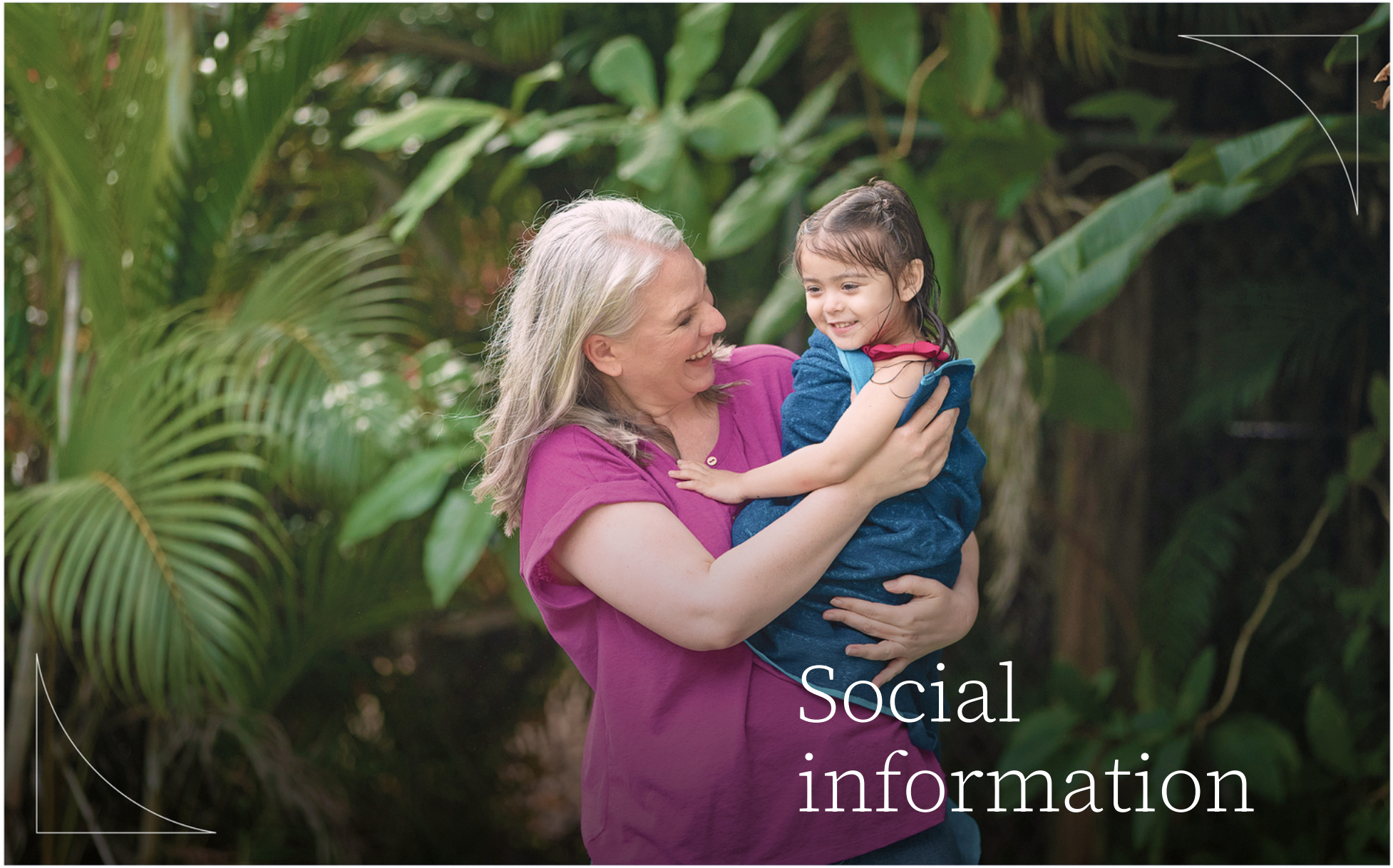

Social information

Human rights policy overview

Description of key contents

The policy defines UCB's human rights commitment, roles, responsibilities, and the key principles guiding decisions and activities to safeguard and uphold human rights. Identified commitments include third-party related risks (notably labor rights, environmental impacts, corruption) and non-discrimination, non-harassment and fair treatment for UCB employees, the right to health and ethical clinical trials.

It also establishes how UCB identifies salient human rights issues, conducts due diligence, engages with rights holders and provides remedy when adverse impacts occur.

Scope of policy

All UCB employees, including those working on our behalf. Third-party expectations are defined in the UCB Responsible Sourcing Standards for Business Partners.

Accountable for implementation

The Chief Ethics and Compliance Officer serves as the key sponsor for UCB-wide human rights activities and reports regularly on human rights matters to UCB's Board of Directors and Executive Committee.

Internationally recognized instruments

Aligned with the International Bill of Human Rights, the Declaration on Fundamental Principles and Rights at Work and the UN Global Compact (to which UCB is a signatory). We also affirm our commitment to the UN Guiding Principles on Business and Human Rights.

Availability

The policy is available at UCB website and intranet. Employees are informed of this policy through a mandatory training.

Own workforce S1

Impacts, risks and opportunities S1 SBM-3

Inclusion

Sub-topic	IRO type	Time frame	Value chain	Description
Diversity, Measures against violence and harassment in the workplace	+ Potential	●○○	◇	Promoting inclusive practices in UCB's workforce (e.g., equal promotion, inclusive recruitment) can lead to an increase in employee satisfaction and wellbeing.
	- Actual	●○○	◇	Harassment and discrimination, which should be reported through the UCB Integrity Line, can affect employee wellbeing, productivity and retention rates.
Diversity	- Actual	●○○	◇	Lack of representation in UCB's workforce at all levels of the organization (including executive level in particular) can lead to employee discouragement, loss of productivity and ultimately turnover.
	- Actual	●○○	◇	A lack of equal opportunity for career advancement opportunities can lead to employee discouragement, loss of productivity and ultimately turnover.
	O	●●○	◇	Leverage business leaders as enablers to help drive the principles of inclusion throughout UCB (e.g., diversity in clinical trials, equal opportunities and pay equity) which should lead to enhanced reputation, talent attraction, productivity and broader market insights.

Employee development

Sub-topic	IRO type	Time frame	Value chain	Description
Training and skills development	R	●●○	◇	Inability to upskill and recruit employees with new industry technological skills needed (e.g., AI, machine learning) at the required speed of the business transformation can lead to a competitive disadvantage for UCB.
	O	●●●	◇	Reaching social, environmental and financial performance can lead to increased attractiveness of the company towards younger generations.

Health, safety and wellbeing

Sub-topic	IRO type	Time frame	Value chain	Description
Health and safety	+ Actual	●○○	◇	Adhering to high employee health, safety and wellbeing standards (above legal obligations) and ensuring employees feel safe to speak up.
	- Actual	●●○	◇	Old/aged manufacturing infrastructure and equipment and its associated impact on employee physical safety.
	- Actual	●●●	◇ ↓	Using organic solvents with toxic and carcinogenic properties that directly impact the UCB employee and their family.
	- Actual	●○○	◇	High-risk manufacturing activities, such as working at height, in confined spaces, in explosive atmospheres, with pressurized equipment or close to construction activities, leading to fatalities or severe injuries.
Work-life balance	- Actual	●○○	◇	High work pressure and long working hours, leading to screen fatigue, lack of movement, burnouts and a decrease in work efficiency.
Health and safety, Work-life balance	R	●○○	◇	Reputational and investor risk of UCB over global health, safety and wellbeing (HSWB) ambitions and HSWB targets/policies/actions.

+ Positive impact - Negative impact R Risk O Opportunity ●○○ Short term ●●○ Medium term ●●● Long term ↑ Upstream ◇ Own operations ↓ Downstream

Own workforce continued

Inclusion

Policies S1-1

In 2025, UCB continued to embed the principles of Inclusion across the organization, as set out in the UCB Code of Conduct, Human Rights Policy and other internal policies, across the business. In 2026, we will continue to assess and update our policies as needed to emphasize our ongoing commitment to advance these principles in a legally compliant manner, while continuing to prevent discrimination across our workforce and supply chain. The implementation of these policies is overseen by the Chief Human Resources Officer (member of the Executive Committee) and the Global Head of Inclusion.

UCB follows applicable local laws and regulations on workplace inclusion and non-discrimination, including providing specific local guidance on areas such as disability accommodations and parental leave in each market.

Actions S1-4

Our global inclusion roadmap aims to ensure these principles are woven into all aspects of our company. Such initiatives are backed by equipping internal advocates with resources to boost awareness and understanding, as well as continuing our commitments to inclusive recruitment and to pay equity, as may be required by applicable law.

UCB's network of inclusive communities are open to all employees. They consist of nine Local Inclusion Councils, eight Employee Resource Groups (ERG) and allies. These communities help ensure that the principles of inclusion are integrated throughout our business operations at a local level. Their activities include initiating mentorship programs, hosting community events, and educating the wider workforce on the importance of inclusion.

Monthly "ERG Office Hours" exchanges between the Global Inclusion team, ERG leaders and a joint community encourage interactions and sharing of best practices across these groups. These exchanges serve as a platform to gain insights and feedback from ERG to help address any potential challenges in fostering an inclusive work environment..

UCB's commitment to equal opportunity and nondiscrimination is also embedded throughout all our talent processes, supported by an extensive onboarding and learning portfolio. Our hiring processes seek to ensure that our internal talent pool is consistently leveraged for new opportunities, including posting all open positions to enhance transparency. Hiring managers have been trained on promoting equal opportunity and mitigating bias in our talent attraction processes, including with regard to the posting of roles, recruitment, interviewing and hiring.

Employee development

Policies S1-1

Our global talent strategy aims to ensure that structured internal mobility, professional development, and referral programs encourage skills development and expertise sharing. Through the internal employee growth center and their Learning and Talent Partners, all UCB employees can access learning platforms and cross-functional skill development and explore internal mobility and leadership opportunities. This is supported by increased investment into accelerated leadership learning programs, an increased focus on developing digital skills (e.g., AI), and transversal skills to support our evolving business strategy. A capability-building process is in place to ensure we are constantly addressing current and future skill gaps in the workforce.

Our talent strategy aims to mitigate any risk of UCB falling behind industry standards in terms of technology and broader workforce capability skills, as well as the likelihood of employees looking elsewhere as a result of dissatisfaction with their personal development progress. This falls under the oversight of the Chief Human Resources Officer, who is part of the Executive Committee.

UCB's employee development practices are in compliance with local regulations (e.g., Belgian employment legislation on annual training plan and individual training rights).

Actions S1-4

We support the progression of employees through ongoing personal development plans and access to learning and mobility platforms, supported by a culture of lifelong learning across UCB.

- To broaden access to learning and better meet the diverse development needs of our employees, we accelerated the rollout of global learning platforms in 2025, making LinkedIn Learning available to all employees who wish to use it.
- To encourage internal mobility, we have a strong early careers strategy, supported by an internal opportunity marketplace and careers site to promote career development opportunities to existing employees. These have helped us achieve our 2025 internal mobility objective comfortably.
- We actively promoted UCB's Transversal Learning Portfolio, our centralized offering designed to help all employees build critical transversal skills, resulting in a significant increase in both participation and overall reach.
- Company-wide 'leadership learning' programs aim to equip leaders (from line managers to senior executives) with the right people management skills and mindset to promote a growth culture among their teams.
- In 2025, we redesigned our performance and growth evaluation process, which will be implemented in 2026. The updated approach provides greater clarity and transparency regarding performance expectations, and introduces a new 'growing self and others' dimension, emphasizing feedback, learning, and development as integral components of performance.
- To attract, develop and retain top research and development (R&D) talents in a competitive pharmaceutical talent landscape, we run various initiatives targeted specifically at scientists and R&D professionals, including short-term job rotations to help employees expand their professional horizons and connect with other UCB teams, internal PhD opportunities to develop and retain our top graduates, external PhD sponsorship programs with leading U.K./EU academic institutions to strengthen our early career talent pool and mentoring programs with senior leaders.

Health, safety and wellbeing

Policies S1-1

At UCB, the health, safety and wellbeing of all personnel are foundational to our operational excellence and corporate responsibility. We are committed to fostering a culture where every individual – whether employee, contractor or visitor – can thrive in a safe, healthy and supportive working environment. We firmly believe that all injuries are preventable, and we continuously strive to eliminate any potential hazards through proactive risk management and the implementation of industry-leading programs.

- We design, operate and maintain our facilities to industry standards to prevent harm to our people and the environment.
- We ensure compliance with all applicable legal and regulatory requirements related to health, safety and wellbeing.
- We integrate health, safety, wellbeing and product stewardship into our business strategy, planning and decision-making processes.
- We establish clear accountabilities and responsibilities for health, safety and wellbeing performance at every organizational level.
- We provide comprehensive information, instructions, procedures, training and resources to empower our colleagues to work safely and contribute to a culture of shared vigilance and continuous improvement.
- We regularly review and enhance our practices to ensure ongoing compliance, risk mitigation and the advancement of our health, safety and wellbeing objectives.

The global Health, Safety and Wellbeing (HSWB) Policy is supported by a set of global operational procedures governing the main processes of ISO 45001; and the latter are transcribed into local procedures applicable at the site level, taking into account the local operational and regulatory specificities. The policy is endorsed by our CEO, Chief Human Resources Officer, Executive Vice President, Patient Supply and Head of Health, Safety and Wellbeing.

Actions S1-4

In 2025, UCB launched a comprehensive, multi-year safety program at the Braine-l'Alleud (Belgium) campus, a strategic site for research, development and manufacturing. This initiative is designed to strengthen the robustness of our safety management system and drive significant improvements in our safety performance. Our mid-term objective is to achieve ISO 45001 certification for the campus, underscoring our commitment to international standards of occupational health and safety.

A cornerstone of this program is the development of Safety Leadership across our management team, beginning with senior leaders. By empowering our leaders with advanced safety competencies, we foster a culture of accountability and proactive risk management throughout the organization.

In addition to this program specifically targeting the Braine campus, several major initiatives have been launched or continued in 2025.

Our high-severity risks mitigation program continues according to plan, focusing on three priority areas: technical assessment of physical assets, deployment of operational standards, and skills and competency enhancement.

Additionally, we have defined and standardized safety requirements for large capital projects, ensuring that every new construction project aligns with our rigorous safety expectations from design to execution to completion. To support continuous improvement, we have enhanced and simplified our reporting tool for near-miss incidents and hazardous situations. This enables timely identification and resolution of potential risks, fostering a transparent and responsive safety culture.

Our Road Safety Program remains a priority, with a particular focus on the United States – UCB's largest car fleet. The program has also been expanded to include all UCB employees on a voluntary basis, reinforcing our commitment to employee wellbeing both on and off site.

We have continued to advance our "The Essentials" program, an initiative designed to ensure that our health and safety management systems are robust, fit-for-purpose and effectively support risk control and the ongoing improvement of the organization's health, safety and wellbeing performance.

Our manufacturing site in Japan (Saitama) has successfully renewed its ISO 45001 certification, following the successful recertification of our Swiss manufacturing site (Bulle) in 2024.

We strengthened global crisis management by designing and deploying a harmonized framework, developing global policies, enhancing infrastructure with a crisis room, and launching a pilot in Italy to begin global rollout. In 2026, priorities are completing the rollout, finalizing documentation, operationalizing the crisis room and expanding training programs. On the wellbeing side, aligned with our listening strategy, we conducted global focus groups to identify the root causes of mental health and workload challenges. We also launched the "Mental Health Happy Hour" podcast in partnership with the Resilience Institute, releasing five episodes throughout the year to support employee wellbeing and mental resilience. Finally, we have established a Health, Safety, Wellbeing & Business (HSWB) Steering Committee at the executive level to provide strategic oversight and governance for our numerous HSWB initiatives, programs and projects.

Processes for engaging with UCB's own workforce S1-2

In 2025, we strengthened our commitment to listening as a strategic enabler of inclusion, wellbeing, ethical business practice and engagement. Our approach reflects UCB's ambition to create a workplace where every voice matters and insights translate into meaningful action. By evolving from one-off surveys to a continuous listening model, we are embedding dialogue at the heart of our culture, ensuring that signals are captured, analyzed and acted upon at the right level of the organization.

We engage with our workforce and their representatives to foster trust, psychological safety and shared accountability. Our goal is to ensure that employees feel heard and empowered, while leaders are equipped to listen on a more targeted level, and to act on insights that improve inclusion, wellbeing and engagement.

One global Pulse survey was conducted in July, focusing on inclusion, which reached 1 000 employees with a participation rate of around 50%. The Pulse provides timely insights while minimizing survey fatigue and it complemented our global employee survey in September.

Beyond surveys, we deepened qualitative understanding through two major focus group initiatives. Approximately 200 employees participated in each, exploring critical topics such as wellbeing and equal opportunities. These sessions provided rich insights into lived experiences and helped identify systemic and local drivers of employee sentiment. Additional channels, including AI-driven social listening on external platforms, exit interviews and informal conversation forums, ensured that feedback was captured across multiple touchpoints.

Listening only creates impact when it leads to action. In 2025, we reinforced governance and accountability to ensure that insights inform decisions and drive change. Strategic oversight is provided by the Executive Committee, supported by an Employee Advisory Board and a dedicated global listening team. Local leaders remain accountable for addressing team-specific challenges, while systemic issues are escalated to senior leadership for resolution. Closing the feedback loop through transparent communication remains a priority, as it strengthens trust and encourages continued participation in listening initiatives.

Remediation channels for UCB's own workforce S1-3

We have established clear channels for employees to report any incidents or concerns, and we are committed to promptly and effectively address any negative impacts on our workforce.

Our investigation processes are designed to address concerns promptly and fairly, and we promote trust through regular training and communication, raising awareness of these mechanisms. To ensure continuous improvement, we continuously update policies, enhance training programs, and adopt new technologies, if needed.

Channels for reporting incidents

To ensure every voice is heard and valued, multiple channels exist for employees to raise concerns or share feedback confidentially. These include the UCB Integrity Line (available in over 200 languages and accessible to anyone who wishes to report a concern through an online platform or through phone calls) and robust incident and reporting systems, as well as the encouragement of open conversations between employees, their managers, and designated company representatives.

Any managers receiving reports from their team members must also report them to Ethics and Business Integrity (E&BI). All complaints submitted trigger an assessment, followed by a confidential investigation, which may lead to corrective disciplinary actions.

UCB's Chief Ethics and Compliance Officer is accountable for ensuring that effective processes are in place for employees to speak up and that any reports are appropriately investigated. UCB's Global Head of Investigations tracks and monitors the status of the reports and investigations. UCB is committed to taking all reports seriously and conducting a thorough review. When reports are received either through the UCB Integrity Line or through E&BI, Talent Partners, Legal or another channel, the reporting party receives confirmation of receipt and information on how to get status updates on their report.

Health, safety and wellbeing reporting mechanisms

UCB has established robust global and local procedures to ensure the consistent and timely notification, investigation, reporting and communication of all health, safety and environmental (HSE) adverse events. These processes are designed to identify root causes, implement corrective actions and facilitate cross-functional learning to prevent recurrence. The scope of these procedures extends to all UCB employees worldwide, including contingent workers, contractors managed by third parties, consultants and visitors.

Proactive risk management is a cornerstone of our safety culture. Employees are encouraged to actively identify and report hazardous situations before incidents occur, enabling the organization to address risks promptly and continuously improve site safety.

UCB tracks HSE performance using defined KPIs and targets, covering both leading and lagging indicators. Monthly results are consolidated into a global dashboard shared with executives, supporting timely analysis and escalation of critical issues.

Own workforce continued

Addressing grievances

UCB has comprehensive mechanisms to handle employee grievances or complaints promptly, fairly, and transparently, including confidential Employee Assistance Programs[1] (EAPs) in the majority of countries, and a network of trusted persons responsible for handling grievances and complaints at the local level, ensuring that employees have access to support and resolution mechanisms within their region.

Non-retaliation policies

UCB has a strict non-retaliation policy to protect all employees who raise concerns or report misconduct. Confidential reporting channels exist for employees to raise their concerns without fear of their identity being disclosed, such as the UCB Integrity Line, and local trusted persons or talent representatives. Our EAP offers confidential support and resources to employees facing personal or work-related challenges and provides an additional layer of protection and support for employees who may be hesitant to report concerns due to fear of retaliation. UCB conducts regular training and awareness programs to educate employees about their rights and the protections available to them, emphasizing the importance of reporting concerns and our commitment to protecting whistleblowers.

Promoting awareness and building trust

We continuously monitor the effectiveness of remediation processes through performance evaluation (KPIs), regular audits, and reviews to identify any gaps or areas for improvement and ensure our approach remains effective and responsive to the needs of our workforce.

This is also measured through our annual Ethics and Business Integrity Perceptions Survey. The feedback collected helps to identify areas for improvement and ensure that our communication efforts are effective and trusted by employees. UCB also collects feedback from employee representatives and committees on the effectiveness of our reporting processes.

Targets S1-5

In 2025, we set the following targets:

Indicator	2025 target	2026 target
Health, safety and wellbeing index	> 81%	**≥ 81%**
Total Recordable Injury Rate	<2.53	**≤ 2.10**
Lost Time Injury Rate	<2.17	**≤ 1.70**
Inclusion index	75%	**75%**
Employees reporting having good opportunities to learn and grow	>70%	**>70%**

These targets include all UCB employees worldwide (own workforce, both employees and non-employees, in the case of safety targets) and are developed based on ongoing feedback from different teams within UCB before being approved and endorsed by UCB's Executive Committee. Talent Partners can track the performance and contributions of their partner teams, initiating reviews to reflect on results and identify necessary improvements.

Own workforce continued

Metrics

Characteristics of UCB employees S1-6

Headcount by country and gender

	2024			2025		
Country	Male	Female	Total employees	**Male**	**Female**	**Total employees**
Europe	**3 118**	**3 123**	**6 241**	**3 440**	**3 419**	**6 859**
Belgium	1 711	1 480	3 191	**1 988**	**1 718**	**3 706**
Germany	218	325	543	**227**	**340**	**567**
U.K.	372	463	835	**380**	**503**	**883**
Switzerland	426	249	675	**466**	**270**	**736**
Other European countries	391	606	997	**379**	**588**	**967**
Intercontinental	**716**	**513**	**1 229**	**797**	**576**	**1 373**
Japan	475	132	607	**496**	**147**	**643**
Other Intercontinental countries	241	381	622	**301**	**429**	**730**
U.S.	788	1 120	1 908	**775**	**1 110**	**1 885**
Total	**4 622**	**4 756**	**9 378**	**5 012**	**5 105**	**10 117**

	2024			2025		
Permanent and temporary contracts by gender	Male	Female	Total	**Male**	**Female**	**Total**
Number of permanent employees (headcount)	4 466	4 586	9 052	**4 830**	**4 935**	**9 765**
Number of temporary employees (headcount)	156	170	326	**182**	**170**	**352**
Number of non-guaranteed hours employees (headcount)	N/A	N/A	N/A	**N/A**	**N/A**	**N/A**
Total	**4 622**	**4 756**	**9 378**	**5 012**	**5 105**	**10 117**

	2024				2025			
Permanent and temporary contracts by region	Europe	U.S.	Intercontinental	Total	**Europe**	**U.S.**	**Intercontinental**	**Total**
Number of permanent employees (headcount)	6 089	1 902	1 061	9 052	**6 667**	**1 878**	**1 220**	**9 765**
Number of temporary employees (headcount)	152	6	168	326	**192**	**7**	**153**	**352**
Number of non-guaranteed hours employees (headcount)	N/A	N/A	N/A	N/A	**N/A**	**N/A**	**N/A**	**N/A**
Total	**6 241**	**1 908**	**1 229**	**9 378**	**6 859**	**1 885**	**1 373**	**10 117**

Accounting policy

The number of employees is reported according to headcount at December 31. This is the number of active (including permanent and temporary) contract regular and expatriated UCB employees. It does not include the following employee groups: inactive employees, trainees, students and third-party apprentices. The breakdown for countries where UCB has "significant employment" is provided. UCB has set the threshold of significant employment at 300 employees (a lower threshold than the ESRS). Temporary employees are active contract UCB employees in headcount having a fixed-term (limited period) contract type. UCB has no contracts for non-guaranteed hours employees, so this metric is not applicable.

UCB's total headcount increased by 8% in 2025, rising from 9 378 in 2024 to 10 117, reflecting a deliberate expansion of our talent base. This growth supports our ability to advance science, strengthen operational excellence, and deepen engagement with patients, partners, and healthcare systems worldwide.

Headcount growth was geographically broad-based, with several core locations recording notable increases, underscoring ongoing investment in strategic markets.

The expansion was driven primarily by our permanent workforce, which grew from 9 052 to 9 765 employees. Fixed-term contracts remained a small and stable share of total headcount, increasing only from 326 to 352. This balance highlights UCB's commitment to building long-term capabilities while supporting employment stability for our people.

Own workforce continued

Departures	2024 Voluntary	2024 Involuntary	2024 Total	2025 Voluntary	2025 Involuntary	2025 Total
Europe	259	148	407	**199**	**164**	**363**
Intercontinental	120	355	475	**91**	**79**	**170**
U.S.	131	78	209	**130**	**104**	**234**
Total	**510**	**581**	**1 091**	**420**	**347**	**767**

Staff turnover	2024 Voluntary	2024 Involuntary	2024 Total	2025 Voluntary	2025 Involuntary	2025 Total
Administration/support staff	4.5%	5.0%	9.5%	**3.5%**	**1.8%**	**5.3%**
Executives	3.9%	2.6%	6.5%	**3.7%**	**4.4%**	**8.1%**
Managers/professionals	4.8%	3.5%	8.3%	**3.2%**	**2.2%**	**5.4%**
Sales force	8.2%	7.4%	15.6%	**8.2%**	**7.7%**	**15.9%**
Technical staff	4.9%	1.6%	6.5%	**3.6%**	**2.4%**	**6.0%**
Total turnover rate	**5.3%**	**4.2%**	**9.5%**	**4.1%**	**3.1%**	**7.2%**

Diversity metrics S1-9

Gender representation at executive level	2024 Male	2024 Female	2024 Total	2025 Male	2025 Female	2025 Total
Employees in top management level (headcount)	98	68	166	**97**	**74**	**171**
Employees in top management level (percentage)	59%	41%	100%	**57%**	**43%**	**100%**

Age distribution of employees	2024 <30	2024 30-50	2024 >50	2025 <30	2025 30-50	2025 >50
Europe	412	3 839	1 897	**491**	**4 217**	**2 151**
Intercontinental	44	945	333	**35**	**986**	**352**
U.S.	58	1 019	831	**55**	**968**	**862**
Total	**514**	**5 803**	**3 061**	**581**	**6 171**	**3 365**

Accounting policy

Total turnover is the percentage of voluntary and involuntary terminated permanent contract employees during the last 12 months out of the average 12-month permanent contract employee headcount.

Other metrics MDR-M

	2024	2025
Inclusion Index	70.8 %	**71.8 %**

In 2025, UCB reviewed and enhanced its listening strategy, reinstating the annual employee survey for all employees. Additionally, global focus groups were introduced to explore flagged opportunities from the 2024 results, providing deeper insights. A mid-year Pulse survey was deployed to monitor the impact of ongoing efforts. Employee perceptions of inclusion, as measured by the Inclusion Index, improved since the previous year, bringing us closer to our 2027 target of 75%. Overall, most inclusion drivers showed improvement, namely "Belonging", "Trust", "Integrating Differences" and "Inclusive Decision-Making". However, "Psychological Safety" emerged as the only declining driver, signaling an area for focused attention. While progress brings us closer to our objectives, there is still room for improvement. Detailed results from all initiatives are analyzed, shared and discussed with leadership teams and key stakeholders. In parallel, each team leader receives a report of their team's results and is encouraged to review them collaboratively, agree on focus areas and take action, supported by their respective Talent Partner.

Accounting policy

Based on the global employee survey, the Inclusion Index measures UCB employees' sense of belonging, trust, psychological safety, integration of differences and inclusivity in decision-making. It uses survey responses on the listed drivers for a weighted average. The formula is Inclusion Index Score = (Belonging Score * 1/3) + (Trust and Psychological Safety Scores * 1/3) + (Integrating Differences and Inclusive Decision-Making Scores * 1/3). The index uses a weighted average of three pillars: Belonging, Feel Safe, and Fully Participate & Freely Express. The Feel Safe pillar is formed by the Trust and the Psychological Safety inclusion drivers, while the Fully Participate & Freely Express pillar is formed by the Integrating Differences and Inclusive Decision-Making inclusion drivers. Belonging is the inclusion driver with the highest weight, as it is a stand-alone pillar.

Own workforce continued

Employee development S1-13

	2024	2025
Employees reporting having good opportunities to learn and grow	68.5%	**68.0%**

	2024		2025	
	Male	Female	**Male**	**Female**
% performance reviews	92%	92%	**87%**	**85%**
% career development reviews	81%	84%	**85%**	**88%**
Average training hours	52.8	43.3	**58.1**	**46.7**

Employees' perception of learning and good career opportunities is essential for good employee experience and ultimately retention, so ensuring that employees feel they are learning and growing is critical. While we did not fully reach our 2025 objective of 70% of employees reporting that they 'have good opportunities to learn and grow at UCB,' the results remain encouraging and provide a strong basis for continued progress. In 2026, we aim to further strengthen this outcome by closely monitoring employee satisfaction with our learning and development offerings, including via NPS (Net Promoter Score) of the available trainings.

Accounting policy

- Learning and growth questions in UCB employee experience surveys were based on employee responses to the following question: "I have good opportunities to learn and grow at UCB". The 2025 score is based on the 2025 Global Employee Survey.
- Percentage of performance reviews is the percentage of UCB employees eligible for the performance evaluation process who have received a performance rating for the reporting period out of the total UCB employee headcount as at December 31. The formula used is number of employees with reporting period performance rating / December 31 UCB employee headcount * 100.
- Percentage of career development reviews is the percentage of UCB employees eligible for the talent review process who have received a talent rating for the reporting period out of the total UCB employee headcount as at December 31. The formula used is number of employees with reporting period talent rating / December 31 UCB employee headcount * 100.

Health, safety and wellbeing S1-14

	2024	2025
% of employees covered by health & safety management systems	63.7%	**66.1%**
Number of fatalities	0	**0**
Total number of recordable work-related accidents	55	**42**
Rate of recordable work-related accidents (TRIR)	2.81	**2.21**
Total number of days lost due to work-related injury	466	**889**
Lost time incident rate (LTIR)	2.41	**1.85**
HSWB Index	64.1%	**81.2%**

In 2025, the HSWB Index reached 81.2%, exceeding the target and marking a significant improvement compared with 2024. The 'HSWB survey' and 'Employee metrics' components remained largely stable year-on-year, while the overall increase was primarily driven by the safety performance component, reflected in the LTIR. Notably, work-related accidents at the Braine-l'Alleud (Belgium) campus were reduced by half compared with 2024. The multi-year safety program launched in 2025 contributed to this progress, underscoring both the strategic importance of safety and the essential role each individual plays in preventing accidents. Building on the renewal of ISO 45001 certifications at Bulle (Switzerland) and Saitama (Japan), the Braine campus' progression toward certification will further strengthen the consistency and robustness of our safety management framework and reinforce employee engagement.

While not explicitly reflected in the index, we also remain focused on preventing severe injuries and fatalities and are pleased to report that no Serious Injury and Fatality (SIF) occurred in 2025.

We are continuing to assess the potential evolution of the HSWB Index, with a possible revision under consideration for 2026–27 to further enhance how we measure impact. This review will enable us to re-evaluate the contributions of each component and confirm whether the selected indicators remain appropriate for accurately reflecting performance.

Accounting policy

The rate of recordable work-related accidents or Total Recordable Injury Rate (TRIR) refers to the number of recordable accidents which occurred in the period of one year relative to the total number of hours worked in the period, per million hours worked.

Lost time incident rate (LTIR) refers to the number of recordable accidents resulting in a person being absent from the workplace for one or more days, which occurred in the period of one year, relative to the total number of hours worked in the period, per million hours worked. The metrics cover UCB own workforce, both employees and non-employees, except the HSWB Index (which covers only employees).

Safety within the HSWB Index is measured through a combination of metrics, including the LTIR, which accounts for 30% of the Index. The remaining 70% is based on our HSWB indicator, which combines results from our annual employee survey with employee metrics, such as how many people are promoted, engaged with personal development plans, or have access to an employee assistance program and access to sport. Performance is measured on a calendar year timeframe, covering January to December 2025.

Own workforce continued

Remuneration metrics S1-16

Unadjusted gender pay gap

Country	2024	2025
Belgium	1.6%	**-0.2%**
Germany	9.5%	**11.1%**
Japan	2.9%	**2.9%**
Switzerland	-4.3%	**-5.8%**
United Kingdom	12.7%	**11.9%**
United States	8.6%	**8.5%**
UCB population (weighted average)	4.9%	**3.4%**

Our pay equity ambition aligns with our core values and cultural foundation, ensuring that rewards are fair in relation to individual contributions and market reality. For the past few years, we have been measuring and regularly monitoring our pay equity positioning per country (considering adjusted pay gaps) and have implemented mechanisms and tools to ensure that actions are taken towards equitable pay, at the time of recruitment and progressively during our annual compensation cycles. A portion of our gender pay gap may be attributable to the company having a higher proportion of women in entry-level roles and a smaller share at the top executive ranks, where compensation levels are higher.

Internally, we have employed a methodology to assess the fairness of individual salaries by comparing actual salaries to predicted fair salaries. This methodology accounts for legitimate factors influencing pay differences, such as job level, seniority and performance over time. Based on this, we can measure the Adjusted gender pay gap (GPG). In most countries with significant employment, the Adjusted GPG falls within the -/+2% range, including the United States, United Kingdom, Belgium, Germany, and Switzerland.

Accounting policy

The gender pay gap measures the difference in average earnings between men and women within the organization. The metric refers to the average male base pay level over the average female base pay level (unadjusted pay gap), expressed as a percentage of the average pay of male employees. The method used to calculate this metric is (Average gross hourly pay for male employees - Average gross hourly pay for female employees) / Average gross hourly pay for male employees) * 100.

The gender pay gap is defined at country level and the UCB gender pay gap is calculated based on a population-weighted average of each of the individual country gender pay gaps. We report the information for countries where we have significant employment (more than 300 employees).

Remuneration ratio

Country	2024	2025
Belgium	15.5	**15.8**
Germany	7.0	**3.0**
Japan	4.6	**4.7**
Switzerland	4.4	**4.7**
United Kingdom	4.4	**5.6**
United States	4.1	**4.0**

Accounting policy

The remuneration ratio metric measures the ratio of the annual base pay compensation of the highest-paid individual in the country to the median annual base pay compensation for all employees in the country, excluding the highest-paid individual.

Incidents, complaints and severe human rights impacts S1-17

	2024	2025
Number of complaints filed through channels for people in own workforce to raise concerns (human rights)	9	**6**
Number of substantiated reports of discrimination	5	**9**
Amount of fines, penalties, and compensation for damages as a result of incidents of discrimination and complaints about human rights	0	**0**
Number of severe human rights issues and incidents connected to own workforce	0	**0**
Amount of fines, penalties, and compensation for damages as a result of severe human rights incidents	0	**0**

The number of substantiated reports of discrimination include case issue types of substantiated reports of discrimination and harassment. In all substantiated cases the employees in question were investigated and the substantiated cases resulted in disciplinary action. More information on types of cases (beyond discrimination) reported and their outcomes are reported in the Ethical Business Practices section.

Accounting policy

- The number of complaints filed through channels for people in own workforce to raise human rights concerns takes into account aggregated reports from all of UCB's reporting channels, including reports made to UCB's Integrity Line and from other channels, including to the Ethics and Business Integrity, Talent, and Legal departments, as well as managers and senior leaders. This numbers excludes the substantiated reports of discrimination.
- Substantiated reports are proven to be true, as supported by evidence.

Workers in the value chain S2

Impacts, risks and opportunities S2 SBM-3

Workers in the value chain

Sub-topic	IRO type	Time frame	Value chain	Description
Health and safety, working time, child labor, forced labor, social dialogue	R	●●○	↑ ◇	UCB not being compliant with upcoming regulations on human rights due diligence (cf. Corporate Sustainability Due Diligence Directive) impacting UCB.
	R	●●○	↑ ◇	Risk of reputational damage and litigation due to human rights violations.
Health and safety	- Potential	●●●	↑ ↓	The use of chemical substances by contract manufacturing organizations (CMOs) or other business partners located in geographies other than Europe, where such substances are strongly regulated, can potentially impact the health of workers in the long run by exposing them to toxic substances or unsafe working conditions.

+ Positive impact - Negative impact R Risk O Opportunity ●○○ Short term ●●○ Medium term ●●● Long term ↑ Upstream ◇ Own operations ↓ Downstream

We define value chain workers as those working for our direct suppliers (Tier-1) i.e., our CMOs and other business partners, and value chain workers at direct business partners' sub-suppliers, both upstream and downstream. For non-UCB employees working on UCB sites, please see the Health, safety and wellbeing section for more information on related health and safety management topics. We have identified some value chain worker groups who are particularly vulnerable, such as children, women or migrant workers.

Assessing human rights risks in the value chain S2 IRO-1

UCB has direct suppliers in countries with a systemic risk of child labor in general, including countries such as Brazil, India, Mexico and Türkiye, and with risk for potential forced labor in India. As such, an impact assessment was updated to identify human rights and environmental issues-related hot spots (i.e., commodities, countries and industry sectors) in our value chain.

The assessment was based on a number of data points, including UCB's value chain analysis, risk information on the EcoVadis platform, and available data from the Pharmaceutical Supply Chain Initiative's (PSCI) Material Specific Human Rights & Environmental Impact Assessment (2020) report on high risk commodities used in the pharmaceutical industry, in combination with publicly available value chain risk information sources, such as MVO Risico Checker, Fairtrade, U.S. Department of Labor's List of Goods Produced by Child Labor or Forced Labor, and the UNICEF Database on Child Labor. The risk evaluation was carried out according to the UN Guiding Principles on Business and Human Rights, taking into account risk severity and probability. We identified areas systemically related to potential child labor, forced labor or human trafficking, and potentially affected vulnerable groups. We also identified which human rights are at risk per area, such as right to education and right to fair working conditions.

Based on our assessment, we face the highest risk of contributing to or being linked to labor and human rights, including health and safety impacts when operating with CMOs or using specific high-risk commodities from countries with elevated systemic risks, even though our purchase volumes of such products are low. UCB's impact assessment, based on our value chain analysis for the PSCI-highlighted materials, found a moderate systemic risk of child labor, forced or compulsory labor related to some commodities with origin in agriculture or mining. These include commodities or products containing palm oil derivatives, sugar or aluminum. We recognize that there is a systemic risk of child labor or forced labor in some countries supplying these raw materials in general, such as Indonesia, Malaysia, Thailand and India.

In the majority of cases, we do not purchase these raw materials directly and they originate beyond our first-tier suppliers. We currently have limited visibility on the origin countries for commodities in our value chain beyond direct Tier-1 suppliers. As we strive to improve the transparency of origin for such commodities, we introduced a risk raw material sustainability questionnaire to our suppliers in 2025 and plan to implement technological solutions to enhance transparency in our value chain next year. For the commodities containing palm oil derivatives, we have visibility on UCB's suppliers that are Roundtable on Sustainable Palm Oil (RSPO)-certified. This certification includes criteria for working conditions and human rights. So far, we have no evidence of child labor, or of forced or compulsory labor among workers in our value chain.

Workers in the value chain continued

Policies S2-1

Our expectations on high ethical working standards, respect for human rights and fair treatment in our business partners' operations are outlined in our supplier contract templates, as well as in organization-wide UCB policies:

- Code of Conduct
- Human Rights Policy
- Responsible Sourcing Standards for Business Partners
- Health, Safety and Wellbeing Policy
- Third-Party Risk Management Policy
- Non-Retaliation Policy

In our Human Rights Policy, we commit to engaging with rights holders, including workers in our value chain, and individuals in the communities where we operate. We expect our business partners to strive to prevent adverse human rights impacts in all parts of their business, and explicitly to secure the safety and health of their workers, execute fair and timely remuneration of their workforce, and reject harassment or discrimination of any kind, and more broadly to act with integrity while doing business. Additionally, we outline our expectations that business partners minimize the environmental impact of their operations to avoid harming any rights holders.

UCB's Responsible Sourcing Standards for Business Partners set expectations that business partners follow the UN Guiding Principles (UNGP) on Business and Human Rights and the OECD Guidelines for Multinational Enterprises on Responsible Business Conduct. Business partners shall support and respect internationally proclaimed human rights, and make sure that they are not complicit in any human rights violations. The Responsible Sourcing Standards for Business Partners are overseen by the Chief Procurement Officer.

Both the Human Rights Policy and Responsible Sourcing Standards for Business Partners explicitly prohibit child labor and any form of modern slavery, including forced labor or human trafficking, by our business partners. UCB also expects business partners to apply these, or equivalent standards, in their own upstream value chain.

Our Health, Safety and Wellbeing Policy (refer to the Health, safety and wellbeing section) covers non-UCB employees working on UCB sites located anywhere in the world, in addition to UCB staff, employees and visitors.

In 2025, we introduced the internal Third-Party Risk Management Policy, which also covers environmental, social and governance risks, and outlines our commitment to carry out due diligence in our value chains to manage material risks, and potential and actual negative impacts. Furthermore, we issued a Non-Retaliation Policy (more information in the Ethical business practices section).

Our Modern Slavery Act Statement (U.K.), Transparency Act (Norway), and Fighting Against Forced Labour and Child Labour in Supply Chains Statement (Canada) are publicly available.

Engaging with workers in the value chain S2-2

We continually engage with rights holders, including suppliers, workers in our value chain and people living in the communities where we operate. We do this through supplier on-site audits, EcoVadis engagement, and ongoing contact with business partners.

On-site audits of suppliers are aligned with the Pharmaceutical Supply Chain Initiative (PSCI) protocols. Part of the audit protocol is to interview employees, including supervisors and shop floor workers. Engagement frequency depends on supplier audit intervals, criticality of the business partner and previous audit findings, as well as other criteria (e.g., if previous audits on the supplier carried out by industry peers are available in the shared PSCI member database). We assess the effectiveness of engagement by monitoring closure of corrective action plans (CAPs) related to the audit findings. Managing CMOs' engagement is the responsibility of the Head of External Manufacturing.

We also engage with suppliers through the EcoVadis platform. We invite our critical, strategic and high-volume suppliers to be evaluated by EcoVadis on their sustainability topics and, where needed, request CAPs to improve their sustainability level. Engagement occurs via designated supplier representatives who conduct the EcoVadis assessment and are accountable for the identified improvement areas, including those related to labor and human rights.

UCB's representatives are in regular contact with our key business partners to discuss sustainability topics, in addition to commercial and quality-related matters. Through such interactions we encourage our partners to pursue sustainable practices related to their own workers and value chain workers.

Remediation channels for workers in the value chain S2-3

In the event that UCB causes an adverse human rights impact, we would endeavor to provide a remedy. All workers in our value chain can report potential human rights complaints through the UCB Integrity Line.

As part of our Human Rights Policy, we commit to providing a channel for reporting complaints and a grievance mechanism aligned with the UNGP, allowing rights holders who are negatively impacted to raise concerns. Any substantiated cases of misconduct are escalated to management for appropriate action and for providing access to remedy. The process to investigate and remediate follows the principles laid down in our Non-Retaliation Policy and Global Investigations standard operating procedures. The fundamental safeguards regarding "no retaliation" and confidentiality apply to all concerns raised to us. For more information see Ethical Business Practices section.

In our Responsible Sourcing Standards for Business Partners, we require business partners to establish grievance mechanisms accessible to internal and external stakeholders to report concerns, without retaliation or threat of retaliation. Business partners shall also inform their workers that they can use the UCB Integrity Line to report complaints about non-compliance with UCB's standards.

Workers in the value chain continued

Actions S2-4

A key initiative in 2025 was a targeted sustainability campaign to engage selected suppliers that had not yet met certain sustainability standards in the EcoVadis assessment or committed to the Science Based Targets initiative (SBTi). Senior management presented UCB's strategy and sustainability objectives during campaign webinars, while the Procurement team worked closely with suppliers to support their progress. To further assist improvement efforts, we published a comprehensive Sustainability Guide. As a result of this ongoing campaign, we have seen increased supplier commitment to the SBTi and expanded EcoVadis coverage across our supply base. The improved coverage helps to better monitor and identify actual and potential adverse issues related to workers in the value chain, and to ask for corrective actions from our supplier network. Our suppliers' average EcoVadis labor & human rights score increased to 65.4 (2024: 64), remaining above the EcoVadis network's average labor & human rights score of 52 (2024: 50).

We strengthened our due diligence actions by updating our impact assessment of labor and human right risks, and launching new digital tools and questionnaires to evaluate our suppliers' sustainability performance, including the introduction of a new tool for monitoring controversies related to our business partners, with wider topics covered than previously. We revised our internal guidelines and provided training on how sustainability criteria are evaluated during supplier selection process and periodic risk assessments, and updated sustainability-related contract clauses in UCB's Master Service Agreement template, to drive our suppliers' sustainability performance.

We prepared, together with suppliers, to ensure compliance with the European Union Regulation on Deforestation-free Products (EU) 2023/1115, which also covers human rights requirements. The regulation application has been postponed to 2026.

We supported suppliers in building a stronger awareness of human rights through access to training programs such as the EcoVadis Academy, Responsible Health Initiative's capacity-building webinar series on human rights, and Pharmaceutical Supply Chain Initiative's supplier-aimed on-demand Learnster courses.

In 2025, UCB expanded on-site audits to cover labor, human rights and ethics topics, in addition to health and safety, environmental, and governance and management systems, where relevant to the audited supplier. We also expanded our audit program to include, in addition to CMOs, other business partners. We conducted altogether six audits in 2025 (2024: six), of which five were full-scope audits. One critical finding related to disciplinary measures was identified during an onsite audit at a CMO. Corrective actions have been initiated and are under active follow-up. If a critical finding is raised during an onsite audit, internal UCB experts will assess the situation and escalate it for follow-up action in UCB's risk management tools for mitigation actions. As a member of the Pharmaceutical Supply Chain Initiative (PSCI), we have access to audit reports regarding some of our business partners performed by other PSCI members, allowing us to assess their performance indirectly.

Internally, we reinforced human rights capacity in our procurement teams and provided a "Human Rights Due Diligence and Procurement" online course to newcomer procurement colleagues and the External Manufacturing team involved in procurement activities, to increase their capabilities on managing human rights in the value chain.

Targets S2-5

We strive to engage our critical, strategic, high-volume suppliers across our global supplier network through the EcoVadis platform.

Indicator	2025 target	**2026 target**
External spending for suppliers with a valid EcoVadis score	70%	**75%**
Re-assessed suppliers improving their EcoVadis score on labor and human rights	50%	**50%**

In 2026, we aim to increase the coverage of external spending for suppliers with a valid EcoVadis score to 75% and aim that re-assessed suppliers improving their EcoVadis score on labor and human rights are at least 50%. These targets were defined in collaboration with key internal stakeholders involved in supplier relationship management, including our External Manufacturing team managing CMOs. Improvement in these scores is estimated to correlate with our suppliers reducing their negative impacts on value chain workers and potentially advancing positive impact on value chain workers. Value chain workers, their legitimate representatives or credible proxies have not been engaged directly in setting targets. UCB will investigate methods to engage them in target setting in the future.

Workers in the value chain continued

Metrics MDR-M

	2024	2025
% of spend coverage with EcoVadis rated suppliers	69%	**73%**
% of suppliers improving their labor & human rights EcoVadis score	45%	**63%**

In 2025, 73% of UCB's procurement spend was covered by a valid EcoVadis score. The target of 70% was exceeded, and there was improvement compared to our 2024 level (69%). We will continue our efforts to actively encourage our suppliers in scope to carry out the EcoVadis assessment and achieve a minimum score of at least 45.

In 2025, 63% of UCB suppliers improved their labor & human rights score (2024: 45%), compared with the previous assessment, which was above the target of 50%. We aim to maintain this result in 2026 through encouraging suppliers to carry out proposed labor and human rights-related corrective action plans (CAPs), and by providing capacity building resources to them via PSCI, EcoVadis and the Responsible Health Initiative. The improvement of EcoVadis scores and progress in closing CAPs is how performance is tracked against targets.

In 2025, there were no reports submitted via UCB's Integrity Line related to value chain workers and reported by a non-employee (in 2024, one case was reported, which was found to be unsubstantiated).

Accounting policy

- The scope of the targets and metrics covers the global supplier network, and the baseline year is the year of the previous EcoVadis assessment. Reporting period is the 2025 calendar year.
- Spend from suppliers who have a valid score in EcoVadis is divided by UCB's supplier-related spending in order to calculate the spend coverage.
- The EcoVadis labor & human rights score assesses suppliers' performance on material topics including working conditions (e.g., health and safety, working time, social dialogue) and other work-related topics (i.e. child and forced labor).
- Percentage of suppliers who improved their EcoVadis labor & human rights score in the reporting period compared to their previous assessment is directly available in the EcoVadis platform. Effectiveness is evaluated by comparing the UCB supplier network score in labor & human rights to general EcoVadis network labor & human rights score.

Patients S4

Impacts, risks and opportunities S4 SBM-3

Scientific innovation

Sub-topic	IRO type	Time frame	Value chain	Description
Scientific innovation	+ Actual	●●○	◇	Established expertise and ground-breaking research and innovation that continues to deliver improvements to the quality of life of patients.
	+ Potential	●●○	◇	Use of technology solutions, such as AI, accelerating drug discovery and development.
	R	●●○	◇	Risk of R&D attrition related to innovation.
	O	●●○	↓	Reaching the patients through solutions that meet their unmet needs.

Equitable access to medicines

Sub-topic	IRO type	Time frame	Value chain	Description
Equitable access to medicines	+ Actual	●●○	↓	Scaling up health equity models in India and Rwanda.
	+ Potential	●●○	↓	Increase access to UCB's solutions through local health equity partnerships with public, private and non-state actors in selected geographies.
	+ Potential	●●●	↓	Expanding access through evolving the different business models across geographies.
	- Actual	●○○	↓	Launch sequence strategies (also known as "international reference pricing strategies") delaying the launch of new solutions in countries that may trigger potential lower prices.
	R	●○○	◇ ↓	Lack of common definition on the value of pharmaceutical solutions for society (often different assumptions and inputs are used), leading to disparities in coverage and pressure (incl. regulations) to lower the target prices.
	R	●○○	↓	External forces (e.g., market authorization, negative Health Technology Assessments (HTA), payer coverage) and internal forces (e.g., lack of focus/lack of internal alignment) delaying the launch and in some cases the commercialization of UCB solutions.
	R	●●○	◇	The global pricing and market access environment is highly complex and subject to continuous economic, political and social pressures, creating significant uncertainty for our global pricing strategy.
	O	●●●	◇	Evolving the different business models across all UCB's geographies and operations (including providing voluntary licensing for low- and middle-income (LMIC) settings and partners).
Diversity in clinical trials	- Potential	●●○	↓	Lack of implementation of diversity in clinical trials due to an inadequate representation of relevant patient groups to advance clinical knowledge, leading to drugs that are unfit for the needs of different patient populations.
	R	●●●	◇	Lack of focus on diversity in clinical trials can lead to reputational damage and risk of regulatory non-compliance.

+ Positive impact - Negative impact R Risk O Opportunity ●○○ Short term ●●○ Medium term ●●● Long term ↑ Upstream ◇ Own operations ↓ Downstream

Patients continued

Patient safety

Sub-topic	IRO type	Time frame	Value chain	Description
Health and safety	- Actual	●○○	↑	Unexpected events that affect the benefit-risk balance of clinical trials.
	R	●●○	◇	Failure to maintain patient safety, including compliance with safety reporting training requirements, can result in reputational damage, regulatory fines, loss of market share affecting the company's profitability, shareholder value and patients' health.

Product quality

Sub-topic	IRO type	Time frame	Value chain	Description
Health and safety	+ Actual	●●●	↓	Protecting patients by going beyond compliance to deliver consistent, high-standard outcomes. This includes proactively exceeding quality standards, preventing counterfeiting, and maintaining reliable product supply to meet patient needs with confidence and integrity.
	R	●●○	◇	Failure to maintain high product quality can result in reputational damage, regulatory fines, loss of market share affecting the company's profitability, shareholder value and patient health.

Health systems resilience

Sub-topic	IRO type	Time frame	Value chain	Description
Health systems resilience	+ Actual	●●○	↓	Increased medical and scientific knowledge of health professionals in low- and middle-income (LMI) geographies.
	+ Potential	●●●	↓	UCB could directly strengthen healthcare systems (e.g., by providing information, contributing to a faster diagnosis rate, ensuring the long-term sustainability of the distribution channels).
	+ Potential	●●○	↓	Greater collaboration with third parties, such as local government bodies, payers and peers, to strengthen healthcare systems across geographies.
	R	●○○	↓	Fragmentation of the healthcare system at large (i.e., lack of holistic approach across and within countries, lack of clear definitions and guidelines, fragmented patient populations).
	R	●○○	◇	Healthcare delivery system inefficiencies impacting UCB's financial performance.
	R	●●○	◇	Lack of healthcare practitioners impacting patients' access to UCB solutions and exacerbating inequities.
	R	●○○	◇	External pressures, such as inflation and economic challenges, impacting investment decisions, choice of business model and long-term performance regarding health system resilience.

+ Positive impact - Negative impact R Risk O Opportunity ●○○ Short term ●●○ Medium term ●●● Long term ↑ Upstream ◇ Own operations ↓ Downstream

Patients continued

Data privacy and security

Sub-topic	IRO type	Time frame	Value chain	Description
Privacy	(-) Potential	●○○	◇	Potential release of sensitive health data from patients due to data breaches or cybersecurity attacks, resulting in serious consequences for patients if the data falls into the hands of unauthorized individuals.
	(R)	●○○	◇	Risk of data breaches or cyber attacks at the level of UCB, leading to reputational damage, operational disruption and legal and regulatory consequences.
	(R)	●●○	◇	Evolving new regulations related to data, privacy, digital, AI and cybersecurity that could affect UCB's operations and increase compliance costs.

Responsible sales and marketing

Sub-topic	IRO type	Time frame	Value chain	Description
Access to (quality) information, responsible marketing practices	(+) Potential	●●○	◇ ↓	Integrating sustainable impact KPIs in the sales and marketing teams across UCB's operations can promote alignment in the strategic direction of UCB as a company fostering positive impact.
	(R)	●○○	◇	Reputational and financial (litigation) risks from unethical sales and marketing practices.

Patient engagement

Sub-topic	IRO type	Time frame	Value chain	Description
Freedom of expression, non-discrimination	(+) Actual	●○○	↓	Delivering solutions addressing patients' needs, priorities and preferences by "co-creating" with them from research to market, leading to better patient outcomes, access and experience.
	(R)	●○○	◇	Not engaging patients can cause significant financial damage to UCB due to the misalignment between the outcomes delivered by the solution and patients' needs, priorities and preferences.
	(O)	●●○	↑ ◇ ↓	Consistently and systematically embedding partnerships with patient communities end to end throughout the value chain.
Non-discrimination	(O)	●●○	↑ ◇ ↓	Further increase consistent and systematic partnerships with patient communities all along the value chain, leading to patient informed decision-making and co-creation as we aspire to the common goal of improving patient outcomes.

(+) Positive impact (-) Negative impact (R) Risk (O) Opportunity ●○○ Short term ●●○ Medium term ●●● Long term ↑ Upstream ◇ Own operations ↓ Downstream

Scientific innovation

Policies S4-1

Scientific innovation at UCB is guided by a range of frameworks, decision-making bodies, committees and strategies. Each of these components has specific objectives and scopes covering the entire R&D value chain, under the supervision of our Chief Medical Officer and the Chief Scientific Officer (part of our Executive Committee), and portfolio governance bodies.

Scientific innovation in our pipeline is channeled by key decision criteria applied at each research decision point and stage, such as strategic fit and innovation potential, scientific rationale, risk and feasibility (involving a comprehensive assessment of biological, technical and value-creation risks). A structured framework allocates resources purposefully and balances our portfolio across several dimensions, ranging from pre-pipeline and research projects to technology platforms, development pre- and post-proof of concept stages, modalities and patient populations.

R&D decision-making bodies provide comprehensive oversight across the entire value chain, ensuring value-driven, consistent and evidence-based governance. These bodies facilitate the adoption of new research targets, guide candidate selection and advance projects toward de-risked medicines. They also oversee the review and endorse proof-of-concept criteria, enabling a seamless transition from candidate to asset. This structured governance process helps manage impacts, risks and opportunities related to scientific innovation.

UCB follows an external engagement approach that outlines approaches and processes to engage with the wider scientific community, including scientific partnerships and sponsorships. This approach enables granular tracking of partnerships, ensures strategic alignment at the portfolio level, and promotes consistency, compliance and transparency.

Our Human Rights Policy commitment on the right to health and scientific innovation is closely aligned with our ambition to address unmet medical needs through differentiated solutions. We take a patient-centered approach that prioritizes the rights and needs of people living with severe diseases in our scientific innovation strategy. In research, this is demonstrated by our human pathobiology approach, which seeks to deeply understand biological alterations in human disease through identifying the etiologic mechanisms of disease, designing human functional models to test hypotheses and increasing our understanding of patient heterogeneity.

Actions S4-4

UCB actively engages with patients, healthcare professionals and other stakeholders to understand their concerns and incorporate their feedback into our innovation processes from the earliest stages. Our integrated research approach ensures a balanced focus on uncovering disease pathways, understanding patient needs and leveraging advanced technologies to develop innovative treatments.

The "societal needs" dimension in our Unmet Medical Need (UMN) assessment, which identifies current and future impact of disease to patients and society, ensures that our scientific innovation efforts are recognized to address essential needs aligned with health priorities and disease burdens. This guides our efforts to not only be scientifically robust, but also socially relevant in contributing to reducing the global disease burden.

Our strategic partnerships complement, strengthen and maximize the impact of our R&D efforts on patients by fostering collaboration and innovation. These include bilateral research collaborations, shared PhD studentships, asset in- and out-licensing deals, and participation in public-private consortia. UCB plays a leading role in public-private partnerships at multiple levels – from local engagement, such as the Walloon Region's S3 strategy gene therapy pillar, to European leadership in the PFAS Innovative Health Initiative. Environmental sustainability is embedded in our research ambitions from the outset, with initiatives aimed at reducing restricted substances, including minimizing the use of organic solvents.

In addition, UCB Ventures invests in life science and technology start-ups, providing long-term funding to enable breakthrough innovations in areas adjacent to or beyond UCB's core focus.

Finally, we engage early with regulators and policymakers throughout the development process, through direct, topic-specific interactions and representation in industry-wide consortia, to ensure our scientific innovations meet all necessary standards and support long-term sustainability.

Equitable access to medicines

Policies S4-1

We strive to make our medicines available to as many patients as possible, and work closely with local healthcare systems, payers and partners to improve access through customized approaches that reflect the value of our medicines, the needs of people living with severe diseases and the specificities of individual health systems.

Through our Health Equity Framework, we integrate equitable access strategies from innovation to patient reach, coupled with our value-based pricing framework and early payer engagement. It aims to better understand barriers to equitable access for patients to the medicines they need, and guide UCB to shape the right approach to deliver on our access ambitions.

We design and build our pricing strategies as outlined in our Global Pricing Governance Policy, which describes the decision-making process of launch price setting and re-pricing of UCB products. Our value-based pricing framework is anchored in patient value creation in the context of individual healthcare systems which patients use to access care. This structured approach combines insights from patients about their ability to pay and access medicines (e.g., affordability criteria, treatment waiting times, interactions with healthcare providers) with additional context on local health systems' ability to reward innovation, to analyze the value that each UCB treatment can bring, measuring improvements in indicators such as patients' quality of life and treatment efficacy. The resulting pricing model recognizes differences in health ecosystems and patient needs, and mutually defined priorities in achieving health outcomes. The Executive Committee regularly reviews our approach to pricing, access and affordability of our medicines. It is important to note that our access performance also depends on payers' priorities, the length of negotiations and the value perceived for our solutions.

Patients continued

UCB is committed to complying with industry self-regulated codes, including the EFPIA Code of Practice on Relationships Between the Pharmaceutical Industry and Patient Organizations. Our pricing and reimbursement approaches also adhere to local laws and regulations.

Actions S4-4

UCB teams are responsible for translating scientific information into messages that explain the value of our medicines. They help accelerate our access to the markets and support the development of negotiation approaches. A pricing strategy is set up prior to the launch of any new medicine, ensuring alignment with our foundational principles: increasing health and value for patients, sustaining innovation and doing the right thing for the right patient, with specific consideration for product and healthcare systems.

At UCB, respecting the right to health means that we make our medicines as widely available as possible to people with unmet needs. We have introduced a number of Early Access Programs for UCB medicines and we facilitate Named Patient Supply (NPS) Programs, where feasible. Emerging alternative business models, including health equity models and patient support programs in the U.S., are part of our efforts to make it easier for people to access our medicines. More details on how UCB aims to foster an innovative, competitive and value-based system in the U.S. which keeps patients at the center can be found in our U.S. Sustainable Access and Pricing Transparency Report.

Regarding our health equity approach, key initiatives to deliver equitable access and address treatment gaps in specific situations are ongoing:

- We are expanding our health equity model in India to improve treatment for people with epilepsy.
- After *levetiracetam* was approved and included in Rwanda's public insurance coverage in 2024, the oral solution was introduced in 2025 to ensure treatment options for pediatric patients.
- We have developed an end-to end approach to health equity that starts in early clinical development, when we evaluate each candidate's potential to mitigate or inadvertently exacerbate equity barriers for underserved populations. We then integrate health equity barrier considerations in evidence generation plans. For our current commercial portfolio, we are exploring care optimization partnerships in the U.S. for patients with hidradenitis suppurativa, myasthenia gravis, systemic lupus erythematosus and Dravet Syndrome in city-based proof-of- concept projects, and for patients with Dravet Syndrome in selected European countries.

We have also established a wide network of distributors and partners to ensure we secure presence of our products in markets where we do not have UCB operations, including in low- and middle-income countries.

Patient safety

Policies S4-1

Our Global Pharmacovigilance System ensures that we oversee, assess and report safety information to regulatory authorities, and it is regularly updated in line with all pharmacovigilance requirements. The Global Pharmacovigilance (GPV) team is responsible for monitoring, tracking and auditing metrics to assess compliance with internal Standard Operating Procedures and external regulations, through regular reviews, audits and inspections. The Pharmacovigilance System is underpinned by other foundational organization-wide policies designed to protect the health and safety of patients, including the Human Rights Policy where we commit to deliver medicines in line with the highest quality standards and to protect patients from harm. We respect the privacy rights of patients, healthcare professionals and other stakeholders that entrust us to carefully manage and protect personal data, and hold service providers to similar high privacy standards. We inform individuals regarding the collection and processing of their personal data through our Pharmacovigilance Privacy Policy. We collect and process personal data for specific and legitimate business purposes only and secure such data against unauthorized access and misuse, as further described in the Data privacy and security section.

Actions S4-4

To ensure safety of UCB products and identify potential safety concerns, we continually collect information on adverse reactions to our products (including unexpected reactions) through ongoing system reviews, audits/inspections and compliance monitoring. UCB also facilitates communication and information exchange about patient or product safety among healthcare professionals, regulatory agencies and the pharmaceutical industry.

All patient safety-related actions are taken in agreement with regulatory authorities and endorsed by the UCB Benefit Risk Board (BRB), chaired by our deputy Chief Medical Officer and which includes patient representative input, in case of a significant impact on benefit-risk. The BRB regularly reviews all products and newly emerging data to ensure that all potential changes to a product's benefit-risk are assessed and appropriately communicated to health authorities.

If concerns are raised about the safety of one of our medicines, we take immediate actions in line with regulatory frameworks. Designated roles within Global Pharmacovigilance (GPV) will initiate a medical assessment, guided by the GPV Standard Operating Procedure (SOP) covering authorized products and guided by Benefit/Risk and Medical Safety SOPs for authorized and under-investigation products. Additionally, the Global Pharmacovigilance Quality Council oversees system performance, audits and inspections, and advises on non-compliance or risk of failures in the conduct of pharmacovigilance activities or audits and inspections. A monthly report is also communicated with pharmacovigilance teams and senior GPV leadership to provide an up-to-date overview on compliance and performance of critical processes.

Product quality

Policies S4-1

UCB operates under clearly defined policies and robust procedures designed to maintain excellence in every pharmaceutical product we provide. At the core of this framework is the UCB Quality Policy, the highest-level document within our Quality Management System. It sets the standards applied throughout the entire product lifecycle and reaffirms our commitment to delivering medicines of exceptional quality, strengthening patient confidence and protecting UCB's reputation.

Patient safety and wellbeing are fundamental ethical principles at UCB. Our Human Rights Policy includes a firm commitment to uphold the right to health and to manufacture medicines in line with the most rigorous quality standards. The UCB Quality Management System spans all stages of the product lifecycle and incorporates dedicated policies and corporate procedures for managing product quality complaints and recall processes. These outline how we identify, assess and address quality-related risks or issues that may affect end-users. Fully aligned with the Code of Conduct, these requirements apply across all UCB business functions, sites and affiliates, ensuring compliance with the relevant Good Practices governing the development and manufacture of medicines.

Our Complaint Policy ensures that comprehensive local and global mechanisms are in place for receiving and handling product quality complaints. These include:

- UCBCares® for all commercialized products;
- Specific local reporting channels, as required by applicable national regulations; and
- UCB's clinical team for any product quality complaints related to investigational medicinal products.

Actions S4-4

UCB maintains a comprehensive quality audit program that periodically evaluates all processes, facilities and external partners to ensure compliance with regulatory standards and the requirements of our Quality Management System. Performance metrics are continuously monitored to support Quality Risk Management and foster ongoing improvements.

Any product quality complaint identified as posing a risk to public health or to participants in a clinical study is assessed through the quality issue escalation process. This evaluation determines the necessary actions, which may include notifying the relevant health authority and initiating a product recall. Furthermore, every UCB employee is accountable for promptly reporting and escalating, via the Recall Escalation Process, any information that could potentially trigger a UCB product recall.

Health systems resilience

Policies S4-1

We define Health Systems Resilience (HSR) as the process of supporting, building, and strengthening sustainable healthcare infrastructure and services, as well as promoting evidence-based policies to ensure the continuous delivery of care across diverse healthcare contexts.

Given UCB's role in the healthcare ecosystem, we recognize that strengthening health systems occurs across different stages of the value chain. While our work begins with scientific innovation, our efforts to reinforce healthcare systems come into focus at later stages, ensuring access, capacity building, and long-term resilience.

Key areas where UCB can make the most impact for health systems resilience include:

- Patient Access Programs, enhancing affordability and assistance initiatives;
- Public-Private Partnerships, collaborating with governments and NGOs to strengthen health systems; and
- Capacity Building and Community Engagement, supporting healthcare workforce training, and providing scholarships, fellowships, and educational programs.

By working on these areas, UCB aims to contribute meaningfully to resilient healthcare systems.

Patient access programs

While we believe swift and safe regulatory approval is the most effective and sustainable path to broad patient access, we also understand that patients with severe, life-threatening, or life-altering diseases may have limited treatment options. In these circumstances, UCB's Early Access programs, also known as Expanded Access, Compassionate Use, or Managed Access Programs, may provide a pathway to investigational treatments before they are commercially available. UCB's policy on Early Access to Medicines, which governs these programs, is publicly available.

We are guided by considerations of how to secure ongoing access for patients after the program, how to integrate with existing healthcare systems, and how to ensure continued access for patients who need our treatments. UCB is committed to working with governments and healthcare systems to bring our innovative treatments to patients as quickly and safely as possible. Furthermore, UCB endeavors to provide continued treatment for patients who have participated in our clinical studies and who, in their physician's judgment, are deriving benefit from the treatment through Post-Trial Access programs.

Patients continued

Public-private partnerships

Our efforts in this area focus on targeted initiatives that aim to increase the capabilities of health systems around the world. While we understand that UCB cannot single-handedly improve health system resilience, we are committed to strategic partnerships where our expertise and resources can be effectively utilized and amplified.

UCB actively engages in global healthcare policy and public affairs to support patients and healthcare systems. Through strategic global engagement, UCB ensures alignment in policy positioning and advocacy to advance solutions in key disease areas. The company fosters collaboration among regional policy experts and stakeholders to drive disease area policy, and broader healthcare initiatives.

External funding and medical grants

In support of our commitment to patients and caregivers, strengthening healthcare systems and enhancing scientific and medical knowledge, UCB supports a variety of organizations through funding initiatives including sponsorships, memberships, medical grants and donations, collectively called 'External funding'.

- Sponsorships are financial support provided to a healthcare stakeholder, such as organization, institution or patient organization, for support to an event or program such as bona fide scientific, medical or health care-related activities or other initiatives aimed at enhancing education, advancing medical knowledge, supporting research or serving related purposes relevant to UCB's therapeutic areas of interest.
- Through memberships, UCB provides funding for corporate membership, participation and engagement with industry organizations, groups and associations focused on UCB's areas of interest.
- Medical grants are financial support from UCB for unsolicited and independently developed projects or programs, provided to a public or other non-profit organization or patient organization, for the purpose of enhancing healthcare, research or furthering medical or scientific knowledge.
- Donations and philanthropic contributions are in kind financial support freely given by UCB to a public or other non-profit organization for the purpose of benefit to society, provided with no expectation of receiving a tangible benefit in return.

All External Funding support is provided following a strict ethical and compliant procedure, according to a defined global framework and through the management of requests using UCB's Global Funding System. Each funding request is subject to a specific submission process, specific supporting documentation, dedicated reviewers and review criteria.

Every funding request is assessed on the basis of merit, unmet needs, company areas of interest, compliance with legal, ethical and professional obligations and fiscal responsibility. By maintaining a well-defined framework UCB mitigates risks, safeguards its reputation, and fosters trust within the healthcare community.

Actions S4-4

To address delays in diagnosis in chronic inflammatory diseases, UCB supports initiatives that embed scalable solutions into healthcare systems. UCB's FASTRAX program focuses on reducing time to diagnosis in axial spondyloarthritis (axSpA) through country-specific collaborations in Europe and North America. In the United States, FASTRAX includes a partnership with University Hospitals Cleveland Medical Center, where a digital solution integrated into electronic health records supports the identification of patients with potential undiagnosed axSpA, helping accelerate referral and access to specialist care.

UCB is an active partner in large, multi-stakeholder public–private research consortia that aim to establish shared scientific foundations for future innovation. Through the Innovative Health Initiative (IHI) AutoPiX consortium, UCB collaborates with academic institutions, clinicians, patient representatives and industry partners to develop clinically validated, AI-driven imaging tools for rheumatoid arthritis, psoriatic arthritis and axSpA, with the goal of enabling more precise diagnosis and better-tailored treatment pathways.

In rheumatology, UCB is a long-standing partner of the Foundation for Research in Rheumatology (FOREUM), supported by EULAR, the European Alliance of Associations for Rheumatology, and dedicated to advancing independent, excellence-driven research. This collaboration includes FOREUM Academy Bootcamp initiatives and research calls focused on areas of importance to UCB.

UCB also contributes to international consortia that advance scientific standards and outcome measures in complex immune-mediated diseases. The Treatment Response Measure for Systemic Lupus Erythematosus (TRM-SLE) project brings together academia, regulators, patient advocates and industry to develop and validate a novel clinical trial outcome measure that integrates patient-relevant domains. In parallel, UCB participates in the Accelerating Medicines Partnership® for Autoimmune and Immune-Mediated Diseases (AMP AIM), a multi-stakeholder initiative generating high-quality datasets to deepen understanding of diseases such as systemic lupus erythematosus, rheumatoid arthritis and psoriatic disease spectrum.

In rare diseases, UCB collaborates with global and regional initiatives to strengthen health system readiness and accelerate access to innovation. UCB also supports the mission of the Global Alliance for Rare Diseases (GARD) to improve access to rare disease therapies in low- and middle-income countries, where patients often face significant barriers to diagnosis and treatment.

Through these partnerships, UCB supports shared scientific infrastructure, data generation and validation of new tools that benefit the broader medical community. This sustained engagement reflects UCB's commitment to patient-centred innovation, robust science and long-term collaboration to strengthen healthcare systems and improve outcomes for people living with serious chronic and rare diseases worldwide.

Our commitment to equitable access to medicines is described in the Equitable access to medicines section, including our Access Coverage Performance Index covering also Managed Access Programs. Our engagement with patient organizations is further discussed in the Engaging with patients section, including the amount of funding provided to such groups.

Data privacy and security

Policies S4-1

UCB complies with privacy and data protection laws across all jurisdictions where we operate. Our Data Protection Program, built on global and local policies aligned with our Global Data Protection Policy, ensures consistent standards. Individuals can contact UCB directly or through UCBCares® for privacy-related requests.

We maintain robust incident response protocols to address any data incidents promptly and communicate with affected individuals when necessary. As regulations evolve, UCB continues to strengthen its program to ensure continued compliance and instill trust.

All IT systems and applications comply with UCB's IT Governance process, which ensures adherence to security, privacy and data protection policies and standards, as well as applicable regulatory requirements including Network and Information Security Directive 2 (NIS2). UCB conducts regular internal and external audits to verify compliance and ensures an appropriate level of privacy and data protection.

Actions S4-4

Throughout the year, UCB continued to strengthen its Data Protection Program to meet growing business needs and adapt to evolving technologies and regulatory requirements. Key initiatives focused on enhancing our policy framework and redesigning processes with a strong emphasis on improving end-user experience. In 2025, we fully revised our website privacy notices to provide clear, transparent information on how we collect, use and protect personal data, and how individuals can exercise their rights.

The global trend of increasing cybersecurity-related incidents was reflected across industries. At UCB, we recorded a few incidents and data breaches in 2025, including two that required notifications to the supervisory authorities. However, none of them presented any high risk for the rights and freedoms of the individuals concerned.

UCB has a multifaceted cybersecurity and data management strategy, together with active prevention, detection and response control programs, and continuous improvements to protect critical information assets and systems. Additionally, UCB has cyber incident and crisis management processes in place to manage major security incidents (e.g., data breaches or malware). These include continuous monitoring and analysis, intrusion incident detection and response, security testing, and user awareness training and campaigns.

UCB regularly conducts incident and crisis exercises to test and improve our ability to respond to potential cyber incidents. We have opted for ISO 27001 certification to comply with the European NIS2 directive and its local implementation laws, including the NIS2 Belgian Law published in 2024. Other important components of this compliance program include cybersecurity awareness training, business continuity planning, vendor risk management and the reporting of major incidents to the relevant authorities.

In addition, UCB maintained its commitment to fostering a culture of privacy awareness by ensuring that essential privacy and data protection training is provided to all employees. These efforts reflect our proactive approach to safeguarding personal data and reinforcing trust with patients, partners and stakeholders.

Responsible sales and marketing

Policies S4-1

Our promotional strategies are grounded in truth and accuracy, and they must always serve a clear and legitimate intent, particularly when communicating complex medical and scientific information. We prioritize transparency in all our marketing efforts, whether directed at healthcare professionals, patients, the public, government agencies, or other stakeholders. We are committed to responsible and compliant promotion, and we only encourage the use of our products based on their approved uses, supported by appropriate scientific evidence and the benefits they offer to patients. We do not offer rewards for prescribing or purchasing our medications, and we strictly prohibit any off-label promotion of our products.

Our key relevant company-wide policies on responsible sales and marketing include:

- UCB Social Media Policy
- UCB Code of Conduct.

To ensure compliance with specific local laws, industry codes, and regulations related to pharmaceutical sales and marketing, our country affiliates develop local policies in alignment with UCB's Code of Conduct. All employees are required to complete annual training on these key policies to reinforce awareness and compliance. We also adapt our marketing principles thoughtfully to suit each product and patient population, ensuring responsible practices and the utmost respect for patients. This approach is particularly salient in our work on treatments for rare and ultra-rare diseases, where sensitivity and responsibility are paramount.

Social media

We also recognize the unique challenges posed by social media, and we are dedicated to making sure that all UCB employees engage responsibly with content related to UCB across all platforms. Content posted on UCB's social media channels must follow our standards for truthful and non-misleading communication. Only designated individuals are authorized to post on behalf of UCB.

UCB's Social Media Policy permits employees to interact with UCB's social media content if they follow the principles of the policy, including:

- Exercise good judgment as ambassadors of UCB, engaging respectfully on social media platforms, both during and outside of work hours;
- Clearly disclose their affiliation with UCB when engaging with approved posts; and
- Protect the trust that people living with severe diseases place in us. We will not offer medical advice or share proprietary or confidential information.

Patients continued

Regular training on the Social Media Policy is provided, and employees not following UCB's policies on social media are subject to disciplinary actions. We monitor all social media assets to ensure that they are compliant with requirements. We also include training for people working or engaged on our behalf (e.g., spokespeople and influencers) to ensure that they follow our policies. UCB is adapting to emerging trends and business evolution in this space.

Beyond standard promotional activities, UCB maintains rigorous controls over interactions with healthcare professionals to ensure that engagements are conducted ethically and in compliance with applicable regulations.

Actions S4-4

All employees undergo training and receive regular communications to ensure they understand the prohibition on off-label promotion, with additional training for those involved in sales and marketing on responsible and ethical practices. Employees are also required to complete annual refresher training on UCB's social media policy, which provides clear guidelines on permissible and prohibited engagement.

To ensure accuracy, objectivity and transparency, all promotional and scientific communications related to our products are reviewed by trained members of the Legal, Regulatory Affairs and Medical Affairs teams, who also regularly monitor changes in the law and other developments related to use of targeted marketing in the healthcare sector.

Interactions with healthcare professionals are regularly assessed through our Ethics and Compliance risk assessment process and monitored, as well as further reviewed, by the Global Internal Audit team.

Activities of all UCB personnel, including sales representatives, are regularly monitored to ensure compliance with our standards. Any reports of misconduct are investigated, and inappropriate actions are addressed through corrective or disciplinary measures. Employees found violating our policies may face disciplinary action, up to and including termination.

Engaging with patients S4-2

We partner with patients and their representatives across all stages of the lifecycle of our solutions, from early research to post-launch. By implementing patient engagement meaningfully, systematically and consistently into our core operations, we ensure that the needs of people living with severe diseases are understood and included in our decision-making, and that UCB can develop customized solutions and provide dedicated services that support people throughout their treatment journeys.

The UCB Patient Engagement Framework has been established by a cross-functional Steering Committee (composed of senior leaders from Patient Evidence, Clinical Operations, Medical Affairs and Therapeutic Areas) and in consultation with patient representatives. The framework is our central guidance to embed engagement efforts along the medicine lifecycle, through ongoing identification and understanding of patient needs, as well as co-creation to achieve better patient outcomes, aiming to give patients and their representatives a voice across health systems. It was developed to design specific engagement strategies in a cross-functional way, in alignment with frameworks and tools developed by Patient-Focused Medicines Development (PFMD).

Guided by standard operating procedures (SOPs), key activities can be combined in a tailored way to fit specific patient population characteristics and UCB's strategic intent. UCB's SOPs are designed in alignment with best practice recommendations from pharmaceutical bodies such as EFPIA, PhRMA and IFPMA. Our approach is driven by specific research questions to incorporate patient input alongside clinicians' and other stakeholders' input into decision-making (e.g., through patient councils and advisory board participation, patient interviews, focus groups and other patient experience research studies), starting with unmet needs and tailored to the specific phase of the drug development, such as early research or clinical development, and aligned with the objectives of patient communities.

In our end-to-end approach, from early research to post-launch phase, we take action to ensure that people who use our medications fully understand and use them properly. For patients who use our medicines, we have dedicated employees, from UCBCares®, to answer questions about our treatments in local languages, in addition to providing advice on what services exist and what we can offer.

Patient organizations, individual patients, their caregivers and other patient experts have designated UCB points of contact to whom any feedback or questions about engagement activity can be raised, which differentiates it from pharmacovigilance.

UCB has established a number of actions to drive patient engagement:

- Internal capability-building on patient engagement and advocacy, positioning patient engagement as a critical enabler of strategic decision-making and organizational culture. Increased enterprise-wide awareness and patient-centered culture through the company-wide behavioral change program "Let Us Leap" which included engagement sessions across numerous teams.
- Developed a unified outcomes and KPIs framework to measure the value and impact of patient engagement across UCB, providing leadership with clear visibility into contribution, progress and strategic return on investment. A related patient engagement measurement roadmap is developed and will be implemented in a phased way starting in 2026.
- Advanced the Health Equity R&D Community Leaders Board, with six impactful solutions developed for further evaluation by asset/candidate teams for potential integration.
- Continued to embed patients' and caregivers' perspective in benefit risk decisions across different medicines.

Activities are assessed following guidelines from the Patient-Focused Medicines Development's (PFMD) Patient Engagement Quality Guidance in early engagement, and this approach will be expanded following the outcomes and KPIs framework developed. Internal stakeholders can access the Framework and other relevant guidelines, SOPs and additional resources through a dedicated portal.

Patients continued

Remediation channels for patients S4-3

We commit to offering all external human rights holders, including patients, clear and accessible channels to report issues, including through the UCB Integrity Line and UCBCares®. Complaints are collected from various sources, including the market (e.g., patients, healthcare professionals, wholesalers), partners, and third-party logistics or parties involved in clinical studies (e.g., patients, investigators, clinical sites, clinical study supply).

Specific questions on diseases or products are answered via UCBCares®, UCB's global support center that serves as a critical bridge between the company, healthcare providers and patients. It handles over 58 000 inquiries annually, offering real-time, localized assistance on UCB's products. These inquiries span supply, medical, customer service, safety and product quality complaint inquiries. Through UCBCares®, we support patients and caregivers to enhance health literacy, empowering them to make informed decisions about their health and treatment options. Each request and response is tracked and monitored. We also work with physicians, responding to their questions and assisting them in guiding and empowering their patients when appropriate. In addition, we collaborate with healthcare professionals to deliver medicines to patients using data-driven insights, enabling us to create meaningful patient support programs, and offer personalized support on proper storage and administration to ensure that patients use our treatments correctly.

Patients can raise any product quality complaints directly via UCBCares®, which are then reviewed by designated roles within UCB. This initiates a comprehensive investigation, guided by a Global Quality Standard Operating Procedure (SOP) covering all products manufactured, supplied or distributed by UCB in all stages. All UCB's associated actions are monitored and tracked to completion. This process is evaluated annually to ensure effectiveness of the program. Any reports are assessed promptly, confidentially and impartially. In cases where we can confirm that UCB contributed to a negative impact, we work with relevant stakeholders to determine an appropriate remedy.

Patients can contact UCB directly to raise any concerns, including reporting adverse events, and safety reporting information is included in all relevant communications to patients and on the UCB website. All UCB staff and other relevant individuals are trained on safety reporting requirements and are required to immediately send any information on potential adverse events for review.

In addition, in line with the UN Guiding Principles on Business and Human Rights (UNGP), we provide a grievance mechanism for rights holders negatively affected by our operations. Several key policies protect individuals who use our channels to raise concerns or needs, ensuring they are safeguarded against retaliation. These include the UCB Global Incident Review and Investigations Procedure, Code of Conduct, Human Rights Policy and UCB Non-retaliation policy.

Regarding matters around patient safety, entities of the UCB Group have been named as defendants in several product liability cases in France. The claimants in these actions claim their mothers took Distilbène, a former product of the UCB Group, during their pregnancy, and as a result they suffered bodily injuries. For substantiated cases, UCB has provided compensation. For further information, refer to Financial Note 34 Provisions.

Targets S4-5

UCB's annual Access Coverage Performance and Time to Access indices monitor our performance, looking at how UCB medicines with market authorization have achieved market access that enables patient use, and how much earlier positive national reimbursement decisions are received compared to typical industry benchmarks in the countries where UCB operates. The methodology for these two KPIs is further explained in the next section.

While in principle we aspire to reach all patients who need our medicines, we recognize that in practice there will be cases when alignment between all negotiating parties is not reached, limiting equitable access. We therefore set access coverage performance targets in recognition of these challenges. Both annual targets are set globally and split per region, medicine and country. Targets are defined with input from various stakeholders across UCB markets and affiliates. Some targets are also shared and discussed with our Compensation and Benefits team in charge of including Access to Medicines targets into the Long-Term Incentives (LTI) plan of senior executives. Once set, each year's target and quarterly results are communicated to UCB leaders and other relevant stakeholders, with dashboards available that provide a view on performance against the target at geography and product level. Follow up of those targets is happening on a monthly basis and observations are discussed with relevant stakeholders from regions and countries.

	2025 target	**2026 target**
Access Coverage Performance Index	82%	**79%**
Time to Access Index	50%	**38%**

Patients continued

Metrics MDR-M

Scientific innovation

	2024	2025
Number of molecules in development	9	**8**
Number of clinical development pipeline programs	9	**12**
Percentage of revenue reinvested in R&D	29%	**24%**

We consistently reinvest a significant portion of our revenues into research and development,, as we recognize that enabling scientific innovation is a long-term investment to maintain our ability to deliver impactful solutions for those we serve. The outcomes of UCB's R&D investments are further described in the Clinical pipeline update section.

Accounting policy

- Number of molecules in development includes number of UCB molecules in clinical development that progress into Phase 2 until submission, including those developed in partnership with other pharmaceutical companies, as at the reporting date.
- Clinical development pipeline programs refer to all clinical programs being conducted with the same investigational drug, including additional indications for molecules on the market, as at the reporting date.
- The percentage of revenue reinvested in R&D is calculated by the total EUR amount of research and development expenses for the reporting period, divided by the total EUR amount of net revenue for the same reporting period (both reported in the consolidated income statement).

Equitable access to medicines

	2024	2025
Access Coverage Performance Index	82%	**78%**
Time to Access Index	55%	**43%**

UCB's strong global access coverage performance ensures that we remain true to our aspiration to reach an increasing number of patients who need our medicines. In 2025, we landed at 78%, nearly reaching the target of 82%, due to prolonged negotiations, which were aimed at preserving the long-term value of our medicines while ensuring that we could secure access for as many patients as possible. We achieved a total of 60 positive access cases including reimbursements, subnational level coverage and access programs, with more than half of these cases related to BIMZELX®, with rheumatology indications taking the lead (psoriatic arthritis and AxSpa account for 36% of the total cases) while access for the hidradenitis suppurativa indication grew strongly this year with 12% share of these positive cases. For our neurology portfolio, FINTEPLA® was the biggest contributor to the Access Coverage Performance Index with 24% share, while RYSTIGGO® and ZILBRYSQ® combined represent 20% of the positive cases.

At a country level, the Netherlands led the way with most national reimbursements in the year, while the U.S. managed to achieve coverage in six additional channels for BIMZELX®.

Our new 2026 baseline starting point for the Access Coverage Performance Index will be set at 68%, reflecting the upcoming loss of exclusivity of BRIVIACT® and the inclusion of new UCB products which are expected to obtain access.

We remained committed to advancing our efforts to bring solutions timely to patients, landing at a Time to Access index of 43%, though falling short of our 50% target for 2025. The main reason for this shortfall was the prolonged negotiations, which were aimed at preserving the long-term value of our assets while ensuring that we could secure access for as many patients as possible. The previous year results for this index do not form a baseline as we start from a zero baseline every year. In 2025, 34 national reimbursement decisions were obtained ahead of the industry benchmark, the same number as in 2024. The majority (62%) are related to BIMZELX®. For the combined neurology and rare diseases portfolio, we achieved time-to-access as planned for FINTEPLA® and ZILBRYSQ®, while RYSTIGGO® did not meet the expected timeline. The neurology and rare disease portfolio accounted for a larger share of the overall product mix in Time to Access, increasing to 47% from 39% in 2024. This higher share of rare diseases products, combined with cost-effectiveness pressures in health ecosystems, required additional effort to continue to ensure timely access.

Patients continued

Accounting policy

We define "Access" coverage as reimbursed access to the drug, regardless of any restrictions applied or presence of an access program, whereas "No Access" is defined as no reimbursed access to the drug.

The metrics cover 35 countries assessed, alongside all products that have received regulatory approvals in those geographies and for which the patent has not expired, and all indications with regulatory approval for those products. The scope of the Access KPIs includes all UCB medicines and indication combinations. This is determined by the inclusion criteria: i) the market authorization of the product by regional or national authorities (such as the EMA for Europe, FDA for USA or PMDA for Japan); ii) UCB is the Market Authorization Holder for that specific country.

We are not tracking data for KEPPRA® and NEUPRO®, as these are considered historical assets, which for most parts of the world are no longer covered under patent. We deem these products today to be widely accessible and meeting patient needs through available solutions on the market. Hence, these are not specifically measured as part of the performance indicator, which tracks the access performance for new market launches since 2021.

Our baseline year for the reporting period was October 1, 2024 to September 30, 2025.

Access Coverage Performance Index

- The index is based on the total number of reimbursement listings and Access Programs achieved for any product/indication in any country in the reporting year, divided by total number of products/indications in any country that have or will have market authorization and are expected to be reimbursed according to the industry benchmark (provided by the company IQVIA Ltd.) in that year.
- Formula used: Total number of reimbursement listings and access programs achieved for any product/indication in any country / Total number of products/indications in any country that have or will have market authorization and are expected to be reimbursed according to the industry benchmark in that year.
- Subnational access is defined at the DMU (Decision-Making Unit) level for these countries for each product and indication. The type of DMUs (e.g., regions, hospitals, sick funds) can differ per country and product depending on the local health system of a nation. The DMUs are weighted through either population data or patient data, corresponding to the DMU. Data for weighting are used from official government or health statistics. We assess if each DMU has Access or No Access. If the sum of DMU weights having access is ≥ 66%, then we consider Access for our product in this country. We consider as evidence the inclusion of a product in the hospital formulary or a contract in place. There could be cases where subnational data are not immediately available in the months following achievement of a national price or reimbursement listing. In this case we assume a period of six months during which we consider a "Conditional Access" until subnational data are available. If during this period data are available, then we switch to subnational access measurement. After six months, if no data are available then we consider that access is not reached.
- 49 geographies and channels are included in total (U.S. is split into 10 channels; Brazil, Canada and Mexico are split into public and private channels, U.K. is split into England, Wales and Scotland), from three major regions (the EU, Intercontinental and U.S.) where we operate.

Managed Access Program

- The term "Access Program" refers to all those mechanisms in which a product could be used prior to reimbursement.
- Under Access Programs, access is considered for a product within a country, determined by meeting three specific criteria: i) the program should be active and will be counted only post-market authorization; ii) there should be a third party (e.g., a hospital) that financially covers the patient's treatment (neither the patient nor UCB covers it); and iii) there should not be a limit for the number of patients to enroll in the program.

Time to Access (TTA) Index

- Tracks time between market authorization and payers' decisions to provide reimbursement for new UCB medicines or the setting of an Access Program – measured against the median industry time to reimbursement in individual markets where UCB operates.
- A set of independently sourced TTA industry benchmarks have been used as the external benchmarks for evaluation. These independently sourced TTA industry benchmarks, prepared by IQVIA at UCB's request and direction, represent a measure of the median number of days from market authorization to public reimbursement, and these are separately determined for each country where UCB is operating. IQVIA collects and evaluates these industry "TTA benchmarks" for UCB and updates these on a yearly basis.
- Expressed as a percentage of the pricing and reimbursement listings (as per definitions used by IQVIA for evaluating median time to reimbursement) for UCB products expected during the relevant year of scope (as identified using the industry "TTA benchmarks") which have not exceeded the relevant median time to reimbursement.
- Formula used: number of countries which timely obtained pricing and reimbursement approval or an Access Program within the year (versus industry "TTA benchmarks") / number of countries which were expected to obtain price and reimbursement listing within the year (as identified using the industry "TTA benchmarks") * 100.
- Time to Access is measured for the countries where UCB has presence, which means the local Pricing & Access team is in charge of negotiating reimbursement and price.
- For an Access Program, the date of access is considered the date the first patient enroled into the program.
- TTA applies only at national level (even if subnational level exists) and public channel (where public and private channels exist). For U.S. we consider only the first indication of the brand.

Patients continued

Number of countries and low- and middle-income countries (LMIC) where UCB's solutions are present, per solution

	2024		2025	
	Number of countries	Number of LMIC	**Number of countries**	**Number of LMIC**
BIMZELX®	35	3	**42**	**4**
BRIVIACT®	42	4	**44**	**3**
CIMZIA®	56	13	**55**	**11**
EVENITY®	28	2	**27**	**2**
FINTEPLA®	35	2	**40**	**4**
KEPPRA®	48	12	**48**	**12**
RYSTIGGO®	6	0	**17**	**1**
VIMPAT®	53	11	**52**	**11**
ZILBRYSQ®	9	0	**15**	**0**

In 2025, we successfully retained the reach of our legacy products (KEPPRA®, VIMPAT®, BRIVIACT®, and CIMZIA®) beyond our affiliate countries and into various low- and middle-income countries (LMICs). This year, we broadened the footprint of FINTEPLA® from 35 to 40 countries, including two new LMICs, and BIMZELX® from 35 to 42 countries, including one additional LMIC. Our rare diseases portfolio also saw substantial growth: ZILBRYSQ® increased its presence from 9 to 15 countries (a 67% rise), and RYSTIGGO® expanded from 6 to 17 countries, now including one LMIC.

Accounting policy

- Country presence is considered wherever the following criteria apply: i) UCB has sales of the product, either directly or through a partner, in the country (recorded in our systems or in IQVIA reports); ii) in the case of no recorded sales, published evidence of product reimbursement exists (e.g., inclusion in the positive list of the country).
- The scope includes countries where UCB affiliates exist and countries where UCB operates via partners.
- We use the World Bank's definition of countries and low- and middle-income countries.

U.S. net price change

In 2025, our U.S. net price change (after discounts and rebates) averaged -1.7% across the U.S. product portfolio (list price change averaged 4.9%). This reflects our significant market rebates and discounts to ensure patients can access UCB medicines.

Accounting policy

Net price change represents the year-over-year change in average net price, which is WAC less rebates, discounts, fees and returns, calculated at a product level and weighted across the company's U.S. product portfolio. The methodology used may differ from those used by other companies.

Other equitable access to medicines metrics

	2024	2025
Number of people who have accessed UCB's solutions	>3.1 million	**>3.1 million**
Number of people supported through Patient Support Programs in the U.S.	188 246	**201 144**

Accounting policy

Total patient number is calculated using the Moving Annual Total (MAT) patients (Estimated Actual Treated) at the end of Q3 2025 as provided with input data from an external source. The total patient number gathers people who have accessed the following solutions: BIMZELX®, BRIVIACT®, CIMZIA®, EVENITY®, FINTEPLA®, KEPPRA®, NAYZILAM®, RYSTIGGO®, VIMPAT® and ZILBRYSQ®.

Patient safety

Pharmacovigilance inspections	2024	2025
Critical inspection findings	0	**0**
Timely reporting of adverse events	98%	**98%**

In 2025, there were no critical inspection findings reported by the competent authorities. 98% of individual cases safety reports were submitted on time by UCB to the competent authorities.

Accounting policy

- Critical inspection findings: Identified by regulatory authority pharmacovigilance inspectors, then presented in the following format: the number of individual critical findings in the reporting period as numerator and number of pharmacovigilance inspections in the reporting period as denominator.
- Reporting compliance rate: The percentage of individual case safety reports submitted on time by or on behalf of UCB to regulatory authorities in the European Union, in compliance with the regulatory requirements, compared to the total number of individual case safety report submissions.

Patients continued

Product quality

Recalls	2024	2025
Class I	0	**0**
Class II	1	**1**
Class III	0	**0**

In 2025, UCB reported 55 inspections in our internal and external network across the various good practices (GxPs). This included 33 inspections conducted by various health authorities and regulatory agencies in our internal network of UCB entities in our operating markets. Similarly, UCB partners and vendors underwent a total of 22 inspections conducted by health authorities and regulatory agencies.

In 2025, UCB voluntarily recalled 23 batches of E Keppra® tablets from the Japanese market after detecting cracks in the blister foil during packaging operations. Although no complaints or adverse events related to this defect have been reported, and stability data support a robust profile even under open conditions, the recall was initiated as a precautionary measure while maintaining continuity of supply.

Accounting policy

Product recalls is the number of product recalls initiated within a specified period by UCB. It is calculated based on monthly internal data collection and monitoring, with internal records kept and classified by product. UCB's recall process is periodically assessed by regulatory agencies and internal auditors.

The number of inspections in UCB internal network across the product lifecycle and against the various "Good Practices" regulations tracks the number of inspections conducted by health authorities, regulatory agencies or notified bodies (for devices) at UCB entities for a specified period.

The number of inspections in external network across the product lifecycle and against the various "Good Practices" regulations tracks the number of inspections conducted by health authorities, regulatory agencies or notified bodies (for devices) at UCB vendors and partners for a specified period. We expect external vendors and partners to notify UCB of relevant inspections, as agreed in contracts.

Patient engagement

Interaction with patient organizations	2024	2025
Funding provided to patient organizations (million euros)	11.4	**8.5**
Patient engagement activities	190	**143**
Number of patient organizations engaged	383	**394**

In 2025, UCB engaged with 394 patient organizations. This included >€ 8.5 million in funding provided to patient organizations. 143 patient engagement activities were tracked through the Activity Notification Form system in 2025.

We are currently deploying a comprehensive measurement roadmap to ensure key decisions are informed by patients, including new KPIs.

Accounting policy

- The number of patient organizations engaged is a sum of all patient groups and organizations involved in an activity, tracked through the Activity Notification Form system, grants, donations or sponsorships with a transfer of value. The activity must have taken place (an activity can be created, submitted or approved but canceled before happening) or payment made.
- Patient engagement activities are defined as the number of completed events with participation of patient organizations that took place in 2025, as tracked by our Activity Notification Form system. For each event there could be multiple patient organizations participating. Ongoing activities that started in 2025 but have not been finalized yet are not included in this number.
- The funding provided to patient organizations is the sum of the amount in euros of all transfer of value to patient organizations during activities of fee for service, grants, donations or sponsorships (based on payment made and filled in source systems) in major markets for UCB.
- UCB's policies require an Activity Notification Form to be reviewed and approved prior to engaging with any healthcare stakeholder. The Activity Notification Form must clearly present all the information regarding the engagement activity to allow formal review and evaluation of bona fide assessment and fair market value analysis.