Basis of reporting 2025 – social and governance data

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Basis of reporting

To deliver on our purpose, we must consider our impacts, risks and opportunities across everything we do in our business and value chain. We focus on six areas to help us address what's most material to our business and most important to our stakeholders:

– Access

– Global health and health security

– Environment

– Inclusion

– Ethical standards

– Product governance

This document gives the Basis of Reporting for selected metrics contributing to Performance Rating metrics and/or in scope of limited assurance within the above focus areas (other than Environment, for which we have a separate Basis of reporting).

This document captures the scope, methodology and reporting criteria for relevant metrics (measures of quantitative assessment) disclosed at Group level in the Responsible Business Report. Unless stated otherwise, the reporting period is from 1st January to 31st December for the respective year.

Governance of changes to published data

Previously published data will not be changed unless it represents a material change impacting >5% of a GSK total disclosed and/or if in the case of qualitative performance rating metric, a change represents the difference between on or off track.

Data Management

Data collection and documentation

Data is collated periodically in the year, depending on the relevant metric calculation methodology.

The values are rounded for all reported numbers. For quantitative data points, decimal places will be consistent with the prior year; if there is no precedent, two decimal places are used. Percentage (%) values are rounded to the nearest percentage point.

Data is validated through multiple rounds of review by subject matter experts (SMEs), data providers, and data approvers. This includes cross-checking data against historical records, relevant external inputs, investigating anomalies, and ensuring completeness and accuracy.

Detailed documentation is maintained for each metric, including definitions, methods, data flow, and validation processes. This ensures transparency and consistency in reporting. Limited assurance over the selected information underlying the performance rating (as designated with an 'A' in the data tables through the report). For the full scope of external limited assurance please see the Responsible Business Report.

(Link - https://www.gsk.com/en-gb/responsibility/responsibility-reports/)

High Level Description of Nature of Metrics

1. Access to healthcare:
   Metrics related to product reach.
2. Global health and health security:
   Metrics related to the number of assets in the Global Health pipeline and active R&D projects addressing prioritised pathogens.
3. Inclusion:
   Metrics related to representative clinical studies.
4. Ethical standards:
   Metrics related to mandatory training, high-risk supplier scores, and ethical conduct.
5. Product governance:
   Metrics related to product recalls, regulatory inspections.
6. People disclosures:
   Metrics related to health and safety.

Detailed description of metrics

The remainder of this document describes the definition, scope and method for data capture for the selected metrics.

Access

Product reach – doses supplied to lower income countries (millions (m)):

Reported metric	Definition	Source and calculated methodology
Doses of *Rotarix*, *Synflorix* and *Cervarix* vaccines supplied to Gavi (m)	The number of doses of the *Rotarix*, *Synflorix* and *Cervarix* vaccine that are supplied to Gavi, the Vaccine Alliance.	To calculate the number of doses supplied, use the number of GSK doses shipped to Gavi-supported countries, with the data extracted from the GSK financial reporting system.
Doses of *Mosquirix* (RTS,S/AS01) vaccines supplied through the MVIP (m)	The number of doses of the *Mosquirix* (RTS,S/AS01) vaccine donated to the Malaria Vaccine Implementation Programme (MVIP).	To calculate the number of doses supplied, use the number of GSK doses procured by UNICEF (MVIP's procurement agent) and shipped to MVIP countries, with the data extracted from the GSK financial reporting system. GSK has been supplying *Mosquirix*, the first malaria vaccine.
Doses of OPV vaccines supplied to UNICEF (m)	The number of doses of the oral polio vaccine (OPV) vaccine that are supplied to UNICEF.	To calculate the number of doses supplied, use the total number of GSK doses shipped to countries procuring via UNICEF for both routine vaccination campaigns and outbreak responses, with the data extracted from the GSK financial reporting system.

Reported Metric	Definition	Source and calculated methodology
Albendazole tablets donated to help eliminate lymphatic filariasis (m)	The number of albendazole tablets donated to the World Health Organization to support endemic country efforts to eliminate lymphatic filariasis (LF).	Albendazole tablet shipments from GSK's manufacturing facility to endemic countries are tracked in a real-time database of donated medicines for neglected tropical diseases. Donation figures for LF are aggregated and reported annually using data from the GSK financial reporting system.
Albendazole tablets donated to help treat intestinal worms (m)	The number of albendazole tablets donated to the World Health Organization to support endemic country efforts to treat soil-transmitted helminthiasis (intestinal worms) in school-age children.	Albendazole tablet shipments are sent from GSK's manufacturing facility to endemic countries and entered into the GSK financial reporting system, which tracks donated medicines for neglected tropical diseases in a real-time database.
Total doses supplied (m)	Sum of doses of *Synflorix*, *Rotarix*, *Cervarix* vaccines supplied to Gavi, doses of OPV vaccines supplied to UNICEF, doses of *Mosquirix* (RTS,S/AS01 E) vaccines supplied, and albendazole tablets donated to help eliminate lymphatic filariasis and treat intestinal worms – as defined above.	To calculate the sum of doses of *Synflorix*, *Rotarix*, *Cervarix* vaccines supplied to Gavi, doses of OPV vaccines supplied to UNICEF, doses of *Mosquirix* (RTS,S/AS01) vaccines supplied, and albendazole tablets donated to help eliminate lymphatic filariasis and treat intestinal worms – as per method and source described above.

Product reach – people reached in lower income countries in thousands ('000s):

Reported metric	Definition	Source and calculated methodology
People with access to a generic dolutegravir product	The total number of people living with HIV currently accessing generic dolutegravir-based products through ViiV Healthcare's voluntary licensing agreements with the Medicines Patent Pool and directly with Aurobindo Pharma.	Total number of people living with HIV accessing generic dolutegravir-based products is calculated based on licensee sales figures provided by the Medicines Patent Pool (MPP) and Aurobindo Pharma. The MPP uses this data to calculate the annual average number of people with access to generic dolutegravir-based products.
Estimated children reached with *Synflorix* through Gavi ('000)	The estimated number of children who have received the *Synflorix* vaccine (for the prevention of pneumococcal infection) through Gavi, the Vaccine Alliance.	To estimate the number of children reached by GSK doses in Gavi-supported countries, extract the data from the GSK financial reporting system by taking the total number of doses shipped, and divide it by the number of doses needed for a full vaccination schedule. Link: Product information for vaccines and cold chain equipment
Estimated children reached with *Rotarix* through Gavi ('000)	The estimated number of children who have received the *Rotarix* vaccine under five years of age (for the prevention of rotavirus) through Gavi, the Vaccine Alliance.	
Estimated girls reached with *Cervarix* through Gavi ('000)	The estimated number of girls who have received the *Cervarix* vaccine (for the prevention of cervical cancer) through Gavi, the Vaccine Alliance.	
Estimated people reached with *Mosquirix* (RTS,S/AS01 E) ('000)	The estimated number of children who have received the RTS,S vaccine through through Gavi, the Vaccine Alliance.	To calculate the estimated number of children reached, we use the number of GSK doses shipped to Gavi countries, extract the data from the GSK financial reporting system, and divide this by the number of doses needed to complete a full schedule (4 doses), factoring in WHO's estimated vaccine wastage rates. Link: Product information for vaccines and cold chain equipment
Estimated people reached with the Oral Polio Vaccine (OPV) ('000)	The estimated number of people who have received the OPV vaccine for polio procured through UNICEF.	To calculate the estimated number of people reached, GSK uses the number of bivalent OPV (bOPV) and monovalent OPV (mOPV) doses shipped to UNICEF, divided by the number of doses needed to complete a full schedule, with WHO estimated vaccine wastage rates factored in. WHO estimates 20% wastage. Link: WHO indicative vaccine wastage rates
Total people reached ('000)	Sum of people with access to a generic dolutegravir product through voluntary licensing agreements, estimated children reached with *Synflorix* & *Rotarix* through Gavi, estimated girls reached with Cervarix through Gavi, estimated people reached with *Mosquirix* (RTS,S/AS01 E), and estimated people reached with OPV through UNICEF.	To calculate the sum of people with access to a generic dolutegravir product through voluntary licensing agreements and estimated children reached with *Synflorix* & *Rotarix* through Gavi, estimated girls reached with *Cervarix* through Gavi, estimated people reached with *Mosquirix* and estimated people reached with OPV through UNICEF.

Global health and health security

Number of assets – Global Health pipeline to address priority WHO diseases:

Reported metric	Definition	Source and calculated methodology
Number of assets progressed through the Global Health pipeline to address priority WHO diseases	An asset is an active Research and Development (R&D) project. Progress is defined as the movement of a Global Health asset from one phase to another. GSK recognises progression through the following four categories: – Senior leadership endorsement of business plan for progression at a stage-gate (e.g. commit to candidate) – Clinical trial milestones e.g. PoC data, study start (First subject first dose) Business development/ in-licensing – Business development/ in-licensing – Regulatory milestone (e.g. submission, approval or launch) Progressions are for active projects during the year. If a project achieves a progression milestone early in the year, but closes later in the year, we still count the progression event. Active projects that still reflect 'proposed' in the system are still treated as active, as there are sometimes system lags after event has occurred. GSK uses the following lists to define priority WHO diseases: – WHO Priority Pathogen List* – WHO Emergency Diseases List* – WHO Blueprint for Prioritized Disease List* – WHO Essential Medicines List* – UN Sustainable Development Goals * *WHO reviews and updates these lists as needs arise and methodologies change.* GSK sets the performance target in Q1 in year of reporting and used the most recent published WHO list at that time.	GSK internal R&D project database is used to maintain population of assets and to track progress through phases of development.

Number of active R&D projects to address prioritised pathogens:

Reported metric	Definition	Source and calculated methodology
Number of active R&D projects to address prioritised pathogens by the WHO and Centers for Disease Control (CDC) as posing the highest level of concern due to drug resistance (critical and /or urgent threats)	Active R&D Projects include: – R&D projects in, Lead Discovery, Lead Optimization, Pre-Clinical Evaluation, Phase I, Phase II, Phase III, Registration & Launch – List of projects is then validated by AMR SMEs to review any projects that meet exclusion criteria, including but not limited to, partner-led projects (not GSK sponsored), projects on clinical hold, low priority projects, projects scheduled to be terminated	Data extracted from portfolio management system, reviewed for projects that meet the criteria as defined in previous column.
	GSK uses the following lists to define WHO/CDC highest level of concern pathogens: – Critical Pathogens from WHO Priority Lists (2024 WHO Bacterial Priority Pathogens List combined with 2022 WHO Fungal Priority Pathogens list} OR – Pathogens listed as Urgent Threats on the CDC Biggest Threats Report (2019)	

Inclusion

Representative clinical studies:

Reported metric	Definition	Source and calculated methodology
% of Phase III trials completing enrolment in 2025 that have met our required threshold* of trial participants, consistent with disease epidemiology	The total percentage of clinical trials that have achieved Last Subject First Visit (LSFV) with enrolment of demographic categories within the required threshold. ** In 2025, the threshold is defined as meeting ≥80% (up to a ceiling of 120%) of each demographic objective described in the plan based on disease epidemiology.*	The number and demographic categories of (and status of) actual enrolled participants is recorded in GSK's or FSO partner's Clinical Data Management systems. They gather information on when the studies start, and the expected participant demographics based on disease epidemiology every year-end and quarterly basis. This information is then summarised in reports and shared with the GSK team.

Ethical standards

% of employees and complementary workers that complete GSK's mandatory training:

Reported metric	Definition	Source and calculated methodology
% of employees and complementary workers that complete GSK's mandatory training % of employees that complete GSK's mandatory training: Living Our Code % of complementary workers that complete GSK's mandatory training: Living Our Code	The percentage of active employees and complementary workers (CWs) who have been assigned to the mandatory training curriculum and completed all training modules.	All active employees and in-scope CWs are required to complete our global mandatory learning curriculum which is tracked through GSK's internal learning management system. The completion percentage is calculated by using training data as of end of each year for current reporting year. This is calculated by dividing the total number of active employees and CWs who have completed all assigned modules by the total population of active employees and CWs who have been assigned the mandatory training.

High-risk suppliers – achieving minimum EcoVadis score:

Reported metric	Definition	Source and calculated methodology
% of direct high-risk suppliers that achieve GSK's minimum EcoVadis score or have an improvement plan in place	GSK through its EcoVadis Programme helps direct high-risk suppliers* improve their operations and support their sustainability journey. EcoVadis is an external ratings provider and assesses organisations across four themes: Environment & Community, Labour & Human Rights, Ethics, and Sustainable Procurement. An improvement plan is initiated by the supplier or any of its partners, including GSK, and tracked on the EcoVadis platform. Where required, GSK interacts directly with the supplier to ensure corrective actions are implemented. **Direct high-risk suppliers are identified on a yearly basis through a combination of spend, category and high-risk countries. Direct procurement involves the purchasing of materials directly associated with the production of goods.* *Suppliers reaching the minimum score for a given year are considered to have met the minimum for the entire three-year grace period even if the desired minimum score increases in that period.*	GSK requires suppliers to have a minimum score of at least 45 in the EcoVadis assessment. EcoVadis scorecard data is exported from the EcoVadis platform for further analysis and reporting. To calculate the metric value, the total number of suppliers scoring >=45 or having an improvement plan in place is divided by number of total suppliers within scope, where suppliers are considered on parent company level unless instructed otherwise. Underperforming suppliers are obliged to re-run the assessment within 12 months. If GSK ceases the relationship with a supplier in the reporting year, then this is taken into consideration when setting the population of direct high-risk suppliers for the following year and that supplier is removed.

Ethical conduct:

GSK case management system:

All markets, except Austria and Germany (which have local privacy laws), utilise a case management system to manage cases and data retention. Austria and Germany maintain their own case list "disciplinary report" which is submitted to the global employee relations team on a quarterly basis for consolidation and analysis within the broader global data platform.

This data comprises all regular employees and excludes contractors and contingent workers.

Reported metric	Definition	Source and calculated methodology
Employees who had concerns raised against them (including current year and prior year open cases)	The number of distinct employees with disciplinary concerns raised against them.	Anyone inside or outside GSK can raise concerns or speak to an independent third party through our integrity lines, confidentially or anonymously. Concerns can also be raised internally by employees, management, or internal monitoring. These data are collected and organised in GSK's case management system. The data includes the total number of distinct employees with a disciplinary concern raised against them during the reporting period, and those employees with disciplinary concerns raised against them from prior year's open cases.
Employees disciplined for policy violations	The number of distinct employees where the outcome of a concern raised resulted in disciplinary action. Disciplinary action includes a documented warning, termination, or voluntary resignation as a result of substantiated allegation.	This data is collected and organised in GSK case management system. The data represents cases closed during the reporting period.

Reported Metric	Definition	Source and calculated methodology
Breakdown of types of policy violation	The breakdown of the types of policy violations that employees have been disciplined for during the reporting period. Policy violations categories are defined as: – Employee conduct – Sales and marketing – Product quality – Safeguard people and information and assets – Employee relations & HR policies – Research and development and medical practices – Anti-bribery and corruption – Cyber security – EHS and sustainability – Other: Any other policy violation types that do not fit into the above categories specified	Data is collected and organised in GSK case management system with first level hierarchy, “case class”. Each case class then drills down further to specific categories within that case class. Individual employees can be subject to multiple allegations resulting in disciplinary action. Where this is the case, an individual is counted once against each unique category. Employee discipline results from policy violation, and includes Level 1 Sanction, Level 2 Sanction, Level 3 Sanction, Final Warning, Demotion, Termination or Resignation and is categorised as appropriate. Outcomes for employees including mediation, and settlement are not included in counts or percentages within categories. These outcome types are not considered disciplinary action, and they represent situations in which employees and the company work together towards a solution. Case owners regularly utilise published data quality reports to assist in data accuracy regularly. Quarterly internal audits are conducted to address any outstanding data discrepancies.
Employees who were dismissed or agreed to leave the company voluntarily as a result of misconduct	The number of distinct employees where the outcome of a disciplinary concern resulted in termination of employment or voluntary resignation of the employee as a result of substantiated allegation.	This data is collected and organised in GSK case management system. The data represents cases closed during the reporting period. Includes termination of employment or resignation.
Documented warnings	The number of distinct employees where the outcome of a disciplinary concern resulted in a documented warning.	This data is collected and organised in GSK case management system. The data represents cases closed during the reporting period. Disciplinary action includes a documented warning (Level 1, 2, 3 sanction, final warning and demotion)
Open cases awaiting investigation or a disciplinary decision at year end	The number of distinct disciplinary cases that are still open and pending an outcome at the end of the reporting period.	This data is collected and organised in GSK case management system. This data represents disciplinary cases involving employees that remain open at the end of the reporting period. The outcome of investigations that are still open or awaiting disciplinary action at year end are captured during the subsequent reporting period, and correlating, this metric will be updated accordingly for the prior year.

Product governance

Regulatory Inspections:

Reported metric	Definition	Source and calculated methodology
Total regulatory inspections from all health authorities	The number of GMP/GDP related regulatory inspections of GSK entities from all health authorities.	The data is collated from GSK's cloud based secure document storage system. The data represents Good Manufacturing Practice (GMP)/ Good Distribution Practice (GDP) inspections conducted on all GSK entities, which are concluded or in progress. Inspections may be cancelled before findings are reported and ongoing monitoring may identify GMP/GDP related elements in inspections the following reporting year. As such prior year data may be restated. It is the responsibility of relevant site personnel (medicines and vaccines contacts) to report the occurrence of an inspection into the system.
Total regulatory inspections from FDA/ MHRA/EMA regulators	The number of regulatory inspections by the following regulators of GSK entities: United States (US) Federal Drugs Agency (FDA); United Kingdom (UK) Medicines Healthcare Regulatory Agency (MHRA); and European Medicines Agency (EMA) National Competent Authority in the EEA regulators.	The data is collated from GSK's cloud based secure document storage system. The number of regulatory inspections across GMP/GDP based on FDA, MHRA and European regulators* that are inspecting on behalf of EMA regulatory bodies across all GSK entities, which are concluded or in progress. Inspections may be cancelled before findings are reported and ongoing monitoring may identify GMP/GDP related elements in inspections the following reporting year. As such prior year data may be restated. *National Competent Authorities
Number of critical/ major findings by FDA/MHRA/EMA regulators	The number of critical and major findings from regulatory inspections of GSK entities by US FDA, UK MHRA and EMA regulators. All FDA findings are considered Major (FDA critical findings are per Warning Letters).	The data is collated from GSK's cloud based secure document storage system. The number of critical and major findings across GMP/ GDP on business and products based on FDA, MHRA and European regulators that are inspecting on behalf of EMA where results have been confirmed across all GSK entities in the reporting year.
Total FDA regulatory inspections	The total number of regulatory inspections of GSK entities by US FDA.	The data is collated from GSK's cloud based secure document storage system. The number of regulatory inspections across GMP/ GDP on the business and products based on US FDA regulatory inspections which have concluded or are in progress. Inspections may be cancelled before findings are reported and ongoing monitoring may identify GMP/GDP related elements in inspections the following reporting year. As such prior year data may be restated.
Number of FDA observations	The number of observations issued by the US FDA to GSK entities. All FDA findings are considered Major (FDA critical findings are per warning letters).	The data is collated from GSK's cloud based secure document storage system. The number of findings across GMP/ GDP on the business and products based on US FDA regulatory inspections where results have been confirmed across all GSK entities in the reporting year.
Number of FDA warning letters	The number of warning letters issued by the US FDA to GSK entities, which led to enforced regulatory actions being required. All FDA findings are considered Major (FDA critical findings are per warning letters).	The data is collated from GSK's cloud based secure document storage system. The number of enforceable GMP/GDP warning letters that are known on all GSK entities in the reporting year.

Product recalls:

Reported metric	Definition	Source and calculated methodology

Total number of Class I/II/III external product recalls	The number of external Class I/II/III recalls of product broken down by recall type.	The data is extracted from GSK's internal database that manages product recalls. Total number of class I/II/III external product recalls across all markets within range across a rolling four quarters. The data represents the number of external Class I/II/III recalls across GMP/GDP that are known, on all GSK entities in the reporting year.
FDA product recalls by business and class	The number of US FDA recalls of products from the US market. We categorise the data according to which of our businesses it relates to (pharmaceutical or vaccine) and according to recall type.	The data is extracted from GSK's internal database that manages product recalls. Business Units track recalls in the GSK's internal database that manages product recalls.

People

Health and safety:

"Reportable" injuries and incidents are assessed and reviewed by Environment Health and Safety (EHS) team during approval/closure of record in EHS One system as part of the reporting process.

Reportable injuries or illnesses are those which meet the criteria:

1. Must be an employee or GSK-supervised worker
2. Must be GSK work-related
3. Must meet one or more of the general criteria:
    a. Medical treatment beyond first aid
    b. Restricted days/job transfer/days away from work
    c. Loss of consciousness
    d. A significant occupational injury or occupational illness diagnosed by a physician or other licensed healthcare professional
    e. Fatality
4. Must be a "new case"

Reported metric	Definition	Source and calculated methodology
Number of fatalities (employees and complementary workers under GSK direct supervision)	Work-related fatalities of employees and complementary workers under GSK direct supervision.	This includes all incidents assessed and reviewed by EHS team during approval/closure of record in the EHS system as part of the reporting process.
Number of fatalities (contractors not under GSK direct supervision)	Fatalities of contractors are not under GSK direct supervision but related to work at GSK sites.	This includes all incidents assessed and reviewed by EHS team during approval/closure of record in EHS system as part of the reporting process.
Reportable injuries with lost time	Injuries at the global GSK site level meeting the criteria of GSK reportable injuries and resulted in lost time. Lost time includes work related incidents that have resulted in lost days, restricted time, or a job transfer.	This includes all incidents assessed and reviewed by EHS team during approval/closure of record in EHS system as part of the reporting process.
Reportable illnesses with lost time	Number of illnesses at the global GSK site level meeting the criteria of GSK reportable illnesses and resulted in lost time. Lost time includes work-related incidents that have resulted in lost days, restricted time or a job transfer.	This includes all incidents assessed and reviewed by EHS team during approval/closure of record in EHS system as part of the reporting process.

Reported metric	Definition	Source and calculated methodology
Lost time reportable injury rate (per 100,000 hours worked)	The number of reportable injuries with lost days, restricted work or job transfers rated per 100,000 hours worked (GSK employees and direct supervised contract workers). # reportable injuries Total hours worked/100,000	By dividing the total number of reportable lost time injuries by the total hours worked per 100,000, GSK obtains the metric rate. The Scaling Factor – Per 100,000 Hours Worked helps to normalise the rate, making it more comparable across different sizes of workforces and varying amounts of total work hours.
Lost time reportable illness rate (per 100,000 hours worked)	The rate of reportable illnesses with lost days, restricted work or job transfers per 100,000 hours worked. (GSK employees and direct supervised contract workers).	By dividing the total number of reportable lost time illness by the total hours worked per 100,000, GSK obtains the metric rate. The Scaling Factor – Per 100,000 Hours Worked helps to normalise the rate, making it more comparable across different sizes of workforces and varying amounts of total work hours.
Reportable injuries with and without lost time	Total number of injuries that meet the criteria of being “reportable”.	This includes all incidents assessed and reviewed by EHS site team during approval/closure of record in EHS system as part of the reporting process
Reportable illnesses with and without lost time	Total number of illnesses that meet the criteria of being “reportable”.	This includes all incidents assessed and reviewed by EHS site team during approval/closure of record in EHS system as part of the reporting process
Reportable injury rate (per 100,000 hours worked)	The number of reportable injuries rated per 100,000 hours worked (GSK employees and direct supervised contract workers).	By dividing the total number of reportable injuries by the total hours worked per 100,000, you obtain the metric rate. The Scaling Factor – Per 100,000 Hours Worked helps to normalise the rate, making it more comparable across different sizes of workforces and varying amounts of total work hours.
Reportable illness rate (per 100,000 hours worked)	The number of reportable illnesses rated per 100,000 hours worked. (GSK employees and direct supervised contract workers).	By dividing the total number of reportable illnesses by the total hours worked per 100,000, you obtain the metric rate. The Scaling Factor – Per 100,000 Hours Worked helps to normalise the rate, making it more comparable across different sizes of workforces and varying amounts of total work hours.
Reportable injury and illness rate (per 100,000 hours worked)	The number of reportable injuries and illnesses rated per 100,000 hours worked (GSK employees and direct supervised contract workers).	By dividing the total number of reportable illnesses and injuries by the total hours worked per 100,000, GSK obtains the metric rate. The Scaling Factor – Per 100,000 Hours Worked helps to normalise the rate, making it more comparable across different sizes of workforces and varying amounts of total work hours.
Hours worked (millions)	HR System Report on the hours worked in millions of hours.	Hours worked is based on multiplying average headcount per site per month by estimated average number of hours worked by an employee in a month (assumed to be 150 hours). Employees counted are those in active status with specified employee type codes for each location (site).

Glossary of terms

Number of active R&D projects to address prioritised pathogens (AMR)

– CDC: The Centers for Disease Control and Prevention is the national public health agency of the United States.

– AMR: Antimicrobial resistance (AMR) is a phenomenon where microbes (such as bacteria, viruses, fungi and parasites) change or adapt in ways that make them resistant to the drugs that are used to treat them.

– WHO: World Health Organization

Regulatory inspections

– FDA: Food and Drug Administration

– MHRA: Medicines and Healthcare Products Regulatory Agency

– EMA: European Medicines Agency