	–	–	–	(69)	(69)
At 31 December 2024	132	(706)	973	1,274	341	2,449	66	1,846	6,375

Deferred tax liabilities in relation to intangible assets predominantly relate to temporary differences arising as a result of historic business combinations. Acquisitions within the year predominantly relate to Aiolos Bio, Inc. (see Note 41, 'Acquisitions and disposals').

The Group continues to recognise deferred tax assets on future obligations in respect of contingent consideration amounts payable to minority shareholders. These payments are tax deductible at the point in time at which payment is made.

A deferred tax asset is recognised on intra-Group profits arising on inter-company inventory which are eliminated within the consolidated accounts. As intra-Group profits are not eliminated from the individual entities' tax returns a temporary difference arises that will reverse at the point in time inventory is sold externally.

The deferred tax asset of £2,449 million (2023: £1,994 million) recognised on tax losses relates to trading losses. Such deferred tax assets are only recognised to the extent Group long-range forecasts indicate sufficient future taxable profits will be available to utilise such assets (forecast by around 2030). Other net temporary differences included accrued expenses for which a tax deduction is only available on a paid basis.The Group has adopted the mandatory temporary exception to the recognition and disclosure of deferred taxes arising from the jurisdictional implementation of the Pillar Two model rules, as required under IAS 12.

Deferred tax asset and liabilities are recognised on the balance sheet as follows:

	2024 £m	2023 £m
Deferred tax assets	6,757	6,049
Deferred tax liabilities	(382)	(311)
	6,375	5,738

	2024		2023	
Unrecognised tax losses and attributes	Tax losses £m	Unrecognised deferred tax asset £m	Tax losses £m	Unrecognised deferred tax asset £m
Trading losses and attributes expiring:				
Within 10 years	1,034	145	939	149
More than 10 years	1,598	84	1,238	66
Available indefinitely	693	161	228	47
At 31 December	3,325	390	2,405	262
Capital losses expiring:				
Available indefinitely	2,253	565	2,261	567
At 31 December	2,253	565	2,261	567

Deferred tax assets are only recognised where it is probable that future taxable profit will be available to utilise losses.

Notes to the financial statements continued

15. Earnings per share

	2024 pence	2023 pence	2022 pence
Basic earnings per share from continuing operations	63.2	121.6	110.8
Basic earnings per share from discontinued operations	–	–	260.6
Total basic earnings per share	63.2	121.6	371.4
Diluted earnings per share from continuing operations	62.2	119.9	109.2
Diluted earnings per share from discontinued operations	–	–	257.0
Total diluted earnings per share	62.2	119.9	366.2

Basic earnings per share has been calculated by dividing the profit attributable to shareholders by the weighted average number of shares in issue during the period after deducting shares held by the ESOP Trusts for the future exercise of share options and share awards and Treasury shares. The trustees have waived their rights to cash dividends on the GSK shares held by the ESOP Trusts.

Diluted earnings per share has been calculated after adjusting the weighted average number of shares used in the basic calculation to assume the conversion of all potentially dilutive shares. A potentially dilutive share forms part of the employee share schemes where its exercise price is below the average market price of GSK shares during the period and any performance conditions attaching to the scheme have been met at the balance sheet date.

The numbers of shares used in calculating basic and diluted earnings per share are reconciled below.

Weighted average number of shares in issue	2024 millions	2023 millions	2022 millions
Basic	4,077	4,052	4,026
Dilution for share options and awards	65	59	58
Diluted	4,142	4,111	4,084

16. Dividends

	2024			2023			2022		
	Paid/payable	Dividend per share (pence)	Total dividend £m	Paid	Dividend per share (pence)	Total dividend £m	Paid	Dividend per share (pence)	Total dividend £m
First interim	11 July 2024	15.00	612	13 July 2023	14.00	567	1 July 2022	17.50	704
Second interim	10 October 2024	15.00	612	2023	14.00	568	6 October 2022	16.25	654
Third interim	9 January 2025	15.00	612	2024	14.00	568	2023	13.75	555
Fourth interim	10 April 2025	16.00	653	11 April 2024	16.00	652*	13 April 2023	13.75	557**
Total		61.00	2,489		58.00	2,355		61.25	2,470

* The estimate for the fourth interim dividend for 2023 disclosed in the 2023 annual report was £649 million, £3 million less than the dividend that was ultimately paid.

** The estimate for the fourth interim dividend for 2022 disclosed in the 2022 annual report was £555 million, £2 million less than the dividend that was ultimately paid.

Under IFRS accounting standards, interim dividends are only recognised in the financial statements when paid and not when declared. GSK normally pays a dividend two quarters after the quarter to which it relates and one quarter after it is declared. The 2024 financial statements recognise those dividends paid in 2024, namely the third and fourth interim dividends for 2023, and the first and second interim dividends for 2024.

The demerger of Consumer Healthcare in 2022 was effected by GSK declaring an interim dividend in specie of Haleon plc shares. The fair value of the distribution was £15,526 million.

The amounts recognised in each year were as follows:

	2024 £m	2023 £m	2022 £m
Cash dividends to shareholders	2,444	2,247	3,467
Dividends in specie to shareholders in Haleon plc shares (Note 41)	–	–	15,526
	2,444	2,247	18,993

Notes to the financial statements continued

17. Property, plant and equipment

	Land and buildings £m	Plant, equipment and vehicles £m	Assets in construction £m	Total £m
Cost at 1 January 2023	6,648	10,953	1,850	19,451
Exchange adjustments	(189)	(265)	(44)	(498)
Additions	11	99	1,185	1,295
Capitalised borrowing costs	–	–	36	36
Disposals and write-offs	(136)	(732)	(16)	(884)
Reclassifications	134	701	(869)	(34)
Transfer to assets held for sale/distribution	(13)	(52)	(22)	(87)
Cost at 31 December 2023	6,455	10,704	2,120	19,279
Exchange adjustments	(141)	(233)	(51)	(425)
Additions	42	166	1,185	1,393
Capitalised borrowing costs	–	–	20	20
Disposals and write-offs	(144)	(381)	(5)	(530)
Reclassifications	179	762	(949)	(8)
Transfer to assets held for sale/distribution	(16)	(3)	–	(19)
Cost at 31 December 2024	6,375	11,015	2,320	19,710
Depreciation at 1 January 2023	(3,275)	(6,469)	–	(9,744)
Exchange adjustments	90	153	–	243
Charge for the year	(210)	(682)	–	(892)
Disposals and write-offs	66	662	–	728
Transfer to assets held for sale/distribution	6	29	–	35
Reclassifications	–	(4)	–	(4)
Depreciation at 31 December 2023	(3,323)	(6,311)	–	(9,634)
Exchange adjustments	76	139	–	215
Charge for the year	(211)	(675)	–	(886)
Disposals and write-offs	121	325	–	446
Transfer to assets held for sale/distribution	14	2	–	16
Reclassifications	(27)	26	–	(1)
Depreciation at 31 December 2024	(3,350)	(6,494)	–	(9,844)
Impairment at 1 January 2023	(260)	(472)	(42)	(774)
Exchange adjustments	4	7	1	12
Disposals and write-offs	27	114	13	154
Impairment losses	(11)	(32)	–	(43)
Reversal of impairments	3	23	–	26
Impairment at 31 December 2023	(237)	(360)	(28)	(625)
Exchange adjustments	3	5	1	9
Disposals and write-offs	22	55	3	80
Impairment losses	(27)	(84)	(5)	(116)
Reversal of impairments	4	23	1	28
Reclassifications	(24)	(13)	22	(15)
Impairment at 31 December 2024	(259)	(374)	(6)	(639)
Total accumulated depreciation and impairment at 31 December 2023	(3,560)	(6,671)	(28)	(10,259)
Total accumulated depreciation and impairment at 31 December 2024	(3,609)	(6,868)	(6)	(10,483)
Net book value at 1 January 2023	3,113	4,012	1,808	8,933
Net book value at 31 December 2023	2,895	4,033	2,092	9,020
Net book value at 31 December 2024	2,766	4,147	2,314	9,227

17. Property, plant and equipment continued

The weighted average interest rate for capitalised borrowing costs in the year was 4% (2023: 4%). Disposals and write-offs in the year included a number of assets with nil net book value that are no longer in use in the business.

The impairment losses principally arose from decisions to rationalise facilities and were calculated based on fair value less costs of disposal. The fair value less costs of disposal valuation methodology uses significant inputs which are not based on observable market data, and therefore this valuation technique is classified as level 3 of the fair value hierarchy. These calculations determine the net present value of the projected risk-adjusted, post-tax cash flows of the relevant asset or cash generating unit, applying a discount rate of the Group post-tax weighted average cost of capital (WACC) of 7.5% (2023: 7%), adjusted where appropriate for specific segment, country and currency risk.

Assets that continue to be used by the Group are generally assessed as part of their associated cash generating unit on a value in use basis. For value in use calculations, the post-tax cash flows do not include the impact of future uncommitted restructuring plans or improvements. Where an impairment is indicated and a pre-tax cash flow calculation is expected to give a materially different result, the test would be reperformed using pre-tax cash flows and a pre-tax discount rate. The Group WACC is equivalent to a pre-tax discount rate of approximately 9% (2023: 9%).

Net impairment losses have been charged to cost of sales: £62 million (2023: net impairment reversals £1 million), R&D: £15 million (2023: net impairment reversals £5 million) and SG&A: £11 million (2023: £23 million), after crediting net impairment reversals of £10 million (2023: net impairment losses £27 million) arising from the Major restructuring programmes.

Reversals of impairment arose from subsequent reviews of the impaired assets where the conditions which gave rise to the original impairments were deemed no longer to apply. £15 million (2023: £17 million) of the impairment reversal has been credited to cost of sales, £nil (2023: £5 million) of the impairment reversal has been credited to R&D expenses and £13 million (2023: £4 million) of the impairment reversal has been credited to SG&A.

During 2024, £65 million (2023: £34 million) of computer software was reclassified from assets in construction to intangible assets on becoming ready for use.

The Group has evaluated both the qualitative and quantitative effects of climate-related risks on the recoverable amounts of assets and has determined that there are no material impairments. As of 31 December 2024, £97 million (2023: £53 million) has been capitalised in property, plant, and equipment regarding the transition to a lower-carbon propellant.

18. Right of use assets

	Land and buildings £m	Plant and equipment £m	Vehicles £m	Total £m
Net book value at 1 January 2023	561	6	120	687
Exchange adjustments	(30)	–	(6)	(36)
Additions through business combinations	1	–	–	1
Other additions	355	–	144	499
Depreciation	(121)	(2)	(67)	(190)
Disposals	(11)	–	(9)	(20)
Impairments	(10)	–	–	(10)
Reclassifications	6	–	–	6
Net book value at 31 December 2023	751	4	182	937
Exchange adjustments	(5)	–	(4)	(9)
Other additions	107	6	117	230
Depreciation	(126)	(2)	(83)	(211)
Disposals	(92)	–	(10)	(102)
Net Impairment Reversals	1	–	–	1
Net book value at 31 December 2024	636	8	202	846

Commitments for future payments related to leases not yet commenced but which we have committed to, leases of low-value assets and leases which are less than twelve months are not material.

An analysis of lease liabilities is set out in Note 30, ‘Net debt’.

Notes to the financial statements continued

19. Goodwill

	2024 £m	2023 £m
Cost at 1 January	6,811	7,046
Exchange adjustments	(39)	(313)
Additions through business combinations (Note 41)	210	109
Other movements (Note 41)	–	(31)
Cost at 31 December	6,982	6,811
Net book value at 1 January	6,811	7,046
Net book value at 31 December	6,982	6,811

All goodwill is allocated to the Group's segments as follows:

	2024 £m	2023 £m
Commercial operations	6,076	5,951
Research and development	906	860
Net book value at 31 December	6,982	6,811

The recoverable amounts of the cash generating units are assessed using a fair value less costs of disposal model. Fair value less costs of disposal is calculated using a discounted cash flow approach, with a post-tax discount rate applied to the projected risk-adjusted post-tax cash flows and terminal value.

The discount rate used is based on the Group WACC of 7.5% (2023: 7%), as most cash generating units have integrated operations across large parts of the Group. The discount rate is adjusted where appropriate for specific segment, country and currency risks. The valuation methodology uses significant inputs which are not based on observable market data, therefore this valuation technique is classified as level 3 in the fair value hierarchy.

The Research & development segment is evaluated on an arm's length pricing model, see assumptions below.

Details relating to the discounted cash flow models used in the impairment tests are as follows:

Valuation basis	Fair value less costs of disposal		
Key assumptions	Sales growth rates Profit margins Terminal growth rate Discount rate Taxation rate		
Determination of assumptions	Growth rates are internal forecasts based on both internal and external market information. Margins reflect past experience, adjusted for expected changes. Terminal growth rates based on management's estimate of future long-term average growth rates. Discount rates based on Group WACC, adjusted where appropriate. Taxation rates based on appropriate rates for each jurisdiction.		
Period of specific projected cash flows	Five years		
Terminal growth rate and discount rate		Terminal growth rate	Discount rate
	2024		
	Commercial operations	1% p.a.	7.5% p.a.
	Research and development	1% p.a.	7.5% p.a.
	2023		
	Commercial operations	0% p.a.	7% p.a.
	Research and development	0% p.a.	7% p.a.

The terminal growth rate does not exceed the long-term projected growth rates for relevant markets, reflects the impact of future generic competition and takes account of new product launches. Goodwill is monitored for impairment at the segmental level and the valuations indicated sufficient headroom such that a reasonably possible change to key assumptions is unlikely to result in an impairment of the related goodwill.

The Group has assessed the qualitative and quantitative impact of climate-related risks on asset recoverable amounts and concluded that there are no material impairments.

Notes to the financial statements continued

20. Other intangible assets

	Computer software £m	Licences, patents, amortised brands £m	Total £m
Cost at 1 January 2023	1,959	25,717	27,676
Exchange adjustments	(30)	(664)	(694)
Capitalised development costs	–	363	363
Additions through business combinations	–	1,438	1,438
Other additions	144	525	669
Disposals and asset write-offs	(125)	(13)	(138)
Transfer to assets held for sale/distribution	2	–	2
Reclassifications	34	(3)	31
Cost at 31 December 2023	1,984	27,363	29,347
Exchange adjustments	(8)	(176)	(184)
Capitalised development costs	–	246	246
Additions through business combinations	–	913	913
Other additions	166	1,270	1,436
Disposals and asset write-offs	(39)	(140)	(179)
Reclassifications	65	(5)	60
Cost at 31 December 2024	2,168	29,471	31,639
Amortisation at 1 January 2023	(1,223)	(9,181)	(10,404)
Exchange adjustments	18	174	192
Charge for the year	(203)	(1,009)	(1,212)
Disposals and asset write-offs	100	8	108
Transfer to assets held for sale	(3)	–	(3)
Reclassifications	4	1	5
Amortisation at 31 December 2023	(1,307)	(10,007)	(11,314)
Exchange adjustments	7	83	90
Charge for the year	(211)	(1,243)	(1,454)
Disposals and asset write-offs	33	47	80
Reclassifications	(1)	(13)	(14)
Amortisation at 31 December 2024	(1,479)	(11,133)	(12,612)
Impairment at 1 January 2023	(81)	(2,873)	(2,954)
Exchange adjustments	1	70	71
Impairment losses	(23)	(398)	(421)
Reversal of impairments	3	–	3
Disposals and asset write-offs	25	11	36
Impairment at 31 December 2023	(75)	(3,190)	(3,265)
Exchange adjustments	(1)	4	3
Impairment losses	(6)	(314)	(320)
Reversal of impairments	3	–	3
Disposals and asset write-offs	5	84	89
Impairment at 31 December 2024	(110)	(3,402)	(3,512)
Total accumulated amortisation and impairment at 31 December 2023	(1,382)	(13,197)	(14,579)
Total accumulated amortisation and impairment at 31 December 2024	(1,589)	(14,535)	(16,124)
Net book value at 1 January 2023	655	13,663	14,318
Net book value at 31 December 2023	602	14,166	14,768
Net book value at 31 December 2024	579	14,936	15,515

The weighted average interest rate for capitalised borrowing costs in the year was 4% (2023: 4%).

The net book value of computer software included £231 million (2023: £270 million) of internally generated costs.

The carrying amount at 31 December 2024 of intangible assets, for which impairments have been charged in the year following those impairments, was £427 million (2023: £533 million), resulting from the appraisal of GSK's assumptions related to in-licences and collaboration agreements. The carrying amount at 31 December 2024 of intangible assets, after which impairment reversals have been charged in the year was £nil million (2023: £nil million). No individual intangible asset accounted for a material impairment.

Notes to the financial statements continued

20. Other intangible assets continued

Please refer to Note 2, 'Accounting principles and policies' for the Group's accounting policy and estimate of the useful life for intangible assets.

Amortisation and impairment losses, net of reversals, have been charged in the income statement as follows:

	Amortisation		Net impairment losses	
	2024 £m	2023 £m	2024 £m	2023 £m
Cost of sales	982	668	–	1
Selling, general and administration	84	103	6	18
Research and development	388	441	311	399
	1,454	1,212	317	418

Licences, patents and amortised brands include a large number of acquired licences, patents, know-how agreements and marketing rights, which are either marketed or in use, or still in development. Note 41, 'Acquisitions and disposals' gives details of additions through business combinations in the year. The carrying amounts of the largest individual items are as follows:

	2024 £m	2023 £m
Tesaro Assets	2,350	2,656
Meningitis Portfolio	1,473	1,717
Affinivax Assets	1,452	1,429
Camlipixant	1,438	1,438
Momelotinib	1,408	1,470
Dolutegravir (including Cabotegravir)	967	1,059
Aiolos Assets	887	–
CureVac Assets	535	191
Iteos Assets	471	443
Alector Assets	371	425
Benlysta	298	424
Shingrix	277	289
Hansoh Pharma Assets	247	–
Chimagen	227	–
RSV	201	139
BMS Assets	173	191
Spero	163	163
Wave Life Sciences	115	116
Arrowhead	114	114
UCB	93	115
DT	91	104
Relvar/Breo/Anoro	86	125
Stiefel Trade Name	84	116
Fluarix/FluLaval	55	100
Okairos	–	198
Others	1,360	1,144
Total	**14,936**	**14,166**

On 14 February 2024, GSK completed its acquisition of Aiolos Bio, Inc. The main asset acquired is AIO-001.

On 3 July 2024, GSK and CureVac N.V. announced a restructuring of their existing collaboration into a new licensing agreement, in order to work together to develop mRNA vaccines for infectious diseases.

In 2024, GSK announced collaborations with Hansoh Pharma to develop HS-20093 and HS-20089.

On 29 October 2024, GSK entered into an agreement to acquire CMG1A46 from Chimagen Biosciences to expand its immunology pipeline.

The Group has evaluated both the qualitative and quantitative effects of climate-related risks on the recoverable amounts of assets and has determined that there are no material impairments.

Notes to the financial statements continued

21. Investments in associates and joint ventures

	Joint ventures £m	Associates £m	2024 Total £m	Joint ventures £m	Associates £m	2023 Total £m
At 1 January	–	55	55	10	64	74
Exchange adjustments	–	(3)	(3)	–	(3)	(3)
Additions	–	43	43	–	–	–
Disposals	–	(2)	(2)	(7)	–	(7)
Distributions received	–	(15)	(15)	–	(11)	(11)
Net fair value movements through other comprehensive income	–	21	21	–	7	7
Profit/(loss) after tax recognised in the consolidated income statement	–	(3)	(3)	(3)	(2)	(5)
At 31 December	–	96	96	–	55	55

During the year GSK entered into a new research alliance with Flagship Pioneering, Inc. with an initial investment of $50 million (£39 million).

Please refer to the income statement information in Note 13, 'Associates and joint ventures'.

22. Current equity investments

Current	Investments measured at FVTPL 2024 £m	Investments measured at FVTPL 2023 £m
At 1 January	2,204	4,087
Net fair value movements through profit or loss	22	(17)
Disposals and settlements	(2,226)	(1,863)
Exchange adjustments	–	(3)
At 31 December	–	2,204

Current equity investments represented Haleon plc shares held after the demerger of Consumer Healthcare. Shares were held for trading and measured at fair value through profit or loss (FVTPL) based on the Haleon plc share price with changes in fair value presented as Other operating income/(expense) in continuing operations. The Group's investment in Haleon plc was fully disposed of in May 2024.

Notes to the financial statements continued

23. Other investments

Non-current	Investments designated as measured at FVTOCI £m	Investments measured at FVTPL £m	2024 £m	Investments designated as measured at FVTOCI £m	Investments measured at FVTPL £m	2023 £m
At 1 January	931	206	1,137	1,153	314	1,467
Exchange adjustments	4	4	8	(26)	(15)	(41)
Additions	70	38	108	93	29	122
Net fair value movements through other comprehensive income	(107)	–	(107)	(253)	–	(253)
Net fair value movements through profit or loss	–	29	29	–	(122)	(122)
Held for sale	–	–	–	(16)	–	(16)
Disposals	(55)	(20)	(75)	(20)	–	(20)
31 December	843	257	1,100	931	206	1,137

Non-current other investments comprise non-current equity investments which are recorded at fair value at each balance sheet date. For investments traded in an active market, the fair value is determined by reference to the relevant stock exchange quoted bid price. For other investments, the fair value is estimated by management with reference to relevant available information, including the current market value of similar instruments, recent financing rounds and discounted cash flows of the underlying net assets. Net fair value movements include the impact of exchange gains of £2 million through other comprehensive income and £nil through profit or loss (2023: exchange losses of £37 million through other comprehensive income and £nil through profit or loss). Other investments include listed investments of £646 million (2023: £741 million).

GSK has elected to designate the majority of its equity investments as measured at fair value through other comprehensive income (FVTOCI). The most significant of these investments held at 31 December 2024 were in Wave life Sciences Ltd, which had a fair value at 31 December 2024 of £165 million (2023: £55 million) and Crispr Therapeutics AG which had a fair value at 31 December 2024 of £101 million (2023: £158 million). The other investments include equity stakes in companies with which GSK has research collaborations and in companies which provide access to biotechnology developments of potential interest.

On disposal of equity investments measured at FVTOCI, the accumulated fair value movements are reclassified from the fair value reserve to retained earnings. Investments measured at FVTOCI with a fair value of £55 million (2023: £20 million) were disposed of during the year. The cumulative profit on these investments after tax was £14 million (2023: loss of £26 million).

Certain other investments, such as investments in funds with limited lives and investments acquired with an intention to sell, are measured at fair value through profit or loss (FVTPL). The most significant of these investments held at 31 December 2024 was SR One Capital Fund I-B, LP which had a fair value at 31 December 2024 of £135 million (2023: £102 million).

24. Other non-current assets

	2024 £m	2023 £m
Amounts receivable under insurance contracts	957	854
Pension schemes in surplus	898	634
Other receivables	87	96
	1,942	1,584

Amounts receivable under insurance contracts are held at cash surrender value with movements through profit or loss.

Within the other receivables of £87 million (2023: £96 million), £36 million (2023: £27 million) is classified as financial assets of which £31 million (2023: £18 million) is classified as fair value through profit or loss. On the remaining balance of £5 million (2023: £9 million), the expected credit loss allowance was immaterial at 31 December 2024 and 2023.

Other receivables include £7 million relating to nature-based carbon credits projects (2023: £7 million).

Notes to the financial statements continued

25. Inventories

	2024 £m	2023 £m
Raw materials and consumables	1,361	1,594
Work in progress	2,683	2,449
Finished goods	1,625	1,455
	5,669	5,498

As part of the TCFD one of the climate-related risks identified affects the metered dose inhalers (MDI). There is no impact on the recoverable value of the associated inventories held at year end.

26. Trade and other receivables

	2024 £m	2023 £m
Trade receivables, net of loss allowance	5,563	5,905
Accrued income	18	69
Prepayments	390	355
Interest receivable	1	2
Employee loans and advances	7	9
Other receivables	857	1,045
	6,836	7,385

There were no trade or other receivable balances (2023: £nil) due from associates and joint ventures. The most significant component of other receivables comprises receivables for indirect and other taxes of £447 million (2023: £565 million). Other significant balance within other receivables is royalties receivable of £164 million (2023: £226 million).

Loss allowance-trade receivables	2024 £m	2023 £m
At 1 January	85	91
Exchange adjustments	(2)	(6)
Charge for the year	34	11
Transfer to assets held for sale	(1)	–
Subsequent recoveries of amounts provided for	(12)	(9)
Utilised	(5)	(2)
At 31 December	99	85

Of the total trade receivables balance, £13 million (2023: £10 million) is considered credit impaired, against which a £5 million (2023: £8 million) expected credit loss allowance has been applied. No amount was purchased or originated credit impaired.

Within the other receivables of £857 million (2023: £1,045 million), £360 million (2023: £408 million) is classified as financial assets of which £2 million (2023: £nil) is classified as held at fair value through profit or loss. At 31 December 2024, an expected credit loss allowance of £9 million (2023: £3 million) was recognised in respect of financial assets, with a release in expected credit loss allowance of £6 million (2023: £3 million) reported in profit or loss during the year.

For more discussion on credit risk practices, please refer to Note 44, 'Financial instruments and related disclosures'.

Notes to the financial statements continued

27. Cash and cash equivalents

	2024 £m	2023 £m
Cash at bank and in hand	943	748
Cash equivalents	2,927	2,188
	3,870	2,936

Cash and cash equivalents included £177 million (2023: £190 million) not available for general use due to restrictions applying in the subsidiaries where it is held. Restrictions include exchange controls and taxes on repatriation.

28. Assets held for sale

	2024 £m	2023 £m
Property, plant and equipment	3	60
Other	–	16
	3	76

Non-current assets and disposal groups are transferred to assets held for sale when it is expected that their carrying amounts will be recovered principally through disposal and a sale is considered highly probable. They are held at the lower of carrying amount and fair value less costs to sell.

Notes to the financial statements continued

29. Trade and other payables

	2024 £m	2023 £m
Trade payables	3,462	3,717
Wages and salaries	1,465	1,683
Social security	125	126
ViiV Healthcare put option	915	848
Other payables	420	346
Deferred income	171	222
Customer return and rebate accruals	6,486	6,799
Other accruals	2,291	2,103
	15,335	15,844

Trade and other payable included £nil (2023: £nil) due to associates and joint ventures. The Group provides limited supplier financing arrangements to certain suppliers. The amounts involved at 31 December 2024 were not material.

Revenue recognised in the year that was included in deferred income at 1 January 2024 was £176 million (2023: £192 million).

Customer return and rebate accruals are provided for by the Group at the point of sale in respect of estimated rebates, discounts or allowances payable to customers. At 31 December 2024, customer return and rebate accruals included £5,235 million (2023: £5,781 million) in respect of US Commercial Operations. Accruals are made at the time of sale but the actual amounts paid are based on claims made some time after the initial recognition of the sale. As the amounts are estimated, they may not fully reflect the final outcome and are subject to change dependent upon, amongst other things, the types of buying group and product sales mix. The level of accrual is reviewed and adjusted quarterly in light of historical experience of actual amounts paid and any changes in arrangements. Future events could cause the assumptions on which the accruals are based to change, which could affect the future results of the Group.

Pfizer's put option over its shareholding in ViiV Healthcare is currently exercisable. Pfizer may request an IPO of ViiV Healthcare at any time and if either GSK does not consent to such IPO or an offering is not completed within nine months, Pfizer could require GSK to acquire its shareholding. The amount of the liability for this put option, which is held on the gross redemption basis, is derived from an internal valuation of the ViiV Healthcare business, utilising both discounted forecast future cash flow and multiples-based methodologies.

The table below shows on an indicative basis the income statement and balance sheet sensitivity of the Pfizer put option to reasonably possible changes in key assumptions.

Increase/(decrease) in financial liability and loss/(gain) in income statement	2024 £m	2023 £m
10% increase in sales forecasts*	92	84
15% increase in sales forecasts*	139	126
10% decrease in sales forecasts*	(92)	(84)
15% decrease in sales forecast*	(138)	(126)
1% (100 basis points) increase in discount rate	(22)	(18)
1.50% (150 basis points) increase in discount rate	(32)	(26)
1% (100 basis points) decrease in discount rate	23	19
1.50% (150 basis points) decrease in discount rate	34	28
10 cent appreciation of US Dollar	62	54
15 cent appreciation of US Dollar	97	85
10 cent depreciation of US Dollar	(53)	(46)
15 cent depreciation of US Dollar	(76)	(67)
10 cent appreciation of Euro	20	22
15 cent appreciation of Euro	31	34
10 cent depreciation of Euro	(17)	(18)
15 cent depreciation of Euro	(24)	(26)

* The sales forecast is for ViiV Healthcare sales only in respect of the ViiV Healthcare put option.

Other accruals includes interest accrued on financial liabilities at amortised cost of £162 million (2023: £162 million).

Notes to the financial statements continued

30. Net debt

	Listing exchange	2024 £m	2023 £m
Current assets:			
Liquid investments		21	42
Cash and cash equivalents		3,870	2,936
		3,891	2,978
Short-term borrowings:			
Commercial paper		–	(815)
Bank loans, overdrafts and other		(762)	(191)
3.000% US$ US Medium Term Note 2024	New York Stock Exchange	–	(784)
1.375% € Euro Medium Term Note 2024	London Stock Exchange	–	(867)
4.000% € Euro Medium Term Note 2025	London Stock Exchange	(622)	–
3.625% US$ US Medium Term Note 2025	New York Stock Exchange	(797)	–
Lease liabilities		(168)	(156)
		(2,349)	(2,813)
Long-term borrowings:			
4.000% € Euro Medium Term Note 2025	London Stock Exchange	–	(650)
3.625% US$ US Medium Term Note 2025	New York Stock Exchange	–	(783)
1.000% € Euro Medium Term Note 2026	London Stock Exchange	(581)	(608)
1.250% € Euro Medium Term Note 2026	London Stock Exchange	(829)	(867)
3.000% € Euro Medium Term Note 2027	London Stock Exchange	(414)	(434)
3.375% £ Euro Medium Term Note 2027	London Stock Exchange	(307)	(306)
3.875% US$ US Medium Term Note 2028	New York Stock Exchange	(1,393)	(1,370)
0.883% ¥ Euro Medium Term Note 2028	London Stock Exchange	(216)	(235)
1.250% £ Euro Medium Term Note 2028	London Stock Exchange	(746)	(745)
3.375% US$ US Medium Term Note 2029	New York Stock Exchange	(792)	(778)
1.375% € Euro Medium Term Note 2029	London Stock Exchange	(414)	(433)
1.750% € Euro Medium Term Note 2030	London Stock Exchange	(621)	(650)
2.875% € Euro Medium Term Note 2031	London Stock Exchange	(576)	–
3.125% € Euro Medium Term Note 2032	London Stock Exchange	(577)	(604)
5.250% £ Euro Medium Term Note 2033	London Stock Exchange	(567)	(566)
5.375% US$ US Medium Term Note 2034	London Stock Exchange	(396)	(390)
1.625% £ Euro Medium Term Note 2035	London Stock Exchange	(745)	(745)
3.250% € Euro Medium Term Note 2036	London Stock Exchange	(494)	–
6.375% US$ US Medium Note 2038	New York Stock Exchange	(2,176)	(2,139)
6.375% £ Euro Medium Term Note 2039	London Stock Exchange	(627)	(627)
5.250% £ Euro Medium Term Note 2042	London Stock Exchange	(472)	(472)
4.200% US$ US Medium Term Note 2043	New York Stock Exchange	(392)	(385)
4.250% £ Euro Medium Term Note 2045	London Stock Exchange	(366)	(366)
Other long-term borrowings		(2)	(1)
Lease liabilities		(934)	(1,051)
		(14,637)	(15,205)
Net debt		(13,095)	(15,040)

Notes to the financial statements continued

30. Net debt continued

Current assets

Liquid investments are classified as financial assets at amortised cost. At 31 December 2024, they included US Treasury Notes and other government bonds. The effective interest rate on liquid investments at 31 December 2024 was approximately 4.3% (2023: approximately 0.9%). Liquid investment balances at 31 December 2024 earning interest at floating rates amount to £11 million (2023: £31 million). Liquid investment balances at 31 December 2024 earning interest at fixed rates amount to £10 million (2023: £11 million).

Balances reported within cash and cash equivalents have an original maturity of three months or less. The effective interest rate on cash and cash equivalents at 31 December 2024 was approximately 4.8% (2023: approximately 4.7%). Cash and cash equivalents at 31 December 2024 earning interest at floating and fixed rates amounted to £3,746 million and £1 million respectively (2023: £2,720 million and £38 million) and non-interest bearing holdings amounted to £123 million (2023: £178 million).

GSK's policy regarding the credit quality of cash and cash equivalents is set out in Note 44, 'Financial instruments and related disclosures'.

Short-term borrowings

GSK has a $10 billion (£8.0 billion) US commercial paper programme. There was no US commercial paper in issue at 31 December 2024 (2023: $850 million (£667 million)). GSK has a £5 billion Euro commercial paper programme. There was no Euro commercial paper in issue at 31 December 2024 (2023: €170 million (£148 million)). GSK has £1.6 billion of three-year committed facilities and $2.2 billion (£1.8 billion) of 364 day committed facilities. The three-year committed facilities were signed in February 2022 and extended by one year in August 2024 to September 2027. The 364-day committed facilities were signed in September 2024. All facilities were undrawn at 31 December 2024.

There was no commercial paper in issue at 31 December 2024. The weighted average interest rate on commercial paper borrowings at 31 December 2023 was 5.1%.

The weighted average interest rate on current bank loans and overdrafts at 31 December 2024 was 3.4% (2023: 4.6%).

The average effective pre-swap interest rate of notes classified as short-term at 31 December 2024 was 3.9% (2023: 2.4%).

Long-term borrowings

At 31 December 2024 GSK had long-term borrowings of £14.6 billion (2023: £15.2 billion), of which £8.4 billion (2023: £8.7 billion) fell due in more than five years.

The average effective pre-swap interest rate of all notes in issue at 31 December 2024 was approximately 3.8% (2023: approximately 3.7%).

Long-term borrowings repayable after five years carry interest at effective rates between 1.7% and 6.4% (2023: 1.5% and 6.6%), with repayment dates ranging from 2030 to 2045 (2023: 2029 to 2045).

During 2023, through a bilateral buyback of outstanding Sterling Notes, GSK repurchased £76 million of the 5.250% £ Euro Medium Term Note 2033 and £69 million of the 6.375% £ Euro Medium Term Note 2039.

Effective rates shown for 2023 exclude the impact of one-off premiums associated with the repurchase of the Sterling Notes.

Pledged assets

The Group held pledged investments in US Treasury Notes with a par value of $26 million (£21 million), (2023: $54 million (£42 million)) as security against irrevocable letters of credit issued on the Group's behalf in respect of the Group's self-insurance activity. Provisions in respect of self-insurance are included within the provisions for legal and other disputes discussed in Note 32, 'Other provisions'.

Lease liabilities

The total cash outflow for leases for the year ended 31 December 2024 was £256 million (2023: £197 million).

The maturity analysis of discounted lease liabilities recognised on the Group balance sheet is as follows:

	2024 £m	2023 £m
Rental payments due within one year	168	156
Rental payments due between one and two years	222	214
Rental payments due between two and three years	146	134
Rental payments due between three and four years	109	114
Rental payments due between four and five years	73	88
Rental payments due after five years	384	501
Total lease liabilities	1,102	1,207

Notes to the financial statements continued

31. Pensions and other post-employment benefits

Pension and other post-employment costs	2024 £m	2023 £m	2022 £m
UK pension schemes	120	96	114
US pension schemes	40	56	48
Other overseas pension schemes	151	146	154
Unfunded post-retirement healthcare schemes	57	58	53
	368	356	369
Analysed as:			
Funded defined benefit/hybrid pension schemes	132	134	152
Unfunded defined benefit pension schemes	29	35	31
Unfunded post-retirement healthcare schemes	57	58	53
Defined benefit schemes	218	227	236
Defined contribution pension schemes	150	129	133
	368	356	369

The costs of the defined benefit pension and post-retirement healthcare schemes are charged in the income statement as follows:

	2024 £m	2023 £m	2022 £m
Cost of sales	87	94	104
Selling, general and administration	92	91	90
Research and development	39	42	42
	218	227	236

GSK entities operate pension arrangements which cover the Group's material obligations to provide pensions to retired employees. These arrangements have been developed in accordance with local practices in the countries concerned. Pension benefits can be provided by state schemes; by defined contribution schemes, whereby retirement benefits are determined by the value of funds arising from contributions paid in respect of each employee; or by defined benefit schemes, whereby retirement benefits are based on factors such as employee pensionable remuneration and length of service.

Pension costs of defined benefit schemes for accounting purposes have been calculated using the projected unit credit method. In certain countries pension benefits are provided on an unfunded basis, some administered by trustee companies. Formal, independent, actuarial valuations of the Group's main plans are undertaken regularly, normally at least every three years.

Remeasurement movements in the year are recognised through the statement of comprehensive income. Discount rates are derived from AA rated corporate bond yields except in countries where there is no deep market in corporate bonds where government bond yields are used. Discount rates are selected to reflect the term of the expected benefit payments. Projected inflation rates and pension increases are long-term predictions based on the yield gap between long-term index-linked and fixed interest government bonds. In the UK, mortality rates are determined by adjusting the SAPS S3 standard mortality tables to reflect recent scheme experience. These rates are then projected to reflect improvements in life expectancy in line with the CMI 2023 projections with a long-term rate of improvement of 1.0% per year for both males and females. In the US, mortality rates are calculated using the PRI-2012 white collar table adjusted to reflect recent experience. These rates are projected using MP-2020 to allow for future improvements in life expectancy.

The average life expectancy assumed now for an individual at the age of 60 and projected to apply in 2044 for an individual then at the age of 60 is as follows:

	UK		US	
	Male Years	Female Years	Male Years	Female Years
Current	26.8	28.3	27.4	28.8
Projected for 2044	27.9	29.5	28.9	30.2

Notes to the financial statements continued

31. Pensions and other post-employment benefits continued

The assets of funded schemes are generally held in separately administered trusts, either as specific assets or as a proportion of a general fund, or are insurance contracts. Assets are invested in different classes in order to maintain a balance between risk and return. Investments are diversified to limit the financial effect of the failure of any individual investment. The target exposure for three of the four UK plans is split 36% to return-seeking assets and 64% to liability-matching assets. During 2019, a buy-in insurance contract was purchased to cover substantially all of the obligations of the other UK plan. At 31 December 2024, the value of the insurance contract was £340 million (2023: £387 million). The asset allocation of the US plans is currently set at 25% return-seeking assets and 75% liability-matching assets.

The pension plans are exposed to risk that arises because the market value of the plans' assets might decline or the estimated value of the plans' liabilities might increase.

Within the broad investment strategy outlined above, the return-seeking assets are primarily intended to generate future returns while the liability-matching assets are intended to match future pension obligations. Each pool invests across a broad range of assets. The main risks within the portfolios are against credit risk, interest rates, long-term inflation, equities, property, currency and bank counterparty risk.

The plan liabilities are a series of future cash flows with relatively long duration. On an IAS 19 basis, these cash flows are sensitive to changes in the expected long-term inflation rate and the discount rate (AA corporate bond yield curve) where an increase in long-term inflation corresponds with an increase in the liabilities, and an increase in the discount rate corresponds with a decrease in the liabilities.

The interest rate risk in the US is partially hedged, with the target based on an accounting measure of the plan liabilities.

For the UK plans, there is an interest rate and inflation hedging strategy in place. The targets are based on an economic measure of the plan liabilities.

Climate-related impacts, along with other environmental, social and governance (ESG) considerations, can be financially material with regard both to expected returns and to risk implications. The incorporation of such considerations into investment policy is subject to local regulations and fiduciary obligations.

In the UK, the defined benefit pension schemes operated for the benefit of former Glaxo Wellcome employees and former SmithKline Beecham employees remain separate. These schemes were closed to new entrants in 2001 and subsequent UK employees are entitled to join a defined contribution scheme. In addition, the Group operates a number of post-retirement healthcare schemes, the principal one of which is in the US.

The UK defined benefit plans closed to future accrual effective from 31 March 2022. As a result, post closure the accrued benefits of active participants are revalued in line with inflation (RPI for the legacy Glaxo Wellcome plans and CPI for the legacy SmithKline Beecham plans subject to the relevant caps for each arrangement) rather than capped pay increases. From 1 April 2022, former defined benefit plans employees were transferred to the defined contribution plans. All defined benefit plan participants who were still active at 1 April 2022 received a defined pension contribution of £10,000 each in 2022.

The cash funding or technical provision deficits of £1,080 million identified in the 31 December 2020 pension scheme valuations in three GSK UK defined benefit pension schemes and increased by £7 million notional interest, were fully paid in 2023, (2023: £353 million; 2022: £691 million). The contributions were collateralised by the creation of three Scottish Limited Partnerships (SLPs) during the GSK Consumer Healthcare Holdings Limited demerger, each SLP providing a funding mechanism for each of the three principal UK defined benefit pension schemes (two benefiting current and former Glaxo Wellcome employees, with the third benefiting current and former SmithKline Beecham employees).

The US cash balance pension plan closed to future accrual from 1 January 2021.

The Group has applied the following financial assumptions in assessing the defined benefit liabilities:

	UK			US			Rest of World		
	2024 % pa	2023 % pa	2022 % pa	2024 % pa	2023 % pa	2022 % pa	2024 % pa	2023 % pa	2022 % pa
Rate of increase of future earnings	n/a	n/a	n/a	n/a	n/a	n/a	3.20	3.20	3.40
Discount rate	5.50	4.60	4.80	5.50	5.00	5.30	3.30	3.10	3.40
Expected pension increases	2.90	2.90	3.10	n/a	n/a	n/a	2.40	2.50	2.40
Cash balance credit/conversion rate	n/a	n/a	n/a	4.80	4.00	3.90	1.10	0.60	0.80
Inflation rate	2.90	2.90	3.10	2.50	2.50	2.50	1.90	2.00	2.30

Sensitivity analysis detailing the effect of changes in assumptions is provided on page 228. The analysis provided reflects the assumption changes which have the most material impact on the results of the Group.

Notes to the financial statements continued

31. Pensions and other post-employment benefits continued

The amounts recorded in the income statement and statement of comprehensive income for the three years ended 31 December 2024 in relation to the defined benefit pension and post-retirement healthcare schemes were as follows:

				Pensions	Post-retirement benefits
2024	UK £m	US £m	Rest of World £m	Group £m	Group £m
Amounts charged to operating profit					
Current service cost	–	3	94	97	14
Past service cost	18	–	–	18	–
Net interest (income)/cost	(15)	26	14	25	43
Gains from settlements	–	–	(2)	(2)	–
Expenses	12	11	–	23	–
	15	40	106	161	57
Remeasurement gains/(losses) recorded in the statement of comprehensive income	237	90	129	456	50

				Pensions	Post-retirement benefits
2023	UK £m	US £m	Rest of World £m	Group £m	Group £m
Amounts charged to operating profit					
Current service cost	—	5	91	96	12
Past service cost/(credit)	3	–	–	3	–
Net interest (income)/cost	(5)	35	16	46	47
Gains from settlements	–	–	(6)	(6)	–
Expenses	14	16	–	30	(1)
	12	56	101	169	58
Remeasurement gains/(losses) recorded in the statement of comprehensive income	28	45	38	111	(40)

				Pensions	Post-retirement benefits
2022	UK £m	US £m	Rest of World £m	Group £m	Group £m
Amounts charged to operating profit					
Current service cost	13	7	126	146	22
Past service cost/(credit)	6	—	—	6	—
Net interest (income)/cost	(11)	20	9	18	32
Gains from settlements	–	–	(22)	(22)	–
Expenses	14	21	—	35	(1)
	22	48	113	183	53
Remeasurement gains/(losses) recorded in the statement of comprehensive income[1]	(1,169)	36	261	(872)	228

The amounts included within past service costs in the UK included £18 million (2023: £3 million; 2022: £6 million) of augmentation costs which arose from Major restructuring programmes.

Notes to the financial statements continued

31. Pensions and other post-employment benefits continued

A summarised balance sheet presentation of the Group defined benefit pension schemes and other post-retirement benefits is set out in the table below:

	2024 £m	2023 £m	2022 £m
Recognised in other non-current assets:			
Pension schemes in surplus	898	634	229
Recognised in pensions and other post-employment benefits:			
Pension schemes in deficit	(1,001)	(1,397)	(1,585)
Post-retirement benefits	(863)	(943)	(994)
	(1,864)	(2,340)	(2,579)

In the event of a plan wind-up, GSK believes the UK pension scheme rules provide the company with the right to a refund of surplus assets following the full settlement of plan liabilities. As a result, the net surplus in the UK defined benefit pension schemes is recognised in full.

The fair values of the assets and liabilities of the UK and US defined benefit pension schemes, together with aggregated data for other defined benefit pension schemes in the Group are as follows:

At 31 December 2024		UK £m	US £m	Rest of World £m	Group £m
Equities:	– listed	1,669	472	364	2,505
	– unlisted	–	–	2	2
Multi-asset funds		923	–	–	923
Property:	– listed	–	–	–	–
	– unlisted	407	99	24	530
Corporate bonds:	– listed	2,104	739	208	3,051
	– unlisted	–	–	15	15
Government bonds:	– listed	4,107	772	489	5,368
Insurance contracts		883	–	822	1,705
Other (liabilities)/assets		(1,291)	125	81	(1,085)
Fair value of assets		8,802	2,207	2,005	13,014
Present value of scheme obligations		(8,241)	(2,596)	(2,280)	(13,117)
Net surplus/(obligation)		561	(389)	(275)	(103)
Included in other non-current assets		725	–	173	898
Included in pensions and other post-employment benefits		(164)	(389)	(448)	(1,001)
		561	(389)	(275)	(103)
Actual return/(loss) on plan assets		(213)	132	121	40

The multi-asset funds comprise investments in pooled investment vehicles that are invested across a range of asset classes, increasing diversification within the growth portfolio. The investments in this asset class with a quoted market price were fully redeemed during the year (2023: £209 million).

The 'Other (liabilities)/assets' category comprises cash and mark to market values of derivative positions.

Index-linked gilts held as part of a UK repo programme are included in government bonds. The related loan of £1,634 million at 31 December 2024 (2023: £1,853 million; 2022: £2,376 million) is deducted within 'Other assets'.

Notes to the financial statements continued

31. Pensions and other post-employment benefits continued

At 31 December 2023		UK £m	US £m	Rest of World £m	Group £m
Equities:	– listed	1,647	447	349	2,443
	– unlisted	–	–	2	2
Multi-asset funds		852	–	–	852
Property:	– listed	–	–	–	–
	– unlisted	467	119	24	610
Corporate bonds:	– listed	2,019	698	205	2,922
	– unlisted	–	–	15	15
Government bonds:	– listed	4,897	774	527	6,198
Insurance contracts		990	–	771	1,761
Other (liabilities)/assets		(1,374)	104	89	(1,181)
Fair value of assets		9,498	2,142	1,982	13,622
Present value of scheme obligations		(9,222)	(2,757)	(2,406)	(14,385)
Net surplus/(obligation)		276	(615)	(424)	(763)
Included in other non-current assets		457	–	177	634
Included in pensions and other post-employment benefits		(181)	(615)	(601)	(1,397)
		276	(615)	(424)	(763)
Actual return on plan assets		647	196	138	981

At 31 December 2022		UK £m	US £m	Rest of World £m	Group £m
Equities:	– listed	1,351	437	371	2,159
	– unlisted	–	–	2	2
Multi-asset funds		1,101	–	–	1,101
Property:	– listed	–	–	19	19
	– unlisted	464	140	1	605
Corporate bonds:	– listed	1,692	779	124	2,595
	– unlisted	–	–	15	15
Government bonds:	– listed	4,048	723	558	5,329
Insurance contracts		1,003	–	691	1,694
Other (liabilities)/assets		(645)	181	89	(375)
Fair value of assets		9,014	2,260	1,870	13,144
Present value of scheme obligations		(9,117)	(3,030)	(2,353)	(14,500)
Net surplus/(obligation)		(103)	(770)	(483)	(1,356)
Included in Other non-current assets		109	–	120	229
Included in Pensions and other post-employment benefits		(212)	(770)	(603)	(1,585)
		(103)	(770)	(483)	(1,356)
Actual return on plan assets		(4,710)	(253)	(550)	(5,513)

Notes to the financial statements continued

31. Pensions and other post-employment benefits continued

				Pensions	Post-retirement benefits
Movements in fair values of assets	UK £m	US £m	Rest of World £m	Group £m	Group £m
Assets at 1 January 2022	13,632	2,524	2,906	19,062	–
Exchange adjustments	–	286	122	408	–
Interest income	271	71	28	370	–
Expenses	(14)	(21)	–	(35)	–
Settlements and curtailments	–	–	(8)	(8)	–
Remeasurement	(4,981)	(324)	(578)	(5,883)	–
Employer contributions	755	50	114	919	117
Scheme participants' contributions	–	–	15	15	18
Transfer to assets held for sale/distribution	–	–	(624)	(624)	–
Benefits paid	(649)	(326)	(105)	(1,080)	(135)
Assets at 31 December 2022	9,014	2,260	1,870	13,144	–
Exchange adjustments	–	(125)	(84)	(209)	–
Interest income	430	111	60	601	–
Expenses	(14)	(16)	–	(30)	–
Settlements and curtailments	–	–	2	2	–
Remeasurement	217	85	78	380	–
Employer contributions	363	125	118	606	98
Scheme participants' contributions	–	–	11	11	18
Benefits paid	(512)	(298)	(73)	(883)	(116)
Assets at 31 December 2023	9,498	2,142	1,982	13,622	–
Exchange adjustments	–	37	(116)	(79)	–
Interest income	426	102	59	587	–
Expenses	(12)	(11)	–	(23)	–
Settlements and curtailments	–	–	(1)	(1)	–
Remeasurement	(639)	30	62	(547)	–
Employer contributions	63	179	109	351	94
Scheme participants' contributions	–	–	11	11	18
Benefits paid	(534)	(272)	(101)	(907)	(112)
Assets at 31 December 2024	8,802	2,207	2,005	13,014	–

During 2024, the Group made a deficit reduction contribution to the UK pension schemes of £30 million (2023: £nil), eliminating the deficit identified in the 31 December 2023 triennial funding valuation. The Group also made a contribution to the US Cash Balance Plan of £150 million (2023: £96 million).

Employer contributions for 2025 are estimated to be approximately £270 million in respect of defined benefit pension schemes and £80 million in respect of other post-retirement benefits.

Notes to the financial statements continued

31. Pensions and other post-employment benefits continued

				Pensions	Post-retirement benefits
Movements in defined benefit obligations	UK £m	US £m	Rest of World £m	Group £m	Group £m
Obligations at 1 January 2022	(13,299)	(3,248)	(3,644)	(20,191)	(1,243)
Exchange adjustments	–	(371)	(124)	(495)	(125)
Service cost	(13)	(7)	(126)	(146)	(22)
Past service cost	(6)	–	–	(6)	–
Interest cost	(260)	(91)	(37)	(388)	(32)
Settlements and curtailments	–	–	29	29	–
Remeasurement	3,812	360	839	5,011	228
Scheme participants' contributions	–	–	(15)	(15)	(18)
Transfer to assets held for sale/distribution	–	–	621	621	83
Benefits paid	649	326	105	1,080	135
Obligations at 31 December 2022	(9,117)	(3,031)	(2,352)	(14,500)	(994)
Exchange adjustments	–	166	87	253	53
Service cost	–	(5)	(91)	(96)	(13)
Past service cost	(3)	–	–	(3)	–
Interest cost	(425)	(145)	(76)	(646)	(47)
Settlements and curtailments	–	–	4	4	–
Remeasurement	(189)	(40)	(40)	(269)	(40)
Scheme participants' contributions	–	–	(11)	(11)	(18)
Benefits paid	512	298	73	883	116
Obligations at 31 December 2023	(9,222)	(2,757)	(2,406)	(14,385)	(943)
Exchange adjustments	–	(40)	133	93	(7)
Service cost	–	(3)	(94)	(97)	(14)
Past service cost	(18)	–	–	(18)	–
Interest cost	(411)	(128)	(73)	(612)	(43)
Settlements and curtailments	–	–	3	3	–
Remeasurement	876	60	67	1,003	50
Scheme participants' contributions	–	–	(11)	(11)	(18)
Benefits paid	534	272	101	907	112
Obligations at 31 December 2024	(8,241)	(2,596)	(2,280)	(13,117)	(863)

Notes to the financial statements continued

31. Pensions and other post-employment benefits continued

The defined benefit pension obligation is analysed as follows:

	2024 £m	2023 £m	2022 £m
Funded	(12,564)	(13,782)	(13,887)
Unfunded	(553)	(603)	(613)
	(13,117)	(14,385)	(14,500)

The liability for the US post-retirement healthcare scheme has been assessed using the same assumptions as for the US pension scheme, together with the assumption for future medical inflation of 6.50% (2023: 6.75%) in 2024, grading down to 5% in 2031 and thereafter. At 31 December 2024, the US post-retirement healthcare scheme obligation was £748 million (2023: £785 million; 2022: £870 million). Post-retirement benefits are unfunded.

The movement in the net defined benefit liability is as follows:

	2024 £m	2023 £m	2022 £m
At 1 January	(763)	(1,356)	(1,129)
Exchange adjustments	14	44	(87)
Service cost	(97)	(96)	(146)
Past service cost	(18)	(3)	(6)
Interest cost	(25)	(45)	(18)
Settlements and curtailments	2	6	21
Remeasurements:			
Return on plan assets, excluding amounts included in interest	(547)	380	(5,883)
Gain/(loss) from change in demographic assumptions	90	135	92
Gain/(loss) from change in financial assumptions	890	(137)	5,868
Experience gain/(loss)	23	(267)	(949)
Employer contributions	351	606	919
Transfer to assets held for sale/distribution	–	–	(3)
Expenses	(23)	(30)	(35)
At 31 December	(103)	(763)	(1,356)

The remeasurements included within post-retirement benefits are detailed below:

	2024 £m	2023 £m	2022 £m
Gain from change in demographic assumptions	7	7	21
Gain/(loss) from change in financial assumptions	44	(43)	219
Experience gain/(loss)	(1)	(4)	(12)
	50	(40)	228

The defined benefit pension obligation analysed by membership category is as follows:

	2024 £m	2023 £m	2022 £m
Active	1,418	1,508	1,390
Retired	8,147	8,730	8,540
Deferred	3,552	4,147	4,570
	13,117	14,385	14,500

The post-retirement benefit obligation analysed by membership category is as follows:

	2024 £m	2023 £m	2022 £m
Active	277	277	306
Retired	586	666	688
Deferred	–	–	–
	863	943	994

The weighted average duration of the defined benefit obligation is as follows:

	2024 years	2023 years	2022 years
Pension benefits	11	11	12
Post-retirement benefits	9	10	10

Notes to the financial statements continued

31. Pensions and other post-employment benefits continued

Sensitivity analysis

The effect of changes in assumptions used on the benefit obligations and on the 2025 annual defined benefit pension and post-retirement costs are detailed below. This information has been determined by taking into account the duration of the liabilities and the overall profile of the plan memberships.

	0.25% increase £m	0.25% decrease £m
Discount rate		
(Decrease)/increase in annual pension cost	(19)	17
Increase/(decrease) in annual post-retirement benefits cost	1	(1)
(Decrease)/increase in pension obligation	(309)	320
(Decrease)/increase in post-retirement benefits obligation	(17)	18
	0.75% increase £m	0.75% decrease £m
(Decrease)/increase in annual pension cost	(55)	51
Increase/(decrease) in annual post-retirement benefits cost	2	(3)
(Decrease)/increase in pension obligation	(883)	1,012
(Decrease)/increase in post-retirement benefits obligation	(49)	55

	0.25% increase £m	0.25% decrease £m
Inflation rate		
Increase/(decrease) in annual pension cost	13	(12)
Increase/(decrease) in pension obligation	234	(229)
	0.75% increase £m	0.75% decrease £m
Increase/(decrease) in annual pension cost	42	(36)
Increase/(decrease) in pension obligation	737	(646)

	1 year increase £m
Life expectancy	
Increase in annual pension cost	20
Increase in annual post-retirement benefits cost	2
Increase in pension obligation	380
Increase in post-retirement benefits obligation	29

	1% increase £m
Rate of future healthcare inflation	
Increase in annual post-retirement benefits cost	2
Increase in post-retirement benefits obligation	22

Notes to the financial statements continued

32. Other provisions

	Legal and other disputes £m	Major restructuring programmes £m	Employee-related provisions £m	Other provisions £m	Total £m
At 1 January 2024	267	282	383	307	1,239
Exchange adjustments	57	(3)	(6)	(14)	34
Charge for the year	2,039	195	216	161	2,611
Reversed unused	(50)	(51)	(52)	(30)	(183)
Unwinding of discount	18	1	–	–	19
Utilised	(885)	(149)	(123)	(70)	(1,227)
Reclassifications and other movements	–	16	8	36	60
Transfer to pension obligations	–	(18)	–	–	(18)
At 31 December 2024	1,446	273	426	390	2,535
To be settled within one year	1,393	178	178	197	1,946
To be settled after one year	53	95	248	193	589
At 31 December 2024	1,446	273	426	390	2,535

Legal and other disputes

The Group is involved in a substantial number of legal and other disputes, including notification of possible claims, as set out in Note 47, 'Legal proceedings'. Provisions for legal and other disputes include amounts relating to product liability, anti-trust, government investigations, contract terminations and self insurance.

The Group may become involved in significant legal proceedings in respect of which it is not possible to meaningfully assess whether the outcome will result in a probable outflow, or to quantify or reliably estimate the liability, if any, that could result from ultimate resolution of the proceedings. In these cases, the Group would provide appropriate disclosures about such cases, but no provision would be made.

The net charge for the year of £1,989 million (including reversals and estimated insurance recoveries) primarily reflected the £1.8 billion charge for the *Zantac* settlement and related legal fees, as well as provisions for other product liability cases, commercial disputes and various other government investigations.

The discount on the provision is £18 million in 2024 (2023: £10 million). The discount was calculated using risk-adjusted projected cash flows and risk-free rates of return.

In respect of product liability claims related to certain products, provision is made when there is sufficient history of claims made and settlements to enable management to make a reliable estimate of the provision required to cover unasserted claims, and to determine the probability of the outflow of cash. The ultimate liability for such matters may vary from the amounts provided and is dependent upon the outcome of litigation proceedings, investigations and possible settlement negotiations.

The Group's position could change over time, and, therefore, there can be no assurance that any losses that result from the outcome of any legal proceedings will not exceed by a material amount the amount of the provisions reported in the Group's financial statements.

It is in the nature of the Group's business that a number of these matters may be the subject of negotiation and litigation over many years. Litigation proceedings, including the various appeal procedures, often take many years to reach resolution, and out-of-court settlement discussions can also often be protracted. Indemnified disputes will result in a provision charge and a corresponding receivable.

The Group is in potential settlement discussions in a number of the disputes for which amounts have been provided and, based on its current assessment of the progress of these disputes, estimates that £1,393 million of the amount provided at 31 December 2024 will be settled within one year, primarily related to the resolution of *Zantac*. For a discussion of legal issues, see Note 47, 'Legal proceedings'.

Major restructuring programmes

During 2024, the Group had two major restructuring programmes: the Separation restructuring programme which focused on the separation of GSK into two companies and is now largely complete, plus the Significant Acquisitions programme which is focused on the integration of recent acquisitions.

Restructuring provisions primarily include severance costs when management has made a formal decision to eliminate certain positions and this has been communicated to the groups of employees affected and appropriate consultation procedures completed, where appropriate. No provision is made for staff severance payments that are paid immediately.

The discount on the provisions increased by £1 million in 2024 (2023: increased by £0.4 million).

Transfer to pension obligations reflects augmentation costs of £18 million relating to defined benefit plans arising from staff redundancies, as shown in Note 31, 'Pensions and other post-employment benefits'.

Notes to the financial statements continued

32. Other provisions continued

Employee-related provisions

Employee-related provisions include obligations for certain medical benefits to disabled employees and their spouses in the US.

At 31 December 2024, the provision for these benefits amounted to £46 million (2023: £48 million). Other employee benefits reflect a variety of provisions for severance costs, jubilee awards and other long-service benefits.

Given the nature of these provisions, the amounts are likely to be settled over many years.

Other provisions

Included in other provisions are provisions for onerous contracts, insurance provisions and a number of other provisions including vehicle insurance, environmental remediation and regulatory matters.

33. Contingent consideration liabilities

The consideration for certain acquisitions includes amounts contingent on future events such as development milestones or sales performance. The Group has provided for the fair value of this contingent consideration as follows:

	Shionogi-ViiV Healthcare £m	Affinivax £m	Novartis Vaccines £m	Other £m	Total £m
At 1 January 2022	5,559	–	479	38	6,076
Remeasurement through income statement	1,431	17	231	(34)	1,645
Exchange movement through reserves	–	2	–	–	2
Initial recognition from business combinations	–	482	–	–	482
Cash payments: operating cash flows	(1,031)	–	(27)	–	(1,058)
Cash payments: investing activities	(69)	–	(10)	–	(79)
At 31 December 2022	5,890	501	673	4	7,068
Remeasurement through income statement	934	44	(210)	–	768
Exchange movement through reserves	–	(29)	–	–	(29)
Cash payments: operating cash flows	(1,106)	–	(28)	–	(1,134)
Cash payments: investing activities	–	–	(11)	–	(11)
At 31 December 2023	5,718	516	424	4	6,662
Initial recognition from business combinations	–	–	–	104	104
Remeasurement through income statement	1,533	(22)	215	36	1,762
Exchange movement through reserves	–	8	–	(2)	6
Cash payments: operating cash flows	(1,190)	–	(45)	–	(1,235)
Cash payments: investing activities	–	–	(19)	–	(19)
At 31 December 2024	6,061	502	575	142	7,280

Contingent consideration payable of £96 million was recognised at acquisition for the purchase of 100% of the equity of Aiolos Bio, Inc. Further information on the acquisition is provided in Note 41, 'Acquisitions and disposals'.

Of the contingent consideration payable at 31 December 2024, £1,172 million (2023: £1,053 million) is expected to be paid within one year.

The considerations payable for the acquisition of the Shionogi-ViiV Healthcare joint venture, Affinivax and the Novartis Vaccines business are expected to be paid over a number of years. As a result, the total estimated liabilities are discounted to their present values, shown above. The Shionogi-ViiV Healthcare contingent consideration liability is discounted at 8% (2023: 8%), the Affinivax contingent consideration liability is discounted at 9.0% (2023: 8.5%) and the Novartis Vaccines contingent consideration liability is discounted at 8.0% (2023: 7.5%) for commercialised products and at 9.0% (2023: 8.5%) for pipeline assets.

The Shionogi-ViiV Healthcare and Novartis Vaccines contingent consideration liabilities are calculated principally based on the forecast sales performance of specified products over the lives of those products.

The Affinivax contingent consideration is based upon two potential milestone payments, each of $0.6 billion (£0.5 billion) which will be paid if certain paediatric clinical development milestones are achieved.

Notes to the financial statements continued

33. Contingent consideration liabilities continued

The table below shows on an indicative basis the income statement and balance sheet sensitivity to reasonably possible changes in key inputs to the valuations of the largest contingent consideration liabilities.

	2024			2023		
Increase/(decrease) in financial liability and loss/(gain) in income statement	Shionogi-ViiV Healthcare £m	Affinivax £m	Novartis Vaccines £m	Shionogi-ViiV Healthcare £m	Affinivax £m	Novartis Vaccines £m
10% increase in sales forecasts*	573	N/A	83	539	n/a	63
15% increase in sales forecasts*	857	N/A	125	807	n/a	94
10% decrease in sales forecasts*	(572)	N/A	(83)	(539)	n/a	(62)
15% decrease in sales forecasts*	(856)	N/A	(125)	(808)	n/a	(92)
1% increase in discount rate	(180)	N/A	(38)	(174)	(12)	(26)
1.5% increase in discount rate	(267)	(20)	(55)	(256)	(18)	(38)
1% decrease in discount rate	194	14	43	184	13	30
1.5% decrease in discount rate	298	21	67	281	19	47
10 cent appreciation of US Dollar	431	43	14	386	44	11
15 cent appreciation of US Dollar	677	68	22	604	69	17
10 cent depreciation of US Dollar	(368)	(37)	(12)	(330)	(38)	(8)
15 cent depreciation of US Dollar	(533)	(54)	(17)	(478)	(54)	(12)
10 cent appreciation of Euro	77	N/A	22	91	n/a	19
15 cent appreciation of Euro	123	N/A	35	144	n/a	30
10 cent depreciation of Euro	(65)	N/A	(19)	(79)	n/a	(16)
15 cent depreciation of Euro	(95)	N/A	(27)	(113)	n/a	(22)
10% increase in probability of milestone success	N/A	N/A	22	n/a	75	21
10% decrease in probability of milestone success	N/A	(73)	(11)	n/a	(75)	(10)

* The sales forecast is for ViiV Healthcare sales only in respect of the Shionogi-ViiV Healthcare contingent consideration.

34. Other non-current liabilities

	2024 £m	2023 £m
Accruals	6	4
Deferred income	165	254
Other payables	929	849
	1,100	1,107

Other payables includes a number of employee-related liabilities including employee savings plans.

35. Contingent liabilities

At 31 December 2024, contingent liabilities where GSK has a present obligation as a result of a past event, comprising guarantees and other items arising in the normal course of business, amounted to £26 million (2023: £32 million). At 31 December 2024, £0.5 million (2023: £0.2 million) of financial assets were pledged as collateral for contingent liabilities. Provision is made for the outcome of tax, legal and other disputes where it is both probable that the Group will suffer an outflow of funds and it is possible to make a reliable estimate of that outflow. If it is not possible to meaningfully assess whether the outcomes will result in a probable outflow, or to quantify or reliably estimate the liability, if any, no provision is recorded. Descriptions of the significant legal and other disputes to which the Group is a party are set out in Note 47, ‘Legal proceedings’.

Notes to the financial statements continued

36. Commitments

Contractual obligations and commitments	2024 £m	2023 £m
Contracted for but not provided in the financial statements:		
Intangible assets	19,183	16,329
Property, plant and equipment	754	762
Investments	203	153
	20,140	17,244

The commitments related to intangible assets include milestone payments, which are dependent on successful clinical development or on meeting specified sales targets, and which represent the maximum that would be paid if all milestones, however unlikely, are achieved. The amounts disclosed are not risk-adjusted or discounted. The increase in intangible asset commitments in 2024 is mainly attributable to new R&D collaborations and acquisitions, including with Shanghai Hansoh Biomedical Co. Ltd and Jiangsu Hengrui Pharmaceuticals Co., Ltd.

In addition, within intangible assets commitments the Group has disclosed £38 million (2023: £30 million) related to nature-based carbon credit projects, which aligns with GSK's commitments to a net-zero, nature positive world, and within property, plant and equipment commitments of £34 million (2023: £46 million) related to the transition to a lower-carbon propellant solution.

In the previous year, £30 million relating to nature-based carbon credits projects was included in purchase commitments and is now included in intangible asset commitments. Lease contracts that have not commenced are not disclosed as these are not material.

For the Group's commitments related to interest on debt and future finance charges on leases refer to Note 44 'Financial instruments'.

The table excludes any amounts already capitalised in the financial statements for the year ended 31 December 2024.

Notes to the financial statements continued

37. Share capital and share premium account

Share Consolidation

Following completion of the Consumer Healthcare business demerger on 18 July 2022, GSK plc Ordinary shares were consolidated to maintain share price comparability before and after demerger. The consolidation was approved by GSK shareholders at a General Meeting held on 6 July 2022. Shareholders received 4 new Ordinary shares with a nominal value of 31¼ pence each for every 5 existing Ordinary shares which had a nominal value of 25 pence each. Earnings per share, diluted earnings per share, adjusted earnings per share and dividends per share were retrospectively adjusted to reflect the Share Consolidation in 2022.

	Ordinary shares of 25p each pre-share consolidation Ordinary shares of 31¼p each post-share consolidation		Share premium
	Number	£m	£m
Share capital issued and fully paid:			
At 1 January 2022	5,387,015,059	1,347	3,301
Impact of share consolidation	(1,077,403,011)	–	–
Issued under employee share schemes	1,731,293	–	25
Ordinary shares acquired by ESOP Trusts	–	–	114
At 31 December 2022	4,311,343,341	1,347	3,440
Issued under employee share schemes	802,642	1	9
Ordinary shares acquired by ESOP Trusts	–	–	2
At 31 December 2023	4,312,145,983	1,348	3,451
Issued under employee share schemes	2,157,751	–	20
Ordinary shares acquired by ESOP Trusts	–	–	2
At 31 December 2024	4,314,303,734	1,348	3,473

At 31 December 2024, of the issued share capital, 64,314,305 shares were held in the ESOP Trusts, out of which 63,666,947 shares were held for the future exercise of share awards and 647,358 shares were held for the Executive Supplemental Savings plan. 169,171,555 shares were held as Treasury shares and 4,080,818,273 shares were in free issue. All issued shares are fully paid and there are no shares authorised but not in issue. The nominal, carrying and market values of the shares held in the ESOP Trusts are disclosed in Note 45, 'Employee share schemes'.

38. Movements in equity

Retained earnings and other reserves amounted to £8,850 million at 31 December 2024 (2023: £8,548 million; 2022: £5,811 million) of which £452 million (2023: £451 million; 2022: £463 million) related to associates and joint ventures.

The cumulative translation exchange in equity is as follows:

	Net translation exchange included in:			
	Retained earnings £m	Fair value reserve £m	Non-controlling interests £m	Total translation exchange £m
At 1 January 2022	(803)	(9)	(181)	(993)
Exchange movements on overseas net assets and net investment hedges	109	4	(28)	85
Reclassification of exchange movements on liquidation or disposal of overseas subsidiaries and associates	2	–	–	2
Movement attributable to continuing operations	(692)	(5)	(209)	(906)
Movement attributable to discontinued operations[1]	263	–	112	375
At 31 December 2022	(429)	(5)	(97)	(531)
Exchange movements on overseas net assets and net investment hedges	(41)	19	(25)	(47)
Reclassification of exchange movements on liquidation or disposal of overseas subsidiaries and associates	(34)	–	–	(34)
At 31 December 2023	(504)	14	(122)	(612)
Exchange movements on overseas net assets and net investment hedges	(380)	(12)	(4)	(396)
Reclassification of exchange movements on liquidation or disposal of overseas subsidiaries and associates	(87)	–	–	(87)
At 31 December 2024	(971)	2	(126)	(1,095)

(1) Includes £554 million reclassification to the consolidated income statement of net exchange gains related to the demerger of the Consumer Healthcare business.

Notes to the financial statements continued

38. Movements in equity continued

The analysis of other comprehensive income by equity category is as follows:

2024	Retained earnings £m	Other reserves £m	Non-controlling interests £m	Total £m
Items that may be subsequently reclassified to income statement:				
Exchange movements on overseas net assets and net investment hedges	(380)	(12)	–	(392)
Reclassification of exchange movements on liquidation or disposal of subsidiaries and associates	(87)	–	–	(87)
Fair value movements on cash flow hedges	–	–	–	–
Deferred tax on fair value movements on cash flow hedges	–	1	–	1
Cost of hedging	–	(4)	–	(4)
Reclassification of cash flow hedges to income statement	–	4	–	4
Items that will not be reclassified to income statement:				
Exchange movements on overseas net assets of non-controlling interests	–	–	(4)	(4)
Fair value movements on equity investments	–	(100)	–	(100)
Tax on fair value movements on equity investments	–	17	–	17
Remeasurement on defined benefit plans	506	–	–	506
Tax on remeasurement defined benefit plans	(122)	–	–	(122)
Fair value movements on cash flow hedges	–	8	–	8
Total other comprehensive (expense)/income for the year	(83)	(86)	(4)	(173)

2023	Retained earnings £m	Other reserves £m	Non-controlling interests £m	Total £m
Items that may be subsequently reclassified to income statement:				
Exchange movements on overseas net assets and net investment hedges	(41)	19	–	(22)
Reclassification of exchange movements on liquidation or disposal of subsidiaries and associates	(34)	–	–	(34)
Fair value movements on cash flow hedges	–	(1)	–	(1)
Deferred tax on fair value movements on cash flow hedges	–	1	–	1
Reclassification of cash flow hedges to income statement	–	4	–	4
Items that will not be reclassified to income statement:				
Exchange movements on overseas net assets of non-controlling interests	–	–	(25)	(25)
Fair value movements on equity investments	–	(244)	–	(244)
Tax on fair value movements on equity investments	–	14	–	14
Remeasurement on defined benefit plans	71	–	–	71
Tax on remeasurement defined benefit plans	(41)	–	–	(41)
Fair value movements on cash flow hedges	–	(40)	–	(40)
Total other comprehensive (expense)/income for the year	(45)	(247)	(25)	(317)

2022	Retained earnings £m	Other reserves £m	Non-controlling interests £m	Total £m
Items that may be subsequently reclassified to income statement:				
Exchange movements on overseas net assets and net investment hedges	109	4	–	113
Reclassification of exchange movements on liquidation or disposal of subsidiaries and associates	2	–	–	2
Fair value movements on cash flow hedges	–	(18)	–	(18)
Deferred tax on fair value movements on cash flow hedges	–	9	–	9
Reclassification of cash flow hedges to income statement	–	14	–	14
Items that will not be reclassified to income statement:	–	–	–	–
Exchange movements on overseas net assets of non-controlling interests	–	–	(28)	(28)
Fair value movements on equity investments	–	(754)	–	(754)
Tax on fair value movements on equity investments	–	56	–	56
Remeasurement on defined benefit plans	(786)	–	–	(786)
Tax on remeasurement defined benefit plans	211	–	–	211
Fair value movements on cash flow hedges	–	(6)	–	(6)
Other comprehensive (expense)/income for the year from continuing operations	(464)	(695)	(28)	(1,187)
Other comprehensive (expense)/income for the year from discontinued operations	375	(19)	–	356
Total other comprehensive (expense)/income for the year	(89)	(714)	(28)	(831)

Notes to the financial statements continued

38. Movements in equity continued

Information on net investment hedges is provided in part (d) of Note 44 'Financial instruments and related disclosures'.

The analysis of other reserves is as follows:

	ESOP Trust shares £m	Fair value reserve £m	Cash flow hedge reserve £m	Other reserves £m	Total £m
At 1 January 2022	(28)	383	(21)	2,129	2,463
Exchange adjustments	(36)	28	12	–	4
Transferred to retained earnings in the year on disposal of equity investments	–	(21)	17	–	(4)
Balances derecognised on demerger	–	–	(169)	–	(169)
Net fair value movement in the year (including tax)	–	(698)	141	–	(557)
Ordinary shares acquired by ESOP Trusts	(1,200)	–	–	–	(1,200)
Write-down of shares held by ESOP Trusts	911	–	–	–	911
At 31 December 2022	(353)	(308)	(20)	2,129	1,448
Exchange adjustment	26	(5)	(2)	–	19
Transferred to Retained earnings in the year on disposals of equity investments	–	33	–	–	33
Reclassification of cash flow hedges to income statement	–	–	4	–	4
Hedging gain/loss transferred to non-financial assets	–	–	36	–	36
Net fair value movement in the year (including tax)	–	(230)	(40)	–	(270)
Ordinary shares acquired by ESOP Trusts	(285)	–	–	–	(285)
Write-down of shares held by ESOP Trusts	324	–	–	–	324
At 31 December 2023	(288)	(510)	(22)	2,129	1,309
Exchange adjustments	(12)	–	–	–	(12)
Transferred to retained earnings in the year on disposal of equity investments	–	(66)	–	–	(66)
Reclassification of cash flow hedges to income statement	–	–	4	–	4
Hedging gain/(loss) transferred to non-financial assets	–	–	(6)	–	(6)
Cost of hedging	–	–	(4)	–	(4)
Net fair value movement in the year (including tax)	–	(83)	9	–	(74)
Ordinary shares acquired by ESOP Trusts	(459)	–	–	–	(459)
Write-down of shares held by ESOP Trusts	362	–	–	–	362
At 31 December 2024	(397)	(659)	(19)	2,129	1,054

Other reserves include various non-distributable merger and pre-merger reserves amounting to £1,849 million at 31 December 2024 (2023: £1,849 million; 2022: £1,849 million). Other reserves also include the capital redemption reserve created as a result of the previous share buyback programme amounting to £280 million at 31 December 2024 (2023: £280 million; 2022: £280 million) which ceased in 2014.

Notes to the financial statements continued

39. Non-controlling interests

Total non-controlling interests includes the following individually material non-controlling interests. Other non-controlling interests are individually not material.

ViiV Healthcare

GSK holds 78.3% of the ViiV Healthcare sub-group, giving rise to a material non-controlling interest. Summarised financial information available at the latest practicable date in respect of the ViiV Healthcare sub-group is as follows:

	2024 £m	2023 £m	2022 £m
Turnover	7,023	6,308	5,619
Profit after taxation	1,619	2,034	1,528
Other comprehensive income/(expense)	7	(19)	94
Total comprehensive income	1,626	2,015	1,622

	2024 £m	2023 £m
Non-current assets	2,649	2,528
Current assets	3,479	3,330
Total assets	6,128	5,858
Current liabilities	(4,218)	(3,881)
Non-current liabilities	(8,566)	(8,453)
Total liabilities	(12,784)	(12,334)
Net liabilities	(6,656)	(6,476)

	2024 £m	2023 £m	2022 £m
Net cash inflow from operating activities	2,554	2,192	3,442
Net cash outflow from investing activities	(106)	(2)	(174)
Net cash outflow from financing activities	(2,518)	(2,463)	(2,718)
Increase/(decrease) in cash and bank overdrafts in the year	(70)	(273)	550

The above financial information relates to the ViiV Healthcare group on a stand-alone basis, before the impact of Group-related adjustments, primarily related to the recognition of preferential dividends. The profit after taxation of £1,619 million (2023: £2,034 million; 2022: £1,528 million) is stated after charging preferential dividends payable to GSK and Pfizer and after a charge of £1,377 million (2023: £858 million; 2022: £1,483 million) for remeasurement of contingent consideration payable. This consideration is expected to be paid over a number of years.

The following amounts attributable to the ViiV Healthcare group are included in GSK's financial statements:

	2024 £m	2023 £m	2022 £m
Share of profit for the year attributable to non-controlling interest	357	373	415
Dividends paid to non-controlling interest	392	398	480
Non-controlling interest in the consolidated balance sheet	(683)	(648)	(611)

40. Related party transactions

At 31 December 2024, a loan of £0.8 million (2023: £0.8 million) to Index Ventures and a loan of £2.3 million (2023: £0.6 million) to Medicxi Ventures I LP remained due to GSK. Cash distributions were received from the investment in Medicxi Ventures I LP of £15.3 million (2023: Medicxi Ventures I LP of £10.7 million).

The Group had no other significant related party transactions which might reasonably be expected to influence decisions made by the users of these Financial Statements.

The aggregate compensation of the Directors and GLT is given in Note 9, 'Employee costs'.

Notes to the financial statements continued

41. Acquisitions and disposals

Details of the acquisition and disposal of significant subsidiaries, associates, joint ventures and other businesses are given below:

2024

On 9 January 2024, GSK announced it had entered into an agreement to acquire 100% of Aiolos Bio, Inc. (Aiolos), a clinical stage biopharmaceutical company focused on addressing the unmet treatment needs of patients with certain respiratory and inflammatory conditions, for a total cash consideration of US$1,004 million (£800 million) as adjusted for working capital acquired paid upon closing and up to US$400 million (£319 million) in certain success-based regulatory milestone payments. The estimated fair value of the contingent consideration payable was US$120 million (£96 million). In addition, GSK will also be responsible for success-based milestone payments as well as tiered royalties owed to Jiangsu Hengrui Pharmaceuticals Co., Ltd. (Hengrui). The acquisition completed on 14 February 2024.

During 2024, no sales arising from the Aiolos business were included in Group turnover and no revenue is expected until regulatory approval is received on the acquired asset.

GSK continues to support the ongoing development of the acquired asset and consequently this asset will be loss making until regulatory approval on this asset is received. The development of this asset has been integrated into the Group's existing R&D activities, so it is impracticable to quantify these development costs or the impact on Total profit after taxation for the period ended 31 December 2024.

Goodwill of £191 million has been recognised. The goodwill represents specific synergies available to GSK from the business combination. The goodwill has been allocated to the Group's R&D segment. None of the goodwill is expected to be deductible for tax purposes.

	Total £m
Net assets acquired:	
Intangible assets	886
Trade and other receivables	10
Cash and cash equivalents	23
Trade and other payables	(26)
Deferred tax liabilities	(188)
	705
Goodwill	191
Total consideration	896

On 6 June 2024, GSK announced that it had acquired Elsie Biotechnologies, a San Diego-based private biotechnology company dedicated to unlocking the full potential of oligonucleotide therapeutics, for a total consideration of up to US$51 million (approximately £40 million), including up to US$10 million (£8 million) in certain success-based development and regulatory milestone payments. The key assets and liabilities recognised at acquisition include goodwill of US$23 million (£19 million), intangible assets of US$35 million (£27 million) and a deferred tax liability of US$7 million (£6 million). The acquisition is accounted for as a business combination but is not considered a significant acquisition for the Group. This agreement is not subject to closing conditions and the acquisition has been completed.

Business disposals

GSK completed no material business disposals in 2024.

Associates and joint ventures

GSK completed no material investments or disposals of associates or joint ventures during the year.

Cash flows

	Business acquisitions £m	Business disposals £m
Cash consideration paid	(773)	–
Net deferred consideration paid	(57)	(18)
Transaction costs	(5)	–
Cash and cash equivalents acquired	25	–
Cash outflow	(810)	(18)

Notes to the financial statements continued

41. Acquisitions and disposals continued

2023

Business acquisitions

On 28 June 2023, GSK completed the acquisition of BELLUS Health Inc. (“Bellus") which was effected through a Plan of Arrangement (the “Arrangement”) pursuant to the Canada Business Corporations Act. The Arrangement was approved by Bellus’ shareholders on 16 June 2023. Upon completion, GSK acquired all outstanding common shares of Bellus for US$14.75 per common share in cash, representing a total equity value of US$2 billion (£1.6 billion). The acquisition provides GSK access to camlipixant, a potential best-in-class and highly selective P2X3 antagonist currently in phase III development for the first-line treatment of adult patients with refractory chronic cough (RCC).

	Total £m
Net assets acquired:	
Intangible assets	1,438
Non-current equity investments	2
Right of use assets	1
Trade and other receivables	96
Investments held as current assets	51
Cash and cash equivalents	148
Lease liabilities	(1)
Trade and other payables	(103)
Deferred tax liabilities	(136)
	1,496
Non-controlling interest	–
Goodwill	109
Total consideration	1,605

In 2023, the provisional values of the identifiable assets and liabilities acquired in the Affinivax, Inc. business combination were updated for the finalisation of the fair value of intangible assets, resulting in an increase in intellectual property of £39 million, a decrease to goodwill of £31 million and a decrease to deferred tax of £8 million. The amounts recognised at 31 December 2022 have not been restated on the basis of materiality.

Business disposals

GSK completed no material business disposals in 2023.

Associates and joint ventures

GSK completed no material investments or disposals of associates or joint ventures during the year.

Cash flows

	Business acquisitions £m	Business disposals £m
Cash consideration (paid)/received	(1,605)	68
Net deferred consideration paid	–	(19)
Transaction costs	(17)	–
Cash and cash equivalents acquired/(divested)	148	–
Cash (outflow)/inflow	(1,474)	49

Notes to the financial statements continued

41. Acquisitions and disposals continued

2022

Business acquisitions

On 1 July 2022, GSK completed the acquisition of 100% of Sierra Oncology, Inc., a California-based, late-stage biopharmaceutical company focused on targeted therapies for the treatment of rare forms of cancer, for $1.9 billion (£1.6 billion). The main asset is momelotinib which targets the medical needs of myelofibrosis patients with anaemia. Total transaction costs were £52 million.

On 15 August 2022, GSK completed the acquisition of 100% of Affinivax, Inc. a clinical-stage biopharmaceutical company based in Cambridge, Boston, Massachusetts focused on pneumococcal vaccine candidates. The consideration for the acquisition comprised an upfront payment of $2.2 billion (£1.8 billion) as adjusted for working capital acquired paid upon closing and two potential milestone payments each of $0.6 billion (£0.5 billion) to be paid upon the achievement of certain paediatric clinical development milestones. The estimated fair value of the contingent consideration payable was £482 million. The values were provisional and were subject to change. The total transaction costs were £71 million.

During 2022, no sales arising from the Sierra Oncology or Affinivax businesses were included in Group turnover and no revenue is expected until regulatory approval is received on the acquired assets.

GSK continues to support the ongoing development of the acquired assets and consequently these assets will be loss making until regulatory approval on these assets is received. The development of these assets has been integrated into the Group's existing R&D activities, so it was impracticable to quantify these development costs or the impact on Total profit after taxation for the period ended 31 December 2022.

Goodwill of £1,127 million (£162 million for Sierra Oncology and £965 million for Affinivax), which is not expected to be deductible for tax purposes, has been recognised. The goodwill represents workforce in place, and specific synergies available to GSK from the business combinations. The goodwill has been allocated to the Group's Commercial Operations and R&D segments (refer to Note 19 'Goodwill' for allocation methodology).

	Sierra Oncology £m	Affinivax £m	Total £m
Net assets acquired			
Intangible assets	1,497	1,467	2,964
Property, plant and equipment	–	30	30
Right of use assets	1	52	53
Inventory	60	–	60
Trade and other receivables	2	17	19
Cash and cash equivalents	175	109	284
Lease liabilities	(1)	(55)	(56)
Trade and other payables	(40)	(77)	(117)
Taxation	(259)	(236)	(495)
	1,435	1,307	2,742
Goodwill	162	965	1,127
Total	1,597	2,272	3,869
Total cash	1,597	1,790	3,387
Fair value of contingent consideration	–	482	482

On 24 November 2022 GSK signed an agreement to buy out the 25% non-controlling interest in Glaxo Saudi Arabia Ltd for SAR94 million (£21 million), paid in 2023.

Notes to the financial statements continued

41. Acquisitions and disposals continued

Demerger of Consumer Healthcare business

On 18 July 2022, GSK plc separated its Consumer Healthcare business from the GSK Group to form Haleon plc, an independent listed company. The separation was effected by way of a demerger of 80.1% of GSK's 68% holding in the Consumer Healthcare business to GSK shareholders. Following the demerger, 54.5% of Haleon plc was held in aggregate by GSK shareholders, 6.0% was held by GSK (including shares received by GSK's consolidated ESOP trusts) and 7.5% was held by certain Scottish Limited Partnerships (SLPs) set up to provide collateral for a funding mechanism pursuant to which GSK will provide additional funding for GSK's UK defined benefit pension schemes (Note 31, 'Pensions and other post-employment benefits'). The aggregate ownership by GSK (including ownership by the ESOP trusts and SLPs) after the demerger of 13.5% was measured at fair value with changes through profit or loss. In 2022, Pfizer held 32% of Haleon plc after the demerger.

Under IFRIC 17 'Distributions of Non-cash Assets to Owners' a liability and an equity distribution are measured at the fair value of the assets to be distributed when the dividend is appropriately authorised and it is no longer at the entity's discretion. The liability and equity movement, and associated gain on distribution were recognised in Q3 2022 when the demerger distribution was authorised and occurred.

The asset distributed was the 54.5% ownership of the Consumer Healthcare business. The net carrying amount of the Consumer Healthcare business in the consolidated financial statements, including the retained 13.5% and net of the amount attributable to the non-controlling interest, was approximately £11 billion at the end of June. GSK's £6.3 billion share of the shareholder loans made in Q1 2022 in advance of the pre-separation dividends was eliminated in the consolidated financial statements. The assets distributed were reduced by Consumer Healthcare transactions up to 18 July that principally included pre-separation dividends declared and settled after the end of Q2 2022 and before 18 July 2022. Those dividends included: £10.4 billion (£7.1 billion attributable to GSK) of dividends funded by Consumer Healthcare debt that was partially on-lent during Q1 2022 and dividends of £0.6 billion (£0.4 billion attributable to GSK) from available cash balances.

The fair value of the 54.5% ownership of the Consumer Healthcare business distributed was £15.5 billion. This was measured by reference to the quoted average Haleon plc share price over the first five days of trading, this being a fair value measured with observable inputs which was considered to be representative of the fair value at the distribution date. A gain on distribution of this fair value less book value of the attributable net assets of the Consumer Healthcare business of £7.7 billion was recorded in the income statement in 2022. There was an additional gain of £2.4 billion to remeasure the retained 13.5% from its book value to fair value of £3.9 billion using the same fair value methodology as used for the distributed shares. The gain on distribution and on remeasurement of the retained stake upon demerger was presented as part of discontinued operations. Any future gains or losses on the retained stake in Haleon plc will be recognised in continuing operations. In addition, there was a reclassification of the Group's share of cumulative exchange differences arising on translation of the foreign currency net assets of the divested subsidiaries and offsetting net investment hedges from reserves into the income statement of £0.6 billion. The total gain on demerger of Consumer Healthcare was £10.1 billion. These transactions were presented in profit from discontinued operations in 2022.

	2022 £m
Fair value of the Consumer Healthcare business distributed (54.5%)	15,526
Fair value of the retained ownership in Haleon plc (13.5%)	3,853
Total fair value	19,379
Carrying amount of the net assets and liabilities distributed/de-recognised	(12,887)
Carrying amount of the non-controlling interest de-recognised	3,038
Gain on demerger before exchange movements and transaction costs	9,530
Reclassification of exchange movements and net investment hedge movements on disposal of overseas subsidiaries	554
Total gain on the demerger of Consumer Healthcare	10,084

Consumer Healthcare was presented as a discontinued operation as at 30 June 2022 and disclosed as such in the interim financial statements. The Consolidated Income Statement and Consolidated Cash Flow Statement distinguish discontinued operations from continuing operations. Financial information relating to the operations of Consumer Healthcare for the period is set out on the following page and includes financial information until 18 July 2022.

This financial information differs both in purpose and basis of preparation from the Historical Financial Information and the Interim Financial Information included in the Haleon prospectus and from that which was published by Haleon plc on 2 March 2023. As a result, whilst the two sets of financial information are similar, they are not the same because of certain differences in accounting and disclosure under IFRS.

Notes to the financial statements continued

41. Acquisitions and disposals continued

Total results	2022 £m
Turnover	5,581
Expense	(4,730)
Profit before tax	851
Taxation	(235)
Tax rate %	27.6%
(Loss)/profit after taxation from discontinued operations: Consumer Healthcare	616
Other gains/(losses) on demerger	2,433
Remeasurement of discontinued operations distributed to shareholders on demerger	7,651
Profit after taxation on demerger of discontinued operations	10,700
Non-controlling interest in discontinued operations	205
Earnings attributable to shareholders from discontinued operations	10,495
Earnings per share from discontinued operations	260.6p

Other business disposals

There were no other material business disposals in 2022.

Cash flows	Business acquisitions £m	Business disposals - demerger £m	Business disposals - other £m
Cash consideration	(3,392)	–	–
Net deferred consideration paid	–	–	(34)
Cash and cash equivalents (divested)/acquired	284	(933)	(9)
	(3,108)	(933)	(43)
Transaction costs paid	(79)	(141)	–
Cash (outflow)/inflow	(3,187)	(1,074)	(43)

Cash consideration for business acquisitions included £5 million related to other business acquisition activity.

Notes to the financial statements continued

42. Adjustments reconciling Total profit after tax to operating cash flows

	2024 £m	2023 £m	2022 £m
Total profit after tax from continuing operations	2,951	5,308	4,921
Tax on profits	526	756	707
Share of after-tax (profits)/losses of associates and joint ventures	3	5	2
Finance expense net of finance income	547	677	803
Depreciation	1,097	1,082	1,061
Amortisation of intangible assets	1,454	1,212	1,086
Impairment and assets written off	408	467	481
(Profit)/loss on sale of businesses	11	–	(36)
Profit on sale of intangible assets	(170)	(12)	(185)
Profit on sale of investments in associates	(6)	(1)	–
Profit on sale of equity investments	(10)	–	(1)
Changes in working capital:			
Decrease/(increase) in inventories	(294)	(424)	(269)
Decrease/(increase) in trade receivables	298	(794)	(158)
Increase/(decrease) in trade payables	(179)	(15)	494
Decrease/(increase) in other receivables	42	145	(458)
Contingent consideration paid (see Note 33)	(1,235)	(1,134)	(1,058)
Other non-cash increase in contingent consideration liabilities	1,834	492	1,628
Increase/(decrease) in other payables	(610)	689	(5)
Increase/(decrease) in pension and other provisions	999	(457)	(962)
Share-based incentive plans	344	307	346
Fair value adjustments	(39)	(107)	(283)
Other	(110)	(100)	(170)
Operating cash flow from continuing operations	7,861	8,096	7,944
Operating cash flow from discontinued operations	–	–	932
Total cash generated from operations	7,861	8,096	8,876

Notes to the financial statements continued

43. Reconciliation of net cash flow to movement in net debt

	2024 £m	2023 £m	2022 £m
Net debt, at beginning of year, as adjusted	(15,040)	(17,197)	(19,838)
Increase/(decrease) in cash and bank overdrafts	599	(468)	(7,597)
Decrease in liquid investments	(21)	(72)	(1)
Repayment of long-term loans[1]	1,615	2,260	6,668
Issue of long-term notes	(1,075)	(223)	(1,025)
Net decrease/(increase) in short-term loans	811	333	(1,021)
Increase in other short-term loans[2]	(266)	–	–
Repayment of other short-term loans[2]	81	–	–
Repayment of lease liabilities	226	197	202
Net investments/(debt) of subsidiary undertakings acquired	–	50	(24)
Exchange adjustments	117	554	(1,531)
Other non-cash movements	(142)	(474)	(207)
Decrease/(increase) in net debt from continuing operations	1,945	2,157	(4,536)
Decrease/(increase) in net debt from discontinued operations	–	–	7,177
Total net debt at end of year	(13,095)	(15,040)	(17,197)

(1) Repayment of long-term loans for 2024 of £1,615 million (2023: £2,260 million; 2022: £6,668 million) includes the current portion of long-term borrowings of £1,615 million (2023: £2,116 million; 2022: £5,074 million) which was classified as short-term borrowing on the balance sheet and previously presented as repayment of short-term loans

(2) Other short-term loans include bank loans presented within short-term borrowings on the balance sheet, with an initial maturity of greater than three months.

Analysis of changes in net debt	At 1 January 2024 £m	Exchange £m	Other £m	Interest expense £m	Change in fair value £m	Reclass-ifications £m	Cash flow £m	At 31 December 2024 £m
Liquid investments	42	–	–	–	–	–	(21)	21
Cash and cash equivalents	2,936	(54)	–	–	–	–	988	3,870
Overdrafts	(78)	–	–	–	–	–	(389)	(467)
	2,858	(54)	–	–	–	–	599	3,403
Debt due within one year:								
Commercial paper	(815)	4	–	–	–	–	811	–
European/US MTN & Bank facilities	(1,651)	51	(20)	–	–	(1,414)	1,615	(1,419)
Lease liabilities	(156)	5	6	–	–	(249)	226	(168)
Other	(113)	(11)	14	–	–	–	(185)	(295)
	(2,735)	49	–	–	–	(1,663)	2,467	(1,882)
Debt due after one year:								
European/US MTN & Bank facilities	(14,154)	127	–	(15)	–	1,414	(1,075)	(13,703)
Lease liabilities	(1,051)	5	(137)	–	–	249	–	(934)
	(15,205)	132	(137)	(15)	–	1,663	(1,075)	(14,637)
Net debt	(15,040)	127	(137)	(15)	–	–	1,970	(13,095)
Interest payable	(162)	–	(30)	(602)	–	–	632	(162)
Derivative financial instruments	16	–	–	–	31	–	(129)	(82)
Total liabilities from financing activities*	(18,086)	181	(167)	(617)	31	–	1,895	(16,763)

* Excluding cash and cash equivalents, overdrafts and liquid investments.

Notes to the financial statements continued

43. Reconciliation of net cash flow to movement in net debt continued

Analysis of changes in net debt	At 1 January 2023 £m	Exchange £m	Other £m	Interest expense £m	Change in fair value £m	Reclass-ifications £m	Cash flow £m	At 31 December 2023 £m
Liquid investments	67	(4)	51				(72)	42
Cash and cash equivalents	3,723	(105)	–	–	–	–	(682)	2,936
Overdrafts	(298)	6	–	–	–	–	214	(78)
	3,425	(99)	–	–	–	–	(468)	2,858
Debt due within one year:								
Commercial paper	(1,191)	56	–	–	–	–	320	(815)
European/US MTN & Bank facilities	(2,146)	48	–	–	–	(1,669)	2,116	(1,651)
Lease liabilities	(167)	12	(3)	–	–	(195)	197	(156)
Other	(150)	21	3	–	–	–	13	(113)
	(3,654)	137	–	–	–	(1,864)	2,646	(2,735)
Debt due after one year:								
European/US MTN & Bank facilities	(16,194)	469	–	(19)	–	1,669	(79)	(14,154)
Lease liabilities	(841)	42	(447)	–	–	195	–	(1,051)
	(17,035)	511	(447)	(19)	–	1,864	(79)	(15,205)
Net debt	(17,197)	545	(396)	(19)	–	–	2,027	(15,040)
Interest payable	(207)	1	(29)	(693)	–	–	766	(162)
Derivative financial instruments	8	–	–	–	343	–	(335)	16
Total liabilities from financing activities*	(20,888)	649	(476)	(712)	343	–	2,998	(18,086)

* Excluding cash and cash equivalents, overdrafts and liquid investments.

For further information on significant changes in net debt see Note 30, ‘Net debt’.

Notes to the financial statements continued

44. Financial instruments and related disclosures

The objective of GSK's Treasury activities is to minimise the net cost of financial operations and reduce its volatility to benefit earnings and cash flows. GSK uses a variety of financial instruments to finance its operations and derivative financial instruments to manage market risks from these operations. Derivatives principally comprise foreign exchange forward contracts and swaps which are used to swap borrowings and liquid assets into currencies required for Group purposes as well as interest rate swaps which are used to manage exposure to financial risks from changes in interest rates. These financial instruments reduce the uncertainty of foreign currency transactions and interest payments.

Derivatives are used exclusively for hedging purposes in relation to underlying business activities and not as trading or speculative instruments.

Capital management

GSK's financial strategy supports the Group's strategic priorities and is regularly reviewed by the Board. GSK manages the capital structure of the Group through an appropriate mix of debt and equity.

The capital structure of the Group consists of net debt of £13 billion (2023: £15 billion) (see Note 30, 'Net debt') and total equity, including items related to non-controlling interests, of £13 billion (2023: £13 billion) (see 'Consolidated statement of changes in equity' on page 184). Total capital, including that provided by non-controlling interests, is £26 billion (2023: £28 billion).

The Group continues to manage its financial policies to a credit profile that particularly targets ratings of at least A2/A (Moody's/ S&P), through the cycle. The Group's long-term credit rating with Standard & Poor's is A (stable outlook) and with Moody's Investor Services is A2 (stable outlook). The Group's short-term credit ratings are A-1 and P-1 with Standard & Poor's and Moody's respectively.

Liquidity risk management

GSK's policy is to borrow centrally in order to meet anticipated funding requirements. The strategy is to diversify liquidity sources using a range of facilities and to maintain broad access to financial markets. Each day, GSK sweeps cash to or from a number of global subsidiaries and central Treasury accounts for liquidity management purposes. GSK utilises both physical and notional cash pool arrangements as appropriate by location and currency. For notional cash pools, liquidity is drawn against foreign currency balances to provide both local funding and central liquidity as required and with balances actively managed and maintained to appropriate levels. As balances in notional pooling arrangements are not settled across currencies, gross cash and overdraft balances are reported.

At 31 December 2024, GSK had £2.3 billion (2023: £2.8 billion) of borrowings repayable within one year and held £3.9 billion (2023: £3.0 billion) of cash and cash equivalents and liquid investments of which £3.1 billion (2023: £2.2 billion) was held centrally.

GSK has access to short-term finance under a $10 billion (£8 billion) US commercial paper programme. There was no US commercial paper in issue at 31 December 2024 (2023: $850 million (£667 million)). Maximum drawdowns under the US Commercial Paper programme during the year were $1,315 million (£1,048 million) (2023: $3,262 million (£2,579 million)). GSK has access to short-term finance under a £5 billion Euro commercial paper programme. There was no Euro Commercial paper in issue at 31 December 2024 (2023: €170 million (£148 million)). Maximum drawdowns under the Euro Commerical Paper programme during the year were €170 million (£145 million) (2023: €927 million (£800 million)).

GSK has £1.6 billion of three-year and $2.2 billion (£1.8 billion) of 364 day committed facilities. These committed facilities were undrawn at 31 December 2024. GSK considers this level of committed facilities to be adequate, given current liquidity requirements.

GSK has a £20 billion Euro Medium Term Note programme and at 31 December 2024, £9.2 billion of notes were in issue under this programme. The Group also had $7.5 billion (£5.9 billion) of notes in issue at 31 December 2024 under a US shelf registration. GSK's borrowings mature at dates between 2025 and 2045.

The put option owned by Pfizer in ViiV Healthcare is exercisable. In reviewing liquidity requirements GSK considers that sufficient financing options are available should the put option be exercised.

Market risk

Interest rate risk management

GSK's objective is to minimise the effective net interest cost and to balance the mix of debt at fixed and floating rates over time.

The Group's main interest rate risk arises from borrowings and investments with floating rates and refinancing of maturing fixed rate debt where any changes in interest rates will affect future cash flows or the fair values of financial instruments. The policy on interest rate risk management limits the net amount of floating rate debt to a specific cap, reviewed and agreed no less than annually by the Board.

The majority of debt is issued at fixed interest rates and changes in the floating rates of interest do not significantly affect the Group's net interest charge. Short-term borrowings including bank facilities are exposed to the risk of future changes in market interest rates as are the majority of cash and liquid investments.

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

Foreign exchange risk management

The Group's objective is to minimise the exposure of overseas operating subsidiaries to transaction risk by matching local currency income with local currency costs where possible. Foreign currency transaction exposures arising on external and internal trade flows are selectively hedged. GSK's internal trading transactions are matched centrally and inter-company payment terms are managed to reduce foreign currency risk. Where possible, GSK manages the cash surpluses or borrowing requirements of subsidiary companies centrally using forward contracts to hedge future repayments back into the originating currency.

In order to reduce foreign currency translation exposure, the Group seeks to denominate borrowings in the currencies of our principal assets and cash flows. These are primarily denominated in US Dollars, Euros and Sterling. Borrowings can be swapped into other currencies as required.

Borrowings denominated in, or swapped into, foreign currencies that match investments in overseas Group assets may be treated as a hedge against the relevant assets. Forward contracts in major currencies are also used to reduce exposure to the Group's investment in overseas assets (see 'Net investment hedges' section of this note for further details).

Credit risk

Credit risk is the risk that a counterparty will default on its contractual obligations resulting in financial loss to the Group and arises on cash and cash equivalents and favourable derivative financial instruments held with banks and financial institutions as well as credit exposures to wholesale and retail customers, including outstanding receivables.

The Group considers its maximum credit risk at 31 December 2024 to be £9,986 million (31 December 2023: £9,528 million) which is the total of the Group's financial assets with the exception of 'Other investments' (comprising equity investments) which bear equity risk rather than credit risk. See page 249 for details on the Group's total financial assets. At 31 December 2024, GSK's greatest concentration of credit risk was £1.1 billion with a wholesaler in the US (2023: £1.2 billion with a wholesaler in the US). See page 247 for further information on the Group's credit risk exposure in respect of the three largest US wholesaler customers.

There has been no change in the estimation techniques or significant assumptions made during the current and prior reporting periods in assessing the loss allowance for financial assets at amortised cost or at FVTOCI.

Treasury-related credit risk

GSK sets global counterparty limits for each of GSK's banking and investment counterparties based on long-term credit ratings from Moody's and Standard & Poor's. Usage of these limits is actively monitored.

GSK actively manages its exposure to credit risk, reducing surplus cash balances wherever possible. This is part of GSK's strategy to regionalise cash management and to concentrate cash centrally as much as possible. The table below sets out the credit exposure to counterparties by rating for liquid investments, cash and cash equivalents and derivatives.

The gross asset position on each derivative contract is considered for the purpose of this table, although, under ISDA agreements, the amount at risk is the net position with each counterparty. Table (e) on page 257 sets out the Group's financial assets and liabilities on an offset basis.

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

At 31 December 2024, £24 million (2023: £44 million) of cash is categorised as held with unrated or sub-investment grade rated counterparties (lower than BBB-/Baa3). This exposure is concentrated in overseas banks used for local cash management or investment purposes, including: £14 million with Halk Bank in the UK; £5 million in Honduras held with Banco de America Central and Banco de Honduras; £1 million in Ecuador held with Banco De La Produccion; and £1 million in Brazil held with Banco Bradesco, Itau Unibanco, Banco Do Brasil and Caixa Ecomonica Federal. Of the £80 million (2023: £55 million) of bank balances and deposits held with BBB/Baa rated counterparties, £41 million was held with BBB-/Baa3 rated counterparties, including balances or deposits of £33 million with Banca Popolare Di Sondrio in the UK; £5 million with OTP Bank in Russia; £2 million with State Bank of India in India and £1 million with Banco De Credito Del Peru in Peru. These banks are used for local investment purposes.

GSK measures expected credit losses over cash and cash equivalents as a function of individual counterparty credit ratings and associated 12 month default rates. Expected credit losses over cash and cash equivalents and third-party financial derivatives are deemed to be immaterial and no such loss has been experienced during 2024.

Credit ratings are assigned by Standard & Poor's and Moody's respectively. Where the opinions of the two rating agencies differ, GSK assigns the lower rating of the two to the counterparty. Where local rating agency or Fitch data is the only source available, the ratings are converted to global ratings equivalent to those of Standard & Poor's or Moody's using published conversion tables. These credit ratings form the basis of the assessment of the expected credit loss on Treasury-related balances held at amortised cost being bank balances and deposits and Government securities.

2024	AAA/Aaa £m	AA/Aa £m	A/A £m	BBB/Baa £m	BB+/Ba1 and below /unrated £m	Total £m
Bank balances and deposits	–	36	2,450	80	24	2,590
US Treasury and Treasury repo only money market funds	300	–	–	–	–	300
Liquidity funds	980	–	–	–	–	980
Government securities	–	21	–	–	–	21
Third-party financial derivatives	–	–	110	–	–	110
Total	1,280	57	2,560	80	24	4,001

2023	AAA/Aaa £m	AA/Aa £m	A/A £m	BBB/Baa £m	BB+/Ba1 and below /unrated £m	Total £m
Bank balances and deposits	–	28	1,815	55	44	1,942
US Treasury and Treasury repo only money market funds	155	–	–	–	–	155
Liquidity funds	839	–	–	–	–	839
Government securities	–	42	–	–	–	42
Third-party financial derivatives	–	–	130	–	–	130
Total	994	70	1,945	55	44	3,108

GSK's centrally managed cash reserves amounted to £3.1 billion (2023: £2.2 billion) at 31 December 2024, all available within three months. This includes £1.9 billion (2023: £2.0 billion) of cash managed by the Group for ViiV Healthcare, a 78.3% (2023: 78.3%) owned subsidiary. The Group has invested centrally managed liquid assets in bank deposits, Aaa/AAA rated US Treasury and Treasury repo only money market funds and Aaa/AAA rated liquidity funds.

Wholesale and retail credit risk

Outside the US, no customer accounts for more than 5% of the Group's trade receivables balance.

In the US, in line with other pharmaceutical companies, the Group sells its products through a small number of wholesalers in addition to hospitals, pharmacies, physicians and other groups. Sales to the three largest wholesalers amounted to approximately 77% (2023: 79%) of the sales of the US Commercial Operations business in 2024.

At 31 December 2024, the Group had trade receivables due from these three wholesalers totalling £2,766 million or 50% of total trade receivables (2023: £3,319 million or 56%). The Group is exposed to a concentration of credit risk in respect of these wholesalers such that, if one or more of them encounters financial difficulty, it could materially and adversely affect the Group's financial results.

This concentration of trade receivables is reflective of standard market practice in the US pharmaceuticals sector where a significant portion of sales are made to these three wholesalers, as disclosed in Note 6 'Turnover and segment information'. GSK's assessment is that there is limited credit risk associated with these customers.

The Group's credit risk monitoring activities relating to these wholesalers include a review of their quarterly financial information and Standard & Poor's credit ratings, development of GSK internal risk ratings, and establishment and periodic review of credit limits.

All new customers are subject to a credit vetting process and existing customers will be subject to a review at least annually. The vetting process and subsequent reviews involve obtaining information including the customer's status as a government or private sector entity, audited financial statements, credit bureau reports, debt rating agency (e.g. Moody's, Standard & Poor's) reports, payment performance history (from trade references, industry credit groups) and bank references.

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

Trade receivables consist of amounts due from a large number of customers, spread across diverse industries and geographical areas. Ongoing credit evaluation is performed on the financial condition of accounts receivable and, where appropriate, credit insurance is purchased or factoring arrangements put in place.

The amount of information obtained is proportional to the level of exposure being considered. The information is evaluated quantitatively (i.e. credit score) and qualitatively (i.e. judgement) in conjunction with the customer's credit requirements to determine a credit limit.

Trade receivables are grouped into customer segments that have similar loss patterns to assess credit risk while other receivables and other financial assets are assessed individually. Historical and forward-looking information is considered to determine the appropriate expected credit loss allowance.

The Group believes there is no further credit risk provision required in excess of the allowance for expected credit losses (see Note 26, 'Trade and other receivables').

Credit enhancements

The Group uses credit enhancements including factoring, letters of credit and credit insurance to minimise the credit risk of the trade receivables in the Group. At 31 December 2024, £307 million (2023: £421 million) of trade receivables were insured in order to protect the receivables from loss due to credit risks such as default, insolvency and bankruptcy.

Each Group entity assesses the credit risk of its private customers to determine if credit insurance is required.

Factoring arrangements are managed locally by entities and are used to mitigate risk arising from large credit risk concentrations. All factoring arrangements are non-recourse.

Fair value of financial assets and liabilities excluding lease liabilities

The table on page 249 presents the carrying amounts and the fair values of the Group's financial assets and liabilities excluding lease liabilities at 31 December 2024 and 31 December 2023.

The fair values of the financial assets and liabilities are included at the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The following methods and assumptions are used to measure the fair values of significant financial instruments carried at fair value on the balance sheet:

- Other investments – equity investments traded in an active market determined by reference to the relevant stock exchange quoted bid price; other equity investments determined by reference to the current market value of similar instruments, recent financing rounds or the discounted cash flows of the underlying net assets
- Trade receivables carried at fair value – based on invoiced amount
- Interest rate swaps, foreign exchange forward contracts, swaps and options – based on the present value of contractual cash flows or option valuation models using market sourced data (for example exchange rates or interest rates) at the balance sheet date
- Cash equivalents carried at fair value – based on net asset value of the funds
- Contingent consideration for business acquisitions and divestments – based on present values of expected future cash flows.

The following methods and assumptions are used to estimate the fair values of significant financial instruments which are not measured at fair value on the balance sheet:

- Receivables and payables, including put options, carried at amortised cost – approximates to the carrying amount
- Liquid investments – approximates to the carrying amount
- Cash and cash equivalents carried at amortised cost – approximates to the carrying amount
- Long-term loans – based on quoted market prices (a level 1 fair value measurement) in the case of European and US Medium Term Notes; approximates to the carrying amount in the case of other fixed rate borrowings and floating rate bank loans
- Short-term loans, overdrafts and commercial paper – approximates to the carrying amount because of the short maturity of these instruments.

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

	Notes	2024 Carrying amount £m	2024 Fair value £m	2023 Carrying amount £m	2023 Fair value £m
Financial assets measured at amortised cost:					
Other non-current assets	b	5	5	9	9
Trade and other receivables	b	3,733	3,733	3,829	3,829
Liquid investments		21	21	42	42
Cash and cash equivalents		2,590	2,590	1,942	1,942
Financial assets measured at fair value through other comprehensive income (FVTOCI):					
Other investments designated at FVTOCI	a	843	843	931	931
Trade and other receivables	a,b	2,163	2,163	2,541	2,541
Financial assets mandatorily measured at fair value through profit or loss (FVTPL):					
Current equity investments and other investments	a	257	257	2,410	2,410
Other non-current assets	a,b	31	31	18	18
Trade and other receivables	a,b	53	53	23	23
Held for trading derivatives that are not in a designated and effective hedging relationship	a,d,e	75	75	98	98
Cash and cash equivalents	a	1,280	1,280	994	994
Derivatives designated and effective as hedging instruments (fair value movements through other comprehensive income)	a,d,e	35	35	32	32
Total financial assets		11,086	11,086	12,869	12,869
Financial liabilities measured at amortised cost:					
Borrowings excluding obligations under lease liabilities:					
– bonds in a designated hedging relationship	d	(5,346)	(5,278)	(5,348)	(5,233)
– other bonds		(9,774)	(9,597)	(10,456)	(10,762)
– bank loans and overdrafts		(762)	(762)	(191)	(191)
– commercial paper in a designated hedging relationship		–	–	(148)	(148)
– other commercial paper		–	–	(667)	(667)
– other borrowings		(2)	(2)	(1)	(1)
Total borrowings excluding lease liabilities	f	(15,884)	(15,639)	(16,811)	(17,002)
Trade and other payables	c	(13,160)	(13,160)	(13,383)	(13,383)
Other provisions	c	(182)	(182)	(199)	(199)
Other non-current liabilities	c	(46)	(46)	(54)	(54)
Financial liabilities mandatorily measured at fair value through profit or loss (FVTPL):					
Contingent consideration liabilities	a,c	(7,280)	(7,280)	(6,662)	(6,662)
Held for trading derivatives that are not in a designated and effective hedging relationship	a,d,e	(35)	(35)	(78)	(78)
Derivatives designated and effective as hedging instruments (fair value movements through other comprehensive income)	a,d,e	(157)	(157)	(36)	(36)
Total financial liabilities excluding lease liabilities		(36,744)	(36,499)	(37,223)	(37,414)
Net financial assets and financial liabilities excluding lease liabilities		(25,658)	(25,413)	(24,354)	(24,545)

The valuation methodology used to measure fair value in the above table is described and categorised on page 248.

Trade and other receivables, Other non-current assets, Trade and other payables, Other provisions, Contingent consideration liabilities and Other non-current liabilities are reconciled to the relevant Notes on pages 251 to 252.

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

Fair value of investments in GSK shares

At 31 December 2024, the Employee Share Ownership Plan (ESOP) Trusts held GSK shares with a carrying amount of £397 million (2023: £288 million) and a market value of £866 million (2023: £853 million) based on quoted market price. The shares are held by the ESOP Trusts to satisfy future exercises of options and awards under employee incentive schemes. In 2024, the carrying amount, which is the lower of cost or expected proceeds, of these shares has been recognised as a deduction from other reserves. At 31 December 2024, GSK held Treasury shares at a cost of £2,958 million (2023: £3,447 million) which has been deducted from retained earnings.

(a) Financial instruments held at fair value

The following tables categorise the Group's financial assets and liabilities held at fair value by the valuation methodology applied in determining their fair value. Where possible, quoted prices in active markets are used (Level 1). Where such prices are not available, the asset or liability is classified as Level 2, provided all significant inputs to the valuation model used are based on observable market data. If one or more of the significant inputs to the valuation model is not based on observable market data, the instrument is classified as Level 3. Other investments classified as Level 3 in the tables below comprise equity investments in unlisted entities with which the Group has entered into research collaborations and investments which provide access to biotechnology developments of potential interest.

At 31 December 2024	Level 1 £m	Level 2 £m	Level 3 £m	Total £m
Financial assets at fair value				
Financial assets measured at fair value through other comprehensive income (FVTOCI):				
Other investments designated at FVTOCI	646	–	197	843
Trade and other receivables	–	2,163	–	2,163
Financial assets mandatorily measured at fair value through profit or loss (FVTPL):				
Current equity investments and other investments	–	–	257	257
Other non-current assets	–	–	31	31
Trade and other receivables	–	51	2	53
Held for trading derivatives that are not in a designated and effective hedging relationship	–	75	–	75
Cash and cash equivalents	1,280	–	–	1,280
Derivatives designated and effective as hedging instruments (fair value movements through OCI)	–	35	–	35
	1,926	2,324	487	4,737
Financial liabilities at fair value				
Financial liabilities mandatorily measured at fair value through profit or loss (FVTPL):				
Contingent consideration liabilities	–	–	(7,280)	(7,280)
Held for trading derivatives that are not in a designated and effective hedging relationship	–	(35)	–	(35)
Derivatives designated and effective as hedging instruments (fair value movements through OCI)	–	(157)	–	(157)
	–	(192)	(7,280)	(7,472)

At 31 December 2023	Level 1 £m	Level 2 £m	Level 3 £m	Total £m
Financial assets at fair value				
Financial assets measured at fair value through other comprehensive income (FVTOCI):				
Other investments designated at FVTOCI	741	–	190	931
Trade and other receivables	–	2,541	–	2,541
Financial assets mandatorily measured at fair value through profit or loss (FVTPL):				
Current equity investments and other investments	2,204	–	206	2,410
Other non-current assets	–	–	18	18
Trade and other receivables	–	23	–	23
Held for trading derivatives that are not in a designated and effective hedging relationship	–	98	–	98
Cash and cash equivalents	994	–	–	994
Derivatives designated and effective as hedging instruments (fair value movements through OCI)	–	32	–	32
	3,939	2,694	414	7,047
Financial liabilities at fair value				
Financial liabilities mandatorily measured at fair value through profit or loss (FVTPL):				
Contingent consideration liabilities	–	–	(6,662)	(6,662)
Held for trading derivatives that are not in a designated and effective hedging relationship	–	(78)	–	(78)
Derivatives designated and effective as hedging instruments (fair value movements through OCI)	–	(36)	–	(36)
	–	(114)	(6,662)	(6,776)

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

Movements in the year for financial instruments measured using Level 3 valuation methods are presented below:

	2024 £m	2023 £m
At 1 January	(6,248)	(6,411)
Exchange adjustments	(1)	–
Net losses recognised in the income statement	(1,733)	(863)
Net losses recognised in other comprehensive income	(42)	(142)
Contingent consideration related to business acquisitions in the period	(104)	–
Settlement of contingent consideration liabilities	1,254	1,145
Additions	111	57
Disposals and settlements	(30)	(25)
Transfers from Level 3	–	(9)
At 31 December	(6,793)	(6,248)

Of the total net losses of £1,733 million (2023: £863 million) attributable to Level 3 financial instruments which were recognised in the income statement, £1,733 million (2023: £857 million) were in respect of financial instruments which were held at the end of the year and were reported in Other operating income/expense. Charges of £1,533 million (2023: £934 million) arose from remeasurement of the contingent consideration payable for the acquisition of the former Shionogi-ViiV Healthcare joint venture. A remeasurement charge of £215 million (2023: £210 million gain) arose from remeasurement of the contingent consideration payable for the acquisition of the Novartis Vaccines business. A gain of £22 million (2023: £44 million charge) arose on the remeasurement of the Affinivax contingent consideration liability for the year.

Contingent consideration payable for the acquisition of Aiolos, amounting to £96 million, was recognised during the year. Further information on the Aiolos acquisition is provided in Note 41, 'Acquisitions and disposals'.

There were transfers of £nil out of Level 3 financial instruments in the year (2023: £9 million out of Level 3 financial instruments). Movements arising on the translation of overseas net assets for consolidation into the Group accounts are recorded as exchange adjustments. Net gains and losses include the impact of other exchange movements.

Financial liabilities measured using Level 3 valuation methods at 31 December included £6,061 million (2023: £5,718 million) in respect of contingent consideration payable for the acquisition in 2012 of the former Shionogi-ViiV Healthcare joint venture. This consideration is expected to be paid over a number of years and will vary in line with the future performance of specified products and movements in certain foreign currencies. A further £575 million (2023: £424 million) is in respect of contingent consideration for the acquisition in 2015 of the Novartis Vaccines business. This consideration is expected to be paid over a number of years and will vary in line with the future performance of specified products, the achievement of certain milestone targets and movements in certain foreign currencies. Contingent consideration payable for the acquisition of Affinivax in 2022 of £502 million (2023: £516 million) is recognised at 31 December. This consideration is expected to be paid over a number of years and will vary in line with the achievement of certain development milestones and movements in the USD/GBP exchange rate. Sensitivity analysis on these balances is provided in Note 33, 'Contingent consideration liabilities'.

(b) Trade and other receivables and Other non-current assets in scope of IFRS 9

The following table reconciles financial instruments within Trade and other receivables and Other non-current assets which fall within the scope of IFRS 9 to the relevant balance sheet amounts. The financial assets are predominantly non-interest earning. Non-financial instruments include tax receivables, amounts receivable under insurance contracts, pension surplus balances and prepayments, which are outside the scope of IFRS 9.

	2024						2023					
	At FVTPL £m	At FVTOCI £m	Amortised cost £m	Financial instruments £m	Non-financial instruments £m	Total £m	At FVTPL £m	At FVTOCI £m	Amortised cost £m	Financial instruments £m	Non-financial instruments £m	Total £m
Trade and other receivables (Note 26)	53	2,163	3,733	5,949	887	6,836	23	2,541	3,829	6,393	992	7,385
Other non-current assets (Note 24)	31	–	5	36	1,906	1,942	18	–	9	27	1,557	1,584
	84	2,163	3,738	5,985	2,793	8,778	41	2,541	3,838	6,420	2,549	8,969

Trade and other receivables include trade receivables of £5,563 million (2023: £5,905 million). The Group has portfolios in each of the three business models under IFRS 9: £51 million (2023: £23 million), measured at FVTPL, is held to sell the contractual cash flows as the receivables will be sold under a factoring arrangement, £2,163 million (2023: £2,541 million), measured at FVTOCI, is held to either collect or sell the contractual cash flows as the receivables may be sold under a factoring agreement, and £3,349 million (2023: £3,341 million), measured at amortised cost, is held to collect the contractual cash flows and there is no factoring agreement in place.

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

(c) Trade and other payables, Other provisions, Contingent consideration liabilities and Other non-current liabilities in scope of IFRS 9

The following table reconciles financial instruments within Trade and other payables, Other provisions, Contingent consideration liabilities and Other non-current liabilities which fall within the scope of IFRS 9 to the relevant balance sheet amounts. The financial liabilities are predominantly non-interest bearing. Non-financial instruments include payments on account, tax and social security payables and provisions which do not arise from contractual obligations to deliver cash or another financial asset, which are outside the scope of IFRS 9.

	2024					2023				
	At FVTPL £m	Amortised cost £m	Financial instruments £m	Non-financial instruments £m	Total £m	At FVTPL £m	Amortised cost £m	Financial instruments £m	Non-financial instruments £m	Total £m
Trade and other payables (Note 29)	–	(13,160)	(13,160)	(2,175)	(15,335)	–	(13,383)	(13,383)	(2,461)	(15,844)
Other provisions (Note 32)	–	(182)	(182)	(2,353)	(2,535)	–	(199)	(199)	(1,040)	(1,239)
Contingent consideration liabilities (Note 33)	(7,280)	–	(7,280)	–	(7,280)	(6,662)	–	(6,662)	–	(6,662)
Other non-current liabilities (Note 34)	–	(46)	(46)	(1,054)	(1,100)	–	(54)	(54)	(1,053)	(1,107)
	(7,280)	(13,388)	(20,668)	(5,582)	(26,250)	(6,662)	(13,636)	(20,298)	(4,554)	(24,852)

(d) Derivative financial instruments and hedging programmes

Derivatives are only used for economic hedging purposes and not as speculative investments and are measured at FVTPL, other than designated and effective hedging instruments. Derivatives are presented as current assets or liabilities if they are expected to be settled within 12 months after the end of the reporting period, otherwise they are classified as non-current. The Group has the following derivative financial instruments:

	2024 Fair value		2023 Fair value	
	Assets £m	Liabilities £m	Assets £m	Liabilities £m
Current				
Cash flow hedges – Foreign exchange contracts (net principal amount – £nil (2023: £175 million))	–	–	–	(2)
Net investment hedges – Foreign exchange contracts (net principal amount – £13,206 million (2023: £12,339 million))[1]	35	(157)	32	(34)
Derivatives designated and effective as hedging instruments	35	(157)	32	(36)
Non current				
Foreign exchange contracts (net principal amount – £35 million (2023: £nil))	1	–	–	–
Current				
Foreign exchange contracts (net principal amount – £8,676 million (2023: £10,375 million))	73	(35)	98	(78)
Embedded and other derivatives	1	–	–	–
Derivatives classified as held for trading	75	(35)	98	(78)
Total derivative instruments	110	(192)	130	(114)

(1)Includes options with net principal amount EUR 1.25 billion

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

Fair value hedges

At 31 December 2024 and 31 December 2023, the Group had no designated fair value hedges.

Net investment hedges

At 31 December 2024, certain foreign exchange contracts were designated as net investment hedges in respect of the foreign currency translation risk arising on consolidation of the Group's net investment in its European (Euro), American (USD), Singaporean (SGD), Canadian (CAD), Chinese (CNH) and Japanese (JPY) foreign operations as shown in the table below.

The carrying amount of bonds on page 247 included £5,346 million (2023: £5,348 million) that were designated as hedging instruments in net investment hedges.

Cash flow hedges

During 2023 and 2024, the Group entered into forward foreign exchange contracts which have been designated as cash flow hedges. These were entered into to hedge the foreign exchange exposure arising on cash flows from Euro denominated coupon payments relating to notes issued under the Group's European Medium Term Note programme, and to hedge foreign currency payments due on acquisitions, and collaboration or licensing arrangements.

The Group manages its cash flow interest rate risk by using floating-to-fixed interest rate swaps. In addition, the Group carries a balance in reserves that arose from pre-hedging fluctuations in long-term interest rates when pricing bonds issued in prior years and in the current year. The balance is reclassified to finance costs over the life of these bonds.

Foreign exchange risk

In the current year, the Group has designated certain foreign exchange forward contracts and swaps as cash flow and net investment hedges. Foreign exchange derivative financial assets and liabilities are presented in the line 'Derivative financial instruments' (either as assets or liabilities) on the Consolidated balance sheet. The following tables detail the foreign exchange forward contracts and swaps outstanding at the end of the reporting period, as well as information on the related hedged items.

Hedge effectiveness is determined at the inception of the hedge relationship, and through periodic prospective effectiveness assessments to ensure that an economic relationship exists between the hedged item and hedging instrument. The Group enters into hedge relationships where the critical terms of the hedging instrument match exactly with the terms of the hedged item, and so a qualitative assessment of effectiveness is performed. If changes in circumstances affect the terms of the hedged item such that the critical terms no longer match exactly with the critical terms of the hedging instrument, the Group uses the hypothetical derivative method to assess effectiveness.

The main source of hedge ineffectiveness in these hedging relationships is the effect of the counterparty and the Group's own credit risk on the fair value of the foreign exchange forward contracts and swaps, which is not reflected in the fair value of the hedged item attributable to changes in foreign exchange rates. In 2024 another source of ineffectiveness emerged from these hedging relationships namely the principal amount of USD net investment hedges exceeded the hedged item for a period of ten days owing to an adjustment to the USD net assets of the Group because of a change in the provision for the Zantac litigation between quarters but after the financial instruments were entered into with the counterparty. The ineffectiveness recorded for this period was £15 million. No ineffectiveness was recorded from cash flow hedges in 2024 (2023: £nil). No other ineffectiveness was recorded from net investment hedges (2023: £nil).

In 2024, the movement in the time value of options recognised in reserves is £4 million (2023: £nil) and is accounted for as a cost of hedging.

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

					2024
Hedging instruments	Average exchange rate	Foreign currency	Net notional value £m	Carrying amount £m	Periodic change in value for calculating hedge ineffectiveness £m
Net investment hedges					
Foreign exchange contracts					
Sell foreign currency:					
Less than 3 months	1.20	EUR	8,201	19	359
	197.82	JPY	84	(1)	13
	1.29	USD	2,417	(66)	(56)
	9.26	CNH	61	(1)	(1)
3 to 6 months	1.31	USD	1,827	(75)	(75)
Over 6 months	1.76	CAD	244	2	17
	1.67	SGD	164	–	3
	1.17	EUR	208	–	1
Borrowings:					
Less than 3 months		EUR	–	–	42
3 to 6 months		EUR	623	(622)	28
Over 6 months		JPY	216	(216)	19
		EUR	4,524	(4,508)	157
			18,570	(5,468)	507

			2024
Hedged items	Periodic change in value for calculating hedge ineffectiveness £m	Cumulative balance in cash flow hedge reserve/foreign currency translation reserve for continuing hedges £m	Balance in cash flow hedge reserve arising from hedging relationships for which hedge accounting is no longer applied £m
Net investment hedges			
Net investment in foreign operations	(522)	(208)	–

					2023
Hedging instruments	Average exchange rate	Foreign currency	Net notional value £m	Carrying amount £m	Periodic change in value for calculating hedge ineffectiveness £m
Cash flow hedges					
Foreign exchange contracts					
Buy foreign currency:					
Less than 3 months	1.27	USD	145	(1)	(1)
3 to 6 months	–	–	–	–	–
Over 6 months	1.25	USD	35	(1)	(1)
Sell foreign currency:					
Less than 3 months	1.16	EUR	(5)	–	–
			175	(2)	(2)

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

					2023
Hedging instruments	Average exchange rate	Foreign currency	Net notional value £m	Carrying amount £m	Periodic change in value for calculating hedge ineffectiveness £m
Net investment hedges					
Foreign exchange contracts					
Sell foreign currency:					
Less than 3 months	1.15	EUR	9,146	(12)	126
	181.42	JPY	133	(1)	28
	1.27	USD	2,633	8	97
Over 6 months	1.67	CAD	260	2	10
	1.66	SGD	167	1	7
Borrowings:					
Less than 3 months		EUR	148	(148)	12
3 to 6 months		–	–	–	–
Over 6 months		JPY	236	(235)	(3)
		EUR	5,127	(5,113)	125
			17,850	(5,498)	402

			2023
Hedged items	Periodic change in value for calculating hedge ineffectiveness £m	Cumulative balance in cash flow hedge reserve/foreign currency translation reserve for continuing hedges £m	Balance in cash flow hedge reserve arising from hedging relationships for which hedge accounting is no longer applied £m
Cash flow hedges			
Variability in cash flows from a highly probable forecast transaction	2	(2)	–
Variability in cash flows from foreign exchange exposure arising on Euro denominated coupon payments relating to debt issued	–	–	–
Net investment hedges			
Net investment in foreign operations	(402)	(725)	–

£nil (2023: £nil million) of balances in the cash flow hedge reserve arise from hedging relationships for which hedge accounting is no longer applied.

The following table details the effectiveness of the hedging relationships and the amounts reclassified from the hedging reserve to profit or loss:

								2024
				Amount reclassified to profit or loss			Amount reclassified to balance sheet	
	Hedging gains/(losses) recognised in reserves £m	Amount of hedge ineffectiveness recognised in profit or loss £m	Line item in profit or loss in which hedge ineffectiveness is included	Hedged future cash flows no longer expected to occur £m	Due to hedged item affecting profit or loss £m	Line item in profit or loss in which reclassification adjustment is included	Due to hedged item affecting balance sheet £m	Line item in balance sheet in which reclassification adjustment is included
Cash flow hedges								
Variability in cash flows from a highly probable forecast transaction	8	–	Finance income or expense	–	–	Finance income or expense	(6)	Intangible assets
Net investment hedges								
Net investment in foreign operations	522	(15)	Finance income	–	5	Other income or expense	–	–
Time value of options	(4)	–	Finance income or expense	–	–	Other income or expense	–	–

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

	2023							
				Amount reclassified to profit or loss			Amount reclassified to balance sheet	
	Hedging gains/(losses) recognised in reserves £m	Amount of hedge ineffectiveness recognised in profit or loss £m	Line item in profit or loss in which hedge ineffectiveness is included	Hedged future cash flows no longer expected to occur £m	Due to hedged item affecting profit or loss £m	Line item in profit or loss in which reclassification adjustment is included	Due to hedged item affecting balance sheet £m	Line item in balance sheet in which reclassification adjustment is included
Cash flow hedges								
Variability in cash flows from a highly probable forecast transaction	(41)	–	Finance income or expense	–	–	–	37	Intangible assets
Variability in cash flows from foreign exchange exposure arising on Euro denominated coupon payments relating to debt issued	(1)	–	Finance income or expense	–	–	Finance income or expense	–	–
Net investment hedges								
Net investment in foreign operations	402	–	Finance income or expense	–	7	Other income or expense	–	–

Interest rate risk

The Group manages its cash flow interest rate risk by using floating-to-fixed interest rate swaps, where at quarterly intervals the difference between fixed contract rates and floating rate interest amounts calculated by reference to the agreed notional principal amounts are exchanged.

There are none of these swaps outstanding at 31 December 2024 or at 31 December 2023.

The only impact on these financial statements of interest rate swaps is where the interest rate risk on an element of future debt issuance has been managed by entering into forward starting interest rate swaps, effectively to lock in the interest rates on the debt in advance. These were closed out at the time of issuing the debt, and the resulting gain or loss held in the Cash flow hedge reserve and reclassified to income statement as the interest payments on the debt impacted the income statement.

Forward starting interest rate swaps

Forward starting interest rate contracts, exchanging floating interest for fixed interest, were designated as cash flow hedges to hedge the interest variability of the interest cash flows associated with future fixed rate debt.

Interest rate swaps

Interest rate swap contract assets and liabilities are presented (when applicable) in the line ‘Derivative financial instruments’ (either as assets or liabilities) on the Consolidated balance sheet.

£16 million (2023: £21 million) of balances in the cash flow hedge reserve arise from hedge relationships for which hedge accounting is no longer applied.

The following table details the effectiveness of the hedging relationships and the amounts reclassified from the hedging reserve to profit or loss:

	2024					
				Amount reclassified to profit or loss		
	Hedging gains/(losses) recognised in reserves £m	Amount of hedge ineffectiveness recognised in profit or loss £m	Line item in profit or loss in which hedge ineffectiveness is included	Due to hedged future cash flows no longer expected to occur £m	Due to hedged item affecting profit or loss £m	Line item in profit or loss in which reclassification adjustment is included
Cash flow hedges						
Pre-hedging of long-term interest rates: Matured in the past	–	–	Finance income or expense	–	4	Finance income or expense

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

	2023					
				Amount reclassified to profit or loss		
	Hedging gains/(losses) recognised in reserves £m	Amount of hedge ineffectiveness recognised in profit or loss £m	Line item in profit or loss in which hedge ineffectiveness is included	Due to hedged future cash flows no longer expected to occur £m	Due to hedged item affecting profit or loss £m	Line item in profit or loss in which reclassification adjustment is included
Cash flow hedges						
Pre-hedging of long-term interest rates:						
Matured in the past	–	–	Finance income or expense	–	4	Finance income or expense

(e) Offsetting of financial assets and liabilities

Financial assets and liabilities are offset and the net amount reported in the balance sheet where there is a legally enforceable right to offset the recognised amounts, and there is an intention to settle on a net basis or realise the asset and settle the liability simultaneously. There are also arrangements that do not meet the criteria for offsetting but still allow for the related amounts to be offset in certain circumstances, such as bankruptcy or the termination of a contract.

The following tables set out the financial assets and liabilities that are offset, or subject to enforceable master netting arrangements and other similar agreements but not offset, as at 31 December 2024 and 31 December 2023. The column 'Net amount' shows the impact on the Group's balance sheet if all offset rights were exercised.

31 December 2024	Gross financial assets/ (liabilities) £m	Gross financial (liabilities)/ assets set off £m	Net financial assets/ (liabilities) per balance sheet £m	Related amounts not set off in the balance sheet £m	Net £m
Financial assets					
Trade and other receivables	5,950	(1)	5,949	–	5,949
Derivative financial instruments	110	–	110	(89)	21
Financial liabilities					
Trade and other payables	(13,161)	1	(13,160)	–	(13,160)
Derivative financial instruments	(192)	–	(192)	89	(103)

31 December 2023	Gross financial assets/ (liabilities) £m	Gross Financial (liabilities)/ assets offset £m	Net financial assets/ (liabilities) £m	Related amounts not offset £m	Net balance £m
Financial assets					
Trade and other receivables	6,394	(1)	6,393	–	6,393
Derivative financial instruments	130	–	130	(108)	22
Financial liabilities					
Trade and other payables	(13,384)	1	(13,383)	–	(13,383)
Derivative financial instruments	(114)	–	(114)	108	(6)

Amounts which do not meet the criteria for offsetting on the balance sheet but could be settled net in certain circumstances principally relate to derivative transactions under ISDA (International Swaps and Derivatives Association) agreements where each party has the option to settle amounts on a net basis in the event of default of the other party. As there is presently not a legally enforceable right of offset, these amounts have not been offset in the balance sheet, but have been presented separately in the table above.

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

(f) Debt interest rate repricing table

The following table sets out the exposure of the Group to interest rates on debt, including commercial paper. The maturity analysis of fixed rate debt is stated by contractual maturity and of floating rate debt by interest rate repricing dates. For the purpose of this table, debt is defined as all classes of borrowings other than lease liabilities.

	2024	2023
	Total debt £m	Total £m
Floating and fixed rate debt less than one year	(2,181)	(2,657)
Between one and two years	(1,410)	(1,434)
Between two and three years	(721)	(1,475)
Between three and four years	(2,355)	(740)
Between four and five years	(1,207)	(2,350)
Between five and ten years	(2,738)	(3,031)
Greater than ten years	(5,272)	(5,124)
Total	(15,884)	(16,811)
Original issuance profile:		
Fixed rate interest	(15,126)	(15,847)
Floating rate interest	(756)	(964)
Non interest bearing	(2)	–
	(15,884)	(16,811)

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

(g) Sensitivity analysis

The tables below illustrate the estimated impact on the income statement and equity as a result of hypothetical market movements in foreign exchange and interest rates in relation to the Group's financial instruments. The range of variables chosen for the sensitivity analysis reflects management's view of changes which are reasonably possible over a one-year period.

Foreign exchange sensitivity

The Group operates internationally and is primarily exposed to foreign exchange risk in relation to Sterling against movements in US Dollar, Euro and Japanese Yen. Foreign exchange risk arises from the translation of financial assets and liabilities which are not in the functional currency of the entity that holds them. Based on the Group's net financial assets and liabilities as at 31 December, a weakening and strengthening of Sterling against these currencies, with all other variables held constant, is illustrated in the tables below. The tables exclude financial instruments that expose the Group to foreign exchange risk where this risk is fully hedged with another financial instrument.

	2024	2023
Income statement impact of non-functional currency foreign exchange exposures	Increase/(decrease) in income £m	Increase/(decrease) in income £m
10 cent appreciation of the US Dollar	106	61
15 cent appreciation of the US Dollar	167	97
10 cent appreciation of the Euro	(42)	(4)
15 cent appreciation of the Euro	(66)	(7)
10 yen appreciation of the Yen	–	–
15 yen appreciation of the Yen	–	–

	2024	2023
Income statement impact of non-functional currency foreign exchange exposures	Increase/(decrease) in income £m	Increase/(decrease) in income £m
10 cent depreciation of the US Dollar	(91)	(52)
15 cent depreciation of the US Dollar	(131)	(76)
10 cent depreciation of the Euro	36	4
15 cent depreciation of the Euro	51	5
10 yen depreciation of the Yen	–	–
15 yen depreciation of the Yen	–	–

The equity impact, shown below, for foreign exchange sensitivity relates to derivative and non-derivative financial instruments hedging the Group's net investments in its European (Euro) foreign operations and cash flow hedges of its foreign exchange exposure arising on Euro denominated coupon payments relating to notes issued under the Group's European Medium Term Note programme.

	2024	2023
Equity impact of non-functional currency foreign exchange exposures	Increase/(decrease) in equity £m	Increase/(decrease) in equity £m
10 cent appreciation of the US Dollar	(368)	(209)
15 cent appreciation of the US Dollar	(577)	(327)
10 cent appreciation of the Euro	(1,188)	(1,372)
15 cent appreciation in Euro	(1,834)	(2,160)

	2024	2023
Equity impact of non-functional currency foreign exchange exposures	Increase/(decrease) in equity £m	Increase/(decrease) in equity £m
10 cent depreciation of the US Dollar	313	178
15 cent depreciation of the US Dollar	453	258
10 cent depreciation of the Euro	958	1,152
15 cent depreciation of the Euro	1,384	1,662

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

The tables below present the Group's sensitivity to a weakening and strengthening of Sterling against the relevant currency based on the composition of net debt as shown in Note 30, 'Net debt', adjusted for the effects of foreign exchange derivatives that are not part of net debt but affect future foreign currency cash flows.

	2024	2023
Impact of foreign exchange movements on adjusted net debt	(Increase)/decrease in adjusted net debt £m	(Increase)/decrease in adjusted net debt £m
10 cent appreciation of the US Dollar	(555)	(622)
15 cent appreciation of the US Dollar	(870)	(974)
10 cent appreciation of the Euro	178	386
15 cent appreciation of the Euro	279	609
10 yen appreciation of the Yen	(5)	(5)
15 yen appreciation of the Yen	(8)	(7)

	2024	2023
Impact of foreign exchange movements on adjusted net debt	(Increase)/decrease in adjusted net debt £m	(Increase)/decrease in adjusted net debt £m
10 cent depreciation of the US Dollar	473	531
15 cent depreciation of the US Dollar	684	769
10 cent depreciation of the Euro	(150)	(325)
15 cent depreciation of the Euro	(217)	(468)
10 yen depreciation of the Yen	5	4
15 yen depreciation of the Yen	7	6

Interest rate sensitivity

The Group is exposed to interest rate risk on its outstanding borrowings and investments where any changes in interest rates will affect future cash flows or the fair values of financial instruments.

The majority of debt is issued at fixed interest rates and changes in the floating rates of interest do not significantly affect the Group's net interest charge, although the majority of cash and liquid investments earn floating rates of interest.

The table below hypothetically shows the Group's sensitivity to changes in interest rates in relation to Sterling, US Dollar and Euro floating rate financial assets and liabilities. A 1% (100 basis points) or 1.5% (150 basis points) movement in EUR, USD or Sterling interest rates is not deemed to have a material effect on equity. A 1% (100 basis points) or 1.5% (150 basis points) decrease in EUR, USD or Sterling interest rates would have an equal and opposite impact to that shown below.

	2024	2023
Income statement impact of interest rate movements	Increase/(decrease) in income £m	Increase/(decrease) in income £m
1% (100 basis points) increase in Sterling interest rates	72	41
1.5% (150 basis points) increase in Sterling interest rates	108	62
1% (100 basis points) increase in US Dollar interest rates	(43)	(34)
1.5% (150 basis points) increase in US Dollar interest rates	(64)	(51)
1% (100 basis points) increase in Euro interest rates	(20)	(9)
1.5% (150 basis points) increase in Euro interest rates	(30)	(13)

Notes to the financial statements continued

44. Financial instruments and related disclosures continued

(h) Contractual cash flows for non-derivative financial liabilities and derivative instruments

The following tables provide an analysis of the anticipated contractual cash flows including interest payable for the Group's non-derivative financial liabilities on an undiscounted basis. For the purpose of this table, debt is defined as all classes of borrowings except for lease liabilities. Interest is calculated based on debt held at 31 December without taking account of future issuance. Floating rate interest is estimated using the prevailing interest rate at the balance sheet date. Cash flows in foreign currencies are translated using spot rates at 31 December.

At 31 December 2024	Debt £m	Interest on debt £m	Lease liabilities £m	Finance charge on lease liabilities £m	Trade payables and other liabilities not in net debt £m	Total £m
Due in less than one year	(2,181)	(540)	(168)	(41)	(14,440)	(17,370)
Between one and two years	(1,411)	(500)	(222)	(34)	(1,247)	(3,414)
Between two and three years	(723)	(484)	(146)	(29)	(1,593)	(2,975)
Between three and four years	(2,362)	(434)	(109)	(23)	(1,461)	(4,389)
Between four and five years	(1,213)	(383)	(73)	(20)	(913)	(2,602)
Between five and ten years	(2,759)	(1,646)	(299)	(53)	(2,318)	(7,075)
Greater than ten years	(5,320)	(1,251)	(85)	(14)	(1,313)	(7,983)
Gross contractual cash flows	(15,969)	(5,238)	(1,102)	(214)	(23,285)	(45,808)

At 31 December 2023	Debt £m	Interest on debt £m	Lease liabilities £m	Finance charge on lease liabilities £m	Trade payables and other liabilities not in net debt £m	Total £m
Due in less than one year	(2,660)	(547)	(156)	(41)	(14,526)	(17,930)
Between one and two years	(1,436)	(507)	(214)	(36)	(1,469)	(3,662)
Between two and three years	(1,477)	(466)	(134)	(31)	(1,150)	(3,258)
Between three and four years	(742)	(449)	(114)	(27)	(1,406)	(2,738)
Between four and five years	(2,359)	(399)	(88)	(23)	(940)	(3,809)
Between five and ten years	(3,054)	(1,611)	(325)	(75)	(2,037)	(7,102)
Greater than ten years	(5,172)	(1,467)	(176)	(21)	(1,043)	(7,879)
Gross contractual cash flows	(16,900)	(5,446)	(1,207)	(254)	(22,571)	(46,378)

The table below provides an analysis of the anticipated contractual cash flows for the Group's derivative instruments excluding equity options which do not give rise to cash flows, and other embedded derivatives, which are not material, using undiscounted cash flows. Cash flows in foreign currencies are translated using spot rates at 31 December. The gross cash flows of foreign exchange contracts are presented for the purpose of this table although, in practice, the Group uses standard settlement arrangements to reduce its liquidity requirements on these instruments.

	2024		2023	
	Gross cash inflows	Gross cash outflows	Gross cash inflows	Gross cash outflows
	Foreign exchange forward contracts and swaps £m	Foreign exchange forward contracts and swaps £m	Foreign exchange forward contracts and swaps £m	Foreign exchange forward contracts and swaps £m
Less than one year	28,567	(28,634)	31,961	(31,944)
Between one and two years	36	(35)	–	–
Gross contractual cash flows	28,603	(28,669)	31,961	(31,944)

Notes to the financial statements continued

45. Employee share schemes

GSK operates several employee share schemes, including the Share Value Plan, whereby awards are granted to employees to acquire shares or ADS in GSK plc at no cost after a three-year vesting period and the Performance Share Plan, whereby awards are granted to employees to acquire shares or ADS in GSK plc at no cost, subject to the achievement by the Group of specified performance targets. The Group also operates savings-related share option schemes, whereby options are granted to employees to acquire shares in GSK plc at a discounted price.

Grants of restricted share awards are normally exercisable at the end of the three-year vesting or performance period. Awards are normally granted to employees to acquire shares or ADS in GSK plc but in some circumstances may be settled in cash. Grants under savings-related share option schemes are normally exercisable after three years' saving. In accordance with UK practice, the majority of options under the savings-related share option schemes are granted at a price 20% below the market price ruling at the date of grant.

The total charge for share-based incentive plans in 2024 was £347 million (2023: £321 million; 2022: £314 million). Of this amount, £260 million (2023: £244 million; 2022: £243 million) arose from the Share Value Plan. See Note 9, 'Employee costs' for further details.

GSK share award schemes

Share Value Plan

Under the Share Value Plan, share awards are granted to certain employees at no cost. The awards vest after two and a half to three years and there are no performance criteria attached. The fair value of these awards is determined based on the closing share price on the day of grant, after deducting the expected future dividend yield of 3.4% (2023: 3.8%; 2022: 3.2%) over the duration of the award.

Number of shares and ADS issuable	Shares Number (000)	Weighted fair value	ADS Number (000)	Weighted fair value
At 1 January 2022	28,244		15,529	
Awards granted	10,987	£13.00	6,133	$30.64
Awards exercised	(9,538)		(4,919)	
Awards cancelled	(1,718)		(1,314)	
At 31 December 2022	27,975		15,429	
Awards granted	11,548	£12.79	6,449	$31.65
Awards exercised	(8,599)		(4,856)	
Awards cancelled	(1,144)		(797)	
At 31 December 2023	29,780		16,225	
Awards granted	12,023	£15.17	6,431	$39.49
Awards exercised	(9,384)		(5,199)	
Awards cancelled	(1,225)		(877)	
At 31 December 2024	31,194		16,580	

Performance Share Plan

Under the Performance Share Plan, share awards are granted to Directors and senior executives at no cost. The percentage of each award that vests is based upon the performance of the Group over a defined measurement period with dividends reinvested during the same period. For awards granted from 2020, the performance conditions are based on four measures over a three-year performance period. These are adjusted free cash flow (30%), TSR (30%), R&D new product performance (20%) and pipeline progress (20%). For awards granted from 2022, the performance conditions are based on five measures over a three-year performance period. These are TSR (30%), pipeline progress (20%), profit measure (20%), sale measure (20%) and ESG environment (10%).

The fair value of the awards is determined based on the closing share price on the day of grant. For TSR performance elements, this is adjusted by the likelihood of that condition being met, as assessed at the time of grant.

During 2024, awards were made of 4.2 million shares at a weighted fair value of £13.65 and 0.9 million ADS at a weighted fair value of $34.26. At 31 December 2024, there were outstanding awards over 13.7 million shares and 2.4 million ADS.

Notes to the financial statements continued

45. Employee share schemes continued

Share options and savings-related options

For the purposes of valuing savings-related options to arrive at the share-based payment charge, a Black-Scholes option pricing model has been used. The assumptions used in the model are as follows:

	2024 Grant	2023 Grant	2022 Grant
Risk-free interest rate	4.24%	4.57%	3.37%
Dividend yield	4.3%	4.0%	3.3%
Volatility	34%	34%	36%
Expected life	3 years	3 years	3 years
Savings-related options grant price (including 20% discount)	£11.27	£11.20	£11.39

Expected volatility has been based on an evaluation of the historical volatility of the Company's share price, particularly over the historical period commensurate with the expected term.

Options outstanding for the Share Save Plan	Savings-related share option schemes	
	Number 000	Weighted exercise price
At 31 December 2024	5,449	£11.44
Range of exercise prices on options outstanding at year end	£10.34	£12.07
Weighted average market price on exercise during year		£16.24
Weighted average remaining contractual life		2.1 years

Options over 1.7 million shares were granted during the year under the savings-related share option scheme at a weighted average fair value of £4.03. At 31 December 2024, 4.3 million of the savings-related share options were not exercisable.

There has been no change in the effective exercise price of any outstanding options during the year.

Employee Share Ownership Plan Trusts

The Group sponsors Employee Share Ownership Plan (ESOP) Trusts to acquire and hold shares in GSK plc to satisfy awards made under employee incentive plans. The trustees of the ESOP Trusts purchase shares with finance provided by the Group by way of loans or contributions. The costs of running the ESOP Trusts are charged to the income statement. Shares held by the ESOP Trusts are deducted from other reserves and amortised down to the value of proceeds, if any, receivable from employees on exercise by a transfer to retained earnings. The trustees have waived their rights to dividends on the shares held by the ESOP Trusts.

At 31 December 2024, 64,314,305 shares were held in the ESOP Trusts, out of which 63,666,947 were held for the future exercise of share awards and 647,358 shares were held for the Executive Supplemental Savings Plan.

Shares held for share award schemes	2024	2023
Number of shares (000)	64,314	58,817

	£m	£m
Nominal value	20	18
Carrying amount	397	288
Market value	866	853

Notes to the financial statements continued

46. Principal Group companies

The following represent the principal subsidiaries and their countries of incorporation of the Group at 31 December 2024. The equity share capital of these entities is shown in the percentage columns. All companies are incorporated in their principal country of operation except where stated.

England	%
Glaxo Group Limited	100
Glaxo Operations UK Limited	100
Glaxo Wellcome UK Limited	100
GlaxoSmithKline Capital plc	100
GlaxoSmithKline Export Limited	100
GlaxoSmithKline Finance plc	100
GSK Finance (No. 2) Limited	100
GlaxoSmithKline Holdings Limited[a]	100
GlaxoSmithKline IHC Limited	100
GlaxoSmithKline Intellectual Property (No.2) Limited	100
GlaxoSmithKline Intellectual Property (No.3) Limited	100
GlaxoSmithKline Intellectual Property (No.4) Limited	100
GlaxoSmithKline Intellectual Property Development Limited	100
GlaxoSmithKline Intellectual Property Limited	100
GlaxoSmithKline Research & Development Limited	100
GlaxoSmithKline Services Unlimited[a]	100
GlaxoSmithKline UK Limited	100
GlaxoSmithKline US Trading Limited	100
Setfirst Limited	100
SmithKline Beecham Limited	100
ViiV Healthcare Finance Limited	78.3
ViiV Healthcare UK (No.3) Limited	78.3
ViiV Healthcare UK Limited	78.3

Europe	%
GlaxoSmithKline AG (Switzerland)	100
Glaxo Wellcome Production S.A.S (France)	100
GlaxoSmithKline B.V. (Netherlands)	100
GlaxoSmithKline Biologicals SA (Belgium)	100
GlaxoSmithKline GmbH & Co. KG (Germany)	100
GlaxoSmithKline Manufacturing SpA (Italy)	100
GlaxoSmithKline Pharma GmbH (Austria)	100
GlaxoSmithKline Pharmaceuticals SA (Belgium)	100
GlaxoSmithKline S.A. (Spain)	100
GlaxoSmithKline S.p.A. (Italy)	100
GlaxoSmithKline Single Member A.E.B.E. (Greece)	100
GlaxoSmithKline Trading Services Limited (Republic of Ireland)[b]	100
GSK Capital B.V. (Netherlands)[b]	100
GSK Services Sp z o.o. (Poland)	100
GSK Vaccines GmbH (Germany)	100
GSK Vaccines S.r.l. (Italy)	100
JSC GlaxoSmithKline Trading (Russia)	100
Laboratoire GlaxoSmithKline (France)	100
Laboratorios ViiV Healthcare, S.L. (Spain)	78.3
ViiV Healthcare GmbH (Germany)	78.3
ViiV Healthcare S.r.l. (Italy)	78.3
ViiV Healthcare SAS (France)	78.3

US	%
Affinivax, Inc	100
Aiolos Bio, Inc.	100
Corixa Corporation	100
GlaxoSmithKline Capital Inc.	100
GlaxoSmithKline Holdings (Americas) Inc.	100
GlaxoSmithKline LLC	100
Human Genome Sciences, Inc.	100
Stiefel Laboratories, Inc.	100
Tesaro, Inc.	100
ViiV Healthcare Company	78.3

Others	%
Glaxo Saudi Arabia Limited (Saudi Arabia)	100
GSK Life Sciences FZE (United Arab Emirates)	100
GlaxoSmithKline Colombia S.A.	100
Glaxo Wellcome Manufacturing Pte Ltd (Singapore)	100
GlaxoSmithKline (Thailand) Limited (Thailand)	100
GSK Biopharma Argentina S.A.	100
GlaxoSmithKline Australia Pty Ltd (Australia)	100
GlaxoSmithKline Brasil Limitada (Brazil)	100
GlaxoSmithKline Far East B.V. (Taiwan)	100
GlaxoSmithKline Ilaclari Sanayi ve Ticaret A.S. (Turkey)	100
GlaxoSmithKline Inc. (Canada)	100
GlaxoSmithKline K.K. (Japan)	100
GlaxoSmithKline Korea Limited (Republic of Korea)	100
GlaxoSmithKline Limited (Hong Kong)	100
GlaxoSmithKline Mexico S.A. de C.V. (Mexico)	100
GlaxoSmithKline Pakistan Limited (Pakistan)	82.6
GlaxoSmithKline Pharmaceuticals Limited (India)	75
GSK Enterprise Management Co, Ltd (China)	100
GSK Pharma Vietnam Company Limited (Vietnam)	100
ID Biomedical Corporation of Quebec (Canada)	100
ViiV Healthcare K.K (Japan)	78.3

(a) Directly held wholly-owned subsidiary of GSK plc.

(b) Tax resident in UK.

The subsidiaries and associates listed above principally affect the figures in the Group's financial statements. Each of GlaxoSmithKline Capital Inc., GlaxoSmithKline Capital plc, GlaxoSmithKline Finance plc, GSK Capital BV and GlaxoSmithKline LLC, is a wholly-owned finance subsidiary of the company, and the Company has fully and unconditionally guaranteed the securities issued by each.

Notes to the financial statements continued

47. Legal proceedings

The Group is involved in significant legal and administrative proceedings, principally product liability, intellectual property, tax, anti-trust, consumer fraud and governmental investigations. The most significant of these matters, other than tax matters, are described below. The Group makes provision for these proceedings on a regular basis as summarised in Note 2, 'Accounting principles and policies' and Note 32, 'Other provisions'. Note 2 also describes when disclosure is made of proceedings for which there is no provision. Legal expenses incurred and provisions related to legal claims are charged to selling, general and administration costs. The Group does not believe that information about the amount sought by plaintiffs, if that is known, would be meaningful with respect to those legal proceedings. This is due to a number of factors, including, but not limited to, the stage of proceedings, the entitlement of parties to appeal a decision and clarity as to theories of liability, damages and governing law.

At 31 December 2024, the Group's aggregate provision for legal and other disputes (not including tax matters described in Note 14, 'Taxation') was £1,446 million. There can be no assurance that any losses that result from the outcome of any legal proceedings will not materially exceed the amount of the provisions reported in the Group's financial statements. If this were to happen, it could have a material adverse impact on the results of operations of the Group in the reporting period in which the judgements are incurred or the settlements entered into.

Intellectual property

Intellectual property claims include challenges to the validity and enforceability of the Group's patents on various products or processes as well as assertions of non-infringement of those patents. A loss in such cases could result in loss of patent protection for the product at issue. The consequences of any such loss could be a significant decrease in sales of that product and could materially affect future results of operations for the Group.

Coreg

In 2014, GSK initiated suit against Teva for inducing infringement of its patent relating to the use of carvedilol (*Coreg*) in decreasing mortality caused by congestive heart failure. In June 2017, the case proceeded to a jury trial in the US District Court for the District of Delaware. The jury returned a verdict in GSK's favour, awarding GSK lost profits and reasonable royalties for a total award of $235.51 million. On 29 March 2018, the trial judge ruled on post-trial motions filed by Teva and found that substantial evidence at trial did not support the jury's finding of induced infringement, overturning the jury award. GSK appealed, and on 2 October 2020, a divided panel of the Court of Appeals for the Federal Circuit reversed the district court's ruling and reinstated the jury award in GSK's favour.

On 2 December 2020, Teva filed a petition for rehearing en banc. The court granted Teva's petition, but only for a rehearing by the three-member panel that issued the original decision. On 5 August 2021, the original panel issued its rehearing opinion where the majority again reinstated the jury's damages award of $235.51 million in GSK's favour.

Teva again filed a petition for rehearing en banc which was rejected by the Court of Appeals for the Federal Circuit on 11 February 2022. On 11 July 2022, Teva filed a petition for writ of certiorari with the Supreme Court of the United States seeking to overturn the Federal Court decision. On 15 May 2023, the US Supreme Court denied Teva's request. Certain issues remain to be resolved at the District Court. On 12 December 2024, the trial judge ruled that further briefing is needed. The briefing is to be completed by 24 February 2025.

mRNA

On 25 April 2024, GSK filed a patent infringement suit against Pfizer Inc. and BioNTech SE in the United States District Court for the District of Delaware alleging infringement of five US GSK patents by the COVID-19 vaccine, COMIRNATY®. On 14 August 2024, GSK filed a First Amended Complaint asserting 3 additional GSK patents against Pfizer/BioNTech bringing the total number of asserted patents to 8. Pfizer/BioNTech filed an Answer and Counterclaims to GSK's First Amended Complaint on 30 August 2024. Trial has yet to be scheduled.

On 12 October 2024, GSK filed two separate patent infringement suits against Moderna, Inc. in the United States District Court for the District of Delaware. The first suit alleges infringement of 7 GSK patents by the COVID-19 vaccine, SPIKEVAX. The second suit alleges infringement of 6 GSK patents by the RSV vaccine, mRESVIA.

On 2 January 2025, Acuitas Therapeutics Inc. filed a declaratory judgment complaint against GSK, seeking judgment that COMIRNATY does not infringe five GSK patents. Acuitas also seeks a ruling that the patents are invalid.

RSV

On 7 June 2022, Pfizer, Inc. filed suit in the London High Court challenging the validity and requesting revocation of three GSK European patents relating to RSV vaccine technology. Corresponding invalidity suits against additional patents were filed in the District Court of the Hague in the Netherlands in January 2023 and in the Enterprise Court of Brussels in Belgium in March 2023. In each of those matters GSK counterclaimed that Pfizer's RSV vaccine infringes GSK's patents. On 2 August 2023, GSK filed a patent infringement suit against Pfizer in the United States District Court for the District of Delaware alleging infringement of four US GSK patents by Pfizer's RSV vaccine, Abrysvo. Additional patents have been added to the US litigation. Pfizer counterclaimed in the US that all patents are invalid, and that Pfizer's product does not infringe. On 5 August 2024, GSK filed a patent infringement suit on a fourth European patent in the European Unified Patent Court ("UPC") at the Düsseldorf Local Division. On 14 August 2024, Pfizer filed a patent revocation suit against that same European patent in the UPC.

47. Legal proceedings continued

The trial in the UK action took place in June 2023. On 7 October 2024, the London High Court ruled in Pfizer's favour and invalidated two of GSK's patents relating to RSV vaccine technology. The Court held a hearing on 13 December 2024 at which GSK sought the Court's permission to appeal its 7 October 2024 ruling. On 16 January 2025, the court issued a decision refusing permission to appeal. GSK is seeking permission to appeal from the Court of Appeal. In the Netherlands, two separate first-instance hearings were held and the parties await a decision. Trial dates have not been set in Belgium or the UPC. In the US, the Court has set a trial date of 3 August 2026. GSK is seeking monetary compensation from Pfizer for Pfizer's infringing sales of Abrysvo. GSK's sales of *Arexvy* are not at issue in these litigations.

Product liability

The Group is currently a defendant in a number of product liability lawsuits.

Avandia

There are two pending US class actions (both filed in 2010) by third-party payers which assert claims under the Racketeer Influenced and Corrupt Organizations Act (RICO) and state consumer protection laws. In December 2019, the Third Circuit Court of Appeals reversed the summary judgements granted in favour of the Group and remanded the third-party payer cases back to district court. Discovery is complete, and class certification and summary judgment briefing has been completed. A hearing on certain *Daubert* motions relating to experts was held on 1 February 2024. On 25 October 2024, the district court granted GSK's motion to exclude Plaintiffs' expert on causation, and excluded a portion of Plaintiffs' damages expert. The Court has scheduled a hearing on Plaintiffs' motion for class certification for 12 March 2025, and a hearing on GSK's motion for summary judgment for 21 April 2025.

Zantac

The Group has been named in product liability lawsuits on behalf of individuals asserting personal injury claims arising out of the use of *Zantac*. The federal cases are part of a Multidistrict Litigation (MDL) proceeding pending in the United States District Court for the Southern District of Florida. Cases have also been filed in a number of state courts, the majority of which are in Delaware.

As announced on 9 October 2024 GSK reached agreements with 10 plaintiff firms who together represent 93% (approximately 80,000 claimants) of the Zantac state court product liability cases pending against GSK in the United States. Under these agreements, GSK will make an aggregate payment of up to $2.2 billion to resolve all U.S. state court product liability cases handled by these plaintiff firms that meet agreed eligibility and participation criteria (the "State Courts Settlement"). The participating plaintiff firms are unanimously recommending to their clients that they accept the terms of the State Courts Settlement, which is expected to be fully implemented by the end of H1 2025.

As of February 2025, the vast majority of the remaining state court cases have resolved or been dismissed, such that less than 1% of the state court cases remain. There are no cases with trial dates in 2025 and just two personal injury cases with trial dates in 2026, both of which are in Nevada.

On 9 October 2024, GSK also reached an agreement in principle to pay a total of $70 million to resolve the *Zantac* qui tam complaint previously filed by Valisure. The agreement in principle is subject to final approval from the Department of Justice.

GSK's appeal of the Delaware Superior Court's decision allowing Plaintiffs to present expert evidence of general causation on all ten cancer types to a jury remains pending. Oral argument has been scheduled before the Delaware Supreme Court on 16 April 2025. As previously disclosed, approximately 14,000 product liability cases were dismissed following the grant of defendants' Daubert motions in December 2022 in the Federal MDL proceeding. These are now on appeal by the plaintiffs to the United States Court of Appeals for the Eleventh Circuit, along with appeals in the medical monitoring and consumer class action cases. GSK remains confident in its position and will continue to vigorously defend against those appeals.

Outside the US, there are two proposed class actions pending against GSK in Ontario and Quebec, Canada along with a class action in Israel. The Ontario action is in the process of being discontinued, and the Quebec action remains dormant. There are also approximately 120 individual actions that have been filed in Canada.

On 20 March 2020, the New Mexico Attorney General filed a lawsuit against multiple defendants, including the Group, alleging violations of state consumer protection and false advertising statutes, among other claims. This case remains pending. On 11 November 2020, the Mayor & City of Baltimore filed an action against the Group alleging that *Zantac* increased the risk of cancer and/or caused cancer in Baltimore patients, and that the Group failed to warn of or concealed those risks. Fact and expert discovery is ongoing. The court has set a trial date of 28 September 2026.

On 4 February 2025, a putative securities class action lawsuit was filed in the US District Court for the Eastern District of Pennsylvania against GSK and certain officers on behalf of purchasers of GSK publicly traded securities during the period 5 February 2020 through 14 August 2022. The complaint alleges that defendants made materially false and/or misleading statements or omissions with regard to *Zantac*.

Zofran

The Group was a defendant in over 400 product liability cases involving Zofran pending in a Multidistrict Litigation (MDL) proceeding in the District of Massachusetts. The cases alleged that children suffered birth defects due to their mothers' ingestion of Zofran and/or generic ondansetron for pregnancy-related nausea and vomiting. Plaintiffs asserted that the Group sold Zofran knowing it was unsafe for pregnant women, failed to warn of the risks and illegally marketed Zofran "off-label" for use by pregnant women.

On 1 June 2021, the MDL Court granted the Group's motion for summary judgment on federal pre-emption grounds. The Court found that the FDA was fully informed of all relevant safety information regarding Zofran and had repeatedly rejected any attempt to add a birth defect warning to the label. At that time, the Court granted judgment for the Group in all cases pending in the MDL (approximately 431 cases) and closed the MDL proceeding. Plaintiffs appealed this decision and, on 9 January 2023, the United States Court of Appeals for the First Circuit affirmed the district court's decision in favour of the Group.

Notes to the financial statements continued

47. Legal proceedings continued

There remains one state court case and four proposed class actions in Canada, which are not currently active and plaintiffs' counsel are seeking to discontinue.

Sales and marketing and regulation

The Group's marketing and promotion of its Pharmaceutical and Vaccine products are the subject of certain governmental investigations and private lawsuits brought by litigants under various theories of law.

Flovent – Arizona Attorney General

On 6 February 2025, the Arizona Attorney General filed a lawsuit alleging violation of the state consumer protection statute. The lawsuit alleges that GSK engaged in deceptive and unfair practices with respect to *Flovent*.

GSK Korea – Proceedings under Fair Trade Laws

In August 2020, GSK Korea was indicted under Korea's Monopoly Regulation and Fair Trade laws in relation to government tenders of HPV (*Cervarix*) and PCV (*Synflorix*) vaccines in 2018 and 2019. The prosecutor alleged that GSK Korea, through the actions of at least one of its employees, interfered with the tender process under the National Immunisation Programme by using "straw bidders."

A former GSK Korea employee was also charged in his individual capacity by the prosecutor in relation to the same matter. Further, a number of wholesalers are co-defendants in the proceedings. On 1 February 2023, the court rendered a guilty verdict in respect of all defendants. GSK Korea was fined KRW70 million which is approximately £45,000. In July 2024, the appellate court rendered a not-guilty verdict for all defendants, overturning the lower court's decision. The case is now before the Korea Supreme Court.

The Korea Fair Trade Commission (KFTC) also commenced proceedings regarding the same matter. KFTC hearings took place in July 2023 and GSK Korea was found in violation of applicable fair trade law. The KFTC imposed a fine of KRW351 million which is approximately £212,000.

US electronic health records subpoena

On 19 March 2023, the Group received a subpoena from the United States Attorney's Office for the Western District of Virginia, which is working with the United States Department of Justice Civil Division, seeking documents relating to the Group's electronic health record programmes. The Group is cooperating with this enquiry.

Senate HELP Enquiry

The Group received a letter dated 8 January 2024 from majority members of the US Senate Health, Education, Labor and Pensions ("HELP") Committee initiating an investigation into the pricing of inhalers for the treatment of asthma and COPD. The letter is similar to letters received by a number of other pharmaceutical companies and requests information on pricing, research in the treatment of respiratory diseases, patenting and business practices. The Group is cooperating with the enquiry.

Anti-trust/competition

Certain governmental actions and private lawsuits have been brought against the Group alleging violation of competition or anti-trust laws.

Lamictal

Purported classes of direct purchasers filed suit in the US District Court for the District of New Jersey alleging that the Group and Teva Pharmaceuticals unlawfully conspired to delay generic competition for *Lamictal*, resulting in overcharges to the purchasers, by entering into an allegedly anti-competitive reverse payment settlement to resolve patent infringement litigation. A separate count accuses the Group of monopolising the market.

On 13 December 2018, the trial judge granted plaintiffs' class certification motion, certifying a class of direct purchasers. The Group filed a Rule 23(f) motion in the Court of Appeals for the Third Circuit, challenging the class certification decision. On 22 April 2020, the Court of Appeals vacated the lower court's grant of class certification and remanded the issue back to the lower court for further analysis.

On 9 October 2020, the district court heard argument on plaintiffs' renewed motion for class certification after remand. On 9 April 2021, the district court denied Plaintiffs' motion for class certification of the putative direct purchaser class, leaving a potential class of brand-only purchasers. Plaintiffs moved to supplement their expert report and seek additional discovery to support the addition of certain generic purchasers. On 21 January 2022, the district court denied Plaintiffs' motion to supplement their expert report and seek additional discovery and held that the issue of generic purchasers had already been decided and denied in the court's ruling on decertification. The parties conducted briefing on class certification as to the remaining brand-only purchasers, with plaintiffs also seeking to add a smaller category of purchasers.

On 1 February 2023, the district court denied Plaintiffs' renewed class certification motion. A series of follow-on complaints have been filed in the US District Court for the Eastern District of Pennsylvania by groups of alleged purchasers. The cases have been consolidated with the previously pending case in the District of New Jersey. Discovery is ongoing.

Notes to the financial statements continued

47. Legal proceedings continued

Commercial and corporate

The Group is involved in certain contractual and/or commercial disputes.

Zejula Royalty Dispute

In October 2012, Tesaro, Inc. (now a wholly owned subsidiary of GSK) entered into two worldwide patent licence agreements with AstraZeneca UK Limited related to niraparib (later approved as *Zejula*). In May 2021, AstraZeneca filed a lawsuit against Tesaro in the High Court, England and Wales alleging that Tesaro failed to pay some of the royalties due under the license agreements. Tesaro has counterclaimed based on a calculated overpayment.

Trial was held in the week of 6 March 2023 and judgment was entered against the Group on 5 April 2023, ruling that all current uses of *Zejula* generate royalty-bearing sales under the wording of the two licence agreements. On 12 June 2023, the Court of Appeal of England and Wales granted the Group's request for permission to appeal the 5 April 2023 judgment. The appeal was heard on 17 January 2024 and on 9 February 2024 the Court of Appeal ruled in the Group's favour, overturning the trial court's judgment and determining that only *Zejula* sales for uses falling within the licensed patents could be deemed royalty-bearing. AstraZeneca requested permission to appeal and on 28 May 2024, the UK Supreme Court rejected AstraZeneca's request. The appropriate quantum of royalties following the Court of Appeal's judgement may be the subject of further proceedings.

48. Post balance sheet events

On 13 January 2025, GSK announced it had entered into an agreement to acquire IDRx, Inc. (IDRx) a clinical-stage biopharmaceutical company dedicated to transforming cancer care with intelligently designed precision therapies. The acquisition includes lead molecule, IDRX-42, a highly selective investigational small molecule tyrosine kinase inhibitor (TKI) being developed as a first- and second-line therapy for the treatment of gastrointestinal stromal tumours.

GSK acquired all of the outstanding equity interests (including all options and other incentive equity) in IDRx for up to US$1.15 billion of total cash consideration, comprising an upfront payment of US$1 billion with potential for an additional US$150 million success-based regulatory approval milestone payment. GSK is also be responsible for success-based milestone payments as well as tiered royalties for IDRX-42 owed to Merck KGaA, Darmstadt, Germany. The transaction was subject to customary conditions, including applicable regulatory agency clearances under the Hart-Scott-Rodino Act in the US, and subsequently closed on 21 February 2025. Given the timing of the closure of the transaction, GSK expects to disclose the provisional accounting for the acquisition in the Q1 2025 Results Announcement.

On 5 February 2025, GSK announced its intention to implement a £2 billion share buyback programme to be completed over an 18 month period. The programme commenced on 24 February 2025 with an initial tranche of up to £0.7 billion.

Investor Information

In this section

Number of employees

Number of employees	2024	2023	2022
US	12,024	12,205	11,946
Europe	32,208	32,675	31,800
International	24,397	25,332	25,654
	68,629	70,212	69,400
Manufacturing	23,082	23,159	23,292
Selling	25,047	26,193	26,310
Administration	7,806	7,888	7,605
Research and development	12,694	12,972	12,193
	68,629	70,212	69,400

The geographic distribution of employees in the table above is based on the location of GSK's subsidiary companies. The number of employees is the number of permanent employed staff at the end of the financial period. It excludes those employees who are employed and managed by GSK on a contract basis.

Pipelines, products and intellectual property

Pharmaceuticals and Vaccines product development pipeline

Key	†	In-license or other alliance relationship with third party	
	^	ViiV Healthcare, a global specialist HIV company with GSK, Pfizer, Inc. and Shionogi Limited as shareholders, is responsible for developing and delivering HIV medicines	
	BLA	Biological Licence Application	
	MAA	Marketing Authorisation Application (Europe)	
	NDA	New Drug Application (US)	
	A	Approved	
	S	Submitted	
	Phase I	Evaluation of clinical pharmacology, usually conducted in volunteers	
	Phase II	Determination of dose and initial evaluation of efficacy, conducted in a small number of patients	
	Phase III	Large comparative study (compound versus placebo and/or established treatment) in patients to establish clinical benefit and safety	

MAA and NDA/BLA regulatory review milestones shown in the table below are those that have been achieved. Future filing dates are not included in this list.

				Achieved regulatory review milestones	
Compound	Mechanism of Action/Vaccine Type	Indication	Phase	MAA	NDA/BLA
Respiratory Immunology and Inflammation					
Nucala	Anti-interleukin 5 (IL5) antibody	COPD	Registration		S: Nov24
depemokimab†	Long-acting anti-interleukin 5 (IL5) antibody	Asthma	Registration	S: Dec24	S: Dec24
		Chronic rhinosinusitis with nasal polyps (CRSwNP)	Registration	S: Dec24	S: Dec24
		Eosinophilic granulomatosis with polyangiitis (EGPA)	Phase III		
		Hypereosinophilic syndrome (HES)	Phase III		
camlipixant	P2X3 receptor antagonist	Refractory chronic cough	Phase III		
latozinemab†	Anti-sortilin monoclonal antibody	Frontotemporal dementia (FTD) due to heterozygous mutations in the progranulin gene	Phase III		
linerixibat	Ileal bile acid transporter (IBAT) inhibitor	Cholestatic pruritus in primary biliary cholangitis (PBC)	Phase III		
Ventolin	Beta 2 adrenergic receptor agonist	Asthma, low carbon version of metered dose inhaler	Phase III		
Benlysta(1)	Anti-B lymphocyte stimulator (BLys) monoclonal antibody	Systemic sclerosis associated interstitial lung disease	Phase II		
		Interstitial lung disease associated with connective tissue disease	Phase III		
GSK1070806	Anti-interleukin 18 (IL18) antibody	Atopic dermatitis	Phase II		
GSK3915393†	Transglutaminase 2 (TG2) inhibitor	Pulmonary fibrosis	Phase II		
GSK4527226 (AL101)†	Anti-sortilin monoclonal antibody	Alzheimer's disease	Phase II		
GSK4532990†	HSD17B13 RNA interference	Non-alcoholic steatohepatitis/Metabolic dysfunction-associated steatohepatitis (NASH/MASH)	Phase II		
GSK4532990†	HSD17B13 RNA interference	Alcohol-related liver disease (ALD)	Phase II		
GSK5784283†(2)	Long-acting anti-thymic stromal lymphopoietin (TSLP) monoclonal	Asthma	Phase II		
belantamab(3)	B-cell maturation antigen binder	Systemic lupus erythematosus	Phase I		
GSK3862995	Anti-interleukin 33 (IL33) antibody	COPD	Phase I		
GSK3888130†	Anti-interleukin 7 (IL7) antibody	Autoimmune disease	Phase I		
GSK4172239†	DNMT1 inhibitor	Sickle cell disease	Phase I		
GSK4347859	Interferon pathway modulator	Systemic lupus erythematosus	Phase I		

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(1) In Phase II/III study.
(2) Phase II study start expected in 2025.
(3) Phase I study start imminent.
(4) Non-registrational.
(5) In Phase I/II study
(6) GSK has an exclusive global license option to co-develop and commercialise the candidate.

Pipelines, products and intellectual property continued

Pharmaceuticals and Vaccines product development pipeline continued

Compound	Mechanism of Action/Vaccine Type	Indication	Phase	Achieved regulatory review milestones MAA	NDA/BLA
Respiratory Immunology and Inflammation continued					
GSK4527363	B-cell modulator	Systemic lupus erythematosus	Phase I		
GSK4528287	Anti IL23-IL18 bispecific antibody	Inflammatory bowel disease	Phase I		
GSK4771261	Monoclonal antibody against novel kidney target	Autosomal dominant polycystic kidney disease	Phase I		
GSK5462688†	RNA-editing oligonucleotide	Alpha-1 antitrypsin deficiency	Phase I		
GSK5926371†	Anti CD19-CD20-CD3 trispecific antibody	Autoimmune disease	Phase I		
Oncology					
Blenrep (belantamab mafodotin)†	ADC targeting B-cell maturation antigen	2L+ Multiple myeloma combination with Pomalyst and dexamethasone	Registration	S: Jun24	S: Sep24
		2L+ Multiple myeloma combination with Velcade and dexamethasone	Registration	S: Jun24	S: Sep24
		1L Multiple myeloma combination with Revlimid and dexamethasone	Phase III		
		Multiple myeloma in combination with anti-cancer treatments (platform study)	Phase II		
		1L Multiple myeloma combination with Velcade, Revlimid and dexamethasone	Phase I		
Jemperli (dostarlimab)†	Anti-programmed cell death protein 1 receptor (PD-1) antibody	1L primary advanced/recurrent endometrial cancer	Approved	A: Jan25	A: Aug 24
		1L Endometrial cancer combination with niraparib	Phase III		
		Peri-operative dMMR/MSI-H colon cancer	Phase III		
		Unresected head and neck squamous cell carcinoma	Phase III		
		Non-small cell lung cancer(4)	Phase II		
		Neoadjuvant dMMR/MSI-H rectal cancer	Phase II		
		Previously untreated MMRp/MSS colon cancer	Phase II		
Ojjaara/Omjjara (momelotinib)†	JAK1, JAK2 and ACVR1 inhibitor	Myelofibrosis with anaemia	Approved	A: Jan24	A: Sep23
belrestotug†	Anti-TIGIT antibody	Non-small cell lung cancer combination with novel immunotherapy combinations	Phase III		
		Squamous cell carcinoma of the head and neck combination with novel immunotherapy combinations	Phase II		
cobolimab†	Anti-T-cell immunoglobulin and mucin domain-3 (TIM-3) antibody	2L Non-small cell lung cancer combination with Jemperli (dostarlimab) and docetaxel	Phase III		
Zejula (niraparib)†	Poly (ADP-ribose) polymerase (PARP) 1/2 inhibitor	1L Maintenance ovarian cancer combination with Jemperli (dostarlimab)	Phase III		
		1L Maintenance non-small cell lung cancer combination with pembrolizumab	Phase III		

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(3) Phase I study start imminent.
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(5) In Phase I/II study
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Pipelines, products and intellectual property continued

Pharmaceuticals and Vaccines product development pipeline continued

Compound	Mechanism of Action/Vaccine Type	Indication	Phase	Achieved regulatory review milestones	
				MAA	NDA/BLA
GSK4381562†	Anti-PVRIG antibody	Cancer	Phase II		
nelistotug†	Anti-CD96 antibody	Cancer	Phase II		
belantamab	B-cell maturation antigen binder	Multiple myeloma	Phase I		
GSK4418959 (IDE-275)†(5)	Werner Helicase inhibitor	dMMR/MSI-H solid tumours	Phase I		
GSK4524101†(5)	DNA polymerase theta inhibitor	Cancer	Phase I		
GSK5733584†	ADC targeting B7-H4	Gynaecologic malignancies	Phase I		
GSK5764227†	ADC targeting B7-H3	Solid tumours	Phase I		
XMT-2056 (wholly owned by Mersana Therapeutics)†(6)	STING agonist ADC	Cancer	Phase I		
HIV^					
cabotegravir	HIV integrase inhibitor	HIV infection	Phase II		
VH3810109†	HIV broadly neutralizing antibody	HIV infection	Phase II		
VH3739937	HIV maturation inhibitor	HIV infection	Phase II		
VH4011499	HIV capsid protein inhibitor	HIV infection	Phase II		
VH4524184†	HIV integrase inhibitor	HIV infection	Phase II		
VH4527079	HIV entry inhibitor	HIV infection	Phase I		
Infectious Diseases					
Arexvy (RSV vaccine)†	Recombinant protein, adjuvanted vaccine	Respiratory syncytial virus prophylaxis in older adult population 50-59 years of age	Approved	A: Jul24	A: Aug24
		Respiratory syncytial virus prophylaxis in adult population 18-49 years of age at increased risk	Phase III		
Penmenvy (Men ABCWY 1st Gen)	Recombinant protein, outer membrane vesicle, glycoconjugate vaccine	Prevention of invasive disease caused by N. meningitis serogroups A, B, C, W and Y in adolescents 10-25 years of age	Approved		A: Feb25
gepotidacin†	Triazaacenaphthylene bacterial type II topoisomerase inhibitor	Uncomplicated urinary tract infection (uUTI)	Registration		S: Jul24
		Urogenital gonorrhoea (GC)	Phase III		
bepirovirsen†	HBV antisense oligonucleotide	Chronic hepatitis B virus infection	Phase III		
Bexsero vaccine	Recombinant protein and outer membrane vesicle vaccine	Prevention of invasive disease caused by N. meningitis serogroup B in individuals 2 months of age and older (US)	Phase III		
ibrexafungerp†	Antifungal glucan synthase inhibitor	Invasive candidiasis	Phase III		
tebipenem pivoxil†	Antibacterial carbapenem	Complicated urinary tract infection (cUTI)	Phase III		
Varicella new strain†	Live, attenuated vaccine	Active immunization for the prevention of varicella in individuals 12 months of age and older	Phase III		
alpibectir†	Ethionamide booster	Tuberculosis	Phase II		
ganfeborole†	Leucyl t-RNA synthetase inhibitor	Tuberculosis	Phase II		
Malaria RTS,S (fractional dose)†	Recombinant protein, adjuvanted vaccine	Malaria prophylaxis (Plasmodium falciparum)	Phase II		
Shigella†	Generalized Modules for Membrane Antigens (GMMA) vaccine	Shigella diarrhea prophylaxis	Phase II		

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(3) Phase I study start imminent.
(4) Non-registrational.
(5) In Phase I/II study
(6) GSK has an exclusive global license option to co-develop and commercialise the candidate.

Pipelines, products and intellectual property continued

Pharmaceuticals and Vaccines product development pipeline continued

Compound	Mechanism of Action/Vaccine Type	Indication	Phase	Achieved regulatory review milestones	
				MAA	NDA/BLA
Infectious Diseases continued					
CMV[5]	Adjuvanted recombinant subunit vaccine	Cytomegalovirus (CMV) infection prophylaxis in females 16-49 years of age	Phase II		
Men ABCWY (2nd Gen)[5]	Recombinant protein, outer membrane vesicle, conjugated vaccine	Prevention of invasive disease caused by N. meningitis serogroup A,B,C,W and Y in adolescents and children 6 weeks of age and older	Phase II		
iNTS (Typhimurium + Enteritidis)†	Bivalent Generalized Modules for Membrane Antigens (GMMA) vaccine	Invasive non-typhoidal salmonella	Phase II		
iNTS (S. typhimurium + S. enteritidis + S.Typhi)†	Bivalent Generalized Modules for Membrane Antigens (GMMA) vaccine and typhoid conjugate vaccine (TCV)	Invasive non-typhoidal salmonella and typhoid fever	Phase II		
mRNA Seasonal Flu†	mRNA vaccine	Active immunization for the prevention of influenza disease in adults 18 years and older	Phase II		
mRNA COVID-19†	mRNA vaccine	Active immunization to prevent COVID-19 disease caused by SARS-CoV-2 in individuals 12 years and older	Phase II		
Measles, mumps, rubella & varicella new strain vaccine	Live, attenuated vaccine	Active immunization for the prevention of measles, mumps, rubella, and varicella in children 12 months through 12 years of age	Phase II		
Pneumococcal 24-valent - paed†	MAPS Pneumococcal 24-valent paed	Prevention of invasive pneumococcal disease, pneumonia, and acute otitis media caused by the Streptococcus pneumoniae 24 serotypes included in the vaccine in children aged 6 weeks - 17 years	Phase II		
mRNA Flu H5N1 pre-pandemic†[5]	mRNA vaccine	Pandemic preparedness registration for active immunization of adults 18+ YoA for the prevention of disease caused by influenza A virus H5N1 subtype contained in the vaccine	Phase II		
daplusiran + tomligisiran†	Hepatitis B virus-targeted siRNA sequential combination	Chronic hepatitis B virus infection	Phase II		
sanfetrinem cilexetil†	Serine beta lactamase inhibitor	Tuberculosis	Phase II		
Salmonella (typhoid + paratyphoid A)†	Bivalent conjugate vaccine	Salmonella (typhoid + paratyphoid A) enteric fever	Phase I		
GSK3772701†	P. falciparum whole cell inhibitor	Malaria	Phase I		
GSK3882347†	FimH antagonist	Uncomplicated urinary tract infection (uUTI)	Phase I		
GSK3923868	PI4K beta inhibitor	Rhinovirus disease	Phase I		
GSK3965193[5]	PAPD5/PAPD7 inhibitor	Chronic hepatitis B virus infection	Phase I		
GSK4024484†	P. falciparum whole cell inhibitor	Malaria	Phase I		
GSK5251738†	TLR8 agonist	Chronic hepatitis B virus infection	Phase I		
GSK5102188[5]	Adjuvanted recombinant subunit vaccine	Active immunization for the prevention of urinary tract infection (UTI) caused by uropathogenic Escherichia coli (UPEC) in 18+ adults at increased risk.	Phase I		
mRNA Seasonal Flu/ COVID-19†[5]	mRNA vaccine	Active immunization for the prevention of influenza disease and COVID-19 disease caused by SARS-CoV-2 in adults 18 years and older	Phase I		

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(2) Phase II study start expected in 2025.
(3) Phase I study start imminent.
(4) Non-registrational.
(5) In Phase I/II study
(6) GSK has an exclusive global license option to co-develop and commercialise the candidate.

Pipelines, products and intellectual property continued

Pharmaceutical products and intellectual property

Products	Compounds	Indication(s)	Patent expiry dates[1] US	Patent expiry dates[1] EU
Specialty Medicines and Intellectual Property				
HIV				
Apretude	Cabotegravir	HIV prevention	2031* *2026-2031*	2031 *2031*
Cabenuva/Vocabria + Rekambys	Cabotegravir, rilpivirine	HIV/AIDS	2031* *2026-2038*	2031 *2031*
Rukobia	Fostemsavir	HIV/AIDS	2029 *2025-2027*	2025 *2034*
Dovato	Dolutegravir, lamivudine	HIV/AIDS	2028 *2030-2031*	2029 *2029-2034**
Juluca	Dolutegravir, rilpivirine	HIV/AIDS	2028 *2025-2038*	2029 *2025-2029*
Triumeq	Dolutegravir, lamivudine and abacavir	HIV/AIDS	2028 *2030*	2029 *2029*
Tivicay	Dolutegravir	HIV/AIDS	2028 *2030*	2029 *2029*
Respiratory/Immunology				
Benlysta, Benlysta (SC and IV)	belimumab	systemic lupus erythematosus, lupus nephritis	2025 *2029- 2035*	2026 *2035*
Nucala	mepolizumab	Asthma, CRSwNP, EGPA, HES	*2029-2036*	*2028- 2031*
Oncology				
Blenrep	belantamab mafodotin	relapsed/refractory multiple myeloma	2032 *2038*	2032
Jemperli	dostarlimab	dMMR/MSI-H recurrent/ advanced endometrial cancer, dMMR solid tumours	2035* *2034-2038*	2036 *2038*
Ojjaara/Omjjara	momelotinib	myelofibrosis in patients with anemia	2030 *2035-2040*	2028 *2039**
Zejula	niraparib	ovarian cancer	2031 *2027-2039*	2032 *2029-2037*
Pandemic				
Xevudy	sotrovimab	Early treatment of COVID-19	2041	2041
General Medicines and Intellectual Property				
Respiratory				
Anoro Ellipta	umeclidinium bromide/vilanterol trifenatate	COPD	2027 *2025-2031*	2029 *2025-2030*
Flixotide/Flovent	fluticasone propionate	Asthma	*2026*	expired
Relvar/Breo Ellipta	fluticasone furoate/vilanterol trifenatate	Asthma, COPD	2025 *2027-2031*	2028 *2025-2029*
Seretide/Advair	salmeterol xinafoate/fluticasone propionate	Asthma, COPD	*2026*	expired
Trelegy Ellipta	fluticasone furoate/vilanterol trifenatate/ umeclidinium bromide	COPD, asthma	2027 *2025-2031*	2029 *2025-2032*
Ventolin	Salbutamol sulphate	Asthma, COPD	*2026*	expired
Other General Medicines				
Augmentin	Amoxicillin trihydrate/potassium clavulanate	Common bacterial infections	NA	expired
Lamictal	lamotrigine	Epilepsy, bipolar disorder	expired	expired

(1) Patent expiry dates in normal text relate to the latest expiring new molecular entity patents in the relevant territory. *Patent expiry dates in italics relate to other patents*. Where appropriate, unless otherwise indicated all patent expiry dates include granted Patent Term Extensions in the US, granted Supplementary Protection Certificates in EU, and Paediatric Exclusivity periods. Additional exclusivities (for example regulatory data protection) may exist but are not listed in the table. (* = date includes pending PTE in US or SPC in EU)

Pipelines, products and intellectual property continued

Pharmaceutical products and intellectual property continued

Vaccines and Intellectual Property

Products	Compounds	Indication(s)	Patent expiry dates[1] US	Patent expiry dates[1] EU
Arexvy	Respiratory syncytial virus vaccine	Respiratory syncytial virus vaccination	2030	2032
Bexsero	meningococcal group-B vaccine	Meningitis group B prophylaxis	2027	2028
Boostrix	diphtheria, tetanus, acellular pertussis	diphtheria, tetanus, acellular Pertussis booster vaccination	expired	expired
Infanrix/Pediarix	diphtheria, tetanus, pertussis, polio, hepatitis B, Haemophilus influenzae type B (EU)	Prophylaxis against diphtheria, tetanus, pertussis, polio, hepatitis B, Haemophilus influenzae type B (EU)	expired	expired
Cervarix	HPV 16 & 18 virus like particles (VLPs), AS04 adjuvant (MPL + aluminium hydroxide)	human papilloma virus type 16 and 18	Not marketed in US	expired
Fluarix	split inactivated influenza antigens (2 virus subtypes A and 2 subtype B)	seasonal influenza prophylaxis	expired	expired
FluLaval	split inactivated influenza antigens (2 virus subtypes A and 2 subtype B)	seasonal influenza prophylaxis	expired	expired
Menveo	meningococcal group A, C, W-135 and Y conjugate vaccine	Meningitis group A, C, W-135 and Y prophylaxis	2025	2025
Priorix, Priorix Tetra, Varilrix	live attenuated MMR, Varicella and MMRV vaccines	measles, mumps, rubella and chickenpox prophylaxis	expired	expired
Rotarix	Human rotavirus RIX4414 strain	Rotavirus prophylaxis	expired	expired
Synflorix	conjugated pneumococcal polysaccharide	Prophylaxis against invasive disease, pneumonia, acute otitis media	Not marketed in US	2026
Shingrix	zoster vaccine recombinant, adjuvanted	herpes zoster (shingles)	2029	2031

(1) Patent expiry dates in normal text relate to the latest expiring new molecular entity patents in the relevant territory. *Patent expiry dates in italics relate to other patents.* Where appropriate, unless otherwise indicated all patent expiry dates include granted Patent Term Extensions in the US, granted Supplementary Protection Certificates in EU, and Paediatric Exclusivity periods. Additional exclusivities (for example regulatory data protection) may exist but are not listed in the table. (* = date includes pending PTE in US or SPC in EU)

Risk Factors

We outline below the principal risks and uncertainties relevant to our business, financial condition and operations that may affect our performance and ability to achieve our objectives. These are the risks that we believe could cause our actual results to differ materially from expected and historical results.

We must comply with a broad range of laws and regulations which apply to the research and development (R&D), manufacturing, testing, approval, distribution, sales, and marketing of pharmaceutical and vaccine products. These affect the cost of product development, the time required to reach the market and the likelihood of doing so successfully on an uninterrupted basis.

As rules and regulations change, government interpretation and policy evolves, and our business activities develop, the nature of a particular risk may also alter. Changes to regulatory regimes may be substantial. Any alteration in, and failure to comply with, applicable laws and regulations could materially and adversely affect our financial results.

Similarly, our global business exposes us to litigation and government investigations, including product liability litigation, patent and antitrust litigation and sales and marketing litigation.

Litigation and government investigations, and the related provisions we may make for unfavourable outcomes and increases in related costs, such as insurance premiums, could also materially and adversely affect our financial results.

Detail on the status and various uncertainties in our significant unresolved disputes and potential litigation is set out in Note 47 ‘Legal proceedings’ on page 265.

Patient safety

Risk definition

The risk that GSK, including our third parties, fails to appropriately collect, assess, follow up, or report human safety information, including adverse events, from all potential sources or that GSK potentially fails to appropriately act on any relevant findings that may affect the benefit-to-risk profile of a medicine or vaccine in a timely manner.

Risk impact

GSK will not tolerate an unfavourable benefit-to-risk profile for patients who use our products. The most important consequence of ineffective pharmacovigilance is the potential for harm to patients, so we uphold stringent procedures for managing human safety information, conducting timely safety signal detection and ensuring appropriate measures are in place to manage risks to patients. We are dedicated to adhering fully to pharmacovigilance and other relevant regulations globally. Failure to comply could lead to inspection findings, regulatory scrutiny, civil or criminal sanctions and either temporary or permanent revocation of product marketing authorisation. We regularly review and respond to all patient safety risks to limit the potential for reputational damage, loss of trust from patients and healthcare providers, product-related litigation, and reduced shareholder confidence.

Context.

We are accountable for protecting patients and participants in clinical trials who receive our medicines and vaccines, whether they are in development or marketed, from harm. An unforeseen event that unfavourably shifts the benefit-to-risk profile is not a probable occurrence, but such an event cannot be fully discounted, and more generally, we cannot predict all circumstances impacting safety and efficacy that could potentially result in harm to patients. We operate in a complex and restrictive pharmacovigilance regulatory environment, which can be further complicated by differing requirements among regulatory agencies. Such regulatory complexity is further illustrated by instances of regulatory agencies taking decisions on the safety of medicines and vaccines based on externally available data that may not be accessible to the marketing authorisation holder. This could hinder our ability to make prompt decisions and take appropriate action in relation to the safety of our products, or to confirm or refute conclusions asserted by external parties. This issue could potentially extend to next-generation digital health data held by tech companies or other data custodians, which may be inaccessible to our industry and/or regulatory agencies.

Numerous information sources, including publications not based on robust scientific research, media coverage, social media, Artificial Intelligence (AI) tools and government health authorities, could potentially lead to a surge in reports related to products and/or adverse events. Such information and reports, as well as poor management of patient safety risks generally could lead to harm to our reputation, reduced trust from patients and healthcare providers, and a decline in shareholder confidence, as well as increased regulatory scrutiny. It could also increase the number of product-related legal cases, including class-action lawsuits which GSK and our industry frequently encounter.

Risk Factors continued

Product quality

Risk definition

The risk that GSK or our third parties potentially fail to ensure appropriate controls and governance of quality for development and commercial products are in place; compliance with industry practices and regulations in manufacturing and distribution activities; and terms of GSK product licenses and supporting regulatory activities are met.

Risk impact

A failure to ensure product quality could have far-reaching implications for patient safety, cause product launch delays, drug shortages or product recalls, and have regulatory, legal, and financial consequences.These could materially and adversely affect GSK's reputation and financial results.

Context

The external environment for product quality remains challenging. The impact of continuing nationalism and geopolitical tensions, and of new and emerging regulations with a gradual divergence in regulatory expectations by some health authorities, as well as a strong focus from regulators on inspections and prevention of drug shortages present a broad set of challenges to our sites and functions as they support product quality and our licence to operate. The rapid advancement and use of digital technologies, particularly the use of AI and Machine Learning (ML), within an evolving regulatory framework, introduce both the opportunity to accelerate ways of working and the potential to impact product quality if not adequately controlled. We need to align to new and updated regulatory guidance as it emerges. The threat of cyber-attacks and data breaches across the industry could risk the integrity of product quality data and its audit trail. Attracting and retaining key specialised skills to deliver quality innovation in manufacturing and development is potentially challenging in a highly competitive environment and remains a focus for our innovative new platforms.

Financial controls and reporting

Risk definition

The risk that GSK fails to comply with current tax laws; fails to report accurate financial information in compliance with accounting standards and applicable legislation; or incurs significant losses due to treasury activities.

Risk impact

Non-compliance with existing or new financial or ESG reporting and disclosure requirements, or changes to the recognition of income and expenses, could expose GSK to litigation and regulatory action and could materially and adversely affect our financial results. Failure to comply with changes in the substance or application of the laws governing transfer pricing, dividends, tax credits and intellectual property could also materially and adversely affect our financial results. Failure to comply with applicable laws and regulations could result in GSK being investigated by relevant government agencies and authorities and/or in legal proceedings against us. Government investigations and litigation, can be unpredictable and regardless of their outcome, may be costly, require significant management attention, and damage our reputation. Inconsistent application of treasury policies, transactional or settlement errors, or counterparty defaults could lead to significant losses.

Context

The laws of various jurisdictions require us to publicly disclose our financial results and any events that could materially affect the Group's financial results. Regulators routinely review the financial statements of listed companies for compliance with new, revised, or existing accounting and regulatory requirements. We believe that we comply with the appropriate regulatory requirements concerning our financial statements and the disclosure of material information, including any transactions relating to business restructuring such as acquisitions and divestitures. However, should we be subject to an investigation into potential non-compliance with accounting and disclosure requirements, this could lead to restatements of previously reported results and significant penalties. Our Treasury group deals daily in high value transactions, mostly foreign exchange and cash management transactions. These transactions involve market volatility and counterparty risk. The Group's effective tax rate reflects the locations of our activities and the value they generate, which determine the jurisdictions in which profits arise and the applicable tax rates.

These may be higher or lower than the UK statutory rate and may reflect regimes that encourage innovation and investment in R&D by providing tax incentives which, if changed, could affect GSK's effective tax rate. In addition, the worldwide nature of our operations means that our cross-border supply routes, necessary to ensure supplies of medicines and vaccines, can result in conflicting claims from tax authorities as to the profits to be taxed in individual countries.

This can lead to double taxation, with the same profits taxed in more than one country. The complexity of tax regulations also means that we may occasionally disagree with tax authorities on the technical interpretation of a particular area of tax law. The tax charge included in our financial statements is our best estimate of tax liability pending any audits by tax authorities. We expect there to be a continued focus on tax reform, driven by international initiatives set by the OECD, the European Commission and the UN, as well as various domestic initiatives. These may result in significant changes to established tax principles and an increase in tax authority disputes. Regardless of their merit or outcomes, these may be costly, divert management attention and adversely impact our reputation and relationship with key stakeholders. Laws, regulations, orders and other measures restrict dealings with certain countries, governments, government officials, entities and individuals, and the use of financial institutions and movement of funds.

Risk Factors continued

Legal matters

Risk definition

The risk that GSK or our third parties potentially fail to comply with certain legal requirements for the development and management of our pipeline, supply and commercialisation of our products and operation of business, and specifically in relation to requirements for competition law, anti-bribery and corruption, and sanctions. Any failure to comply with legal standards for these particular areas could lead to increasing scrutiny and enforcement from government agencies.

Risk impact

Failure to mitigate this risk could subject GSK and associated persons to governmental investigation, regulatory action, and civil and criminal liability. It may hinder GSK's ability to supply its products under certain government contracts. Moreover, failure to manage legal risk could have substantial implications for GSK's reputation and the reputation of its senior leadership. It could undermine investor confidence in our governance, risk management and future performance, and negatively affect share performance. It could result in substantial financial penalties and the imposition of additional reporting obligations.

Context

The general landscape for anti-bribery and corruption, competitive practices, and sanctions and export controls continues to be challenging with increased scrutiny from government agencies. Authorities remain committed to robust foreign bribery investigations and prosecutions, with a particular focus on the conduct of multi-national companies regardless of their location. We have observed evolving trends in relation to sanctions, where penalties for violations which were previously imposed mainly on large international banks are now also imposed on companies across various industries. The financial penalties in these cases are often substantial. The applicable laws are often uncertain, unstable or evolving and can conflict across different markets making it challenging to determine exact requirements of local laws in every market.

Developments in the external environment include an increase in transparency and collaboration among enforcement authorities with the aim of reducing bribery and corruption globally.

Commercial practices

Risk definition

The risk that GSK or our third parties potentially engage in commercial activities that fail to comply with laws, regulations, industry codes, and internal controls and requirements.

Risk impact

It could materially and adversely affect our ability to deliver our strategy and long-term priorities if we fail to engage in activities that are consistent with: the letter and spirit of the law, industry regulations, or the Group's requirements relating to sales and promotion of medicines and vaccines; appropriate interactions with healthcare professionals (HCPs), organisations and patients; legitimate and transparent transfers of value; and pricing and competition regulations in commercial practices, including trade channel activities and business tendering. Additionally, such a failure may result in incomplete awareness of the risk/benefit profile of our products and possibly suboptimal treatment of patients and consumers; governmental investigation, regulatory action and legal proceedings brought against the Group by governmental and private plaintiffs which could result in government sanctions; and criminal and/or financial penalties. Any practices that are found to be misaligned with our culture could also result in reputational harm and dilute the trust established with external stakeholders.

Context

We operate in a highly regulated and extremely competitive biopharma industry, amongst peers who make significant product innovations and technical advances and intensify price competition. The external environment is challenging. Governments have increased their focus on initiatives to drive down medicine and vaccines costs for consumers. There is an expectation there will be continued focus on regulating drug prices . Additional external factors include access limitations to our customers, major geopolitical events in key markets, macroeconomic inflationary dynamics, and pricing pressure across markets. For example, in the US, a number of legislative proposals have been introduced and/or signed into law that attempt to lower drug prices, including the Inflation Reduction Act. To achieve our strategic objectives, we must continue to develop commercially viable new products, sustain reliable supply, and deliver additional uses for existing products that address the needs of patients, consumers, HCPs and payers.

Financially, new products/indications carry with them an uncertainty of future success. Product development is costly, lengthy, and uncertain, and carries the potential for failure at any stage. Even after successful product development, we face challenges in how we launch, and competitors' products or pricing strategies could render our assets less competitive. We support product innovation through our continued focus on both in-person and virtual engagement, with a constant focus on our patient. Once we have an approved medicine or vaccine, it is our obligation to provide important information to the healthcare community in various ways, always in a responsible, legal, and ethical manner.

Appropriate product promotion ensures HCPs have access to the information they need, that patients and consumers have the facts about the medicines and vaccines they require, and that products are prescribed, recommended, or used in a lawful and compliant manner that provides healthcare benefit.

Risk Factors continued

Scientific and patient engagement

Risk definition

The risk that GSK or our third parties potentially fail to engage externally to gain insights, educate and communicate on the science of our medicines and associated disease areas, and provide healthcare and patient support, grants and donations in a legitimate and transparent manner compliant with laws, regulations, industry codes and internal controls and requirements.

Risk impact

Without controls in place, GSK is exposed to the risk of real, perceived, or disguised promotion, including off-label and prior authorisation promotion. This could lead to reputational damage, competitor complaints, regulatory inspections with subsequent corrective actions, or civil litigation.

We must fully and appropriately engage externally to bring patient benefit, and to advance science and innovation, while delivering our strategy. Otherwise, we risk reducing the trust of the public, patients, healthcare professionals, payers, regulators, and governments.

Context

Scientific and patient engagements are diverse non-promotional activities directed at healthcare professionals, patients, payers, and other external stakeholders. Such engagements aim to improve patient care through the exchange or provision of knowledge on the use of our products and related diseases.

We expect our activities to be scientifically sound and accurate, conducted ethically and transparently, and compliant with applicable codes, laws, and regulations. There are many industry and local codes and laws and other regulations that apply, including in the areas of privacy, data integrity and pharmacovigilance.

Data ethics and privacy

Risk definition

The risk that GSK or our third parties potentially fail to ethically collect; use; re-use through AI, data analytics or automation; secure; share and destroy personal information in accordance with laws, regulations, and internal controls and requirements.

Risk impact

Non-compliance with data privacy laws could lead to harm to individuals and GSK. It could also damage trust between GSK and individuals, communities, business partners and government authorities. Many countries have increased the enforcement powers of their data protection authorities, allowing them to impose significant fines, restrict cross-border data flows, or temporarily ban data processing. Many new national laws also enable individuals to bring collective legal actions against companies for failing to follow data privacy laws.

Context

Data protection and privacy legislation is diverse, with limited global harmonisation or simplification, making it challenging for any multi-national company to standardise its approach to compliance. Governments are enforcing compliance with data protection and privacy laws more rigorously.

The approach and focus of data protection and privacy regulators also differs between regions and countries, which creates further challenges for global organisations seeking to implement a single harmonised global privacy programme.

Increases in the volume of data processed and advances in technology have resulted in a greater focus on data governance and the ethical use of personal information, over and above compliance with data privacy laws. Companies seeking to foster innovation in AI/ML and other new technologies are faced with evolving decisions from policymakers on how best to promote trust in these systems and avoid unintended outcomes or harmful impacts. Regulators (including in the EU, UK, US and China) continue to introduce regulatory developments around the use of AI/ML. This evolving regulatory landscape adds more complexity to our activities.

Additionally, the geopolitical environment significantly influences the evolution of laws concerning the localisation of data, restrictions on international transfers and data security (including, in 2024, the proposed BIOSECURE Act in the US). This increasing trend for data sovereignty may impact our ability to innovate and to effectively operate internationally.

Risk Factors continued

Research practices

Risk definition

The risk that GSK or our third parties potentially fail to adequately conduct ethical and credible pre-clinical and clinical research, collaborate in research activities compliant with laws, regulations, and internal controls and requirements.

Risk impact

The potential impacts of this risk include harm to human subjects, reputational damage, failure to secure regulatory approvals for our products, governmental investigation, legal actions by governmental and private entities (including product liability suits and claims for damages), revenue loss due to inadequate patent protection or inability to supply our products, and regulatory action such as fines, penalties, or loss of product authorisation. Poor data integrity and governance could compromise GSK's R&D efforts and negatively impact our reputation. Any of these could severely impact our financial results and erode trust among patients and customers.

Context

Human research is critical to assessing and demonstrating the safety and efficacy of our investigational products, discovering new products, and for further evaluating our products post-approval. This research includes clinical trials involving both healthy volunteers and patients, and it adheres to stringent regulations and the highest ethical, medical, and scientific standards. Our clinical trials reflect the populations affected by the diseases we are aiming to address. We are committed to ensuring we recruit participants to our clinical trials in line with the epidemiology of the diseases in question and we ensure that the patients and people enrolled in our clinical trials represent the real-world patient/people population affected by the disease under study and that will use our medicines and vaccines. We are committed to transparency and disclose the results of our human research externally, regardless of whether they cast our products in a positive or negative light, to ensure that the scientific community can benefit from our findings.

Additionally, our work with human biological samples is crucial to the discovery, development, and safety monitoring of our products. We are committed to managing these human biological samples in accordance with relevant laws, regulations, and ethical principles, and in a manner that respects the interests of sample donors.

Data is pivotal to our R&D strategy, and we continue to leverage healthcare technologies and maximise the use of data to serve patients. Governing our data in accordance with relevant laws, regulations, contractual obligations, expectations, and our culture across data ethics, privacy, information and cyber security, and data integrity is essential .

The external environment is increasingly challenging and influenced by the regulatory and political environment in addition to the rising trend of data sovereignty and the developing global landscape of quality standards, data protection, privacy and cyber laws with potential impact on how we conduct our research in a global setting. Research involving animals can raise ethical concerns. In many cases, however, research involving animals is the only way to investigate the effects of a potential new medicine or vaccines in a living body other than in humans. Animal research provides critical information about the causes and mechanisms of diseases and therefore remains a vital part of our research. We continually seek ways in which we can minimise or find alternatives to the use of animals in research, development, and testing, while complying with regulatory requirements and reducing the impact on the animals used.

Biological materials are required for the discovery, research, and development of our assets. We are committed to conducting research is compliance with terms and conditions of licenses, agreements, or authorisations under which we acquire, use, or transfer biological materials and technologies. Through the Convention on Biological Diversity (CBD) and the Nagoya Protocol, the international community has established a global framework regulating access to, and use of, genetic resources of non-human origin in research and development. We support the equitable access and fairness principles of access and benefit sharing (ABS) outlined in the CBD and the Nagoya Protocol. We also recognise the importance of appropriate, effective, and proportionate implementation measures at national and regional levels.

Risk Factors continued

Environment, health, and safety (EHS)

Risk definition

The risk that GSK or our third parties potentially fail to ensure appropriate controls and governance of the organisation's assets, facilities, infrastructure, and business activities, including execution of hazardous activities, handling of hazardous materials, or release of substances harmful to the environment that disrupt supply or harm employees, third parties or the environment.

Risk impact

Failure to manage EHS risks could result in significant harm to people, the environment and the communities in which we operate, fines, inability to meet stakeholder expectations and regulatory requirements, litigation or regulatory action, and damage to the company's reputation. This could materially and adversely affect our financial results.

Context

GSK is subject to the health, safety and environmental laws of various jurisdictions. These laws impose duties to protect people, the environment and the communities in which we operate. The external regulations continue to arise and evolve, notably new sustainability directives from the EU and Canada and proposed rules in the US and evolving PFAS regulations. Developments in AI and data protection have also added both opportunities and challenges.

Information and cyber security

Risk definition

The risk that GSK or our third parties fail to ensure appropriate controls and governance to identify, protect, detect, respond, and recover from cyber security incidents in accordance with applicable laws, regulations, industry standards, internal controls, and requirements. This could be due to unauthorised access, disclosure, loss, theft, unavailability or corruption of GSK's information, key systems, or technology infrastructure.

Risk impact

Failure to adequately protect our information and systems against cyber security threats may cause harm to patients, workforce and customers, disruption to our business and/or loss of commercial or strategic advantage, regulatory sanction, or damage to our reputation.

Context

The external environment remains challenging, with increased geopolitical conflict and digital nationalism, rising frequency of data breaches, and growing sophistication of cyber threat actors. New cyber regulations and privacy laws, along with the anonymity provided by cryptocurrencies and the dark web, are complicating the environment. GSK's business relies on a highly connected information network, making our systems and information targets for cyber security threats. This means that companies' systems and information have been and will continue to be targeted by cyber security threat actors. Acceleration in the use of digital, data and analytics, AI/ML and could computing capabilities to drive GSK's pipeline, performance and productivity requires us to continuously adapt and strengthen our controls and defensive capabilities. We also rely on third-party contractors, partners, and suppliers who face similar cyber security threats.

Risk Factors continued

Supply continuity

Risk definition

The risk that GSK or our third parties potentially fail to deliver a continuous supply of compliant finished product or respond effectively to a crisis incident in a timely manner to recover and sustain critical supply operations.

Risk impact

We recognise how important continuity of supply of our products is to the patients who rely on them. Difficulties with forecasting demand for our products or their manufacture or distribution can lead to:

– Product shortages and product recalls
– Regulatory intervention
– Reputational harm
– Lost sales revenue

To respond, we need sophisticated end-to-end supply chain management combined with robust crisis management and business continuity plans.

Context

We operate our supply chains in a continually evolving, highly regulated environment. There is no single set of global regulations which governs the manufacture and distribution of medicines, and we must adhere to the requirements in all those markets in which we licence, sell or manufacture our products. We rely on our internal Quality Management System and our Internal Control Framework to ensure we maintain our licence to operate.

Our complex end-to-end supply chains often involve third-party suppliers, from Active Pharmaceutical Ingredient (API) manufacturers and raw material suppliers through to third party logistics providers and contract engineering firms.

We continue to operate our global supply chains in a rapidly changing geopolitical environment. Increasing nationalism and friction between the US and China creates divergence from global supply strategy.

Increasing environmental regulation and reporting across the healthcare sector has the potential to increase scrutiny by investors, governments and non-governmental organisations as net-zero climate targets progress. Evolving regulation and increasing scrutiny is being incorporated into public procurement of medicines and vaccines.

Climate change

Risk definition

Failure in the management of:

– Physical climate and environmental risks;

– Current and future regulatory requirements for environmental compliance, disclosure and taxes;

– Delivery and performance of management environmental objectives leading to: reduced supply chain resilience; product life cycle management issues; loss of trust/reputation with employees, investors, customers, regulators and other stakeholders, increased costs; loss of sales or market access; negative impacts on the environment.

Risk impact

We recognise that the way we respond to climate change and manage environmental risks affects our ability to supply products to patients and consumers and could lead to harm to the environment and our reputation. For example:

– Changes to regulations governing the supply of high global warming potential (GWP) substances by the EU, UK and US governments will restrict our ability to manufacture metered dose inhalers;
– Increasing levels of water stress could lead to interruptions to supply of water to our and third-party supply sites;
– Increasing frequency and impact of extreme weather events that could disrupt GSK and third-party supplier sites;
– Future regulatory policy responses to address climate change could lead to the imposition of carbon taxes by countries where we manufacture and source goods from third parties;
– Our nature-based projects might not deliver sufficient volumes of carbon credits to meet our needs in a given year, requiring us to buy additional credits at higher costs;
– Failure to meet fast-evolving regulatory requirements on disclosures and environmental compliance could lead to regulatory actions or fines;
– Failure to meet changing stakeholder expectations such as from health systems with increasing demands for low carbon medicines and vaccines, affecting demand for our products, which may have an adverse impact on our financial results and longer-term loss of trust, undermining the credibility of the company.

Context

It is increasingly understood that the interconnected effects of climate change, nature loss, and society's impact on both are influencing human health. Internal and external expectations for companies to address their impact on the environment are increasing, as are the effects of climate change on operational resilience.

Regulations on environmental compliance, disclosure and environmentally related taxation are rapidly evolving in jurisdictions around the world, such as the EU Corporate Sustainability Reporting Directive, which requires increasing levels of disclosure and data assurance.

Our ability to meet our targets of reducing carbon emissions by 80% and 90% by 2030 and 2045 (in each case, from a 2020 baseline), respectively, is based on successful regulatory outcomes from the programme to redevelop our Ventolin inhaler using a lower-carbon propellant.

Risk Factors continued

Pipeline delivery

Risk definition

The risk that GSK fails or has delay in the delivery of our pipeline of new medicines, vaccines or other products.

Risk impact

Failure to ensure appropriate controls and governance over pipeline delivery risk could cause product launch delays, adversely impact our ability to deliver new medicines and vaccines to patients, and negatively impact our reputation, financial results and ability to deliver on our strategy.

Context

The discovery and development of new products and new approved uses for existing products is essential for the sustained strength of our business. It is crucial to continually replenish the pipeline to offset revenue loss when products lose exclusivity or market share, and to respond to emerging healthcare and patient needs.

Developing pharmaceutical and vaccine products can be complex, risky, costly and lengthy. The regulatory and payer (such as health insurance companies, governments or employers that cover costs for prescription medicines and vaccines) landscape continues to evolve and can influence the drug approval process and drug pricing and shapes the potential use of our medicines and vaccines in the market.

The use of technology and partnerships are increasingly important in successful R&D execution, adding greater predictability and pace in pipeline delivery. Seeking and acquiring external innovation through licensing deals, mergers, and acquisitions to access new technologies and high potential drug candidates is another key driver for pipeline growth. There is, however, increasing competition from companies to secure the most promising deals. This increased competition could adversely impact our ability to support pipeline delivery with external opportunities. Additionally, we may miscalculate risks or value associated with business development transactions to support our pipeline based on information available to us at the time of deal, which could adversely impact our pipeline growth, business operations, or financial results.

The convergence of science and technology continues to shape the discovery, development and delivery of medicines and vaccines to patients. The biopharma industry and governments continue to work together to develop a policy and regulatory environment, including a global framework, which will stimulate and protect innovative research and development with trust and transparency considering these technology advances. We invest in data tech, including AI, and platform technologies to be faster, more effective and more predictive in discovering and developing highly innovative and impactful medicines and vaccines. We invest in technology to reach people and patients better and faster and empower our scientists to do their best work. Our investments in technology and stakeholder engagement to influence the global framework may not achieve intended benefits, adversely impacting our financial operations, ability to deliver new medicines and vaccines to patients, and delivery on our strategy.

Emerging risks

Skills and capability planning

Risk definition

The risk that GSK potentially fails to ensure adequate skills and capability planning to enable delivery of our strategic priorities.

Risk impact

Failure to mitigate this risk could impact our reputation, damage trust between GSK and our employees, and our adversely impact our operations and ability to deliver on our strategy.

Context

Developing and maintaining a skilled and talented workforce with the right capabilities to address our strategic goals impacts our ability to deliver on long term strategic objectives, driving increasing need for robust skills and capabilities planning. Significant advances in science and technology are rapidly evolving the skills and capabilities needed for jobs across the pharmaceutical and healthcare industry. The talent pool is small and highly competitive, with companies increasingly evaluating how they attract, integrate, incentivise and retain talent over time and reskill and develop capability internally. It is essential we continue to assess and evolve the skills and capability needed to achieve our business priorities in a dynamic environment.

Risk Factors continued

Regulatory environment

Risk definition

The risk that GSK fails to adapt to changes in the regulatory environment, new or amended legislation and governmental action in relation to the pharmaceutical and healthcare industry.

Risk impact

Changes in the regulatory environment, the introduction of new or amended legislation, government spending and policies and other actions in relation to the pharmaceutical and healthcare industry may continue to have an impact on prices for GSK's products, GSK's ability to introduce products to the market, adversely impact the availability of and access to GSK's products, and increase GSK's regulatory burdens and costs, which have adversely affected and may adversely affect in the future GSK's business, cash flows, results of operations, financial condition and prospects.

Context

The pharmaceutical and healthcare industry in which GSK operates is subject to an increasing number of extensive governmental laws and regulations, investigations and legal actions by national and local governmental agencies, in the countries in which GSK operates. Legislative and regulatory proposals and enactments to reform healthcare insurance programs and increasing economic pressure could significantly influence the manner in which GSK's products are prescribed and purchased. For example, in the United States, provisions of the Affordable Care Act have resulted in changes in the way healthcare is paid for by both governmental and private insurers. Certain other U.S. laws, such as the Inflation Reduction Act and the American Rescue Plan Act, have introduced other measures relating to drug prices, including government price-setting for certain drugs, statutory caps on rebates drug manufacturers pay to Medicaid, and financial penalties for drug prices that rise faster than the rate of inflation.

In the UK, EU and other international markets, governments provide healthcare at low costs and regulate drug prices, patient eligibility and/or reimbursement levels, and have announced or implemented measures, and may implement new or additional measures, to reduce and further control healthcare costs in order to limit government spending and control costs.

In addition, changes to regulatory authorities' timing or requirements for approval or clearance of GSK's drugs may have a negative impact on GSK's ability to bring new products to the market, and a rescission of a previous approval may require GSK to withdraw a product from the market.

Geopolitical developments

Risk definition

The risk that geopolitical and social tensions, give rise to restrictive measures that may negatively impact GSK's operations.

Risk impact

Geopolitical and social tensions, such as changes in government, sovereign risks, acts of war or aggression or terrorism, have had and could continue to have a direct and indirect impact on the pharmaceutical industry and GSK's operations. The introduction of aggressive trade, monetary and fiscal policies by governments and/or central banks generally in response to geopolitical and social tensions, or to address market-specific factors such as inflation, could lead to recessions in the jurisdictions in which we operate and raise the cost-of-living in those markets, resulting in further pressure on prices for our products and costs. Any of these developments may materially and adversely affect GSK's business, cash flows, results of operations, financial condition and prospects.

Context

Geopolitical and social tensions in recent years have led governments to introduce, or threaten to introduce protectionist measures, including tariffs and other trade restrictions. For example, the introduction of tariffs or other trade restrictions on pharmaceutical products or active pharmaceutical ingredients could cause an interruption in or disruption to our supply chain and our ability to produce and deliver our products, and our ability to pass on the related costs may be limited due to our inability to influence reimbursement mechanisms, challenge government limits on drug prices or competitive pressures.

Shareholder information

Share capital and control

Details of our issued share capital and the number of shares held in Treasury as at 31 December 2024 can be found in Note 37 to the financial statements, 'Share capital and share premium account'.

Our Ordinary Shares are listed on the London Stock Exchange (LSE) and are also quoted on the New York Stock Exchange (NYSE) in the form of American Depositary Shares (ADS). Each ADS represents two Ordinary Shares. For details of listed debt and where it is listed refer to Note 30 to the financial statements, 'Net debt'.

Holders of Ordinary Shares and ADS are entitled to receive dividends (when declared) and a copy of the company's Annual Report (if elected). They are also entitled to attend, speak, appoint proxies and exercise voting rights at general meetings of the company.

There are no restrictions on the transfer, or limitations on the holding, of Ordinary Shares and ADS and no requirements to obtain approval prior to any transfers. No Ordinary Shares or ADS carry any special rights with regard to control of the company and there are no restrictions on voting rights. Major shareholders have the same voting rights per share as all other shareholders. There are no known arrangements under which financial rights are held by a person other than the holder of the shares and no known agreements on restrictions on share transfers or on voting rights.

Shares acquired through the Group's employee share plans rank equally with the other shares in issue and have no special rights. The trustees of our Employee Share Ownership Plan Trusts have waived their rights to dividends on shares of GSK plc held by those Trusts.

Exchange controls and other limitations affecting holders

Other than certain economic sanctions, which may be in force from time to time, there are currently no applicable laws, decrees or regulations in force in the UK restricting the import or export of capital or restricting the remittance of dividends or other payments to holders of the company's shares who are non-residents of the UK.

Similarly, other than certain economic sanctions which may be in force from time to time, there are no limitations relating only to non-residents of the UK under English law or the company's Articles of Association on the right to be a holder of, and to vote in respect of, the company's shares.

Interests in voting rights

Other than as stated below, as far as as the company is aware, there are no persons with significant direct or indirect holdings in the company. Information provided to the company pursuant to the FCA's Disclosure Guidance and Transparency Rules (DTR 5) is published on a Regulatory Information Service and on the company's website, gsk.com.

The company has received notifications in accordance with DTR 5 of the following notifiable interests in the voting rights in the company's issued share capital:

	31 December 2024		20 February 2025	
	No. of voting rights	Percentage of total voting rights[1]	No. of voting rights	Percentage of total voting rights[1]
Inc.	231,975,400[2]	5.60 %	231,975,400[2]	5.60 %
Dodge & Cox	253,464,108[3]	6.11 %	253,464,108[3]	6.11 %

(1) Percentage of total voting rights at the date of notification to the company.

(2) Comprising an indirect interest in 229,134,683 Ordinary Shares and a holding of 2,840,717 Qualifying Financial Instruments (Contracts for Difference).

(3) Comprising an indirect interest in 99,377,874 Ordinary Shares and 154,086,234 ADS.

The company has not acquired or disposed of any interests in its own shares during the period under review.

Share buyback programme

The Board has been authorised to issue and allot Ordinary Shares under Article 9 of the company's Articles of Association. The power under Article 9 and the authority for the company to make purchases of its own shares are subject to shareholder authorities which are sought on an annual basis at our Annual General Meeting (AGM). Any shares purchased by the company may be cancelled, held as Treasury shares or used for satisfying share options and grants under the Group's employee share plans.

Our programme covers purchases of shares for cancellation or to be held as Treasury shares, in accordance with the authority renewed by shareholders at the AGM in May 2024, when the company was authorised to purchase a maximum of 411,703,340 shares.

In determining specific share repurchase levels, the company considers the development of free cash flow during the year. Details of shares purchased, cancelled, held as Treasury shares and subsequently transferred from Treasury to satisfy awards under the Group's employee share plans are disclosed in Note 37 to the financial statements, 'Share capital and share premium account'.

On 5 February 2025 GSK announced its intention to implement a £2 billion share buyback programme to be completed over an 18 month period. The programme commenced on 24 February 2025 with an initial tranche of up to £0.7 billion.

Shareholder information continued

Share capital and control continued

Market capitalisation

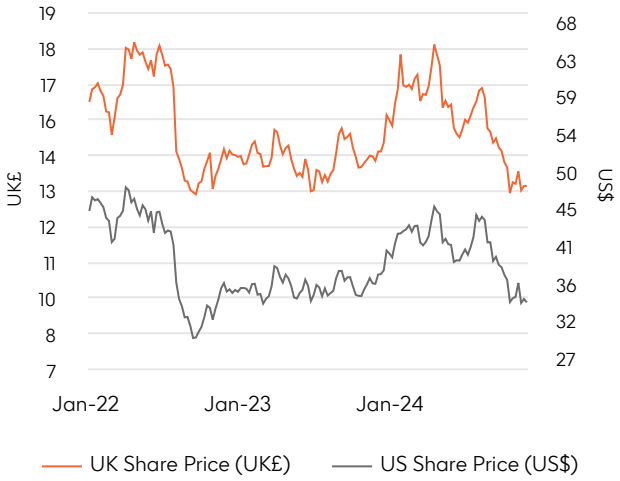
The market capitalisation, based on shares in issue excluding Treasury shares, of GSK at 31 December 2024 was £55.8 billion. At that date, GSK was the 11th largest company by market capitalisation in the FTSE index.

Share price	2024 £	2023 £	2022 £
At 1 January	14.80	14.51	16.13
At 31 December	13.47	14.50	14.38
Increase/(decrease)	(9)%	(0.06)%	(12)%
High during the year	18.13	15.36	18.31
Low during the year	13.00	13.16	12.96

The table above sets out middle market closing prices. The company's share price decreased by (9)% in 2024. This compares with an increase in the FTSE 100 index of 5.7% during the year. The middle market closing share price on 20 February 2025 was £14.47.

The trading symbol for GSK's Ordinary Shares of 31 ¼ pence each on the LSE is GSK and the trading symbol for GSK's ADSs on the NYSE is GSK.

Share price trend in the three years ended 31 December 2024



Nature of trading market

The following table sets out, for the periods indicated, the high and low middle market closing prices for the company's Ordinary Shares on the LSE and for the ADS on the NYSE.

	Ordinary Shares		ADS	
	UK£ per share		US$ per share	
	High	Low	High	Low
February 2025*	14.85	13.80	37.70	34.84
January 2025	14.05	12.94	35.50	32.08
December 2024	13.83	13.20	35.99	33.43
November 2024	14.20	13.00	37.02	33.35
October 2024	15.22	13.93	40.30	36.76
September 2024	16.71	15.17	44.26	40.56
Quarter ended 31 December 2024	15.22	13.00	40.30	33.35
Quarter ended 30 September 2024	16.71	14.98	44.26	38.21
Quarter ended 30 June 2024	18.13	15.26	45.78	38.50
Quarter ended 31 March 2024	17.11	14.80	43.58	37.51
Quarter ended 31 December 2023	15.21	13.82	37.56	34.17
Quarter ended 30 September 2023	15.36	13.16	38.07	33.81
Quarter ended 30 June 2023	15.23	13.46	38.32	33.60
Quarter ended 31 March 2023	15.03	13.77	36.43	33.50
Year ended 31 December 2022	14.92	13.20	37.92	30.00
Year ended 31 December 2021	16.19	13.80	44.44	38.13
Year ended 31 December 2020	14.68	12.92	39.17	33.42

* to 20 February 2025

Shareholder information continued

Analysis of shareholdings at 31 December 2024

	Number of accounts	% of total accounts	% if total shares	Number of shares
Holding of shares				
Up to 1,000	43,735	75.37	0.30	12,841,103
1,001 to 5,000	10,671	18.39	0.52	22,424,074
5,001 to 100,000	2,652	4.57	1.16	49,934,290
100,001 to 1,000,000	643	1.11	5.27	227,421,834
Over 1,000,000	326	0.56	92.75	4,001,682,433
	58,027	100.00	100.00	4,314,303,734
Held by				
Institutional and corporate holders	2,699	4.65	75.33	3,249,766,038
Individuals and other corporate bodies	55,326	95.35	1.26	54,190,742
Guaranty Nominees Limited (ADR programme)	1	0.00	19.50	841,175,799
Held as Treasury shares by GSK	1	0.00	3.92	169,171,155
	58,027	100.00	100.00	4,314,303,734

JP Morgan Chase Bank NA is the Depositary for the company's American Depositary Receipt (ADR) programme. The company's ADS are listed on the NYSE. Ordinary Shares representing the company's ADR programme, which is managed by the Depositary, are registered in the name of Guaranty Nominees Limited. At 20 February 2025, Guaranty Nominees Limited held 850,772,953 Ordinary Shares representing 20.52% of the issued share capital (excluding Treasury shares).

At 20 February 2025, the number of holders of Ordinary Shares in the US was 894 with holdings of 750,483 Ordinary Shares, and the number of registered holders of ADS was 14,455 with holdings of 425,386,476 ADS. Certain of these Ordinary Shares and ADS were held by brokers or other nominees. As a result, the number of holders of record or registered holders in the US is not representative of the number of beneficial holders or of the residence of beneficial holders.

Dividends

The company pays dividends quarterly and continues to return cash to shareholders through its dividend policy. Dividends remain an essential component of total shareholder return and GSK recognises the importance of dividends to shareholders.

From 2022, GSK implemented a progressive dividend policy guided by a 40% to 60% pay-out ratio through the investment cycle. The dividend policy, the total expected cash distribution, and the respective dividend pay-out ratios for GSK remain unchanged.

Dividends per share

The table below sets out the dividend per share and per ADS for the last five years. The dividend per ADS is translated into US dollars at applicable exchange rates.

Year	pence	US$[1]
2024	61[2]	— [4]
2023	58	1.47
2022	61.25[3]	2.00
2021	80	2.16
2020	80	2.12

(1) An annual fee of $0.03 per ADS (or $0.0075 per ADS per quarter) will be charged by the Depositary. The amounts shown are the dividends paid per ADS before the annual fee is charged.

(2) Dividends declared and paid in respect of 2024 were 15p per share for Q1 2024, 15p per share for Q2 2024 and 15p per share for Q3 2024. A dividend of 16p per share has been declared for Q4 2024.

(3) Adjusted for the Share Consolidation (2022 only; prior years have not been adjusted).

(4) The Q4 2024 ordinary dividend receivable by ADS holders will be calculated based on the exchange rate on 8 April 2025. The cumulative dividend receivable by ADS holders for Q1, Q2 and Q3 2024 was £1.15.

The expected dividend for 2025 is 64p per Ordinary Share.

Details of the dividends declared, the amounts and the payment dates are given in Note 16 to the financial statements, 'Dividends'.

2025 Dividend calendar

Quarter	Ex-dividend date	ADS Ex-dividend date	Record date	Payment date
Q4 2024	20 February 2025	21 February 2025	21 February 2025	10 April 2025
Q1 2025	15 May 2025	16 May 2025	16 May 2025	10 July 2025
Q2 2025	14 August 2025	15 August 2025	15 August 2025	9 October 2025
Q3 2025	13 November 2025	14 November 2025	14 November 2025	8 January 2026
Q4 2025	19 February 2026	20 February 2026	20 February 2026	9 April 2026

Shareholder information continued

Financial calendar 2025

Event	Date
Quarter 1 results announcement	30 April 2025
Annual General Meeting	7 May 2025
Quarter 2 results announcement	30 July 2025
Quarter 3 results announcement	29 October 2025
Preliminary/Quarter 4 Results announcement	4 February 2026
Annual Report publication	February/March 2025
Annual Report distribution	March 2025

Information about the company, including the share and ADS price, is available on our website at gsk.com. Information made available on the website does not constitute part of this Annual Report.

Stock Exchange announcement notifications

We provide shareholders with a service to receive automatic email notifications when we publish a stock exchange announcement. To receive email notifications, please sign up for announcements at gsk.com in the Investors section.

Results announcements

Results announcements are issued to the LSE and are available on its news service. They are also sent to the US Securities and Exchange Commission (SEC) and the NYSE, issued to the media and made available on our website.

Financial reports

The Annual Report is made available on our website from the date of publication. Shareholders may elect to receive notification by email of the publication of Annual Reports by registering on www.investorcentre.co.uk, and may also elect to receive a printed copy of the Annual Report by contacting our registrar, Computershare Investor Services PLC.

Copies of previous Annual Reports are available on our website. Printed copies can also be obtained from our registrar (see page 298 for the contact details).

Annual General Meeting 2025

Our Annual General Meeting (AGM) will be held at 2.30pm (UK time) on Wednesday, 7 May 2025 at The Landmark London, 222 Marylebone Road, London, NW1 6JQ, United Kingdom and will also be broadcast live for you to join electronically.

The AGM is the company's principal forum for communication with private shareholders. In addition to the formal AGM business, there will be a presentation by the CEO on the performance of the Group and its future development. There will be an opportunity for questions to be asked of the Board and Chairs of the Board's Committees will be available to take questions relating to their roles.

Further details on how to access the AGM electronically or attend in person, ask questions and vote, can be found in the notice of Annual General Meeting 2025 (AGM Notice) which will be made available on our website at gsk.com on or around 24 March 2025.

Investors holding shares through a nominee service should arrange with that service for them to be appointed as a proxy in respect of their shareholding to attend and vote at the meeting electronically.

ADS holders wishing to attend the meeting electronically should refer to the AGM Notice for details on how to request a proxy appointment from the Depositary, JP Morgan Chase Bank NA. This will enable them to attend, ask questions and vote electronically on the business to be transacted at the meeting.

ADS holders are reminded that if they do not instruct the Depositary as to the way in which the shares represented by their ADS should be voted by completing and returning the voting card provided by the Depositary, their shares will not be voted.

Documents on display

The Articles of Association of the company and Directors' service contracts or, where applicable, letters of appointment between Directors and the company or any of its subsidiaries (and any side letters relating to severance terms and pension arrangements) are available for inspection at the company's registered office and will be made available for inspection at the AGM.

Tax information for shareholders

A summary of certain UK tax and US federal income tax consequences for holders of shares and ADS who are citizens of the UK or the US is set out below. It is not a complete analysis of all the possible tax consequences of the purchase, ownership or sale of these securities. It is intended only as a general guide. Holders are advised to consult their advisers with respect to the tax consequences of the purchase, ownership or sale of their shares or ADS and the consequences under state and local tax laws in the US and the implications of the current UK/US tax conventions.

US holders of ADS generally will be treated as the owners of the underlying shares for the purposes of the current UK/US double taxation conventions relating to income and gains (Income Tax Convention), estate and gift taxes (Estate and Gift Tax Convention), and for the purposes of the Internal Revenue Code of 1986, as amended.

UK shareholders

This summary only applies to a UK resident shareholder that holds shares as capital assets.

Taxation of dividends

For the 2024/25 UK tax year, UK resident individuals are entitled to a dividend tax allowance of up to £500, so that the first £500 of dividends received in a tax year will be free of tax. Dividends in excess of this allowance will be taxed at 8.75% for basic rate taxpayers, 33.75% for higher rate tax payers and 39.35% for additional rate taxpayers. Note that from 6 April 2024 the dividend allowance was reduced from £1,000 to £500.

UK resident shareholders that are corporation taxpayers should note that dividends payable on ordinary shares are generally entitled to exemption from corporation tax.

Taxation of capital gains

UK resident shareholders may be liable for UK tax on gains on the disposal of shares or ADS.

For disposals by individuals in the 2024/25 UK tax year, the capital gains tax rate is dependant on the date of sale. Prior to 30 October 2024, a taxable capital gain accruing on a disposal of shares or ADS will be taxed at 10% for basic rate taxpayers, or 20% if, after all allowable deductions, the individual's taxable income for the year exceeds the basic rate income tax banding. Disposals made on or after 30 October 2024 the rates are increased to 18% and 24% respectively. Note this is following the use of any exemptions available to the individual taxpayer such as the annual exempt amount.

Corporation tax payers may be entitled to an indexation allowance which applies to reduce capital gains to the extent that such gains arise due to inflation. Indexation allowance may reduce a chargeable gain but will not create an allowable loss. For assets acquired on or before 1 January 2018, legislation in the Finance Act 2018 freezes the level of indexation allowance that is given in calculating a company's chargeable gains at the value that would apply to the disposal of an asset in December 2017. For assets acquired from 1 January 2018 onwards, legislation in the Finance Act 2018 removes any indexation allowance on disposal.

Inheritance tax

Individual (UK-domiciled or otherwise) shareholders may be liable to UK inheritance tax on the transfer of shares or ADS. Exposure to a UK inheritance tax charge typically occurs on the death of the asset owner. However, transfers of shares (other than commercial sales) within seven years of death remain relevant to any inheritance tax exposure at death. Further, transfers to a trust arrangement during lifetime can give rise to an immediate inheritance tax charge.

Tax may be charged on the amount by which the value of the shareholder's estate is reduced as a result of any transfer by way of lifetime gift or other disposal at less than full market value. In the case of a bequest on death, tax may be charged on the value of the shares at the date of the shareholder's death. Where an exposure to UK inheritance tax and US estate or gift tax exists, careful planning must be undertaken to understand the opportunity to utilise the US/UK Estate and Gift Double Tax Convention to manage tax credits and avoid double taxation.

The overall exposure will be dependent on the specific circumstances of each situation and it is also important to note that tax charges may arise in other jurisdictions. Bespoke advice tailored to an individual's personal circumstances should therefore be obtained from a tax professional.

Stamp duty and stamp duty reserve tax

UK stamp duty and/or stamp duty reserve tax (SDRT) will, subject to certain exemptions, be payable on the transfer of shares at a rate of 0.5% (rounded up to the nearest £5 in the case of stamp duty) of the consideration for the transfer. Notwithstanding this, provided that an instrument is executed in pursuance of the agreement that gave rise to the charge to SDRT and that instrument is stamped within six years of the agreement (including being stamped as exempt) any SDRT charge should be cancelled and any SDRT which has already been paid will be repaid. Where listed shares are transferred to a company connected to the transferor the chargeable consideration will be deemed to be not less than the market value of the shares transferred. This market value override also applies where non-listed shares are transferred to a company connected to the transferor where the consideration includes an issue of shares.

US shareholders

This summary only applies to a shareholder (who is a citizen or resident of the US or a domestic corporation or a person that is otherwise subject to US federal income tax on a net income basis in respect of the shares or ADS) that holds shares or ADS as capital assets, is not resident in the UK for UK tax purposes and does not hold shares for the purposes of a trade, profession or vocation that is carried on in the UK through a branch or agency.

The summary also does not address the tax treatment of holders that are subject to special tax rules, such as banks, tax-exempt entities, insurance companies, dealers in securities or currencies, persons that hold shares or ADS as part of an integrated investment (including a 'straddle') comprised of a share or ADS and one or more other positions, and persons that own (directly, indirectly or constructively) 10% or more of the company's stock (by vote or value), nor does it address tax treatment that may be applicable as a result of international income tax treaties.

Shareholder information continued

Taxation of dividends

The gross amount of dividends received is treated as foreign source dividend income for US tax purposes. It is not eligible for the dividend received deduction allowed to US corporations. Dividends paid in sterling generally will be includable in income in a US dollar amount calculated by reference to the exchange rate in effect on the day the US holder receive the dividends, in the case of Ordinary Shares, or the date the depositary receives the dividends, in the case of ADSs. Subject to certain exceptions for short-term or hedged positions, an individual eligible US holder will be subject to US taxation at a maximum federal rate of 23.8% plus applicable state and local tax in respect of qualified dividends. A qualified dividend as defined by the US Internal Revenue Service (IRS) is a dividend that meets the following criteria:

1. It must be issued by a US corporation, a corporation incorporated in a US possession, or a corporation that is eligible for the benefits of a comprehensive income tax treaty deemed satisfactory, as published by the IRS.
2. The dividends are not of a type listed by the IRS as dividends that do not qualify.
3. The required dividend holding period has been met. The shares must have been owned by you for more than 60 days of the 'holding period' – which is defined as the 121-day period that begins 60 days before the ex-dividend date, or the day in which the stock trades without the dividend priced in. For example, if a stock's ex-dividend date is 1 October, the shares must be held for more than 60 days in the period between 2 August and 30 November of that year in order to count as a qualified dividend.

Dividends that are not qualified are subject to taxation at the US federal graduated tax rates, at a maximum rate of 40.8%. Some types of dividends are automatically excluded from being qualified dividends, even if they meet the other requirements. These include (but are not limited to):

– Capital gains distributions
– Dividends on bank deposits
– Dividends held by a corporation in an Employee Stock Ownership Plan (ESOP)
– Dividends paid by tax-exempt corporations.

US state and local tax rates on qualified and non-qualified dividends may vary and would be assessed in addition to the federal tax rates communicated above.

Taxation of capital gains

Generally, US holders will not be subject to UK capital gains tax, but will be subject to US tax on capital gains realised on the sale or other disposal of shares or ADS. Such gains will be long-term capital gains (subject to reduced rates of taxation for individual holders) if the shares or ADS were held for more than one year, from the date the shares were vested/released. Short-term capital gains can be subject to taxation of rates of up to 40.8%, whereas long-term capital gains may be subject to rates of up to 23.8%. State and local tax rates on capital gains may also apply.

Information reporting and backup withholding

Dividends and payments of the proceeds on a sale of shares or ADS, paid within the US or through certain US-related financial intermediaries, are subject to information reporting and may be subject to backup withholding unless the US holder is a corporation or other exempt recipient or provides a taxpayer identification number and certifies that no loss of exemption has occurred. Non-US holders generally are not subject to information reporting or backup withholding, but may be required to provide a certification of their non-US status in connection with payments received. Any amounts withheld will be allowed as a refund or credit against a holder's US federal income tax liability provided the required information is furnished to the IRS.

Estate and gift taxes

Under the Estate and Gift Tax Convention, a US shareholder is not generally subject to UK inheritance tax. However, a US holder may be subject to US federal estate and gift tax.

Stamp duty

UK stamp duty and/or SDRT will, subject to certain exemptions, be payable on any transfer of shares to the ADS custodian or depositary at a rate of 1.5% of the amount of any consideration provided (if transferred on sale), or their value (if transferred for no consideration).

However, no stamp duty or SDRT should be payable on the transfer of, or agreement to transfer an ADS or on transfers within the clearance service. Notwithstanding the above, where the clearance service operator has made an election under s97A Finance Act 1986, broadly the 1.5% stamp duty/SDRT charge should not arise on the transfer into the clearance service, but transfers to, and within, the system (where there is a change in beneficial ownership) would attract a 0.5% charge.

Additional information

Articles of Association of GSK plc

The following is a summary of certain provisions of the company's Articles of Association (the "Articles"). This summary is qualified in its entirety by reference to the UK Companies Act 2006 (the "Companies Act") and the current Articles which are available online on the company's website. Any amendment to the Articles may be made in accordance with the provisions of the Companies Act, by way of special resolution.

GSK plc (the "company") is a public limited company registered in England and Wales with a registered number 3888792. The company has no statement of objects in the Articles; accordingly, its objects are unrestricted in accordance with the provisions of the Companies Act.

(a) Directors

The Articles provide for a board of directors, consisting of (unless otherwise determined by ordinary resolution of shareholders) not less than two nor more than 24 directors, in which all the powers of the company (whether relating to the management of the business of the company or not) are vested.

A director must not vote on, or count towards the quorum in relation to, any resolution of the Board relating specifically to their own appointment (including remuneration) or the terms of their termination of appointment or relating to any contract in which they have an interest.

This prohibition does not apply to any resolution where that interest cannot reasonably be regarded as likely to give rise to a conflict of interest or where that interest arises only from certain specified matters, including (but not limited to): (a) indemnifying the director in respect of obligations incurred at the request of or for the benefit of the company or any of its subsidiary undertakings; (b) indemnifying a third party in respect of obligations of the company or any of its subsidiary undertakings for which the director has assumed responsibility in whole or in part under an indemnity or guarantee or by the giving of security; (c) contracts concerning another company in which the director is the holder of or beneficially interested in less than 1% of any class of the equity share capital of such company; (d) offers of securities by the company or any of its subsidiary undertakings in which the director will or may be entitled to participate as a holder of securities; (e) employee benefits in relation to the company or any of its subsidiary undertakings in which the director will share in a similar manner to other employees; and (f) the purchase or maintenance of insurance against any liability for, or for the benefit of, any director or directors or for, or for the benefit of, persons who include directors.

Directors may be elected by ordinary resolution of shareholders or appointed by the Board. At each annual general meeting, all the directors at the date of the notice convening the annual general meeting shall retire from office and may offer themselves for re-election by members. No director is required to retire by reason of their age, nor do any special formalities apply to the appointment or re-election of any director who is over any age limit. No shareholding qualification for directors shall be required. Directors may also be removed before the expiration of their term of office in accordance with the provisions of the Companies Act and the Articles.

Subject to the provisions of the Companies Act, the directors may exercise all the company's powers to borrow money; to mortgage or charge all or any of the company's undertaking, property (present and future), and uncalled capital; to issue debentures and other securities; and to give security either outright or as collateral security for any debt, liability or obligation of the company or of any third party. The Articles provide for the provision of benefits, by the payment of gratuities, pensions or insurance or in any other manner, for any director or former director or their relations, connected persons or dependants.

(b) Voting

All resolutions put to the vote at general meetings, including electronic general meetings, will be decided by poll. On a poll, every shareholder who is present in person or by proxy shall have one vote for every share held. Matters are transacted at shareholders' meetings by the proposing and passing of two kinds of resolution. An ordinary resolution requires the affirmative vote of a majority of the votes cast by those entitled to vote at a meeting at which there is a quorum. A special resolution requires the affirmative vote of not less than three quarters of the votes cast by those entitled to vote at a meeting at which there is a quorum.

The necessary quorum for a meeting of the company is a minimum of two shareholders present in person or by proxy and entitled to vote. A shareholder is not entitled to vote any share held by them at any general or class meeting if any call or other sum then payable remains unpaid or if that shareholder has been served with a restriction notice (as defined in the Articles) after failure to provide the company with information concerning interests in those shares required to be provided under the Companies Act.

(c) Transfer of shares

Any shareholder may transfer their Ordinary Shares which are in certificated form by an instrument of transfer in any usual form or in any other form which the Board may approve. The Board may decline to register a transfer of a certificated share unless the instrument of transfer (a) is duly stamped or certified or otherwise shown to the satisfaction of the Board to be exempt from stamp duty, and is accompanied by the relevant share certificate and such other evidence of the right to transfer as the Board may reasonably require, (b) is in respect of only one class of share, and (c) if to joint transferees, is in favour of not more than four such transferees. Registration of a transfer of an uncertificated share may be refused in the circumstances set out in the uncertificated securities rules (as defined in the Articles) and where, in the case of a transfer to joint holders, the number of joint holders to whom the uncertificated share is to be transferred exceeds four.

The Board may decline to register a transfer of any of the company's certificated shares by a person with a 0.25% interest (as defined in the Articles) if such a person has been served with a restriction notice (as defined in the Articles) after failure to provide the company with information concerning interests in those shares required to be provided under the Companies Act, unless the transfer is shown to the Board to be pursuant to an arm's length sale (as defined in the Articles).

Additional information continued

(d) Dividends and distribution of assets on liquidation

Subject to the provisions of the Articles and applicable legislation, the Company in general meeting may declare dividends on the Ordinary Shares by ordinary resolution, but any such dividend may not exceed the amount recommended by the Board. If in their opinion the company's financial position justifies such payments, the directors may, as far as any applicable legislation allows, pay interim dividends on shares of any class of such amounts and in respect of such periods as they think fit.

Except in so far as the rights attaching to, or the terms of issue of, any share otherwise provide, all dividends will be declared, apportioned and paid pro rata according to the amounts paid up on the shares during any portion of the period in respect of which the dividend is paid. As the company has only one class of Ordinary Shares, the holders of such Ordinary Shares will be entitled to participate in any surplus assets on a winding-up in proportion to their shareholdings.

If shareholders fail to provide the necessary details to enable payment, or if payment cannot be made using the details provided by the shareholder, the dividend or other amount payable will be treated as unclaimed. Any dividend or other sum unclaimed after a period of six years from the date it was declared or became due for payment is forfeited and reverts to the company unless the Board decides otherwise.

(e) Share rights

Subject to any rights attached to existing shares, the company may issue (a) shares with such rights and restrictions as the company may be ordinary resolution decide or (if there is no such resolution or so far as it does not make specific provision) as the Board may decide, and (b) redeemable shares, and the Board may determine the terms, conditions and manner of redemption of any redeemable share so issued. Such rights, restrictions, terms and conditions shall apply to the relevant shares as if they were set out in the Articles. Subject to the Articles, any resolution passed by the shareholders and other shareholders' rights, the Board may decide how to offer, allot, grant options over or otherwise deal with any shares in the company.

(f) Variation of rights and changes in capital

Subject to the provisions of any statute (including any orders, regulations or other subordinate legislation made under it) from time to time in force concerning companies in so far as it applies to the company, the rights attached to any class of shares may be varied with the written consent of the holders of three quarters in nominal value of the issued shares of that class (excluding any shares of that class held as treasury shares) or with the sanction of a special resolution passed at a separate meeting of the holders of shares of that class. At every such separate meeting, the provisions of the Articles relating to general meetings shall apply, except the necessary quorum shall be at least two persons entitled to vote and holding or representing as proxy at least one-third in nominal value of the issued shares of the relevant class (excluding any shares of that class held as treasury shares) (but provided that at any adjourned meeting one holder of shares of the relevant class present in person or by proxy shall be a quorum).

If new shares are created or issued which rank equally with any other existing shares, or if the company purchases or redeems any of its own shares, the rights of existing shares will not be regarded as changed or abrogated unless the terms of the existing shares expressly say otherwise.

While holders of ordinary shares have no pre-emptive rights under the Articles, the ability of the directors to cause the company to issue shares, securities convertible into shares or rights to shares, otherwise than pursuant to an employee share scheme, is restricted. Under the Companies Act, the directors of a company are, with certain exceptions, unable to allot any equity securities without express authorisation, which may be contained in a company's articles of association or given by its shareholders in a general meeting, but which in either event cannot last for more than five years. Under the Companies Act, the company may also not allot shares for cash (otherwise than pursuant to an employee share scheme) without first making an offer to existing shareholders to allot such shares to them on the same or more favourable terms in proportion to their respective shareholdings, unless this requirement is disapplied by a special resolution of the shareholders.

Holders of shares are not subject to calls on capital by the company, provided that the amounts required to be paid on issue have been paid off.

(g) Limitations on rights of non-resident or foreign shareholders

There are no limitations imposed by the Articles on the rights of non-resident or foreign shareholders except that there is no requirement for the company to serve notices on shareholders outside the United Kingdom and the United States, if no postal address in the United States or United Kingdom has been provided to the company. The company may choose not to serve, send or supply any notice to a particular shareholder where it considers this necessary or appropriate to deal with legal, regulatory or practical problems in, or under the laws of, any territory.

(h) General meetings of shareholders

The company is required by the Companies Act to hold an annual general meeting each year. General meetings of shareholders may be called as necessary by the directors and must be called promptly upon receipt of a requisition from shareholders. Under the Companies Act, an annual general meeting must be called by notice of at least 21 clear days. A general meeting other than an annual general meeting may be called on not less than 14 clear days' notice provided a special resolution reducing the notice period to 14 clear days has been passed at the immediately preceding annual general meeting or a general meeting held since that annual general meeting. The directors may determine that a general meeting shall be held as a physical meeting or in combination with an electronic platform or platforms that enables members to participate in the meeting without physically attending (an electronic general meeting).

Additional information continued

Material contracts

Agreements with Novartis

On April 22, 2014, GSK and Novartis AG ("Novartis") entered into a three-part, inter-conditional transaction, in connection with which they executed, among other agreements, a share and business sale agreement relating to the acquisition by GSK of the vaccines business of Novartis (the "Vaccines SAPA").

GSK's shareholders approved the transaction on December 18, 2014. The transaction closed on March 2, 2015. GSK continues to have obligations to pay further sales and milestone-based consideration to Novartis under the Vaccines SAPA.

Agreement with Pfizer

On December 19, 2018, GSK, GSK Consumer Healthcare and Pfizer Inc. ("Pfizer") entered into a Stock and Asset Purchase Agreement (the "Pfizer SAPA") pursuant to which the parties agreed to form a consumer healthcare joint venture (the "GSK/Pfizer JV") through the acquisition by GSK Consumer Healthcare from Pfizer of Pfizer's consumer healthcare business and the transfer by GSK to GSK Consumer Healthcare of those parts of the GSK consumer healthcare business not already part of GSK Consumer Healthcare as of the date of the Pfizer SAPA (with certain limited exceptions). As consideration for the acquisition of its consumer healthcare business, Pfizer received shares in GSK Consumer Healthcare representing a 32% ownership interest in the GSK/Pfizer JV. GSK retained a controlling interest in GSK Consumer Healthcare of 68%. On July 31, 2019, the parties entered into an amendment to the Pfizer SAPA, pursuant to which: (i) GSK Consumer Healthcare transferred by novation to GlaxoSmithKline Consumer Healthcare Holdings (No. 2) Limited ("GSK Consumer Healthcare (No. 2)") all rights, title, interest, obligations duties and liabilities of GSK Consumer Healthcare under and in respect of the Pfizer SAPA, (ii) the parties released GSK Consumer Healthcare from its obligations under the Pfizer SAPA in exchange for GSK Consumer Healthcare (No. 2)'s assumption thereof and (iii) certain other amendments to the Pfizer SAPA and other arrangements in connection with the closing of the transaction, including in relation to the delayed legal completion of the transaction in a number of jurisdictions due to regulatory constraints. The transaction closed on July 31, 2019.

Each of GSK and Pfizer gave customary and broadly reciprocal representations and warranties to each other under the Pfizer SAPA. GSK and Pfizer agreed to indemnify each other and GSK Consumer Healthcare (No. 2) (as applicable) in respect of losses (other than certain losses arising from tax matters, which are subject to a specific indemnity under the Pfizer SAPA) relating to: (i) certain liabilities which the parties agreed will be retained by GSK or Pfizer; (ii) any breach of their respective covenants or agreements under the Pfizer SAPA or the related ancillary agreements implementing the Pfizer SAPA; or (iii) any breach of their respective representations and warranties given under the Pfizer SAPA or the related ancillary agreements implementing the Pfizer SAPA as of the date of completion of the transaction. GSK Consumer Healthcare (No. 2) agreed to indemnify GSK and Pfizer in respect of losses (other than certain losses arising from tax matters, which are subject to a specific indemnity under the Pfizer SAPA) relating to: (i) liabilities which GSK Consumer Healthcare (No. 2) agreed to assume in connection with the transaction; (ii) liabilities resulting from the conduct of GSK Consumer Healthcare's business other than those liabilities that GSK agreed to retain in connection with the transaction; and (iii) any breach of GSK Consumer Healthcare (No.2)'s post-completion covenants or agreements under the Pfizer SAPA or the related ancillary agreements implementing the Pfizer SAPA.

On June 1, 2022, GSK, Pfizer, GSK Consumer Healthcare (No. 2) and Haleon plc ("Haleon") entered into the second amendment agreement to the Pfizer SAPA to implement certain amendments in connection with the demerger of the Consumer Healthcare business (the "Demerger") and to include Haleon in the Pfizer SAPA indemnity framework by way of a guarantee given by Haleon with respect to the indemnification obligations of GSK Consumer Healthcare (No. 2) under the Pfizer SAPA.

Demerger Agreements

On June 1, 2022, GSK and Haleon entered into a demerger agreement (the "Demerger Agreement") to effect the Demerger and to govern aspects of the relationship between GSK and Haleon following completion of the Demerger. The Demerger Agreement contains certain customary indemnities under which GSK indemnifies Haleon in respect of liabilities, losses demands, claims, costs, taxes and damages arising, directly or indirectly, from or in consequence of certain claims.

On June 1, 2022 GSK, GSK Consumer Healthcare and GSK Consumer Healthcare (No. 2) entered into an asset transfer framework agreement (the "Asset Transfer Framework Agreement"), setting out the framework for the transfer of certain businesses, assets, liabilities and employees that were excluded from the original perimeter of the GSK/Pfizer JV as contemplated in the Pfizer SAPA and others that were included in the original perimeter of the GSK/Pfizer JV but had not yet legally transferred or to record the transfer of other assets under the Pfizer SAPA, in each case from the GSK group to the Haleon group. The Asset Transfer Framework Agreement also sets out the framework for the transfer of certain businesses, assets, liabilities and employees from the Haleon group to the GSK group. The Asset Transfer Framework Agreement contained a substantially equivalent indemnity regime to the Pfizer SAPA indemnification regime described above.

The indemnities given by GSK pursuant to the Pfizer SAPA, the Demerger Agreement and the Asset Transfer Framework Agreement, as described above, survived the completion of the Demerger and continue in perpetuity.

Additional information continued

American Depositary Shares

Fees and charges payable by ADR holders

JPMorgan Chase Bank, N.A. serves as the depositary (the "Depositary") for GSK's American Depositary Receipt ("ADR") program. On July 29, 2019, GSK and the Depositary amended and restated the deposit agreement and further amended the deposit agreement on March 15, 2021 (the "Deposit Agreement") between GSK, the Depositary and owners and holders of ADRs. Pursuant to the Deposit Agreement, ADR holders may be required to pay various fees to the Depositary, and the Depositary may refuse to provide any service for which a fee is assessed until the applicable fee has been paid. In particular, the Depositary, under the terms of the Deposit Agreement, shall charge (i) a fee of $5.00 per 100 American Depositary Shares (or portion thereof) for the issuance, delivery, reduction, cancellation or surrender (as the case may be) of American Depositary Shares ("ADSs"), (ii) a fee of U.S. $0.05 or less per ADS held (A) upon which any cash distribution is made pursuant to the Deposit Agreement or (B) in the case of an elective cash/stock dividend, upon which a cash distribution or an issuance of additional ADSs is made as a result of such elective dividend, (iii) a fee for the distribution or sale of securities, such fee being in an amount equal to the fee for the execution and delivery of ADSs referred to above which would have been charged as a result of the deposit of such securities but which securities or the net cash proceeds from the sale thereof are instead distributed by the Depositary to ADR holders entitled thereto, (iv) an aggregate fee of U.S. $0.05 or less per ADS per calendar year (or portion thereof) for services performed by the Depositary in administering the ADRs (which fee may be charged on a periodic basis during each calendar year and shall be assessed against ADR holders as of the record date or record dates set by the Depositary during each calendar year and shall be payable at the sole discretion of the Depositary by billing such Holders or by deducting such charge from one or more cash dividends or other cash distributions), and (v) a fee for the reimbursement of such fees, charges and expenses as are incurred by the Depositary and/or any of its agents (including, without limitation, the agent or agents of the Depositary (the "Custodian") and expenses incurred on behalf of ADR holders in connection with compliance with foreign exchange control regulations or any law or regulation relating to foreign investment) in connection with the servicing of the ordinary shares or other Deposited Securities, the sale of securities (including, without limitation, Deposited Securities), the delivery of Deposited Securities or otherwise in connection with the Depositary's or its Custodian's compliance with applicable law, rule or regulation (which fees and charges shall be assessed on a proportionate basis against ADR holders as of the record date or dates set by the Depositary and shall be payable at the sole discretion of the Depositary by billing such ADR holders or by deducting such charge from one or more cash dividends or other cash distributions).

GSK will pay other charges and out of pocket expenses of the Depositary and any agent of the Depositary (except the Custodian) as specified in written agreements from time to time between GSK and the Depositary, except (i) stock transfer or other taxes and other governmental charges (which are payable by ADR holders or persons depositing ordinary shares), (ii) SWIFT, cable, telex and facsimile transmission and delivery charges incurred at the request of persons depositing, or ADR holders delivering ordinary shares, ADRs or Deposited Securities (which are payable by such persons or ADR holders), (iii) transfer or registration fees for the registration or transfer of Deposited Securities on any applicable register in connection with the deposit or withdrawal of Deposited Securities (which are payable by persons depositing ordinary shares or ADR holders withdrawing Deposited Securities) and (iv) in connection with the conversion of foreign currency into U.S. dollars, the Depositary shall deduct out of such foreign currency the fees, expenses and other charges charged by it and/or its agent (which may be a division, branch or affiliate) so appointed in connection with such conversion. The Depositary and/or its agent may act as principal for such conversion of foreign currency. Such charges may at any time and from time to time be changed by agreement between GSK and the Depositary.

Direct and indirect payments by the Depositary

The Depositary anticipates reimbursing GSK for certain expenses incurred by GSK that are related to the establishment and maintenance of the ADR program upon such terms and conditions as GSK and the Depositary may agree from time to time. The Depositary may make available to GSK a set amount or a portion of the Depositary fees charged in respect of the ADR program or otherwise upon such terms and conditions as GSK and the Depositary may agree from time to time. In 2024 the Depositary made payments of approximately $11.18 million.

Under certain circumstances, including removal of the Depositary or termination of the ADR program by GSK, GSK is required to repay certain amounts paid to GSK and to compensate the Depositary for payments made or services provided on behalf of GSK.

Additional information continued

Insider Trading Policies

We are committed to compliance with laws and regulations and to financial integrity, We have adopted an insider trading policy that governs the purchase, sale, and other dispositions of GSK securities by directors, management, and employees that is reasonably designed to promote compliance with applicable insider trading laws, rules and regulations, and listing standards. A copy of the policy is filed as Exhibit 11.1 to this Annual Report on Form 20-F.

Cyber Security

Risk management and strategy

We manage cyber security risk using our corporate enterprise risk management and Internal Control Framework (ICF). Our Chief Information Security Officer (CISO) heads our Cyber Security Office and is responsible for identifying and implementing controls to mitigate and manage cyber security risks, while maintaining a set of key risk indicators and setting tolerances and thresholds that balance risk and business needs. We adhere to widely accepted standards and frameworks to benchmark our internal environment and controls, defining our security objectives and desired outcomes. As our threat environment evolves, we also utilise external frameworks such as the NIST Cyber Security Framework to measure cyber readiness and maturity, ISO 27001/27002 for general information technology controls, and Sarbanes-Oxley (SOX) for assessment of internal controls. Furthermore, we draw on third party consultants' expertise in processes for assessing, identifying and/or managing cyber security risks. We also have a third-party security risk management programme to assess cyber security risk when selecting and onboarding third parties.

Information and Cyber Security Governance

The Chief Digital and Technology Officer (CDTO) leads the Digital and Technology function, including the CISO and Cyber Security Office. Our CDTO has over 25 years of experience as an IT professional, including with GSK since 2018, and is responsible for Technology and Cyber Security at GSK. The CDTO is the Enterprise Risk Owner and manages and reports regularly on the GSK Information and Cyber Security risk.

The CISO coordinates risk, develops controls, and monitors the enterprise risk plan. This plan includes a description of the risk, its external and internal context, our assessment and risk appetite, how we treat and monitor the risk in line with our ICF. The Board, Audit & Risk Committee, and Risk Oversight and Compliance Council oversee our cyber security risk. The CISO regularly reports on cyber security risks. This reporting covers external and internal insights, key risk indicators, management actions, updates on implementing the enterprise risk plan, and escalations. The Cyber Security Office analyses potential cyber security incidents. Significant cyber security incidents are escalated to the Chief Compliance Officer, CDTO, GSK Leadership Team, and Company Secretary. Material incidents are escalated to the Board and Audit & Risk Committee and appropriate disclosure committee as needed.

Cyber Security Awareness, Training and Readiness

Our cyber security awareness and training programmes include phishing simulations, monthly awareness campaigns, and mandatory annual refreshers for all employees. We also run periodic crisis simulation exercises to test our response to cyber security incidents.

Compliance with various governmental cyber security regulations

Our Cyber Security Office, works to stay abreast of emerging government regulations, trends, and compliance expectations regarding cyber security.

Additional information continued

Code of Ethics

We have a number of well-established policies, including our Code of Conduct ("The Code") for all employees, including the CEO, CFO and other senior financial officers. The Code is available at https://www.gsk.com/en-gb/company/governance/compliance/#the-code.

During the year no waivers were granted from a provision of our code of ethics to our principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions.

Supplemental Guarantor Information

As of 31 December 2024, GSK plc (the 'Guarantor') has fully and unconditionally guaranteed certain debt securities ('Notes') issued by GlaxoSmithKline Capital plc and GlaxoSmithKline Capital Inc. (the 'Issuers') in offerings under the Guarantor's and the Issuers' registration statement on Form F-3, including:

GlaxoSmithKline Capital Inc.:

- 3.625% Notes due 2025
- 3.875% Notes due 2028
- 5.375% Notes due 2034
- 6.375% Notes due 2038
- 4.200% Notes due 2043

GlaxoSmithKline Capital plc:

- 3.375% Notes due 2029

The Issuers are 100% owned finance subsidiaries of GSK plc. The Issuers have no assets or operations other than those related to the issuance, administration and repayment of the Notes being registered and other non-registered securities guaranteed by GSK plc. GSK plc has fully and unconditionally guaranteed the Notes and no other subsidiary of GSK plc provides such guarantee.

The Notes are listed on the New York Stock Exchange or the London Stock Exchange (in the case of 5.375% Notes due 2034). The guarantee is a full, irrevocable and unconditional guarantee of the principal, interest, premium, if any, and any other amounts payable in respect of the Notes.

Principal Accountant Fees and Services

Audit Fees for 2024 and 2023 were paid to Deloitte LLP as follows:

	2024 £m	2023 £m
Audit Fees	21.1	20.4
Audit-Related Fees[1]	2.2	1.6
Tax Fees	–	–
All Other Fees	–	–

[1] The other assurance services provided by the auditor related to agreed upon procedures and other assurance services outside of statutory audit requirements.

Other statutory disclosures

Shareholder services and contacts

Registrar

The company's registrar is:

Computershare Investor Services PLC
The Pavillions, Bridgwater Road Bristol, BS99 6ZY
www.investorcentre.co.uk
Tel: +44 (0)370 707 1595*
Computershare provides a range of services for shareholders:

Individual Savings Accounts (ISAs)

Equiniti Financial Services Limited provide the EQi Flexible ISA to hold GSK shares.

Details (including information on fees) are available from www.eqi.co.uk or can be requested by calling the Equiniti Customer Experience Team on 0345 0700 720. Lines are open 8:00am to 5:30pm, UK time Monday to Friday (excluding UK public holidays).†

ADS Depositary

The ADR programme is administered by JPMorgan Chase Bank, N.A.:

Regular Correspondence:
EQ Shareowner Services
P.O. Box 64504
St. Paul, MN 55164-0504

Delivery of Stock Certificates and Overnight Mail:
EQ Shareowner Services
1110 Centre Pointe Curve, Suite 101
Mendota Heights, MN 55120-4100

shareowneronline.com/informational/contact-us/
From the US: +1 877 353 1154
From outside the US: +1 651 453 2128

The Depositary also provides Global Invest Direct, a direct ADS purchase/sale and dividend reinvestment plan for ADS holders. For details on how to enrol, please visit www.adr.com or call the above helpline number to obtain an enrolment pack.

Contacts

Investor relations

Investor relations may be contacted as follows:

UK

79 New Oxford Street,
London, WC1A 1DG
Tel: +44 (0)20 8047 5000

US

2929 Walnut Street
Philadelphia PA 19104
Tel: +1 888 825 5249 (US toll free)
Tel: +1 215 751 4000 (outside the US)

GSK Response Center

Tel: +1 888 825 5249 (US toll free)
Tel: +1 215 751 4600 (outside the US)

Share scam alert

If you receive an unsolicited telephone call offering to sell or buy your shares, please take extra care. The caller may be part of a highly organised financial scam.

If you are a UK shareholder, please contact the Financial Conduct Authority at www.fca.org.uk/consumers or on its consumer helpline:

Tel: 0800 111 6768 (in the UK)*

Tel: +44 207 066 1000 (outside the UK)*

* Lines are open from 8.00am to 6.00pm, UK time, Monday to Friday, except UK public holidays, and 9.00am to 1.00pm on Saturdays.

† The provision of share dealing details is not intended to be an invitation or inducement to engage in an investment activity. Advice on share dealing should be obtained from a stockbroker or independent financial adviser.

Other statutory disclosures continued

US law and regulation

A number of provisions of US law and regulation apply to the company because our shares are quoted on the NYSE in the form of ADS.

NYSE rules

In general, the NYSE rules permit the company to follow UK corporate governance practices instead of those applied in the US, provided that we explain any significant variations. This explanation is in the Corporate Governance comparison on page 302. NYSE rules require us to file annual and interim written affirmations concerning our Audit & Risk Committee (ARC) and our statement on significant differences in corporate governance.

Sarbanes-Oxley Act of 2002

Following a number of corporate and accounting scandals in the US, Congress passed the Sarbanes-Oxley Act of 2002. Sarbanes-Oxley is a wide-ranging piece of legislation concerned largely with financial reporting and corporate governance.

As recommended by the SEC, the company has an established Disclosure Committee. The Committee reports to the CEO, the CFO and to the ARC. It is chaired by the Company Secretary and its members consist of senior managers from finance, legal, corporate communications and investor relations.

Where appropriate, external legal counsel, the external auditors, our sponsor bank, and internal experts are invited to attend the Disclosure Committee's meetings periodically. The Committee has responsibility for considering the materiality of information and, on a timely basis, determining the disclosure of that information. It has responsibility for the timely filing of reports with the SEC and the formal review of the Annual Report and the Annual Report on Form 20-F. In 2024, the Committee met 22 times, including for the purpose of receiving relevant and appropriate training.

Sarbanes-Oxley requires that the Annual Report on Form 20-F contains a statement as to whether a member of the ARC is an audit committee financial expert, as defined in rules under Sarbanes-Oxley. Such a statement for the relevant members of the ARC (Charles Bancroft) is included in the Board Committee information area of the Corporate Governance report on page 103 and in his biography on page 105.

Additional disclosure requirements arise under section 302 and section 404 of Sarbanes-Oxley in respect of disclosure controls and procedures and internal control over financial reporting.

Section 302: Corporate responsibility for financial reports

Sarbanes-Oxley requires the CEO and the CFO to complete formal certifications, confirming that:

- they have each reviewed the Annual Report on Form 20-F;
- based on their knowledge, the Annual Report on Form 20-F contains no material misstatements or omissions;
- based on their knowledge, the financial statements and other financial information fairly present, in all material respects, the financial condition, results of operations and cash flows as of the dates, and for the periods, presented in the Annual Report on Form 20-F;
- they are responsible for establishing and maintaining disclosure controls and procedures that ensure that material information is made known to them, and have evaluated the effectiveness of these controls and procedures as at the year end, the results of such evaluation being contained in the Annual Report on Form 20-F;
- they are responsible for establishing and maintaining internal control over financial reporting that provides reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles;
- they have disclosed in the Annual Report on Form 20-F any changes in internal controls over financial reporting during the period covered by the Annual Report on Form 20-F that have materially affected, or are reasonably likely to affect materially, the company's internal control over financial reporting; and
- they have disclosed, based on their most recent evaluation of internal control over financial reporting, to the external auditor and the ARC, all significant deficiencies and material weaknesses in the design or operation of internal controls over financial reporting which are reasonably likely to affect adversely the company's ability to record, process, summarise and report financial information, and any fraud (regardless of materiality) involving persons that have a significant role in the company's internal control over financial reporting.

The Group has carried out an evaluation under the supervision and with the participation of its management, including the CEO and CFO, of the effectiveness of the design and operation of the Group's disclosure controls and procedures as at 31 December 2024.

There are inherent limitations to the effectiveness of any system of disclosure controls and procedures, including the possibility of human error and the circumvention or overriding of the controls and procedures. Accordingly, even effective disclosure controls and procedures can only provide reasonable assurance of achieving their control objectives.

Based on the Group's evaluation, the CEO and CFO have concluded that, as at 31 December 2024, the disclosure controls and procedures were effective to provide reasonable assurance that information required to be disclosed in the reports that the Group files and submits under the US Securities Exchange Act of 1934, as amended, is recorded, processed, summarized and reported as and when required and that it is accumulated and communicated to management, including the CEO and CFO, as appropriate, to allow timely decisions regarding disclosure.

Other statutory disclosures continued

US law and regulation continued

Section 404: Management's annual report on internal control over financial reporting

In accordance with the requirements of section 404 of Sarbanes-Oxley, the following report is provided by management in respect of the company's internal control over financial reporting (as defined in Rules 13a-15(f) and 15d-15(f) under the US Securities Exchange Act of 1934, as amended (the Exchange Act)):

- Management is responsible for establishing and maintaining adequate internal control over financial reporting for the Group. Internal control over financial reporting is designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with IFRS.
- Management conducted an evaluation of the effectiveness of internal control over financial reporting based on the framework, Internal Control – Integrated Framework (2013) issued by the Committee of Sponsoring Organisations of the Treadway Commission (COSO).
- Management has assessed the effectiveness of internal control over financial reporting as at 31 December 2024 and has concluded that such internal control over financial reporting was effective. In addition, there have been no changes in the Group's internal control over financial reporting during 2024 that have materially affected, or are reasonably likely to affect materially, the Group's internal control over financial reporting .
- Deloitte LLP, which has audited the consolidated financial statements of the Group for the year ended 31 December 2024, has also assessed the effectiveness of the Group's internal control over financial reporting as at 31 December 2024 under Auditing Standard 2201 of the Public Company Accounting Oversight Board (United States). Their audit report is on page 301.

Section 13(r) of the Exchange Act

Section 13(r) of the Exchange Act requires issuers to make specific disclosure in their annual reports of certain types of dealings with Iran, including transactions or dealings with government-owned or controlled entities, as well as dealings with entities sanctioned for activities related to terrorism or proliferation of weapons of mass destruction, even when those activities are not prohibited by US law and do not involve US persons.

The Group exported certain medicines to Iran via sales by non-US entities that are not subsidiaries of a US entity to a distributor in Iran pursuant to a specific licence issued by the Office of Foreign Assets Control. The Group ceased exports and sales to Iran in June 2024.

The Group did not regularly receive information regarding the identity of the distributor's downstream customers and intermediaries in Iran, and it is possible that these parties included entities, such as hospitals and pharmacies, that are owned directly or indirectly by the Iranian Government or by persons or entities sanctioned in connection with terrorism or proliferation activities.

As the Group does not regularly receive information regarding the identity of its distributor's downstream customers and intermediaries, it cannot establish the proportion of gross revenue or sales potentially attributable to entities affiliated with the Iranian Government or parties sanctioned for disclosable activities. As a result, the Group is reporting the entire gross revenues £2.6 million and net profits £5.6 million from the Group's sales to Iran in 2024.

Some hospitals or other medical facilities in Lebanon may be affiliated with or controlled by Hezbollah or other groups that are designated by the United States pursuant to Executive Order 13224. Again, the Group does not deal directly with such hospitals or facilities and instead sells through distributors. The Group is unable to establish the proportion of gross revenue or sales potentially attributable to reportable activities. As a result, the Group is reporting the entire gross revenues £7.3 million and net profits £3.3 million from the Group's sales to Lebanon in 2024.

In addition to Section 13(r) of the Exchange Act, US law generally restricts dealings by US persons and dealings that otherwise are subject to US jurisdiction with certain countries or territories that are subject to comprehensive sanctions, currently Crimea, Cuba, the so-called Donetsk People's Republic, Iran, the so-called Luhansk People's Republic, North Korea and Syria, as well as with the Government of Venezuela (though not with the country of Venezuela as a whole) and certain agencies of the Government of the Russian Federation. The Group engages in some activity in certain such jurisdictions having assessed applicable licences and exemptions

While we believe the Group complies with all applicable US sanctions in all material respects, such laws are complex and continue to evolve rapidly.

Other statutory disclosures continued

Report of Independent Registered Public Accounting Firm

To the shareholders and the Board of Directors of GSK plc

Opinion on Internal Control over Financial Reporting

We have audited the internal control over financial reporting of GSK plc and subsidiaries (the "Group") as at 31 December 2024, based on criteria established in *Internal Control — Integrated Framework (2013)* issued by the Committee of Sponsoring Organizations of the Treadway Commission (COSO). In our opinion, the Group maintained, in all material respects, effective internal control over financial reporting as at 31 December 2024, based on criteria established in *Internal Control — Integrated Framework (2013)* issued by COSO.

We have also audited, in accordance with the standards of the Public Company Accounting Oversight Board (United States) (PCAOB), the consolidated financial statements as at and for the year ended 31 December 2024, of the Group and our report dated 3 March 2025, expressed an unqualified opinion on those financial statements.

Basis for Opinion

The Group's management is responsible for maintaining effective internal control over financial reporting and for its assessment of the effectiveness of internal control over financial reporting, included in the accompanying "Section 404: Management's annual report on internal control over financial reporting" included on page 300 of the Form 20-F. Our responsibility is to express an opinion on the Group's internal control over financial reporting based on our audit. We are a public accounting firm registered with the PCAOB and are required to be independent with respect to the Group in accordance with the U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audit in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether effective internal control over financial reporting was maintained in all material respects. Our audit included obtaining an understanding of internal control over financial reporting, assessing the risk that a material weakness exists, testing and evaluating the design and operating effectiveness of internal control based on the assessed risk, and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion.

Definition and Limitations of Internal Control over Financial Reporting

A company's internal control over financial reporting is a process designed to provide reasonable assurance regarding the reliability of financial reporting and the preparation of financial statements for external purposes in accordance with generally accepted accounting principles. A company's internal control over financial reporting includes those policies and procedures that (1) pertain to the maintenance of records that, in reasonable detail, accurately and fairly reflect the transactions and dispositions of the assets of the company; (2) provide reasonable assurance that transactions are recorded as necessary to permit preparation of financial statements in accordance with generally accepted accounting principles, and that receipts and expenditures of the company are being made only in accordance with authorizations of management and directors of the company; and (3) provide reasonable assurance regarding prevention or timely detection of unauthorized acquisition, use, or disposition of the company's assets that could have a material effect on the financial statements.

Because of its inherent limitations, internal control over financial reporting may not prevent or detect misstatements. Also, projections of any evaluation of effectiveness to future periods are subject to the risk that controls may become inadequate because of changes in conditions, or that the degree of compliance with the policies or procedures may deteriorate.

/s/ Deloitte LLP

London, United Kingdom

3 March 2025

Other statutory disclosures continued

Group companies continued

Corporate governance comparison

Description of differences between UK Corporate Governance and New York Stock Exchange ("NYSE") requirements.

GSK's primary listing is on the London Stock Exchange. GSK is required to comply with the Financial Conduct Authority's Listing Rules (Listing Rules) and Disclosure and Transparency Rules (DTRs) and report compliance with the UK Corporate Governance Code (Code). The Group's statement of compliance with the Code is set out on page 112.

GSK also has American Depositary Receipts listed on the New York Stock Exchange (NYSE) and is subject to the application of the NYSE Rules. As a foreign private issuer, GSK is exempt from most of the NYSE Rules that US companies must follow. However, GSK is required to disclose any significant ways in which its corporate governance practices differ from those followed by US companies listed on the NYSE. Significant differences between GSK's current corporate governance practices and the applicable NYSE corporate governance standards are as follows:

Director independence

GSK complies with the Code, which requires at least half the Board, excluding the Chair, to be independent Non-Executive Directors. The NYSE Rules require the Board to have a majority of independent directors. The Board considers the factors set out in the Code when determining a Director's independence. It does not explicitly consider the NYSE independence requirements (which are different from those set out by the Code).

Board Committees

GSK's Board Committees are broadly aligned in purpose and composition to those required by the NYSE Rules. The NYSE requires listed US companies to have compensation and nominating/corporate governance committees composed entirely of independent directors, as defined under the NYSE Rules. The Board's Remuneration Committee is composed solely of independent Non-Executive Directors who are independent under the standards of the Code. The Nominations & Corporate Governance Committee consists of independent Non-Executive Directors and the Board's Chair, who was deemed to be independent on appointment according to the independence standards of the Code.

GSK complies with the NYSE Rules requirement to have an audit committee comprised solely of independent directors, as defined under Rule 10A-3 under the Securities Exchange Act of 1934, as amended. However, GSK follows the Code recommendations, rather than the NYSE Rules, regarding the responsibilities of the Board's Audit & Risk Committee (except for applicable mandatory responsibilities under the Sarbanes-Oxley Act of 2002, as amended), although both are broadly comparable. The Board has determined that Charles Bancroft, Chair of the Audit & Risk Committee, has the appropriate qualifications and background to be an "Audit Committee Financial Expert" as defined under the US Securities and Exchange Commission rules.

The roles of GSK's Board Committees are set out on page 113 of the Annual Report and within each Board Committee's terms of reference, available at gsk.com.

Code of Business Conduct and Ethics

The NYSE Rules require that listed US companies adopt and disclose a code of business conduct and ethics for directors, officers and employees, and promptly disclose any waivers of the code for directors or executive officers. There is no equivalent recommendation in the Code, but GSK has adopted a Code of Conduct for all employees, including the CEO, CFO and other senior financial officers, which is available at gsk.com.

Shareholder Approval of Equity-compensation plans

The NYSE Rules require that shareholders of listed US companies be given the opportunity to vote on all equity compensation plans and material revisions to those plans (subject to limited exceptions). GSK complies with the equivalent UK requirements, which are similar to the NYSE Rules. However, the Board does not explicitly consider the NYSE's detailed definition of 'material revisions'.

Corporate Governance Guidelines

The NYSE Rules require listed US companies to adopt and disclose corporate governance guidelines. The Listing Rules and the Code require GSK to include an explanation in its Annual Report of how it applies the principles of the Code and a confirmation that it complies with the Code's provisions or, where it does not, provide an explanation of how and why it does not comply. In addition, GSK is required to make certain mandatory corporate governance statements in the Directors' Report in accordance with the Listing Rules and DTRs, which it does on pages 173 and 174.

Other statutory disclosures continued

Group companies

In accordance with Section 409 of the Companies Act 2006 a full list of subsidiaries, associates, joint ventures and joint arrangements, the address of the registered office and effective percentage of equity owned, as at 31 December 2024 are disclosed below. Unless otherwise stated the share capital disclosed comprises ordinary shares which are indirectly held by GSK plc. The percentage held by class of share is stated where this is less than 100%. Unless otherwise stated, all subsidiary companies have their registered office and are tax resident in their country of incorporation.

Name	Security	Registered address
Wholly owned subsidiaries		
14245563 Canada Inc.	Common	75 Rue Queen, Unité 1400, Montreal, QC H3C 2N6, Canada
14934792 Canada Inc.	Common	100 Milverton Drive, Suite 800 , Mississauga ON L5R 4H1, Canada
1506369 Alberta ULC	Common	3500 855-2nd Street SW, Calgary AB T2P 4J8, Canada
Action Potential Venture Capital Limited	Ordinary	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
Adechsa GmbH (ii)	Ordinary	c/o GlaxoSmithKline AG, Zweigniederlassung Baar/Zug, Neuhofstrasse 4, 6340 Baar, Switzerland
Affinivax, Inc.	Common	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
Aiolos Bio, Inc.	Common Stock	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
Aiolos Bio Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
Allen & Hanburys Limited (ii)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
Allen & Hanburys Pharmaceutical Nigeria Limited	Ordinary	49, Town Planning Way, Ilupeju, Lagos, Nigeria
Allen Pharmazeutika Gesellschaft m.b.H.	Ordinary	Wienerbergstraße 7, Wien, 1100, Austria, Austria
Beecham Group p.l.c	£0.20 Ordinary A; £0.05 Ordinary B	79 New Oxford Street, London, WC1A 1DG, United Kingdom
Beecham Pharmaceuticals (Pte) Limited	Ordinary	38 Quality Road, Jurong Industrial Estate, Jurong, 618809, Singapore
Beecham Portuguesa- Produtos Farmaceuticos e Quimicos, Lda,	Quota	Rua Dr Antonio Loureiro Borges No 3, Arquiparque, Miraflores, 1495-131, Alges, Portugal
Beecham S.A.	Ordinary	Avenue Fleming 20, 1300 Wavre, Belgium
Bellus Health Inc	Common	75 Rue Queen, Unité 1300, Montreal, QC H3C 2N6, Canada
Biovesta Ilaçlari Ltd. Sti. (ii)	Nominative	Esentepe Mah, Bahar Sk. Ozdilek River Plaza, Vyndham Grand No: 12 Kat: 22, Kapi: 58, Sisli, Istanbul 32394, Turkey
Cascan GmbH & Co. KG	Partnership Capital	Prinzregentenplatz 9, 81675, Munich, Bavaria, Germany
Cellzome GmbH	Ordinary	Meyerhofstrasse 1, 69117, Heidelberg, Germany
Clarges Pharmaceuticals Trustees Limited (ii)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
Colleen Corporation	Common	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
Corixa Corporation	Common	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
Dealcyber Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
Desarrollo Energia Solar Alternativa S.L.	Ordinary	Severo Ochoa, 2, Parque Tecnologico de Madrid, Tres Cantos, 28760, Madrid, Spain
Duncan Pharmaceuticals Philippines Inc.	Common	23rd Floor, The Finance Centre, 26th Street Corner 9th Avenue, Bonifacio Global City, Taguig City, 1634, Philippines
Elsie Biotechnologies, Inc	Common Stock	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
Etex Farmaceutica Ltda	Social Capital	Av. Andrés Bello 2457, Costanera Center, Torre 2, Piso 20, Providencia, Santiago, 7510689, Chile
Glaxo Group Limited	Ordinary	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
Glaxo Kabushiki Kaisha (ii)	Ordinary	1-8-1 Akasaka Minato-ku, Tokyo, Japan
Glaxo New Zealand Pension Plan Trustee Limited	Ordinary	Level 2 E.2, Generator at GridAKL, 12 Madden Street, Wynyard Quarter, Auckland, 1010, New Zealand
Glaxo Operations UK Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
Glaxo Saudi Arabia Limited	Ordinary	PO Box 22617, Area No 56 to 73, Warehouse City, First Stage Al Khomrah, Jeddah 21416, Saudi Arabia
Glaxo Verwaltungs GmbH	Ordinary	Prinzregentenplatz 9, 81675, Munich, Bavaria, Germany
Glaxo Wellcome Farmaceutica, Limitada	Ordinary	Rua Dr Antonio Loureiro Borges No 3, Arquiparque, Miraflores, 1495-131, Alges, Portugal
Glaxo Wellcome International B.V. (iii)	Ordinary	Huis ter Heideweg 62, 3705 LZ, Zeist, Netherlands
Glaxo Wellcome Manufacturing Pte Ltd	Ordinary	1 Pioneer Sector 1, Jurong Industrial Estate, Jurong, 628413, Singapore
Glaxo Wellcome Production	Ordinary	23 rue François Jacob, 92500, Rueil-Malmaison, France

Other statutory disclosures continued

Group companies continued

Name	Security	Registered address
Wholly owned subsidiaries continued		
Glaxo Wellcome Vidhyasom Limited (in liquidation)	Ordinary	12th Floor Wave Place, 55 Wireless Road, Lumpini, Pathumwan, Bangkok, 10330, Thailand
Glaxo Wellcome, S.A.	Ordinary	Poligono Industrial Allendeduero, Avenida de Extremadura, 3, Aranda de Duero, 09400, Burgos, Spain
Glaxo, S.A.	Ordinary	Severo Ochoa, 2, Parque Tecnologico de Madrid, Tres Cantos, 28760, Madrid, Spain
Glaxochem Pte Ltd (iii)	Ordinary	23 Rochester Park, 139234, Singapore
GlaxoSmithKline - Produtos Farmaceuticos, Limitada	Ordinary Quota	Rua Dr Antonio Loureiro Borges No 3, Arquiparque, Miraflores, 1495-131, Alges, Portugal
GlaxoSmithKline (Cambodia) Co., Ltd.	Ordinary	5th Floor DKSH Building, No.797 Preah Monivong Boulevard (Co, Sangkat Phsar Deum Thakov, Khan Chamkarmon, Phnom Penh, Cambodia
GlaxoSmithKline (China) Investment Co Ltd	Ordinary	Room 901, 902, 903, 905, 908, 909 and 910, Unit 901, Floor 9, No. 56 Mid 4 th East Ring Road, Chaoyang District, Beijing, China
GlaxoSmithKline (China) R&D Company Limited	Equity	F1-3, No.18 Building, 999 Huanke Road, Pilot Free Trade Zone, Shanghai, 201210, China
GlaxoSmithKline (GSK) S.R.L.	Ordinary	Bucureşti Sectorul 1, Şoseaua BUCUREŞTI-PLOIEŞTI, Nr. 89A Romania
GlaxoSmithKline (Ireland) Limited	Ordinary	12 Riverwalk, Citywest Business Campus, Dublin 24, Ireland
GlaxoSmithKline (Israel) Ltd	Ordinary	25 Basel Street, PO Box 10283, Petach-Tikva, 49002, Israel
GlaxoSmithKline (Private) Limited (ii)	Ordinary	Unit 3, 20 Anthony Road, Msasa, Harare, Zimbabwe
GlaxoSmithKline (Thailand) Limited	Ordinary	12th Floor Wave Place, 55 Wireless Road, Lumpini, Pathumwan, Bangkok, 10330, Thailand
GlaxoSmithKline AB	Ordinary	Hemvarnsg. 9, 171 54, Solna, Sweden
GlaxoSmithKline AG	Ordinary	Talstrasse 3 , 3053 Muenchenbuchsee, Switzerland
GlaxoSmithKline Angola Unipessoal Limitada	Quota	Luanda, Bairro Petrangol, Estrada de Cacuaco n ° 288, Angola
GlaxoSmithKline AS	Ordinary	Drammensveien 288, Oslo, NO-0283, Norway
GlaxoSmithKline Australia Pty Ltd	Ordinary	Level 4 , 436 Johnston Street , Abbotsford, Victoria, 3067, Australia
GlaxoSmithKline B.V.	Ordinary	Van Asch van, Wijckstraat 55h, 3811 LP Amersfoort, The Netherlands, Netherlands
GlaxoSmithKline Beteiligungs GmbH	Ordinary	Prinzregentenplatz 9, 81675, Munchen, Germany
GlaxoSmithKline Biologicals Kft.	Ordinary	2100 Gödöllő, Homoki Nagy István utca 1, Hungary
GlaxoSmithKline Biologicals S.A.S.	Ordinary	637 Rue des Aulnois, Saint-Amand Les Eaux, 59230, France
GlaxoSmithKline Biologicals SA	Ordinary: Preference	Rue de l'Institut 89 B-1330 Rixensart, Belgium
GlaxoSmithKline Brasil Limitada	Quotas	Estrada dos Banderiantes, 8464, Rio de Janeiro, 22783-110, Brazil
GlaxoSmithKline Capital Inc.	Common	Wilmington Trust SP Services, Inc., 1100 N. Market Street, 4th Floor, Wilmington DE 19890, United States
GlaxoSmithKline Capital plc	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline Caribbean Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline Chile Farmaceutica Limitada	Social Capital	Av. Andrés Bello 2457, Torre 2, piso 20, Providencia, Santiago, Región Metropolitana, Chile
GlaxoSmithKline Colombia S.A.	Ordinary	Avenida Calle 116, No 7-15, Interior 2 Oficina 601 A, Bogota, 110111, Colombia
GlaxoSmithKline doo Beograd-Novi Beograd (In liquidation)	Ordinary	Milutin Milankovic, 1J, Novi Beograd, Belgrade, 11070, Serbia
GlaxoSmithKline Ecuador S.A.	Ordinary	Av. 6 de diciembre E10-A, y Juan Boussingault, Edificio Torre 6, Piso 4, Oficina 408, Quito, Ecuador
GlaxoSmithKline El Salvador S.A. de C.V.	Ordinary	Municipio de San Salvador, Departamento de San Salvador, El Salvador
GlaxoSmithKline EOOD	Ordinary	119 Oborishte Str., Sofia 1505, Bulgaria
GlaxoSmithKline Export Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline Export Panama S.A.	Ordinary	Panama City, Republic of Panama, Panama
GlaxoSmithKline Far East B.V.	Ordinary	Van Asch van Wijckstraat 55h, 3811 LP, Amersfoort, Netherlands
GlaxoSmithKline Finance plc	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline GmbH & Co. KG	Partnership Capital	Prinzregentenplatz 9, 81675, Munchen, Germany
GlaxoSmithKline Guatemala S.A.	Ordinary	3ra. Av. 13-78 Zona 10, Torre Citibank, Nivel 8, Guatemala City, Guatemala
GlaxoSmithKline Holding AS	Ordinary	Drammensveien 288, Oslo, NO-0283, Norway
GlaxoSmithKline Holdings (Americas) Inc.	Common	Wilmington Trust SP Services Inc., 1100 North Market Street, 4th Floor, Wilmington, Delaware, 19890, United States
GlaxoSmithKline Holdings (One) Limited (i)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline Holdings Limited (i)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline Holdings Pty Ltd	Ordinary	Level 4 , 436 Johnston Street , Abbotsford, Victoria, 3067, Australia
GlaxoSmithKline Honduras S.A.	Ordinary	Tegucigalpa, MDC, Honduras
GlaxoSmithKline IHC Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline Ilaclari Sanayi ve Ticaret A.S.	Nominative	Esentepe Mah, Bahar Sk. Ozdilek River Plaza, Vyndham Grand No: 12 Kat: 22, Kapi: 58, Sisli, Istanbul 32394, Turkey

Other statutory disclosures continued

Group companies continued

Name	Security	Registered address
Wholly owned subsidiaries continued		
GlaxoSmithKline Inc.	Class A Common; Class C Preference	100 Milverton Drive, Suite 800 , Mississauga ON L5R 4H1, Canada
GlaxoSmithKline Insurance Ltd.	Ordinary	c/o Trinity Corporate Services Ltd., Trinity Hall, 43 Cedar Avenue, Hamilton, Hamilton, HM12, Bermuda
GlaxoSmithKline Intellectual Property (No.2) Limited	Ordinary	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
GlaxoSmithKline Intellectual Property Development Limited	Ordinary	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
GlaxoSmithKline Intellectual Property Holdings Limited	A Ordinary; B Ordinary	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
GlaxoSmithKline Intellectual Property Limited	Deferred; Ordinary	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
GlaxoSmithKline Intellectual Property Management Limited	Ordinary	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
GlaxoSmithKline Investigación y Desarrollo, S.L.	Ordinary	Severo Ochoa 2 Parque Tecnológico de Madrid, Tres Cantos, 28760, Madrid, Spain
GlaxoSmithKline Investments Pty Ltd	Ordinary	Level 4 , 436 Johnston Street , Abbotsford, Victoria, 3067, Australia
GlaxoSmithKline K.K.	Ordinary	1-8-1 Akasaka Minato-ku, Tokyo, Japan
GlaxoSmithKline Korea Limited	Ordinary	9F LS Yongsan Tower, 92 Hangang-daero, Yongsan-gu, Seoul, 04386, Korea, Republic of
GlaxoSmithKline Latin America, S.A.	Ordinary	Panama City, Republic of Panama, Panama
GlaxoSmithKline Limited	Ordinary	Suites 1004-10. 10F, Tower 6, The Gateway, 9 Kanton Road, Tsimshatsui, Kowloon, Hong Kong
GlaxoSmithKline Limited (ii)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline LLC	LLC Interests	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
GlaxoSmithKline Manufacturing SpA	Ordinary	Viale dell'Agricoltura 7, 37135, Verona, Italy
GlaxoSmithKline Maroc S.A.	Ordinary	42-44 Angle Bd, Rachidi et Abou Hamed El Glaza, Casablanca, Morocco
GlaxoSmithKline Mercury Limited (i)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline Mexico S.A. de C.V.	Ordinary A; Ordinary B	Av. Real Mayorazgo 130 Piso 20, Colonia Xoco, Alcaldia Benito Juárez, Ciudad de Mexico, 03330, Mexico
GlaxoSmithKline NZ Limited	Ordinary	Level 2 E.2, Generator @GridAKL, 12 Madden Street, Wynyard Quarter, Auckland, 1010, New Zealand
GlaxoSmithKline Oy	Ordinary	Porkkalankatu 20 A, Helsinki, 00180, Finland
GlaxoSmithKline Peru S.A.	Ordinary	Av. Víctor Andrés Belaúnde N°147, Vía Principal °133, Piso 7, Distrito de San Isidro, Lima, Perú
GlaxoSmithKline Pharma A/S	Ordinary	Vallensbæk Company House III , Delta Park 37, DK-2665, Valle, Denmark
GlaxoSmithKline Pharma GmbH	Ordinary	Wienerbergstraße 7, Wien, 1100, Austria, Austria
GlaxoSmithKline Pharmaceutical Kenya Limited	Ordinary	P.O Box 78392-00507, Likoni Road, Nairobi, Kenya
GlaxoSmithKline Pharmaceutical Nigeria Limited	Ordinary	1 Industrial Avenue, Ilupeju, Ikeja, Lagos, PM B 21218, Nigeria
GlaxoSmithKline Pharmaceutical Sdn Bhd	Ordinary	HZ.01, Horizon Penthouse, 1 Powerhouse, 1, Persiaran Bandar Utama, Ban dar Utama, 47800 Petaling Jaya, Selangor, Malaysia
GlaxoSmithKline Pharmaceuticals (Pvt) Ltd	Ordinary	121 Galle Road, Kaldemulla, Moratuwa, Sri Lanka
GlaxoSmithKline Pharmaceuticals Costa Rica S.A	Ordinary	Autopista Florencia del Castillo, kilómetro siete, Oficentro TerraCampus, edificio uno, cuarto piso, San Diego, Cartago, 30302, Costa Rica
GlaxoSmithKline Pharmaceuticals SA	Ordinary	Avenue Fleming 20, 1300 Wavre, Belgium
GlaxoSmithKline Pharmaceuticals Ukraine LLC	Chartered Capital	Pavla Tychyny avenue, 1-V, Kiev, 02152, Ukraine
GlaxoSmithKline Philippines Inc	Ordinary	23rd Floor, The Finance Centre, 26th Street Corner 9th Avenue, Bonifacio Global City, Taguig City, 1634, Philippines
GlaxoSmithKline Pte Ltd	Ordinary	23 Rochester Park, 139234, Singapore
GlaxoSmithKline Puerto Rico, Inc.	Common	CORPORATION SERVICE COMPANY PUERTO RICO INC., c/o RVM Professional Services, LLC, A4 Reparto Mendoza, Humacao, 00791, Puerto Rico
GlaxoSmithKline Republica Dominicana S..A	Ordinary	Blue Mall Tower, Floor 23 Ave., Winston Churchill 95, Santa Domingo, Dominican Republic
GlaxoSmithKline Research & Development Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline S.A.	Ordinary	Severo Ochoa, 2, Parque Tecnologico de Madrid, Tres Cantos, 28760, Madrid, Spain
GlaxoSmithKline S.p.A.	Ordinary	Viale dell'Agricoltura 7, 37135, Verona, Italy
GlaxoSmithKline s.r.o.	Ordinary	Hvezdova 1734/2c, Prague, 4 140 00, Czech Republic
GlaxoSmithKline Services GmbH & Co. KG	Partnership Capital	Prinzregentenplatz 9, 81675, Munchen, Germany
GlaxoSmithKline Services Unlimited (i)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline Single Member A.E.B.E.	Ordinary	266 Kifissias Avenue, Halandri, Athens, 152 32, Greece
GlaxoSmithKline SL LLC	LLC Interests	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
GlaxoSmithKline SL LP (ii)(v)	Partnership	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline South Africa (Pty) Limited	Ordinary	155 West Street, Sandown, Sandton 2031, South Africa

Other statutory disclosures continued

Group companies continued

Name	Security	Registered address
Wholly owned subsidiaries continued		
GlaxoSmithKline Trading Services Limited (iii)	Ordinary	12 Riverwalk, Citywest Business Campus, Dublin 24, D24 YK11, Ireland
GlaxoSmithKline Tunisia S.A.R.L.	Ordinary	Immeuble REGUS, Lot B17, Centre Urbain Nord, Tunis, Tunisia
GlaxoSmithKline UK Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline Uruguay S.A.	Registered Provisory Stock	Victor Soliño 349, Montevideo, Montevideo, 11300, Uruguay
GlaxoSmithKline US Trading Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GlaxoSmithKline Venezuela C.A.	Ordinary	calle Altagracia, edificio P&G, piso Mezzanina, torre Torre Sur, Urbanizacion Sorokaima, La Trinidad, Caracas, 1080, Venezuela
GlaxoSmithKline Vietnam Limited Liability Company (ii)	Equity Capital	The Metropolitan, 235 Dong Khoi Street, District 1, 7th Floor Unit 701, Ho C hi Minh City, Vietnam
GlycoVaxyn AG (in liquidation)	Common; Preferred A; Preferred B; Preferred C	Neumühlequai 6, Zürich, 8001 Switzerland
Groupe GlaxoSmithKline	Ordinary	23 rue François Jacob, 92500, Rueil-Malmaison, France
GSK Biopharma Argentina S.A.	Nominative Non Endorseable O rdinary	Tucumán 1, piso 4, Buenos Aires, C1049AAA, Argentina
GSK Capital B.V (iii) (vi)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GSK Capital K.K.	Ordinary	1-8-1 Akasaka Minato-ku, Tokyo, Japan
GSK Commercial Sp. z o.o.	Ordinary	ul. Rzymowskiego 53, 02-697, Warsaw, Poland
GSK d.o.o., Ljubljana	Ordinary	Ameriška ulica 8,, Ljubljana, 1000, Slovenia
GSK Enterprise Management Co, Ltd	Ordinary	Floor 4, 18 Lane 999 Huanke Road, No. 1358 Zhongke Road, Shanghai, Ch ina
GSK Equity Investments, Limited	Units	Corporation Service Company, 2595 Interstate Drive, Suite 103, Harrisburg, PA 17110, United States
GSK Finance (No.3) (in liquidation)	Ordinary	c/o BDO LLP, 5 Temple Square, Temple Street, Liverpool, L2 5RH, United Kingdom
GSK Finance (No 2) Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GSK GP 1 Limited (strike-off requested)	A Shares; B Shares	50 Lothian Road, Festival Square, Edinburgh, Scotland, EH3 9WJ, United Kingdom
GSK GP 2 Limited (strike-off requested)	Ordinary	50 Lothian Road, Festival Square, Edinburgh, Scotland, EH3 9WJ, United Kingdom
GSK India Global Services Private Limited	Equity	Level 1, 2 & 3 Luxor North Tower, Bagmane Capital Business Park Outer Ri ng Road, Bangalore, Karnataka, 560037, India
GSK International Holding and Finance BV	Ordinary	Van Asch van Wijckstraat 55h, 3811 LP, Amersfoort, Netherlands
GSK Kazakhstan LLP	Participation Interest	Nursultan Nazarbayev Ave 273, Business center USKO, 3rd fl., Almaty, 050059, Kazakhstan
GSK Life Sciences FZE	Ordinary	LB06015, Jebel Ali Freezone, Dubai, United Arab Emirates
GSK LP Limited (i)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
GSK Pharma India Private Limited	Equity	1, Battery House, Bhulabhai Desai Raod, Mumbai, Maharashtra, 400026, India
GSK Pharma Vietnam Company Limited	Chartered Capital	Unit 702/703 7th Floor, The Metropolitan Tower, 235 Dong Khoi Street, Ben Nghe Ward, District 1, Ho Chi Minh, Vietnam
GSK Pharmaceutical Trading S.A. (ii)	Ordinary	Bucureşti Sectorul 1, Şoseaua BUCUREŞTI-PLOIEŞTI, Nr. 89A Romania
GSK PSC Poland sp. z o.o.	Ordinary	ul. Grunwaldzka 189, Poznań, 60-322, Pol
GSK Regional Headquarters Company	Ordinary	Olaya Tower, Prince Mohamed Ibn Abdelaziz Street, Olaya, Riyadh, 12821, Saudi Arabia
GSK Services Sp z o.o.	Ordinary	Ul. Grunwaldzka 189, 60-322, Poznan, Poland
GSK Vaccines BV	Ordinary	De Entree 201,1101 HG, Amsterdam
GSK Vaccines GmbH	Ordinary	Emil-von-Behring-Str.76, 35041 Marburg, Germany
GSK Vaccines Institute for Global Health S.r.l.	Quota	Via Fiorentina 1, 53100, Siena, Italy
GSK Vaccines S.r.l.	Quota	Via Fiorentina 1, 53100, Siena, Italy
GSK Vaccines Vertriebs GmbH	Ordinary	Rudolf-Diesel-Ring 27, 83607, Holzkirchen, Germany
Human Genome Sciences, Inc.	Common	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
ID Biomedical Corporation of Quebec	Common	2323, boul. Du Parc Technologique, Québec Québec G1P 4R8, Canada
Instituto Luso Farmaco, Limitada (in liquidation)	Quota	Rua Dr Antonio Loureiro Borges No 3, Arquiparque, Miraflores, 1495-131, Alges, Portugal
InterPharma Dienstleistungen GmbH	Quota	Wienerbergstraße 7, Wien, 1100, Austria, Austria
J&J Technologies, LC (ii)	LLC Interests	Corporation Service Company, 100 Shockoe Slip, 2nd Floor, Richmond VA 2 3219,, United States
JSC GlaxoSmithKline Trading	Ordinary	Leningradskiy Prospect 37A, Building 4, Floor 3, Premises XV, Room 1, 125 167, Moscow, Russian Federation
Laboratoire GlaxoSmithKline	Ordinary	23 rue François Jacob, 92500, Rueil-Malmaison, France

Other statutory disclosures continued

Group companies continued

Name	Security	Registered address
Wholly owned subsidiaries continued		
Laboratoire Pharmaceutique Algérien LPA Production SPA	Ordinary	Zone Industrielle Est, Boudouaou, Boumerdes, Algeria
Laboratoire Pharmaceutique Algérien SPA	Ordinary	Zone Industrielle Est, Boudouaou, Boumerdes, Algeria
Laboratoires Paucourt (ii)	Ordinary	23 rue François Jacob, 92500, Rueil-Malmaison, France
Laboratoires Saint-Germain (ii)	Ordinary	23 rue François Jacob, 92500, Rueil-Malmaison, France
Laboratorios Dermatologicos Darier, S.A de C.V.	Ordinary A; Ordinary B	Av. Real Mayorazgo 130 Piso 20, Colonia Xoco, Alcaldia Benito Juárez, Ciudad de Mexico, 03330, Mexico
Laboratorios Farmaceuticos Stiefel (Portugal) LTDA (in liquidation)	Ordinary	Rua Dr Antonio Loureiro Borges No 3, Arquiparque, Miraflores, 1495-131, Alges, Portugal
Laboratorios Stiefel de Venezuela SA	Ordinary	Calle Altagracia, edificio P&G, nivel Mezzanina,, piso Mezzanina, local Torre Sur, Urbanizacion Sorokaima, La Trinidad, Caracas, 1080, Venezuela, Bolivarian Republic of
Laboratorios Stiefel Ltda.	Ordinary	Avenida Doutor Timóteo Penteado nº 2289, Box XXIII, Vila Hulda, Guarulhos, São Paulo 07094-000, Brazil
Laboratorios Wellcome De Portugal Limitada (in liquidation)	Quota	Rua Dr Antonio Loureiro Borges No 3, Arquiparque, Miraflores, 1495-131, Alges, Portugal
Maxinutrition Limited (in liquidation)	Ordinary	c/o BDO LLP, 5 Temple Square, Temple Street, Liverpool, L2 5RH
Montrose Fine Chemical Company Ltd. (in liquidation)	Ordinary	c/o BDO LLP, 2 Atlantic Square, 31 York Street, Glasgow, G2 8NJ
PT Glaxo Wellcome Indonesia	Class A; Class B	JL. Pulobuaran Raya Kav.III/ DD 2,3,4 KWS. Industri, Pulogadung, Jatinegara, Cakung, Jakarta Timur, Indonesia
Qeparo Acquisition Co	Common Stock	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
Setfirst Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
Shanghai GlaxoSmithKline Pharmaceutical Co., Ltd	Ordinary	Room 803, 804, Building A, 5 Shuntong Road, Lingang New Area, China (Shanghai) Pilot Free Trade Zone, Shanghai, China
Sitari Pharma, Inc.	Common	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
Smith Kline & French Laboratories Limited (in liquidation)	Ordinary	c/o BDO LLP, 5 Temple Square, Temple Street, Liverpool, L2 5RH, United Kingdom
Smith Kline & French Portuguesa- Produtos Farmaceuticos, LDA (ii)	Ordinary	Rua Dr Antonio Loureiro Borges No 3, Arquiparque, Miraflores, 1495-131, Alges, Portugal
SmithKline Beecham (Bangladesh) Private Limited (ii)	Ordinary	House-2/A, Road-138,Gulshan-1, Dhaka, 1212, Bangladesh
SmithKline Beecham (Cork) Limited	Ordinary	12 Riverwalk, Citywest Business Campus, Dublin 24, Ireland
SmithKline Beecham Egypt L.L.C.	Quota	Amoun Street, El Salam City, Cairo, Egypt
SmithKline Beecham Farma, S.A.	Ordinary	Severo Ochoa, 2, Parque Tecnologico de Madrid, Tres Cantos, 28760, Madrid, Spain
SmithKline Beecham Legacy H Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
SmithKline Beecham Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
SmithKline Beecham Pension Plan Trustee Limited (ii)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
SmithKline Beecham Pharma GmbH & Co KG	Partnership Capital	Prinzregentenplatz 9, 81675, Munchen, Germany
SmithKline Beecham Pharma Verwaltungs GmbH	Ordinary	Prinzregentenplatz 9, 81675, Munchen, Germany
SmithKline Beecham Pharmaceuticals (Pty) Limited (ii)	Ordinary	Flushing Meadows Building, The Campus, 57 Sloane Street, Bryanston 202 1, South Africa
SmithKline Beecham Senior Executive Pension Plan Truste e Limited (ii)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
Stiefel GmbH & Co. KG	Partnership Capital	Prinzregentenplatz 9, 81675, Munchen, Germany
Stiefel Laboratories Legacy (Ireland) Limited	Ordinary	Unit 2 Building 2500, Avenue 2000 Cork Airport Business Park, Cork, Irelan d
Stiefel Laboratories Pte Limited	Ordinary	1 Pioneer Sector, 628413, Singapore
Stiefel Laboratories, Inc.	Common	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
Stiefel Maroc SARL	Ordinary	275 Boulevard Zerktouni, Casablanca, Morocco
Stiefel Research (Australia) Holdings Pty Ltd	Ordinary	Level 4 , 436 Johnston Street , Abbotsford, Victoria, 3067, Australia
Stiefel Research Australia Pty Ltd	Ordinary	Level 4 , 436 Johnston Street , Abbotsford, Victoria, 3067, Australia
Stiefel West Coast LLC	LLC Interests	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
Strebor Inc.	Common	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
Tesaro Bio GmbH (In liquidation)	Ordinary	Poststrasse 6, 6300 Zug, Switzerland
Tesaro Bio Netherlands B.V	Ordinary	Joop Geesinkweg 901, 1114 AB, Amsterdam-Duivendrecht, Netherlands
Tesaro Development, Ltd.	Ordinary	Clarendon House, 2 Church Street, Hamilton HM11, Bermuda
Tesaro, Inc.	Common	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
The Sydney Ross Co. (ii)	Ordinary	Corporation Service Company, Princeton South Corporate Center, Suite 160 , 100 Charles Ewing Blvd, Ewing NJ 08628, United States

Other statutory disclosures continued

Group companies continued

Name	Security	Registered address
Wholly owned subsidiaries continued		
UCB Pharma Asia Pacific Sdn Bhd (ii)	Ordinary	12th Floor, Menara Symphony, No. 5, Jalan Prof. Khoo Kay Kim, Seksyen 1 3, 46200 Petaling Jaya, Malaysia
Wellcome Consumer Healthcare Limited (ii)	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom
Wellcome Limited	Ordinary	79 New Oxford Street, London, WC1A 1DG, United Kingdom

Name	Security	Effective % Ownership	Registered address
Subsidiaries where the effective interest is less than 100%			
Amoun Pharmaceutical Industries Co. S.A.E.	Monetary Shares	90.71%	El Salam City 11491, PO Box 3001, Cairo, Egypt
Biddle Sawyer Limited	Equity	75.00%	252 Dr Annie Besant Road, Mumbai, 400030, India
British Pharma Group Limited (i)	Guarantee	50.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom
Galvani Bioelectronics Inc.	Common	55.00%	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
Galvani Bioelectronics Limited	A Ordinary; B Ordinary	55.00% -	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
Glaxo Laboratories (Nigeria) Limited (ii)	Ordinary	99.99%	82 Marine Road, Apapa, Lagos, Nigeria
Glaxo-Allenburys (Nigeria) Limited (ii)	Ordinary	99.00%	41 Creek Road, Apapa, Lagos, PMB 1401, Nigeria
GlaxoSmithKline (Tianjin) Co. Ltd	Ordinary	90.00%	No. 65, the Fifth Avenue, Tai Feng Industrial Park, Tianjin Economic and Technological Development Area, Tianjin, 300457, China
GlaxoSmithKline Algérie S.P.A.	Ordinary	99.99%	Zone Industrielle Est, Boudouaou, Wilaya de Boumerdes, Algeria
GlaxoSmithKline Consumer Nigeria plc (iv)	Ordinary	46.42%	1 Industrial Avenue, Ilupeju, Ikeja, Lagos, PM B 21218, Nigeria
GlaxoSmithKline Pakistan Limited	Ordinary	82.59%	The Sykes Building, 35 Dockyard Road, West Wharf, Karachi, 74000, Pakistan
GlaxoSmithKline Pharmaceuticals Limited	Equity	75.00%	252 Dr Annie Besant Road, Mumbai,, 400030, India
GlaxoSmithKline S.A.E.	Ordinary	91.20%	Boomerang Office Building - Land No. 46, Zone (J) - 1st District, Town Center - 5th Tagammoe, New Cairo City, Egypt
Laboratorios ViiV Healthcare, S.L.	Ordinary	78.30%	Severo Ochoa, 2, Parque Tecnologico de Madrid, Tres Cantos, 28760, Madrid, Spain
Limited Liability Company SmithKline Beecham-Biomed O.O.O.	Participation Interest	97.00%	Leningradskiy Prospect 37A, Building 4, Floor 2, Premises XIV, Room 42, 1 25167, Moscow, Russian Federation
Modern Pharma Trading Company L.L.C.	Quota	98.24%	Amoun Street, PO Box 3001, El Salam City, Cairo, 11491, Egypt
Stiefel Egypt LLC (ii)	Quota	99.00%	Amoun Street, PO Box 3001, El Salam City, Cairo, 11491, Egypt
ViiV Healthcare (South Africa) (Proprietary) Limited	Ordinary	78.30%	Flushing Meadows Building, The Campus, 57 Sloane Street, Bryanston 202 1, South Africa
ViiV HealthCare BV	Ordinary	78.30%	Van Asch van, Wijckstraat 55h, 3811 LP Amersfoort, The Netherlands, Netherlands
ViiV Healthcare Company	Common	78.30%	Corporation Service Company, 251 Little Falls Drive, Wilmington DE 19808, United States
ViiV Healthcare Finance 2 Limited	Ordinary	78.30%	79 New Oxford Street, London, WC1A 1DG, United Kingdom
ViiV Healthcare Finance Limited	Ordinary; Redeemable Preference	78.30%	79 New Oxford Street, London, WC1A 1DG, United Kingdom
ViiV Healthcare GmbH	Ordinary	78.30%	Prinzregentenplatz 9, 81675, Munchen, Germany
ViiV Healthcare GmbH	Ordinary	78.30%	Talstrasse 3 , 3053 Muenchenbuchsee, Switzerland
ViiV Healthcare K.K.	Ordinary	78.30%	1-8-1 Akasaka Minato-ku, Tokyo, Japan
ViiV Healthcare Limited	A Ordinary; B Ordinary; C Ordinary; D1 Preference; D2 Ordinary; Deferred; E 5% Cumulative Preference	78.30%	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
ViiV Healthcare Pty Ltd	Ordinary	78.30%	Level 4 , 436 Johnston Street , Abbotsford, Victoria, 3067, Australia
ViiV Healthcare Puerto Rico, LLC	LLC Interests	78.30%	CORPORATION SERVICE COMPANY PUERTO RICO INC., c/o RVM Professional Services, LLC, A4 Reparto Mendoza, Humacao, Puerto Rico, 00791
ViiV Healthcare S.r.l.	Quota	78.30%	Viale dell'Agricoltura 7, 37135, Verona, Italy
ViiV Healthcare SAS	Ordinary	78.30%	23 rue François Jacob, 92500, Rueil-Malmaison, France
ViiV Healthcare SRL	Ordinary	78.30%	Avenue Fleming 20, 1300 Wavre, Belgium
ViiV Healthcare Trading LLC (ii)	Participation Interest	78.30%	Leningradskiy Prospect 37A, Building 4, Floor 2, Premises XIV, Room 28, 1 25167, Moscow, Russian Federation
ViiV Healthcare Trading Services UK Limited	Ordinary	78.30%	79 New Oxford Street, London, WC1A 1DG, United Kingdom
ViiV Healthcare UK (No.3) Limited	Ordinary	78.30%	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
ViiV Healthcare UK (No.4) Limited	Ordinary	78.30%	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom

Other statutory disclosures continued

Group companies continued

Name	Security	Effective % Ownership	Registered address
Subsidiaries where the effective interest is less than 100% continued			
ViiV Healthcare UK (No.5) Limited	Ordinary	78.30%	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
ViiV Healthcare UK (No.6) Limited	Ordinary	78.30%	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
ViiV Healthcare UK (No.7) Limited	Ordinary	78.30%	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage, SG1 2 NY, United Kingdom
ViiV Healthcare UK Limited	Ordinary	78.30%	79 New Oxford Street, London, WC1A 1DG, United Kingdom
ViiV Healthcare ULC	Common	78.30%	3500 855-2nd Street SW, Calgary AB T2P 4J8, Canada
ViiVHIV Healthcare Unipessoal Lda	Quota	78.30%	Rua Dr Antonio Loureiro Borges No 3, Arquiparque, Miraflores, 1495-131, Alges, Portugal
Winster Pharmaceuticals Limited	Ordinary	46.42%	2A Association Avenue, Ilupeju Industrial Estate, Lagos, PO Box 3199, Nigeria

Name	Security	Effective % Ownership	Registered address
Associates			
GlaxoSmithKline Landholding Company, Inc	Common	39.93%	23rd Floor, The Finance Centre, 26th Street Corner 9th Avenue, Bonifacio Global City, Taguig City, 1634, Philippines
Index Ventures Life VI (Jersey) LP	Partnership Interest (24.94%)	24.94%	44 Esplanade, St Helier, Jersey, JE4 9WG, Channel Islands
Kurma Biofund II FCPR	Partnership Interest (32.06%)	32.06%	24 rue Royale, 5th Floor, 75008, Paris, France
Longwood Fund I, LP	Partnership Interest (35%)	35.00%	The Prudential Tower, Suite 1715, 800 Boylston Street, Boston, MA 02199, United States
Medicxi Ventures I LP	Partnership Interest (26.10%)	26.10%	44 Esplanade, St Helier, Jersey, JE4 9WG, Channel Islands
Other significant holdings			
Alpheus Medical, Inc.	Series A Preference (13.77%) Series A-1 Preference (7.27%)	21.04%	3510 Hopkins Place, North Oakdale, Minnesota 55128, United States
Global Farm S.A.	A Shares (0%) B Shares (0%) C Shares (100%) of C Shares	20% 100% of C Shares	Mendoza 1259, Ciudad Autónoma de Buenos Aires, Argentina
Longwood Fund II, LP	Partnership Interest (20.00%)	20.00%	The Prudential Tower, Suite 1715, 800 Boylston Street, Boston, MA 02199, United States
Sanderling Ventures VII, L.P. A63	Partnership Interest (25.31%)	25.31%	1300 S. El Camino Real, Suite 203, San Mateo, CA 94402, United States
SR One Capital Fund I-B, LP	Partnership Interest (44%)	44.00%	Corporation service company, 251 Little Falls Drive, City of Wilmington, County of New Castle, Delaware 19808, United States
SR One Capital Fund III, LP	Parnership Interest (43.5%)	43.50%	Corporation service company, 251 Little Falls, Drive, City of Wilmington, County of New Castle, Delaware 19808, United States
SR One Capital Opportunities Fund I, LP	Partnership Interest (24.19%)	24.19%	Corporation service company, 251 Little Falls Drive, City of Wilmington, County of New Castle, Delaware 19808, United States

Other statutory disclosures continued

Group companies continued

The following UK registered subsidiaries will take advantage of the audit exemption set out within Section 479A of the Companies Act 2006 for the period ended 31 December 2024. Unless otherwise stated, the undertakings listed below are owned, either directly or indirectly, by GSK plc.

Name	Security	Effective % Ownership	Registered address	Company Number
UK registered subsidiaries exempted from audit				
Burroughs Wellcome International Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	543757
Domantis Limited	Ordinary	100.00%	GSK Medicines Research Centre, Gunnels Wood Road, Stevenage SG1 2NY, United Kingdom	3907643
Edinburgh Pharmaceutical Industries Limited (ii)	Ordinary; Preference;	100.00%	Shewalton Road, Irvine, Ayrshire, KA11 5AP, United Kingdom	SC005534
Eskaylab Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	99025
Glaxo Wellcome UK Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	480080
Glaxochem (UK) Unlimited	Ordinary; Ordinary B; Ordinary C	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	4299472
GlaxoSmithKline Intellectual Property (No.3) Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	11480952
GlaxoSmithKline Intellectual Property (No.4) Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	11721880
GlaxoSmithKline Intellectual Property (No.5) Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	11959399
GlaxoSmithKline International Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	2298366
PHIVCO UK II Limited	Ordinary	78.30%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	6944229
PHIVCO UK Limited	Ordinary	78.30%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	6944223
SmithKline Beecham (Export) Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	2860752
SmithKline Beecham (H) Limited	Non-cumulative Non-redeemable; Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	3296131
SmithKline Beecham (Investments) Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	302065
SmithKline Beecham Marketing and Technical Services Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	494385
SmithKline Beecham Nominees Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	503868
SmithKline Beecham Overseas Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	2552828
Stiefel Laboratories (U.K.) Ltd	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	831160
Tesaro UK Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	7890847
The Wellcome Foundation Limited	Ordinary	100.00%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	194814
ViiV Healthcare Overseas Limited	Ordinary	78.30%	79 New Oxford Street, London, WC1A 1DG, United Kingdom	7027385

In accordance with Section 479C of the Companies Act 2006, the company will guarantee debts and liabilities of the above UK subsidiary undertakings. As at 31 December 2024 the total sum of these debts and liabilities is £370 million (2023 – £317 million)

Key

(i) Directly owned by GSK plc.

(ii) Dormant entity.

(iii) Tax resident in the UK.

(iv) Consolidated as a subsidiary in accordance with Section 1162 (4)(a) of the Companies Act 2006 on the grounds of dominant influence.

(v) Exempt from the provisions of Regulations 4-6 of the Partnership (Accounts) Regulation 2008, in accordance with the exemptions noted in Regulation 7 of that Regulation.

(vi) Incorporated in the Netherlands

Glossary of terms

Terms used in the Annual Report	US equivalent or brief description
Accelerated capital allowances	Tax allowance in excess of depreciation arising from the purchase of fixed assets that delay the charging and payment of tax. The equivalent of tax depreciation.
American Depositary Receipt (ADR)	Receipt evidencing title to an ADS. Each GSK ADR represents two Ordinary Shares
American Depositary Shares (ADS)	Listed on the New York Stock Exchange; represents two Ordinary Shares
Basic earnings per share	Basic income per share
Called up share capital	Ordinary Shares, issued and fully paid.
CER growth	Growth at constant exchange rates.
The company	GSK plc
Currency swap	An exchange of two currencies, coupled with a subsequent re-exchange of those currencies, at agreed exchange rates and dates
Defined benefit plan	Pension plan with specific employee benefits, often called 'final salary scheme'.
Defined contribution plan	Pension plan with specific contributions and a level of pension dependent upon the growth of the pension fund.
Derivative financial instrument	A financial instrument that derives its value from the price or rate of some underlying item
Diluted earnings per share	Diluted income per share.
Employee Share Ownership Plan Trusts	Trusts established by the Group to satisfy share-based employee incentive plans
Equity Shareholders' funds	Shareholders' equity.
Finance lease	Capital lease.
Freehold	Ownership with absolute rights in perpetuity
The Group	GSK plc and its subsidiary undertakings.
GSK	GSK plc and its subsidiary undertakings.
Hedging	The reduction of risk, normally in relation to foreign currency or interest rate movements, by making off-setting commitments.
Intangible fixed assets	Assets without physical substance, such as computer software, brands, licences, patents, know-how and marketing rights purchased from outside parties.
Ordinary share	A fully paid up ordinary share in the capital of the company.
Profit	Income
Profit attributable to shareholders	Net income
Share capital	Ordinary Shares, capital stock or common stock issued and fully paid.
Share option	Stock option.
Share premium account	Additional paid-up capital or paid-in surplus (not distributable).
Shares in issue	The number of shares outstanding.
Subsidiary	An entity in which GSK exercises control.
Treasury share	Treasury stock.
Turnover	Revenue.
UK Corporate Governance Code	As required by the UK Listing Authority, the company has disclosed in the Annual Report how it has applied the best practice corporate governance provisions of the Financial Reporting Council's UK Corporate Governance Code.

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About GSK

GSK plc was incorporated as GlaxoSmithKline plc, an English public limited company on 6 December 1999. We were formed by a merger between Glaxo Wellcome plc and SmithKline Beecham plc. GSK acquired these two English companies on 27 December 2000 as part of the merger arrangements. Effective 15 May 2022 GlaxoSmithKline plc changed its name to GSK plc. On 18 July 2022, GSK plc separated its Consumer Healthcare business from the GSK Group to form Haleon, an independent listed company.

Our shares are listed on the London Stock Exchange and the New York Stock Exchange.

gsk.com

The SEC maintains an Internet site that contains reports, proxy and information statements, and other information regarding issuers that file electronically with the SEC. The address of that site is http://www.sec.gov.

GSK's internet address is gsk.com

Download PDFs:

– Annual Report 2024

– Form 20-F

– ESG Performance Report 2024

– Full-year and Fourth Quarter 2024 Results

Cautionary statement regarding forward-looking statements

This document and the Group's other reports published or filed with or furnished to the US Securities and Exchange Commission (SEC), and any other written information released, or oral statements made, to the public in the future by or on behalf of the Group, 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', 'estimate', 'expect', 'intend', 'will', 'project', 'plan', 'believe', 'target' 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 Regulation, the UK Listing Rules and the Disclosure 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. The reader should, however, consult any additional disclosures that the Group may make in any documents which it publishes and/or files with the SEC. All readers, 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 document, could cause actual results to differ materially from those expressed or implied in any forward-looking statement. Such factors include, but are not limited to, those discussed under 'Risk factors' on pages 277 to 285 of this Annual Report. Any forward-looking statements made by or on behalf of the Group speak only as of the date they are made and are based upon the knowledge and information available to the Directors on the date of this report.

A number of non-IFRS measures are used to report the performance of our business. These measures are defined on pages 79 to 79 and a reconciliation of Core results to Total results is set out on pages 88 to 90.

The information in this document does not constitute an offer to sell or an invitation to buy shares in GSK plc or an invitation or inducement to engage in any other investment activities. Past performance cannot be relied upon as a guide to future performance. Nothing in this Annual Report should be construed as a profit forecast.

Notice regarding limitations on Director Liability under English Law

Under the UK Companies Act 2006, a safe harbour limits the liability of Directors in respect of statements in and omissions from the Directors' Report (for which see page 173 and 174), the Strategic report and the Remuneration report. Under English law the Directors would be liable to the company, but not to any third party, if one or more of these reports contained errors as a result of recklessness or knowing misstatement or dishonest concealment of a material fact, but would otherwise not be liable. Pages 75 to 102, 134 to 172, 173 and 174, 207 to 209, 211 and 212, 262 to 263 and 268 comprise the Directors' Report, pages 1 to 102 inclusive comprise the Strategic report and pages 134 to 172 inclusive comprise the Remuneration report, each of which have been drawn up and presented in accordance with and in reliance upon English company law and the liabilities of the Directors in connection with these reports shall be subject to the limitations and restrictions provided by such law.

Website

GSK's website www.gsk.com gives additional information on the Group. Notwithstanding the references we make in this Annual Report to GSK's website, none of the information made available on the website constitutes part of this Annual Report or shall be deemed to be incorporated by reference herein.

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

Head Office and Registered Office
GSK plc
79 New Oxford Street,
London, WC1A 1DG
United Kingdom

Tel: +44 (0)20 8047 5000

Registered number: 3888792

Item 19 Exhibits

1.1	Articles of Association of the Registrant as in effect on the date hereof are incorporated by reference to Exhibit 1.1 to the Registrant's Annual Report on Form 20-F filed with the commission on March 5, 2024.
2.1	Second Amended and Restated Deposit Agreement, dated as of July 21, 2019, among the Registrant and JPMorgan Chase Bank, N.A. as Depositary, and the owners and holders from time to time of the American Depositary Shares issued thereunder, including the form of American Depositary Receipt, is incorporated by reference to Exhibit (a)(1) to the registration statement on Form F-6 (No. 333-264759) filed with the Commission on May 6, 2022.
2.2	Amendment No. 1 to Deposit Agreement, dated as of March 15, 2021, including the Form of American Depositary Receipt, is incorporated by reference to Exhibit (a)(2) to the registration statement on Form F-6 (No. 333-264759) filed with the Commission on May 6, 2022.
2.3	Form of American Depositary Share is incorporated by reference to the filing pursuant to Rule 424(b)(3) in connection with the registration statement on Form F-6 (Nos. 333-232726 and 333-264759) filed with the Commission on May 17, 2022.
2.4	Description of the Registrant's securities registered pursuant to Section 12 of the Securities Exchange Act of 1934.
2.5	Long Term Debt Instruments: GSK plc is not party to any single instrument relating to long-term debt pursuant to which a total amount of securities exceeding 10% of its total assets (on a consolidated basis) is authorised to be issued. GSK plc hereby agrees to furnish to the Securities and Exchange Commission (the "Commission"), upon its request, a copy of any instrument defining the rights of holders of its long-term debt or the rights of holders of the long-term debt of any of its subsidiaries for which consolidated or unconsolidated financial statements are required to be filed with the Commission.
4.3	UK Service Agreement between GlaxoSmithKline Services Unlimited and Emma N. Walmsley dated March 29, 2017 is incorporated by reference to Exhibit 4.3 to the Registrant's Annual Report on Form 20-F filed with the Commission on March 15, 2019.
4.4	UK Service Agreement between GlaxoSmithKline Services Unlimited and Julie Brown dated September 25, 2022 is incorporated by reference to Exhibit 4.4 to the Registrant's Annual Report on Form 20-F filed with the commission on March 5, 2024.
4.5	Share and Business Sale Agreement relating to the Vaccines Group made on April 22, 2014, as amended and restated on May 29, 2014, as amended on October 9, 2014, and as further amended and restated on March 1, 2015, between Novartis AG and GlaxoSmithKline plc is incorporated by reference to Exhibit 4.9 of the Registrant's Annual Report on Form 20-F filed with the Commission on March 18, 2016. Confidential portions of this exhibit have been omitted pursuant to a request for confidential treatment and filed separately with the SEC.
4.6	Stock and Asset Purchase Agreement by and among Pfizer Inc., GlaxoSmithKline plc and GlaxoSmithKline Consumer Healthcare Holdings Limited dated as of December 19, 2018 is incorporated by reference to Exhibit 4.10 to the Registrant's Annual Report on Form 20-F filed with the Commission on March 15, 2019. Confidential portions of this exhibit have been omitted pursuant to a request for confidential treatment and filed separately with the SEC.
4.7	Amendment Agreement dated July 31, 2019 to the Stock and Asset Purchase Agreement by and among Pfizer Inc., GlaxoSmithKline plc, GlaxoSmithKline Consumer Healthcare Holdings Limited and GlaxoSmithKline Consumer Healthcare Holdings (No. 2) Limited dated as of July 31, 2019 is incorporated by reference to Exhibit 4.8 to the Registrant's Annual Report on Form 20-F filed with the Commission on March 6, 2020.
4.8	Second Amendment Agreement dated June 1, 2022 to the Stock and Asset Purchase Agreement by and among Pfizer Inc., GSK plc, GlaxoSmithKline Consumer Healthcare Holdings Limited and GlaxoSmithKline Consumer Healthcare Holdings (No. 2) Limited dated as of 19 December 2018. Certain confidential information contained in this exhibit has been omitted from this exhibit because it is both (i) not material and (ii) would likely cause competitive harm to the Registrant if publicly disclosed.
8.1	A list of the Registrant's principal subsidiaries as at 31 December 2024 can be found in Note 46 to the financial statements on page 264.
11.1	GSK plc Code for Dealing in Securities
12.1	Certification Required by Rule 13a-14(a) or 15d-14(a) under the Securities Exchange Act of 1934 – Emma Walmsley.

12.2	Certification Required by Rule 13a-14(a) or 15d-14(a) under the Securities Exchange Act of 1934 – Julie Brown.
13.1	Certification Pursuant to Section 906 of the Sarbanes-Oxley Act of 2002 (Subsections (a) and (b) of Section 1350, Chapter 63 of Title 18, United States Code).
15.1	Consent of Deloitte LLP.
17	List of Subsidiary Issuers of Guaranteed Securities .
97.1	GSK Group Clawback Policy for the Recovery of Erroneously Awarded Compensation is incorporated by reference to Exhibit 97.1 to the Registrant's Annual Report on Form 20-F filed with the Commission on March 5, 2024.
101.INS*	XBRL Instance Document
101.SCH*	XBRL Taxonomy Extension Schema Document
101.CAL*	XBRL Taxonomy Extension Calculation Linkbase Document 101.DEF**XBRL Taxonomy Extension Definition Linkbase Document 101.LAB**XBRL Taxonomy Extension Label Linkbase Document 101.PRE**XBRL Taxonomy Extension Presentation

Linkbase Document

*In accordance with Rule 402 of Regulation S-T, the information in these exhibits shall not be deemed to be "filed" for purposes of Section 18 of the Exchange Act, or otherwise subject to the liability of that section, and shall not be incorporated by reference into any registration statement or other document filed under the Securities Act, or the Exchange Act, except as shall be expressly set forth by specific reference in such filing.

Signature

The registrant hereby certifies that it meets all of the requirements for filing on Form 20-F and that it has duly caused and authorized the undersigned to sign this Annual Report on its behalf.

GSK plc

March 3, 2025

By: /s/ Julie Brown
Julie Brown
Chief Financial Officer