



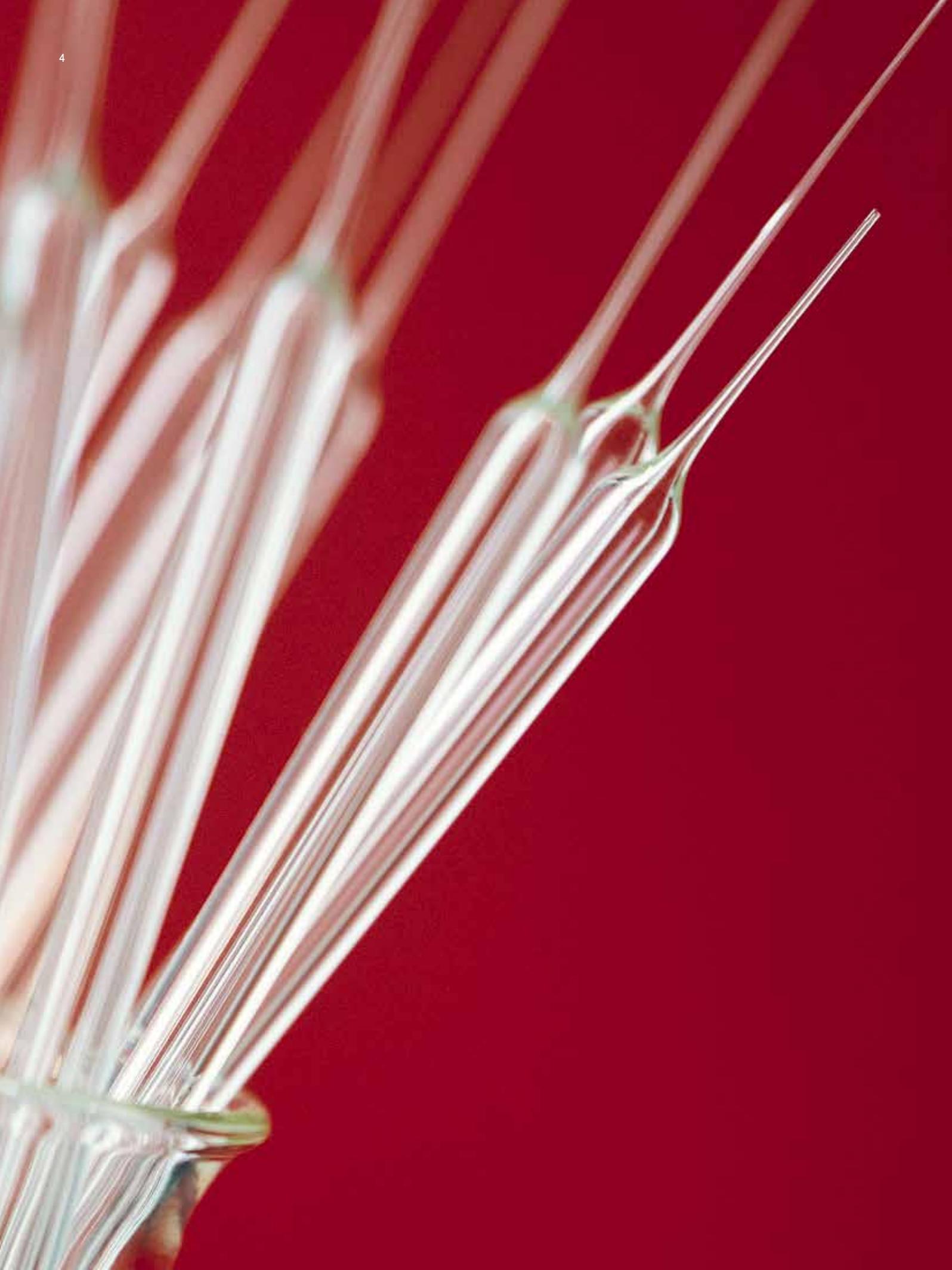


Why is access to healthcare so important?

Life-changing innovation is only meaningful if it reaches those who need it. We put access at the core of our business and consider it a key part of our commitment to improving patient outcomes. Our combined strengths in diagnostics and pharmaceuticals position us to play a decisive role along the patient's journey. We partner with stakeholders to address the root causes at global, country and community levels that prevent access to innovative healthcare, no matter where people live.

roche.com/access





Letters to shareholders

For more than 125 years, Roche has worked to improve the health of countless people all over the world. With the trust of our shareholders and guided by scientific progress, we will continue to identify and seize opportunities well into the future.

Dr Christoph Franz

Chairman
Basel, Switzerland

In his final letter to shareholders, Christoph Franz reflects on the company's performance in 2022 and the countless collaborations we have with partners around the world to increase access to healthcare for everyone.

Dr Severin Schwan

CEO Roche Group
Basel, Switzerland

For the last time as CEO, Severin Schwan shares his thoughts on the progress we have made for patients and society and our advances in digital healthcare.



Dr Christoph Franz

Dear Shareholders

Your company achieved good results even in last year's challenging environment. Sales increased by 2%* and net income amounted to 13.5 billion Swiss francs. The Board of Directors proposes at the Annual General Meeting that the dividend be increased by 2% to 9.50 Swiss francs per share and non-voting equity security, the 36th increase in succession.

The challenges of the past year have been manifold. In particular, the war in Ukraine has brought unimaginable suffering to millions of people. It is having a massive impact on the economy. At the same time, people around the world are still preoccupied with the consequences of the COVID-19 pandemic.

In connection with the war in Ukraine, I was able to experience in a particularly impressive way how our employees are fully committed to providing patients with medicines and diagnostic tests. I am deeply grateful for the incredible helpfulness and initiative of our employees across borders.

Currently, Roche has a total number of 87 new compounds and 65 additional indications in clinical development or registration. And our Diagnostics Division is also flourishing thanks to the continuous development of new, innovative instruments and tests. That is why I am very confident about the future of Roche.

For our innovations to reach people, we need to work with our healthcare partners within each country. Roche is engaged in hundreds of partnerships and collaborations around the

world to improve access to our medicines and diagnostics, and thereby improve people's lives.

An example of this is our partnership with Project ECHO, a non-profit organisation which uses video telementoring for medical education and care management. The project connects national centres of excellence to remote and underserved areas, giving patients access to specialised care that they otherwise wouldn't receive.

Good healthcare can be life-saving for patients and creates enormous value for society as a whole. Imagine what it means when a person with cancer is cured thanks to a timely, accurate diagnosis and effective treatment, and can continue to be around for their family as well as contributing to society and the economy. Early diagnosis can even prevent illness altogether and thus avoid costly hospital stays.

I hope that access to modern and effective healthcare will one day be possible everywhere in the world. Roche is making a significant contribution here.

This is my final letter to you, esteemed shareholders of Roche. After twelve years on the Board of Directors, including nine as Chairman, I have decided not to stand for re-election at the next General Meeting in 2023. With Severin Schwan as the designated new Chairman of the Board of Directors and Thomas Schinecker as the new CEO, Roche is being led into the future by a strong and highly experienced team.

* Unless otherwise stated, all growth rates and comparisons to the previous year are at constant exchange rates (CER; average rates 2021) and all total figures quoted are reported in CHF.

“With Severin Schwan and Thomas Schinecker, Roche is being led into the future by a strong and highly experienced team.”

I would like to thank Severin Schwan most sincerely for his outstanding achievements as CEO of Roche over the last 15 years, as well as for our always trusting and respectful cooperation. Severin Schwan has contributed decisively to the major success of your company. I would particularly like to highlight the integration of Genentech, a milestone in the development of Roche. Equally noteworthy is the fact that our pharmaceuticals business has more than compensated for the loss of patent protection for our top-selling medicines thanks to the introduction of new, innovative products in recent years.

Finally, I am delighted that we are able to further strengthen the Board of Directors of Roche with two key personalities: the Board of Directors will propose Mark Schneider, CEO of Nestlé, and Akiko Iwasaki, Professor of Immunobiology and Molecular, Cellular and Developmental Biology at Yale University and a researcher at the Howard Hughes Medical Institute, at the 2023 Annual General Meeting for election as new Board members.

It has been a great honour for me to work for this unique and excellent company. Roche's success is due in particular to the fact that the company has been owned by the founder's descendants for over 125 years. The owner families' long-term orientation enables the leadership of Roche to make the right decisions, so that the company can continue to make major contributions to people's health for many years ahead. I therefore thank the owner families for their great support.

I would also like in particular to thank all Roche employees for the significant medical advances we have achieved together. And thank you very much, dear shareholders, for your trust.

A handwritten signature in black ink that reads "C. Franz". The signature is written in a cursive, flowing style.

Dr Christoph Franz
Chairman



Roche Board of Directors on 31 December 2022

- Bernard Poussot (1952), C, E, G
- Dr Jörg Duschmalé (1984), representative of the shareholder group with pooled voting rights, B, E, G
- Dr Christoph Franz (1960), Chairman, C, D*, E, G
- André Hoffmann (1958), Vice-Chairman, representative of the shareholder group with pooled voting rights, A*, C*, D, E, G
- Dr Severin Schwan (1967), F
- Dr Claudia Suessmuth Dyckerhoff (1967), A, B, E, G
- Dr Patrick Frost (1968), B*, C, E, G
- Anita Hauser (1969), A, E, G
- Prof. Dr Richard P. Lifton (1953), C, E, G
- Dr Jemilah Mahmood (1959), A, E, G

Thank you very much, Christoph Franz!

At this year's General Meeting, Christoph Franz's many years of work at the head of our company will come to an end. After twelve years on the Board of Directors and nine years as its Chairman, Christoph Franz has decided not to stand for re-election.

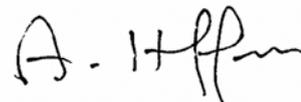
There is no doubt that, throughout his tenure, our outgoing Chairman has strongly influenced Roche's strategic development. He has made a considerable personal contribution to the success of our company. Although he joined Roche from elsewhere in 2011, Christoph Franz was able to make valuable contributions to the Board of Directors from the outset. This was undoubtedly a result of his many years of experience in international companies. Together with the Board of Directors and the Executive Committee, he did not simply manage problems, but tackled them promptly and provided constructive solutions. In so doing, he confidently and successfully steered our company through challenging times with great dedication. Examples I would like to mention here include Roche's contribution during the pandemic and handling the patent expiry of our three most widely used cancer medicines.

In addition, Christoph Franz made an important contribution to expanding Roche's strategic flexibility by repurchasing the Roche shares held by Novartis. Since he took on the top role at Roche, digitalisation in the healthcare sector has also accelerated – and alongside it, a far-reaching transformation of our company. Roche today is clearly different from Roche a decade ago.

Giving people worldwide access to our medicines and diagnostics has always been one of Christoph Franz's particular concerns. During his travels to Roche subsidiaries in Africa, Asia and South America, he therefore always took the time to visit local hospitals and to talk to doctors, local nursing staff and patients. Together with local government representatives, he effected a remarkable number of agreements between Roche and governments around the world, with the aim of working together to improve local healthcare systems.

I have personally always appreciated that Christoph Franz, with his wealth of entrepreneurial experience and wide-ranging knowledge, has advocated not only obvious solutions but also – and in particular – some challenging choices that were, and still are, key to safeguarding Roche's future.

On behalf of the entire Board of Directors, the Oeri, Hoffmann and Duschmalé families, and myself, I would like to sincerely thank our Chairman for all of this.



André Hoffmann
Vice-Chairman of the Board of Directors



André Hoffmann



Dr Severin Schwan

Dear Shareholders

Overall, we achieved good results last year. This is primarily due to the continued strong demand for routine diagnostics and our newer medicines to treat serious diseases such as multiple sclerosis, haemophilia, severe eye diseases, spinal muscular atrophy and cancer.

The development and delivery of pioneering medicines and diagnostics is at the heart of our mission. Innovations from Roche improve the lives of people worldwide: in 2022, 29 billion tests were performed with our diagnostic products, delivering crucial information on disease prevention, diagnosis and treatment. And millions of patients were treated with Roche medicines.

I am particularly pleased with our recent successes in ophthalmology: Vabysmo is a novel treatment for certain severe eye diseases. Launched at the beginning of 2022, a large number of patients already have access to this innovative eye medicine. Vabysmo became one of our most important growth drivers in just a few months.

Last year, we were also able to provide patients with two important medicines for blood cancer. Lunsumio gives hope to people with a certain form of follicular lymphoma. This blood cancer develops slowly, but has been incurable up to now. Our new immunotherapy activates the body's own immune system – a promising new approach to blood cancer. Polivy significantly improves the chances of curing a particularly aggressive form of blood cancer. For two decades, research in this area made little progress, so this is a real medical breakthrough.

Another highlight: our cancer immunotherapy Tecentriq has now also been approved in Europe and other countries for the treatment of early-stage lung cancer. For many people this raises the prospect of a cure.

Innovative research and development does not only carry opportunities, but also risks. In addition to many successes, we also experienced setbacks last year – first and foremost the disappointing study data on gantenerumab in the treatment of Alzheimer's disease. Such setbacks are not a reason to give up, but part of the often long, iterative research and development processes in our industry. We learn from the study data and implement these lessons in the next study. Roche has other molecules against Alzheimer's in development. We will continue to have the entrepreneurial courage to invest in particularly high-risk research areas such as Alzheimer's and hope that we will ultimately achieve a breakthrough for patients.

Innovative diagnostic solutions enable early and reliable decision-making, whether in infectious diseases, cancer or other diseases. With the PCR test kits developed in record time for the detection of the mpox virus, we have proven once again – after COVID-19 – that we are able to respond quickly to new public health threats.

Certain human papillomaviruses (HPV) may cause cervical cancer. Our new HPV self-sampling solution offers women the possibility to take the cervical samples needed for HPV testing



Roche Corporate Executive Committee on 31 December 2022

Dr Alan Hippe (1967), Chief Financial and Information Officer

Claudia Böckstiegel* (1964), General Counsel

Dr Aviv Regev* (1971), Head Genentech Research and Early Development (gRED)

Prof. Dr Hans Clevers* (1957), Head Roche Pharma Research and Early Development (pRED)

Dr Severin Schwan (1967), CEO Roche Group

Cristina A. Wilbur (1967), Chief People Officer

Bill Anderson (1966), CEO Roche Pharmaceuticals

Barbara Schädler* (1962), Head Group Communications

Dr James H. Sabry* (1958), Global Head Pharma Partnering

Dr Thomas Schinecker (1975), CEO Roche Diagnostics

* Member of the Enlarged Corporate Executive Committee

“I am particularly pleased that we brought two new medicines to patients: Vabysmo for certain severe eye diseases and Lunsumio for a currently incurable form of blood cancer.”

themselves while at a healthcare facility. This solution can help break down barriers to screening for cervical cancer. The new HCV Duo assay can also help prevent cancer, as well as other diseases caused by hepatitis C. The assay provides both antigen and antibody results in one test, thus helping diagnose hepatitis C faster.

We have also further expanded our digital health business. For example, our new digital solution for pathology now delivers high-resolution digital images of tissue samples even faster. The evaluation is not carried out using a microscope, but electronically. Artificial intelligence now often sees more than the human eye. This makes it easier to diagnose cancer and enables more targeted and effective treatment for the patient concerned.

In fragmented healthcare systems, medical knowledge is often untapped today because of inadequate digitalisation. That’s where our cloud-based platform cobas infinity edge comes into play. It enables nursing staff and doctors to securely share patient data from multiple sources and brings together a range of health data, such as electronic patient records, third-party apps, and point-of-care services.

The digital transformation is bringing about huge advances for patients. With pharmaceuticals,

diagnostics and digital solutions under one roof, Roche is very well positioned to perform pioneering work in this field – and not for the first time in our more than 125-year history.

I would like to thank all our employees for their tireless commitment in this challenging year.

And I would like to thank our Chairman, Christoph Franz, for his many years of confidence-inspiring work. He has always been passionate about ensuring that our products and solutions reach the people who desperately need them – no matter where they live.

Thomas Schinecker will take over my role as CEO from mid-March. I would like to thank him for his outstanding work as Head of the Diagnostics Division and look forward to continue working with him.

Thank you, dear shareholders, for your trust in our company.



Dr Severin Schwan
CEO Roche Group



Business performance

We achieved good results in 2022. As expected, the demand for COVID-19 products declined. The diagnostics base business and our newer medicines continued their strong growth.

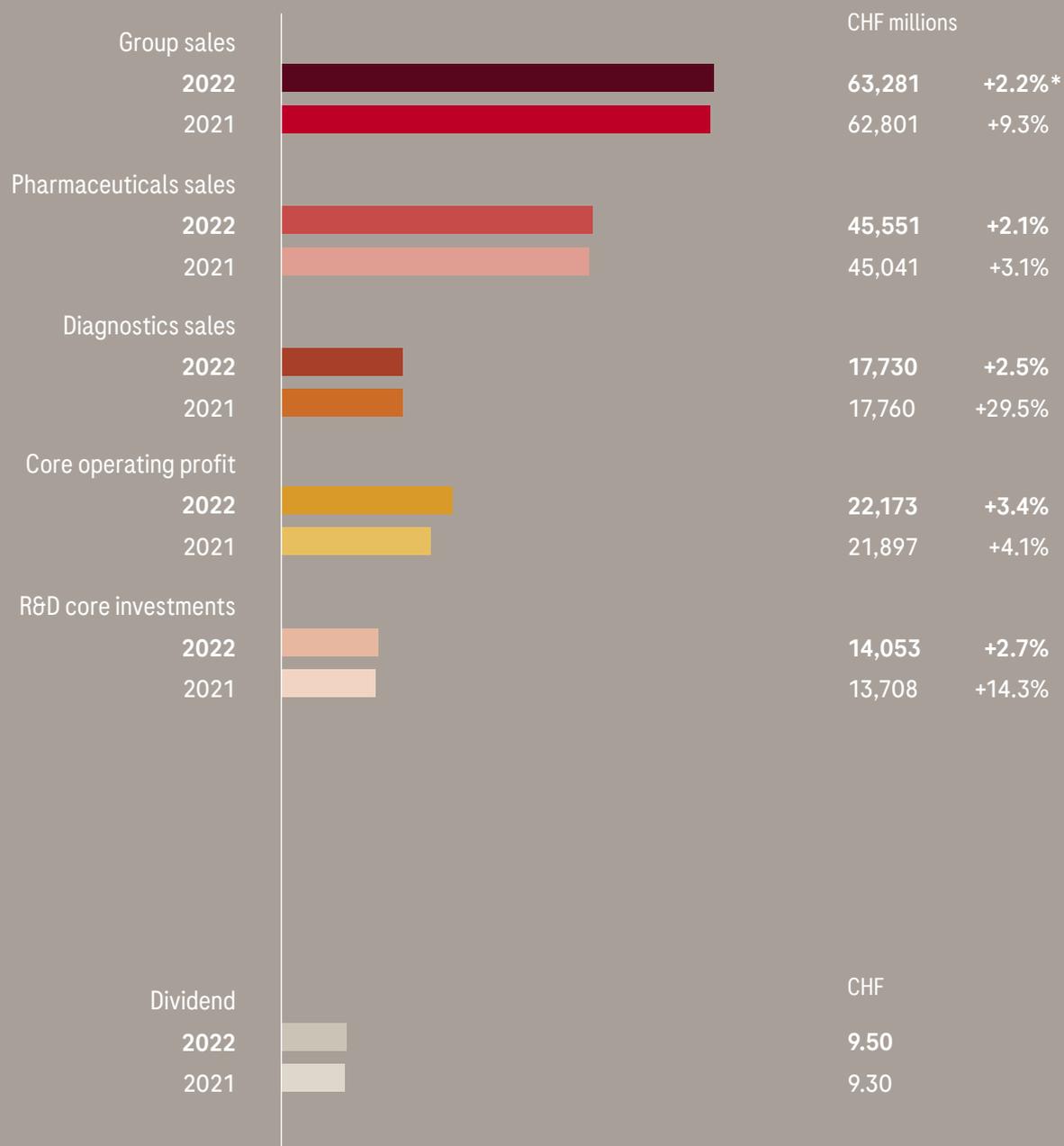
UN SDGs



Material topic

· Long-term mindset

Key figures 2022



* Unless otherwise stated, all growth rates and comparisons to the previous year are at constant exchange rates (CER; average rates 2021) and all total figures quoted are reported in CHF.



33
research and development sites in Pharmaceuticals and Diagnostics worldwide

20
manufacturing sites in Pharmaceuticals and Diagnostics worldwide

14.2 million patients
treated with Roche medicines

32 Roche medicines
on the WHO Model List of Essential Medicines

** Number of employees expressed in full-time equivalents, on 31.12.2022

Roche Group

In 2022, Roche sales rose 2%* (+1% in CHF) to CHF 63.3 billion. Core operating profit increased by 3% (+1% in CHF), reflecting the good underlying business performance.

IFRS net income¹ was CHF 13.5 billion, decreasing by 6% compared to 2021. This was due to higher impairments of intangible assets and higher interest costs and income taxes.

Core earnings per share grew 5% (+2% in CHF). This includes the positive impact of the repurchase of Roche shares held by Novartis.

Pharmaceuticals Division sales increased by 2% to CHF 45.6 billion. Newer medicines to treat severe diseases continued their strong growth. Vabysmo, an eye medicine launched at the beginning of 2022, is already one of the top five growth drivers. This medicine, together with Ocrevus (multiple sclerosis), Hemlibra (haemophilia), Evrysdi (spinal muscular atrophy) and Tecentriq (cancer), generated additional sales totalling CHF 3.2 billion.

Sales of COVID-19 medicines were generally lower, with a decline of roughly CHF 0.5 billion. The decrease in sales of Actemra/RoActemra for severe COVID-19 pneumonia was only partially made up by the sales growth of Ronapreve for high-risk patients in Japan.

As expected, the impact of biosimilars on the sales of the cancer medicines MabThera/Rituxan, Herceptin and Avastin continued to slow down, which resulted in a combined CHF 1.9 billion reduction in sales.

The Diagnostics Division increased its sales by 3% to CHF 17.7 billion. The division's base business – up 7% – achieved good results over the year and across all regions, with growth mainly driven by immunodiagnostic products.

Our broad portfolio of COVID-19 tests generated sales totalling CHF 4.1 billion in 2022 compared to CHF 4.7 billion in 2021.

Outlook for 2023

Due to the sharp decline in sales of COVID-19 products of roughly CHF 5 billion, Roche expects a decrease in Group sales in the low single digit range (at constant exchange rates). Excluding this COVID-19 sales decline, Roche anticipates solid underlying sales growth in both divisions.

Core earnings per share are targeted to develop broadly in line with sales decline (at constant exchange rates). Roche expects to further increase its dividend in Swiss francs.

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¹ The IFRS result includes non-core items such as global restructuring plans and amortisation and impairment of goodwill and intangible assets.

Diagnostics

Diagnostics Division sales grew by 3% to CHF 17.7 billion. The division's base business – up 7% – achieved good results over the year and across all regions. Growth was mainly driven by immunodiagnostic products.

Our broad portfolio of COVID-19 tests generated sales totalling CHF 4.1 billion in 2022 compared to CHF 4.7 billion in 2021.

Sales in the Asia-Pacific and North America regions increased by 23% and 13%, respectively. The 16% drop in sales in the Europe, Middle East and Africa (EMEA) region is primarily due to the reduced demand for COVID-19 testing.

Core Lab sales increased by 6%. Immunoassays, such as cardiac and oncology tests, and clinical chemistry products were the main growth drivers. Sales grew across all regions, most strongly in Asia-Pacific, EMEA and Latin America.

This customer area focuses on central labs and provides diagnostics solutions in the areas of immunoassays, clinical chemistry and custom biotech.

Point of Care sales grew by 17%. The SARS-CoV-2 Rapid Antigen test continued to be the main growth driver. Demand for the cobas SARS-CoV-2 & Influenza A/B assays also increased. The largest contribution came from the Asia-Pacific and North America regions.

This customer area provides diagnostics solutions immediately at the point of care such as in

emergency rooms, medical practices and directly with patients; it includes SARS-CoV-2 rapid tests and blood gas and electrolyte tests.

Molecular Lab sales decreased by 15% due to lower COVID-19-related sales in the North America and EMEA regions. This was partly offset by growth in the base business across the portfolio.

This customer area focuses on molecular labs and provides diagnostics solutions for pathogen detection and monitoring, donor screening, sexual health and genomics.

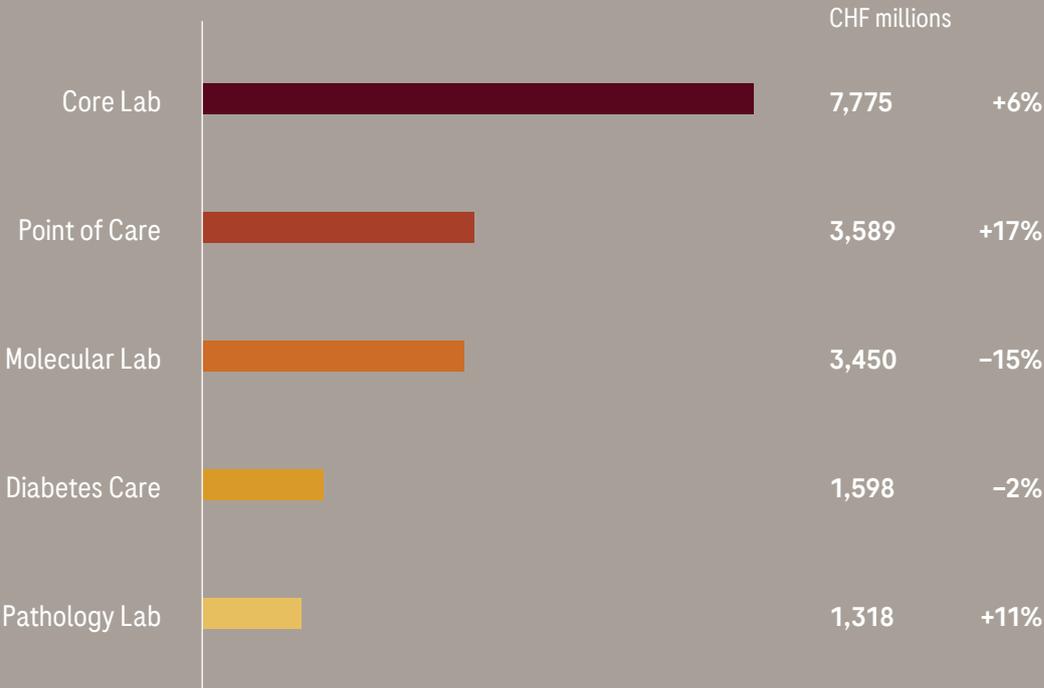
Diabetes Care sales decreased by 2% due to the base effect of the resolution of a rebate dispute in 2021. Excluding this effect, sales remained stable. The continued contraction of the blood glucose monitoring market, in particular in the United States and Europe, was offset by a higher demand in emerging markets.

This customer area focuses on integrated personalised diabetes management for people with diabetes and healthcare professionals.

Pathology Lab sales increased by 11% due to growth in the advanced staining and the companion diagnostics businesses. Sales grew across all regions.

This customer area focuses on pathology labs and provides diagnostics solutions for tissue biopsies and companion diagnostics. These targeted diagnostics support the specific therapy decisions for each patient.

Sales by customer area in 2022



Pharmaceuticals

Pharmaceuticals Division sales increased by 2% to CHF 45.6 billion. Newer medicines to treat severe diseases continued their strong growth.

Sales in the United States decreased slightly by 1%. The sales growth of the newer medicines Ocrevus, Vabysmo, Hemlibra and Tecentriq partially compensated for the sales decline of Actemra/RoActemra for COVID-19 and medicines whose patents have expired.

In Europe, sales were also slightly down by 2%, mainly due to lower sales of the COVID-19 medicine Ronapreve. Excluding this base effect, sales in Europe increased by 6%, as the newer medicines more than offset the impact of biosimilars.

Sales in Japan increased by a substantial 26%. The key factors were supplies of Ronapreve to the government, followed by sales growth of Evrysdi, Polivy, Hemlibra and Enspryng, which more than offset the impact of biosimilars and government price cuts.

Sales in the International region grew by 1%. In China, sales decreased by 7% due to biosimilars, lower sales of Rocephin and local COVID-19 measures. Excluding China, sales in the region increased by 6%, mainly as a result of a higher demand for Perjeta, Hemlibra, Ocrevus and Kadcyca.

Ocrevus (CHF 6.0 billion, +17%). *Relapsing and primary progressive forms of multiple sclerosis; two-hour-only infusion.* The demand for Ocrevus

in both indications remained strong in the United States. In Europe and in the International region, the medicine continued to show a high uptake.

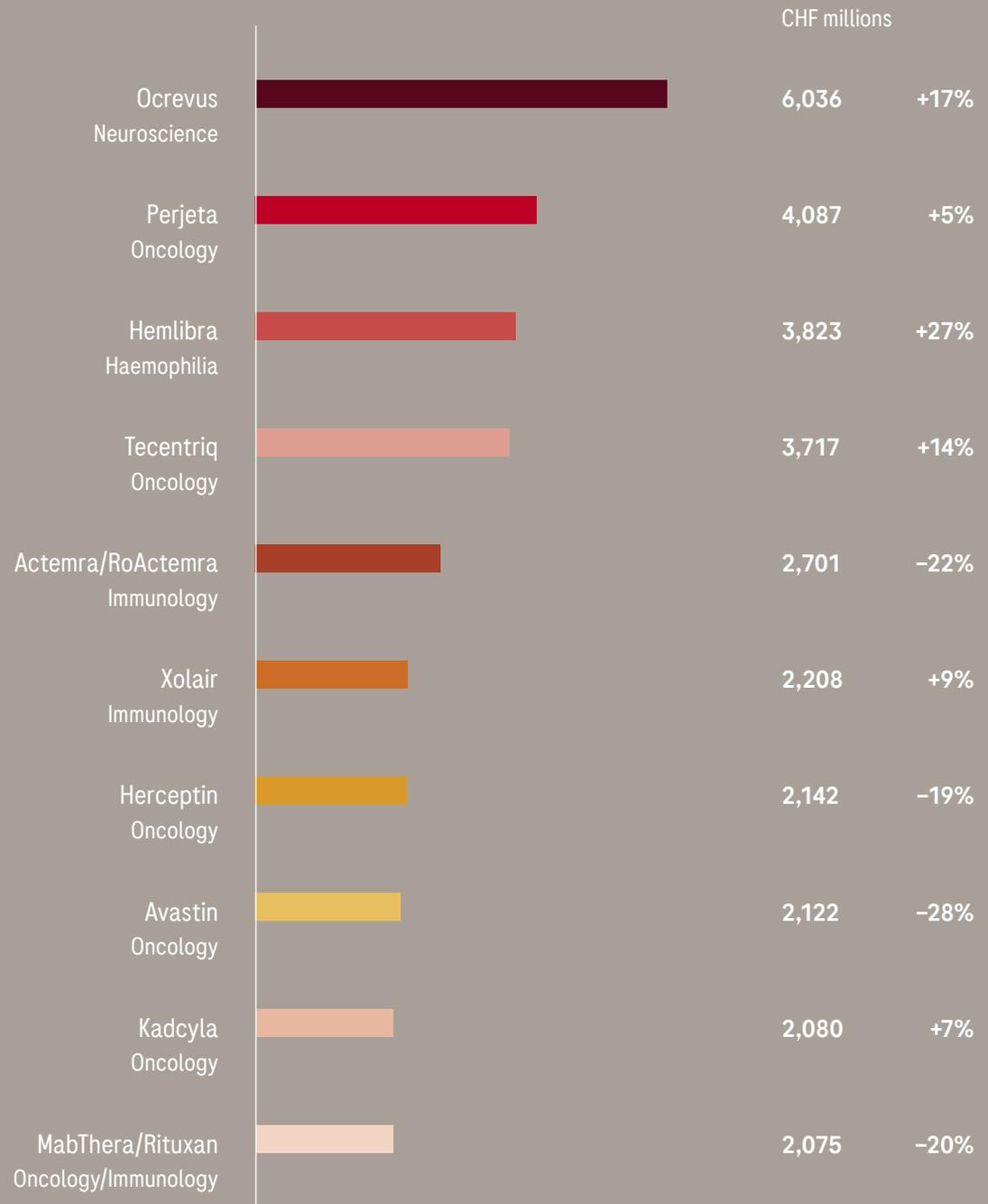
Perjeta (CHF 4.1 billion, +5%). *HER2-positive breast cancer.* Sales increased mostly due to the continuing high demand in the International region, mainly in China.

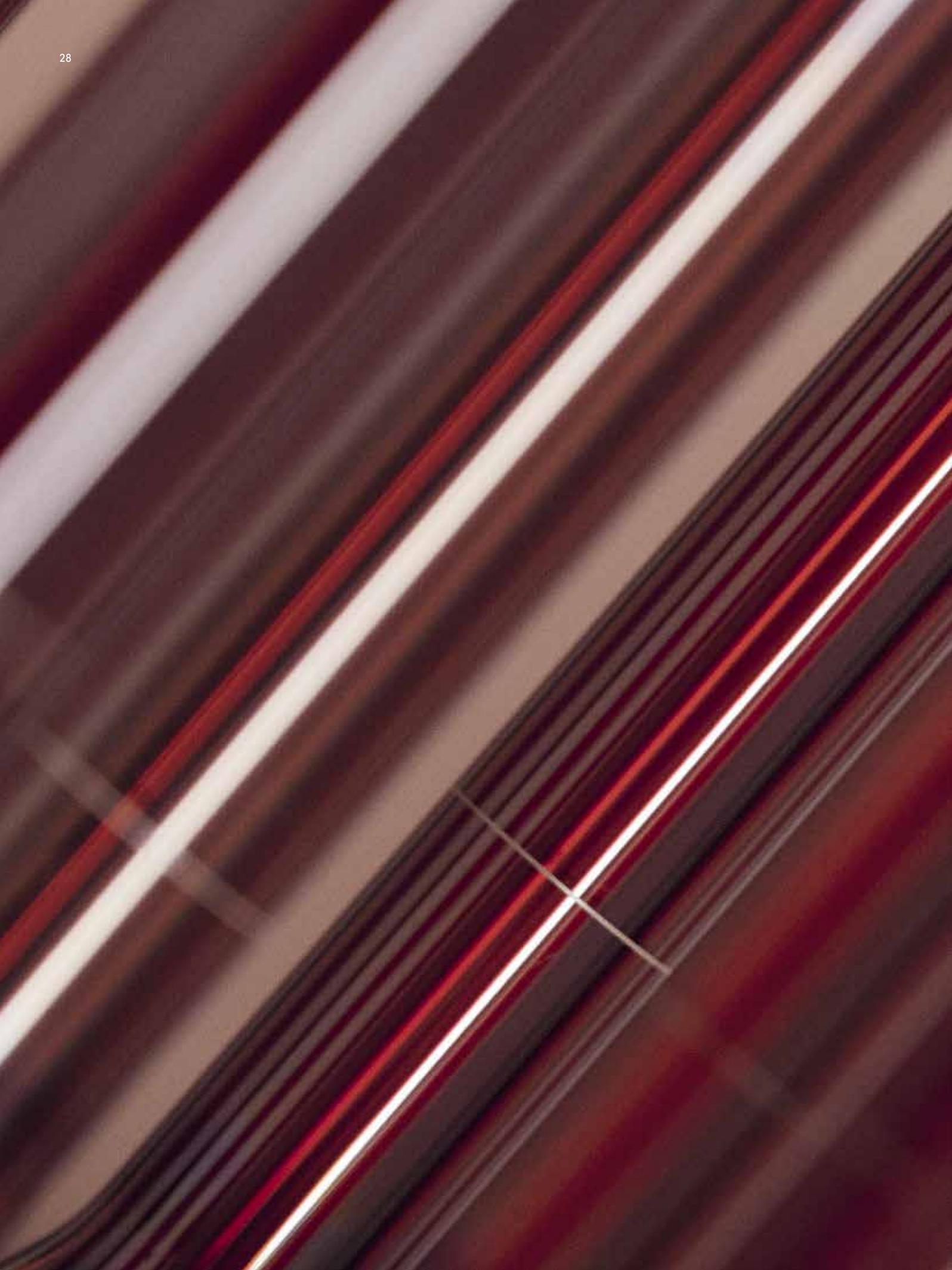
Hemlibra (CHF 3.8 billion, +27%). *Haemophilia A with and without factor VIII inhibitors; only prophylactic treatment that can be administered subcutaneously once weekly, every two or every four weeks.* Sales continued to show an impressive uptake, especially in the United States and Europe. Sales in the International region grew across all major markets.

Tecentriq (CHF 3.7 billion, +14%). *Cancer immunotherapy (either alone or in combinations) for various types of cancer, e.g. lung, bladder, breast and liver cancer.* Sales increased mostly due to the higher demand in the United States and Europe. Sales in Japan decreased, primarily due to governmental price cuts.

Actemra/RoActemra (CHF 2.7 billion, -22%). *Rheumatoid arthritis, forms of juvenile idiopathic arthritis, giant cell arteritis, CAR T-cell-induced severe or life-threatening cytokine release syndrome and COVID-19.* Sales decreased, mainly in the United States and the International region, driven by lower demand for patients with severe COVID-19 pneumonia.

Top-selling pharmaceuticals in 2022





Reporting and strategy

Roche is committed to transparent reporting and we endeavour to drive our economic, social and environmental performance with the same diligence as our financial performance. It is why sustainability is built into our business strategy and part of everyone's job at Roche. We focus on finding new medicines and diagnostics and on establishing data-based insights that evolve the practice of medicine and help patients live longer, better lives.

Our reporting approach

Roche is committed to transparent reporting and we endeavour to drive our economic, social and environmental performance with the same diligence as our financial performance.

Reporting scope and boundaries

Our financial and non-financial reporting consists of the Annual Report, the Finance Report and the online report. It contains the annual financial statements, consolidated financial statements and non-financial performance indicators. It covers all regions and divisions of the Roche Group from 1 January to 31 December 2022. The financial reporting scope is defined and outlined in our Finance Report, and there have been no significant changes in scope in 2022 compared to 2021.

GRI Standards and materiality

We have been a member of the Global Reporting Initiative (GRI) community since 2007, have followed the GRI G4 guidelines since 2014 and have transitioned to reporting with reference to the 2016 GRI Standards. By using the GRI Standards, we disclose the most critical impacts of our activities on the environment, society and the economy.

Risk management

Our Risk Management Policy sets out Roche's approach to identifying, analysing, managing and reporting internal and external risks and opportunities. A consolidated Group Risk Report, which covers all material risks and opportunities, is discussed annually with the Corporate Executive Committee and reviewed by the Board of Directors.

The effectiveness of the Group Risk Management Process is regularly monitored by the Group Risk Advisory team and the overall process reviewed by the Audit Committee of the Board of Directors,

and reviewed externally when appropriate.

Risk management is embedded at all levels of the Roche Group. Our Pharmaceuticals and Diagnostics Divisions and global functions conduct a formal risk and opportunity assessment at least once a year and must develop response plans for their most material risks and opportunities.

Read more in 'Corporate Governance' on page 158.

We also identify long-term business sustainability trends with associated risks and opportunities on an annual basis and integrate these into our existing Group Risk Management Process. Each year, ten emerging trends (including associated risks and opportunities) are identified from internal and external sources.

Based on these findings, the Sustainability Steering Committee prioritises and selects the top business sustainability trends. The two most important business sustainability trends for 2022 are the following: i) Future of work and ii) Mistrust and scepticism in science. These two trends, as well as one of their associated opportunities and risks, are described on page 31.

UN Sustainable Development Goals

We support the United Nations Sustainable Development Goals (SDGs) within the sphere of our corporate business strategy. We contribute to a number of the SDGs, but our greatest contribution is to SDG 3, Good Health and Well-Being. This goal is closely connected with the achievement of universal health coverage, which goes hand in hand with better access to quality essential medicines and diagnostics. This is fully aligned with our vision to improve and save lives. Since 2016, the SDGs have been an integral part of our annual reporting.



Examples of our contribution to the UN goals are listed on our UN SDG webpage (see link on page 32) and are mapped to our material topics as featured on page 33. As a signatory of the UN Global Compact (UNGC), we commit to integrate the universal principles in the areas of human rights, labour, environment and anti-corruption into our business strategy, culture and daily operations and to report on the results achieved each year. We published our first Communication on Progress (CoP) in the first quarter of 2022 and will submit our second CoP in the first quarter of 2023.

External assurance

Some selected key figures of our non-financial reporting for the year ended 31 December 2022 have been subject to limited assurance procedures performed by PricewaterhouseCoopers AG (PwC), an independent third-party assurance provider. PwC provides limited assurance on selected key figures in the areas of: i) safety, security, health and environmental protection, ii) people and culture and iii) grants, donations, and sponsorships. These key figures are disclosed in the Annual report and/or on the non-financial reporting webpage, together with the related PwC limited assurance report, and are defined in our Non-Financial Reporting Metrics Guidelines – Basis for Preparation.

See 'Independent Assurance Report' on page 210.

Business sustainability trends

Future of work

Trend descriptor: New, diverse and complex working models (remote, hybrid) lead to an increasingly fluid workspace and workforce, which requires an agile workforce management to avoid negative impacts as well as to leverage positive impacts on talent attraction, retention and engagement, especially in a highly innovation-dependent sector.

Opportunity: Roche can be positioned as an attractive employer through our flexible ways of working.

Risk: Disconnection within the company and increased silo thinking can reduce innovation and drive duplication.

Mistrust and scepticism in science

Trend descriptor: A growing educational gap and populism with increasing spread of fake news (intended or unintended) are leading to mistrust and scepticism in science, medical therapies, pharmaceutical industry and institutions.

Opportunity: A competitive advantage can be created for Roche through the strengthening of relationships with governments, patient organisations, payers and doctors (e.g. sharing information, providing education).

Risk: Patients and society are not benefitting from scientific advancements and resulting medicines due to lack of awareness or saturation with false information.

The full list of business sustainability trends and their associated risks and opportunities can be found on our risk management website (link on the previous page).

Materiality and impact

Our purpose is **Doing now what patients need next**. How we identify and meet those needs – what we do every day – must be sustainable if we are to succeed. It is why sustainability is built into our business strategy and part of everyone’s job at Roche.

Our approach is holistic and integrates the three dimensions of sustainability:

- Society – *how we contribute to a better tomorrow for all*
- Environment – *how we minimise our impact on nature*
- Economy – *how we invest in medical advances, create jobs and ensure livelihoods*

What does this mean for each of us at Roche, every day?

Society

We contribute to a better society by enabling the right treatment for the right patient at the right time for the right value. We do this by developing new medicines and ways of diagnosing disease and gaining insights from data. Our commitment to expand access to these innovations will help more patients live longer, better lives. And with this comes a deep respect for the human rights of everyone we reach, especially patients, business partners, suppliers, local communities and, of course, our colleagues around the world. It is why we emphasise employee safety, health and development while promoting diversity and inclusion, integrity, mutual respect and equal opportunities for all.

Environment

The respect for a healthy planet and for the environment has always been a priority of our founding families and the company. We are committed to halving the environmental impact of our operations and products from 2019 to 2029. And we aim to reduce our own greenhouse gas emissions to absolute zero by 2050, while partnering with our suppliers to reduce their emissions for our mutual benefit.

Economy

Our business must meet the needs of patients and continue creating quality jobs that provide people and their families with secure livelihoods, while earning competitive returns for our investors. We do this by promoting innovation and by translating science into pioneering medicines and diagnostics that help patients live longer, better and more productive lives – enabling them to support themselves and contribute to their local economies.

As described in our strategy, our set-up is designed for innovation. Our autonomous research and development centres and alliances with more than 250 external partners foster a diversity of scientific approaches and agility. Roche operates in over 150 countries where our local teams implement our strategy. We measure our performance and report to all our stakeholders the progress towards the goals we have set ourselves.



Our 19 material topics

Access to healthcare

Affordability of healthcare
Availability of healthcare
Sustainable healthcare systems

Digitalisation

Cybersecurity
Data privacy
Personalised healthcare
Real-world data

Science and innovation

Patient centricity
Preparedness for ageing society
R&D efficiency

Product quality and safety

Product safety
Product quality

Ethics and compliance

Compliance
Ethics and transparency
Human rights

Employee engagement

Organisational agility
Preparedness for ageing society
Talent attraction and retention

Energy efficiency

Energy efficiency

Long-term mindset

Long-term mindset

Materiality assessment and stakeholder engagement

Engaging with our stakeholders is essential to build trust and an understanding of their expectations. By embedding their feedback in our strategy and our daily business, we are able to jointly address our common issues and develop long-term solutions.

In order to identify the topics that are particularly relevant to Roche, our stakeholders and society at large and to deliver lasting shared value, we conducted an in-depth materiality assessment at corporate level among our key stakeholders in 2018/2019. Our approach to materiality assessment is integrated – building on our Group Risk Management Process – and inclusive, being designed collaboratively with colleagues across multiple functions. We gathered insights from a broad range of internal and external stakeholders to identify the most important and pressing issues that Roche should address in the next three to five years. We identified 19 material topics, clustered in eight main categories, that stood out as highly relevant to us and to our key stakeholders. To properly address these topics, we have then aligned them with our current goals and are measuring performance through our defined set of indicators. Additionally, we are currently conducting an in-depth materiality assessment at Group level in order to update the list of material topics we identified in 2018/2019.

Impact-driven sustainability initiatives

In order to maximise our impact within and beyond the healthcare industry, we have joined two notable sustainability initiatives, namely the Sustainable Market Initiative and the Value Balancing Alliance.

The Sustainable Market Initiative (SMI) is a multi-stakeholder initiative which aims to lead the transition to a sustainable future by convening public- and private-sector leaders to align economic value with social and environmental sustainability. Part of the SMI commitments are the climate actions in line with the Science Based Targets Initiative (SBTi). The Value Balancing Alliance (VBA) is an initiative in which an alliance of multinational corporations develop and pilot, alongside leading academic institutions, a standardised methodology to ensure greater sustainability and transparency. This is done through greater disclosure of environmental, social and economic impact. We also support the #MakeItMandatory campaign, which is calling for mandatory requirements for all large businesses and financial institutions to assess and disclose their impacts and dependencies on biodiversity by 2030.

Our impact

Our impact	Our 2022 performance	Our material topics*	Supporting UN SDGs
<p>Society</p> <p>How we contribute to a better tomorrow for all</p>	<ul style="list-style-type: none"> • 14.2 million patients treated with Roche medicines • 29 billion tests conducted with Roche Diagnostics products • 87 new molecular entities in clinical development • 37% of women in executive positions 	<ul style="list-style-type: none"> • Access to healthcare • Product quality and safety • Digitalisation • Science and innovation • Ethics and compliance • Employee engagement 	
<p>Environment</p> <p>How we minimise our impact on nature</p>	<ul style="list-style-type: none"> • 32% decrease in our environmental impact per employee since 2019 • 81% of our electricity coming from sustainable sources • 29% decrease in greenhouse gas emissions since 2019 	<ul style="list-style-type: none"> • Energy efficiency 	
<p>Economy</p> <p>How we invest in medical advances, create jobs and ensure livelihoods</p>	<ul style="list-style-type: none"> • 22.21% of sales invested in R&D • 103,613 employees 	<ul style="list-style-type: none"> • Long-term mindset 	

* Clustered material topics – for details see: [roche.com/materiality](https://www.roche.com/materiality)

Our strategy

We focus on finding new medicines and diagnostics and on establishing data-based insights that evolve the practice of medicine and that help patients live longer, better lives.

Our business environment is undergoing tremendous change. We are facing new challenges due to the complexity of care and increasing pressure on healthcare budgets. At the same time, we see new opportunities arising from major advances in life sciences and from digitalisation in healthcare.

In these turbulent times, we are guided by our common purpose: **Doing now what patients need next.** Our company has been bringing novel diagnostics and treatments to patients for 125 years. Patients are and will remain at the core of what we do. They are the reason we come to work every day.

What we do

We focus on our vision of fitting treatments to patients: providing the right therapy for the right patient to ensure the best response at the right time for the right value. Our approach combines our rich expertise in pharmaceuticals and diagnostics with expanded data science capabilities to drive more effective and efficient research and to enable better therapeutic decisions for patients.

Our pursuit of excellence in science rests on four key elements: an exceptionally broad and deep understanding of disease biology; the seamless integration of our capabilities in pharmaceuticals and diagnostics; a diversity of approaches to maximise innovation; and a long-term orientation.

Working in partnership with third parties, we offer integrated solutions with improved medical, health and economic benefits. We work with

many different stakeholders in the healthcare ecosystem to broaden access to our offerings for people who need them and, ultimately, to provide a seamless patient journey. We will continue to concentrate our energies on prescription medicines, in vitro diagnostics and increasingly data and insights, rather than diversify into other sectors like generics, biosimilars or over-the-counter medicines.

Our delivery is to create value for all our stakeholders: being a partner of choice; bringing significant medical benefit for patients, doctors and payers; offering a great place to work for employees; delivering a sustainable positive contribution to society; and earning competitive returns for our investors.

How we do it

Ultimately, delivering on our commitments takes people with integrity, courage and a passion for making a difference for patients. Our people are proud to say: We are Roche.

Our leadership inspires outcomes that matter by embracing diversity and inclusion. Different backgrounds, perspectives and experiences, across the entire organisation, foster innovative solutions for the benefit of patients. Our ways of working enable agile and networked responses to the ever-increasing pace of change by balancing the needs for stability, speed and flexibility.

Our set-up is designed for innovation. Our autonomous research and development centres and alliances with more than 250 external partners foster a diversity of scientific approaches and agility. Our global geographical scale and reach enables us to attract talent in the leading global science clusters and to quickly bring our solutions to people who need them.

Diagnostics

We are committed to advancing diagnostic solutions that can support healthcare professionals in making critical decisions for their patients' health and also improving the way these essential tools are integrated into health systems around the world.

Hiro Nitta

Senior Scientific Fellow
Tucson, USA

Hiro's work at Roche enables him to follow his passion of developing diagnostics to address unmet patient needs. His many scientific breakthroughs have already impacted the lives of millions of patients around the world.

Dr Bushra Jamil

Professor of Medicine and Infectious Diseases
Karachi, Pakistan

Dr Jamil partners with stakeholders across the healthcare system to increase access to care and diagnostics in Pakistan. Her efforts have led to the provision of patient-centric integrated care.



Hiro Nitta

A steadfast commitment to improving access to vital diagnostics

Hiro Nitta's dedication to continually improve access for patients began when he was just a teenager. As an 18-year-old college student in Japan, Hiro developed a passion for all aspects of histology – the study of tissues. He spent his days dissecting samples, analysing data and eventually publishing the findings that now serve as the foundation for scientists involved in developing state-of-the-art tissue-based diagnostics.

Those early academic days were only the beginning of Hiro's decades-long commitment to developing even more precise diagnostics for HER2-positive breast cancer patients. It's a journey Hiro considers to be his life's work. In 2000, Hiro began working for Ventana Medical Systems, which was acquired by Roche in 2008. Today, he is a Senior Scientific Fellow in Clinical Development and Medical Affairs at the Roche Diagnostics Solutions campus in Tucson, Arizona. And he has no plans of slowing down any time soon. As Hiro explains, "We have so much more to do for patients. There's no time to waste."

What is HER2?

As many as 20% of the 2.3 million cases of breast cancer diagnosed globally each year are fuelled by the HER2 gene.^{1,2} Many HER2-positive patients can benefit from a specific targeted therapy. But determining which patients should receive the treatments initially required highly specialised technology. "Some women didn't get the right treatment because of challenges with testing," Hiro says. "I wasn't okay with that."

While working at Ventana, Hiro dedicated himself to developing a simpler test that could be conducted in any lab and could quickly and

accurately diagnose HER2-positive patients, anywhere in the world. He succeeded.

Just the beginning

After the new diagnostic was launched, Hiro's commitment only deepened. "Missing one patient who could be receiving life-saving therapy is one too many," Hiro says. His new goal was to develop even more precise diagnostics.

Hiro's work at Roche enabled him to follow his passion of developing diagnostics to address unmet patient needs. He has created a next-generation HER2 test that can determine which specific type of cells are present in a tumour. That valuable insight is used to inform new therapy protocols and could eventually enable more HER2-positive patients to experience better outcomes.

Hiro has also discovered a previously unknown type of tumour cell structure and is working with other breast cancer researchers to investigate how this type of tumour responds to targeted therapy.

At the same time, he is developing tests that will provide valuable information that cannot be obtained through the diagnostics currently available. In 2022, Hiro's research on the novel assay which evaluates both the HER2 gene and HER2 protein with a single tissue sample was presented at meetings of the United States and Canadian Academy of Pathology as well as the European Society for Medical Oncology.

Access has multiple elements

For Hiro, improving access means that all cancer patients have the opportunity to be tested with the most innovative and accurate methods, and

¹ Breast cancer fact sheet 2021, World Health Organization

² Recommendations for human epidermal growth factor receptor 2 testing in breast cancer: American Society of Clinical Oncology/College of American Pathologists clinical practice guideline update *Journal of Clinical Oncology*

“Everyone deserves access to the best cancer diagnostic tools and therapies, so they can have more time with the people they love.”

those results can then be used to select the treatment protocol that can most effectively save or extend their lives. Hiro describes his commitment this way:

“It shouldn’t matter where someone lives or how much money they have. Everyone deserves access to the best cancer diagnostic tools and therapies, so they can have more time with the people they love. To help make that goal a reality I will continue working on developing better and more precise tissue-based cancer diagnostics for as long as I can.”

Inspiration, everywhere

While Hiro’s accomplishments begin in his laboratory, he knows the impact of his work happens outside those doors. Hiro can be found in cancer treatment facilities around the world, meeting with research collaborators. These visits provide the invaluable opportunity to connect with cancer patients and their family members. Even a casual conversation in the lobby of a hospital helps Hiro maintain his focus on the ultimate beneficiaries of his work.

By getting to know patients as people, he can better understand their individual journeys, the challenges they face and their hopes for the future. “When we focus on patients,” Hiro explains, “we know what we must do.”

Hiro has another unique perspective that inspires his work. In March of 2021, he experienced a dangerously severe COVID-19 infection. At one

point, he was not expected to survive. He considers his eventual recovery to be an invaluable second chance to continue his work and to do even more for patients. Here is how Hiro explains the impact of his experience:

“I understand now, more than ever, the fear and hope patients feel, and their worry over limited treatment options. I got a second chance to live. I believe I survived so I could work harder than ever to give cancer patients their second chance. That is what this experience has left me with, and what drives me to make a greater difference.”

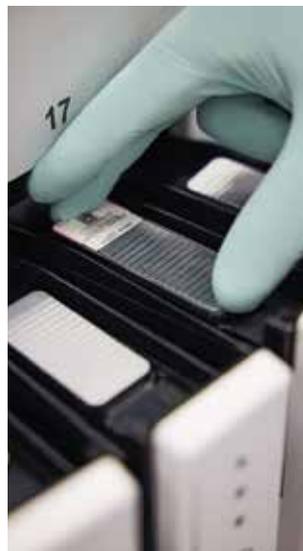
Hiro still needs to manage his life due to symptoms of long COVID. This further reminds him of the need for better testing and treatment choices for all patients.

A life in full

As committed as Hiro is to his work, he does have interests outside of the lab. He is an award-winning magician and performs for children in hospital paediatric units. He also raises standard poodles, and shows them in competition. Add to that a love of Disney and a talent for baking, and Hiro looks to be the very definition of a well-rounded individual with a passion-filled life.

Hiro’s many scientific breakthroughs have already impacted the lives of millions of patients around the world. His commitment to reaching even more people with the highly precise diagnostics that can lead to more effective treatments continues to drive him, every day.

In his quest to continuously improve breast cancer diagnosis, Hiro Nitta spends his days investigating cancer cells. He is dedicated to ensuring patients have access to appropriate treatment options through improved understanding of cancer biology.



Enabling access to quality care and critical diagnostics in Pakistan

Growing up with a father as a physician, Dr Bushra Jamil was exposed to the practice of medicine from a young age. Reading his medical books as a child instilled a love of science and a drive to follow in her father's footsteps. Despite being a female in a predominantly male-dominated field, Dr Jamil studied various areas of medicine in both Pakistan and the United Kingdom, and is now a Professor of Medicine and Infectious Diseases at Aga Khan University Hospital (AKU) in Karachi, Pakistan, and also the President of the Medical Microbiology & Infectious Diseases Society of Pakistan (MMIDSP).

Diagnostics infrastructure is key

A great deal of Dr Jamil's work at both AKU and MMIDSP is focused on increasing access to quality healthcare in Pakistan. "The lack of an effective healthcare delivery system is a huge challenge in Pakistan," says Dr Jamil. "Although it varies from province to province, the system is extremely fragmented and of poor quality. There is an urgent need to invest to close the gaps, particularly as it relates to accessing diagnostics services and adequately training healthcare professionals."

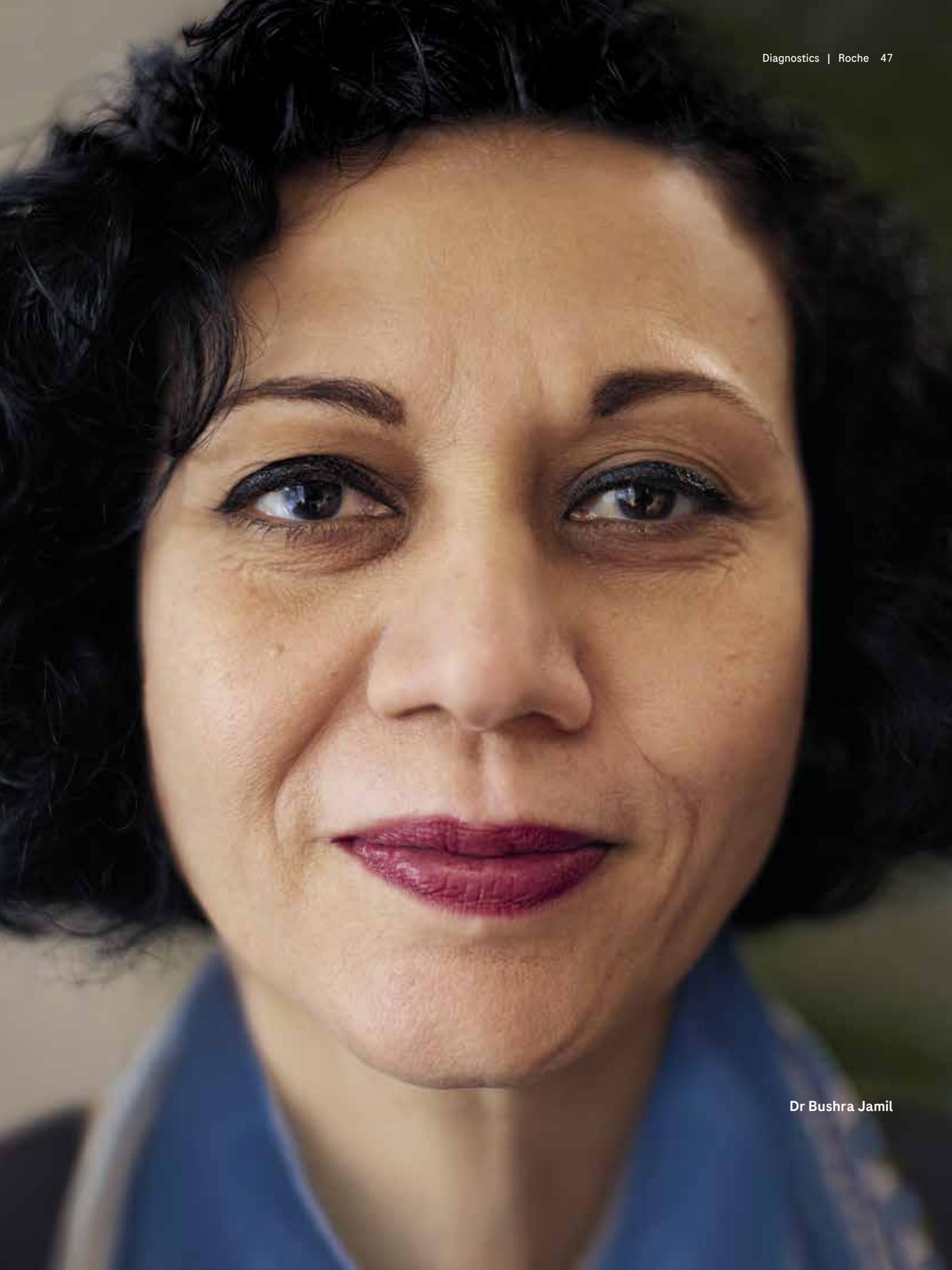
Unfortunately, the COVID-19 pandemic exacerbated these issues and brought about the realisation that a robust diagnostics infrastructure, for COVID-19 and other infectious diseases, is absolutely essential. "Diseases are not being diagnosed at an early stage and when patients are eventually diagnosed, there is not always a defined path for them to take, especially if they live in a rural area. Some patients will have to go to a private clinic if they need urgent treatment."

A move towards patient-centred care

The lack of a patient-centred system is also a significant challenge that Dr Jamil sees as a critical gap. "If a patient requires a number of different tests, they are often sent to different clinics in different areas rather than having basic diagnostics available under one roof. This is incredibly inconvenient for patients and is something we need to address."

In 2021, Dr Jamil served as National Coordinator for the Global Fund to Fight AIDS, Tuberculosis and Malaria grants with the Ministry of Health in Islamabad. She procured the COVID-19 mitigation grant with a focus on strengthening health systems and ensuring provision of integrated care and critical diagnostics all under one roof. "This is the type of clinical service which is needed across the country," says Dr Jamil. "While COVID-19 served as a catalyst for funding, we now have the ability to diagnose other infectious diseases using the same equipment. This is the model that will truly move the needle when it comes to patient care."

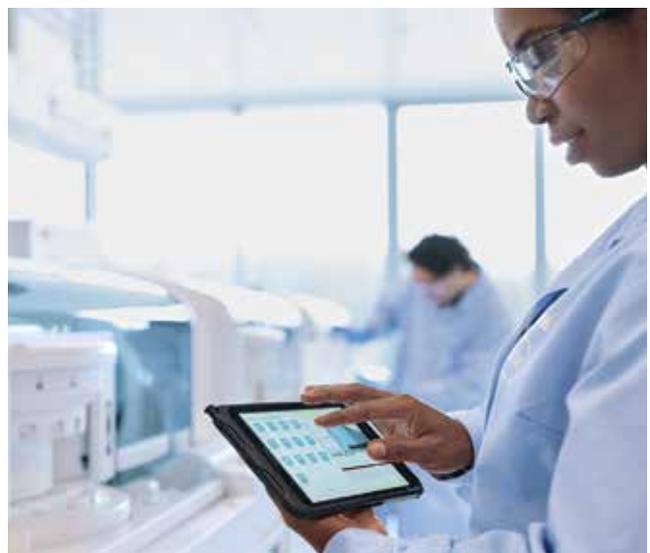
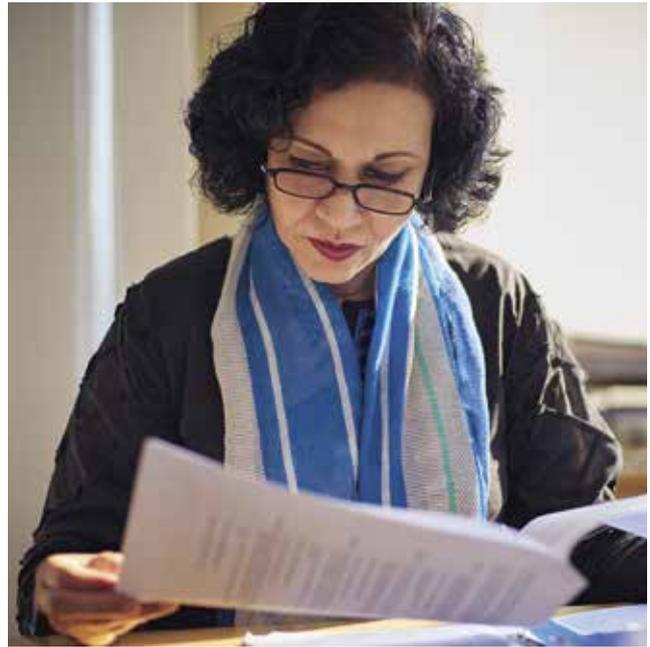
Roche has been working with Dr Jamil to ensure that district level secondary care hospitals are equipped with the diagnostics systems needed to provide this one-stop-shop approach. "If we have the right equipment, we need to use it in the most effective and efficient way possible," says Dr Jamil. "This will have a huge impact on case detection as well as follow-up treatment, not to mention the fact that if it's done easily and conveniently, the patient will greatly benefit."



Dr Bushra Jamil



As an infectious disease expert, Dr. Jamil knows the important role diagnostics play in the detection and treatment of diseases such as tuberculosis, HIV and malaria. Once critical diagnostics infrastructures are in place, they can dramatically change the quality and timeliness of care patients receive.



“We need to be able to bring diagnostics that are available, affordable, simple and fast into the public healthcare system in an economical manner.”

Education is key

Another important component of increasing quality of care for patients in Pakistan is properly training healthcare professionals on the principles of effective diagnostics and management of diseases. “When a workforce is inadequately trained, they tend to bypass essential steps and patients are treated based on previous experience rather than on accurate diagnostics,” says Dr Jamil. “This can be harmful to the patient because the treatment is not based on accurate and timely diagnostics. This also has negative implications for the community and the country as a whole.”

In 2022, Roche Diagnostics Pakistan partnered with Dr Jamil and the MMIDSP to increase advocacy around diagnostics and enable improved patient access in order to minimise the country’s disease impact. This partnership will deliver continuing

medical education opportunities for healthcare professionals and execute disease awareness and education campaigns to emphasise the significance of timely diagnosis and treatment for prevention and management across a variety of disease areas.

A look to the future

When asked what the future could look like for healthcare in Pakistan, Dr Jamil’s answer is clear: “Public-private partnerships are critical. We need to be able to bring diagnostics that are available, affordable, simple and fast into the public healthcare system in an economical manner. We can then work together to train the workforce and build these diagnostics capabilities into our procedures for improved patient journeys. I am confident that implementing these changes can truly make a difference in the lives of the people of Pakistan.”

Integrated solutions to improve outcomes

For our Diagnostics Division, 2022 was marked by three key trends. First, global awareness of the value of diagnostics across every aspect of healthcare grew significantly. Our COVID-19 portfolio continued to expand to meet demands related to the disease's evolution. Second, we also saw measurable growth in our base business, such as tests for cancer, cardiovascular disease, infectious diseases – and more. Third, we advanced our efforts to build a sustainable digital health business that will set us up for success in a more digitalised market.

From preventative screening to follow-up care

Diagnostics play an increasingly critical role across the entire patient journey. With early diagnosis, disease progression may be slowed or even stopped. Diagnostic testing can provide patients, families and healthcare professionals with information that may lead to the best possible outcome. For healthcare systems, access to diagnostic information for managing diseases helps avoid unnecessary service delivery, reduces overall cost of care, improves its effectiveness and, most importantly, contributes to saving lives.

As demonstrated by the COVID-19 pandemic, diagnostics and information solutions can make a major difference in a country's ability to cope with infectious disease outbreaks and maintain health systems. Advanced diagnostic solutions support earlier decision-making, help reduce hospitalisation, enable targeted treatment strategies and improve patient management.

Driving innovation through digitalisation

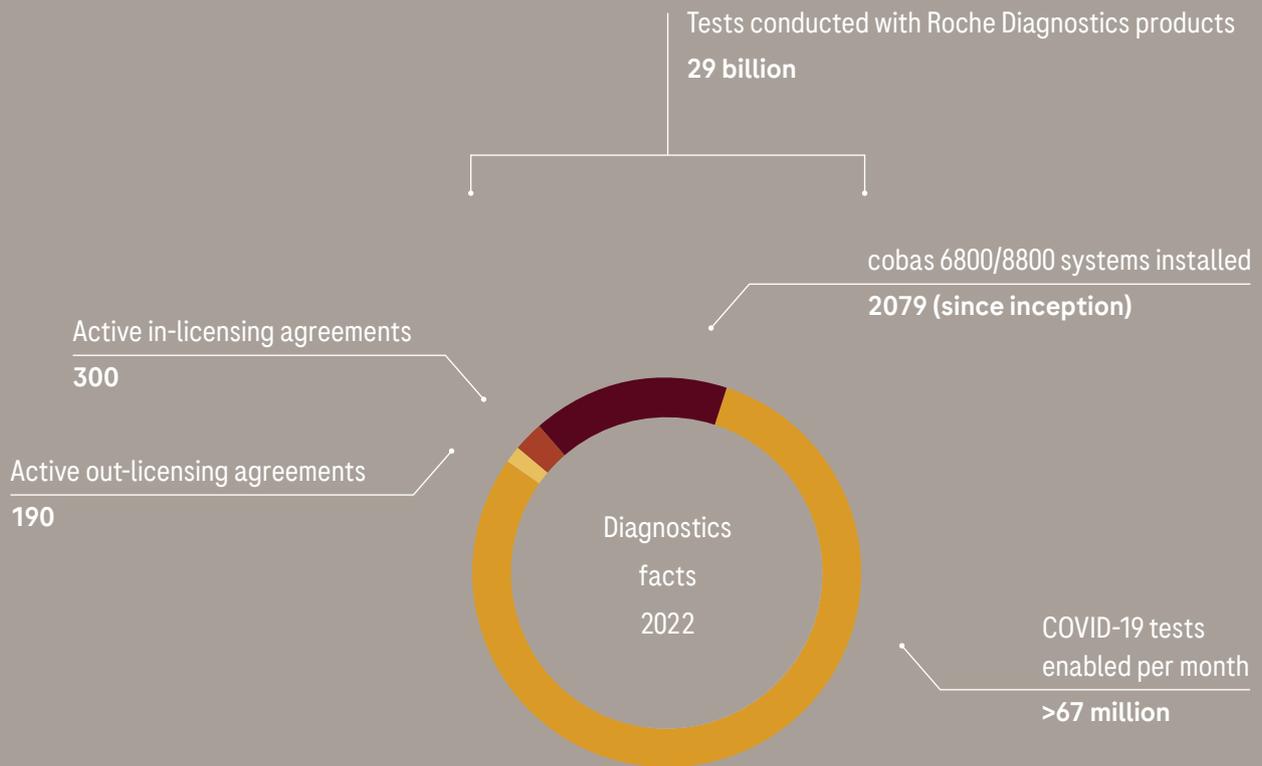
We have been building our division-wide digital foundation, strategy and portfolio, further advancing our ambition to establish a sustainable digital health business. In 2022, we unified our digital health portfolio under the navify brand, providing a range of next-generation software solutions.

Through our Digital Pathology portfolio, we are transforming pathology. The VENTANA DP 600 high-capacity slide scanner creates high-resolution digital images of stained tissue samples to help diagnose cancer and determine a patient's treatment. The Digital Pathology Open Environment allows software developers to easily integrate their image analysis tools for tumour tissue with our uPath enterprise software.

Open digital ecosystems connect innovators, from start-ups to technology leaders, to give lab professionals, clinicians, researchers and patients faster access to a wider range of innovation. This further advances our personalised healthcare solutions. Over time, the thousands of data points patients create throughout their journey will help identify changes in their health and enable tracking of similar patient groups across institutions and geographies. Through artificial intelligence (AI) and machine learning, this will eventually allow for comparison of outcomes as well as predictive measures.

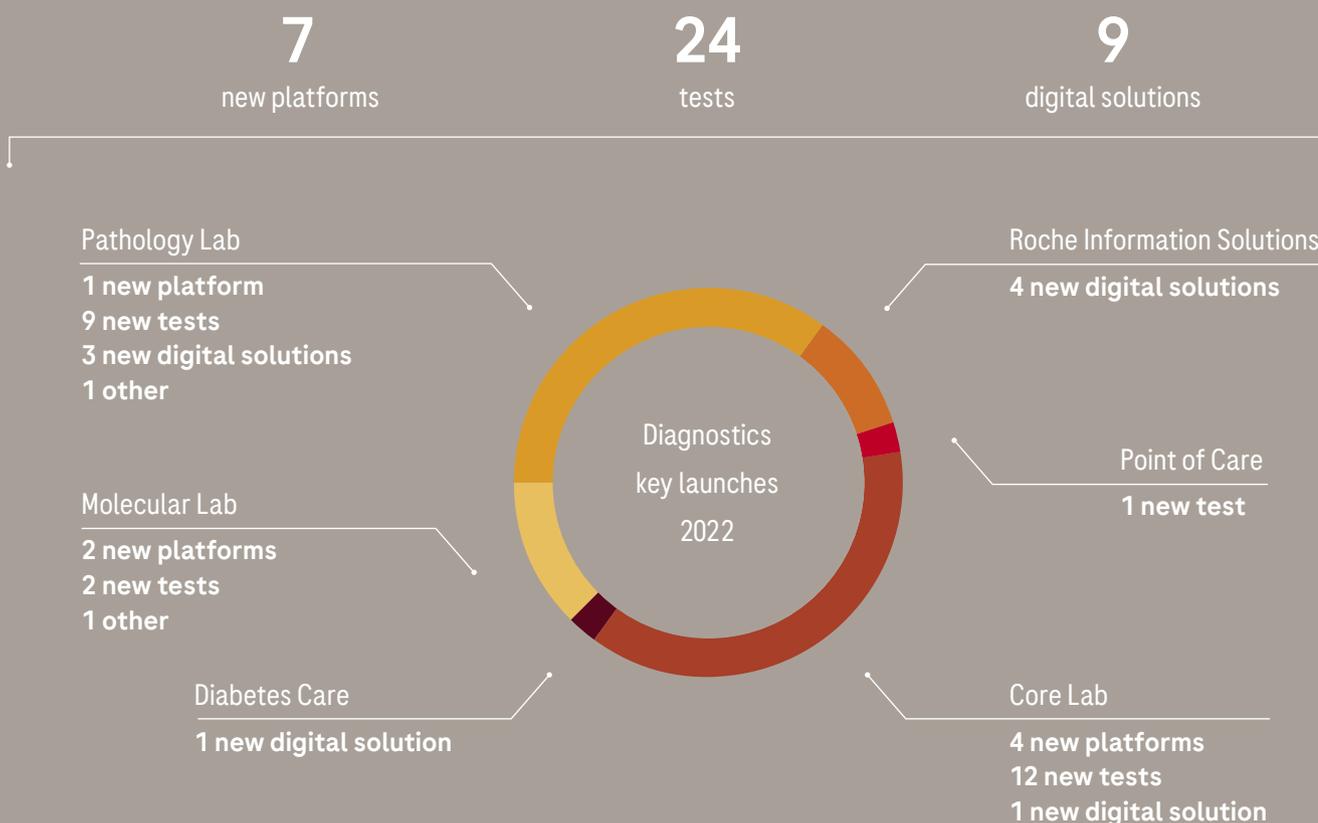
Moreover, we are carefully assessing the diversity of patient populations in all our diagnostics clinical trials, demonstrating our commitment to developing solutions that help to improve outcomes for patients around the world. For example, our Diagnostics Division is contributing in a very meaningful way to the Roche-wide Africa Genomics Program (AGP).

In Diabetes Care, we are advancing our integrated Personalised Diabetes Management (iPDM) strategy. We successfully deployed the Customer Population Insights Dashboard to streamline the data management process and enable healthcare professionals, administrators and payers to view population level trends. In time for the 10th anniversary of mySugr, the patient-centric interface at the core of our open ecosystem, we introduced extended functionalities and expanded smartphone compatibility for the mySugr Pump Control.



COVID-19 key launches in 2022

Name	Launch date	Approval	Indication/Disease, etc.	System/Platform
COVID-19 variant tests	16 March	Research use only	SARS-CoV-2 B.1.1.529 variant, Omicron subvariants BA.1, BA.1.1, BA.2, BA.2.2, BA.3 and Delta	cobas 6800/8800 LightCycler cobas z 480 (depending on test)
cobas SARS-CoV-2 Duo test	15 June	FDA Emergency Use Authorization	SARS-CoV-2 RNA in nasal and nasopharyngeal swab specimens	cobas 6800/8800
Elecsys IGRA SARS-CoV-2 test	15 August	CE Mark	Supports understanding of immune response to SARS-CoV-2 infection and vaccination	cobas e 411, e 601/602, e 402 and e 801 analysers
SARS-CoV-2 Rapid Antigen Test 2.01	12 October	CE Mark	SARS-CoV-2 tests delivering reliable results in as few as 15 minutes	No instrument needed
SARS-CoV-2 Rapid Antigen Test 2.0 Nasal2				
SARS-CoV-2 Antigen Self Test Nasal3				
cobas SARS-CoV-2 Qualitative test	24 October	FDA	COVID-19 PCR test performed on high-throughput platform	cobas 6800/8800



Cancer key launches in 2022

Name	Launch date	Approval	Indication/Disease, etc.	System/Platform
cobas HPV test with self-sampling solution	16 June	CE Mark	Self-sampling for human papillomavirus (HPV) screening to prevent cervical cancer	cobas molecular instruments
VENTANA DP 600	28 June	CE Mark	Creates high-resolution digital images of stained tissue samples to help diagnose cancer	Slide scanner as part of Digital Pathology portfolio
BenchMark ULTRA PLUS	28 June	CE Mark and global	Fully automated tissue-staining process	New system
VENTANA MMR Rx Dx Panel	11 August	FDA label expansion	Companion diagnostic for solid tumours treated with Merck's immunotherapy Keytruda	BenchMark ULTRA
Digital LightCycler System	23 August	15 countries worldwide, CE-marked with FDA 510(k) exempt status	Next-generation digital PCR system to help clinical researchers better understand the nature of a patient's cancer, genetic disease or infection	New system
PATHWAY anti-HER2 (4B5) test	4 October	FDA	Companion diagnostic for the assessment of HER2 low status in metastatic breast cancer patients	BenchMark ULTRA IHC/ISH slide-staining instrument
PRAME (EPR20330) Antibody	11 October	n/a	Evaluates PRAME protein expression from patients with suspected melanoma	BenchMark ULTRA IHC/ISH instruments
VENTANA FOLR1 (FOLR1-2.1) Rx Dx Assay	14 November	FDA	First immunohistochemistry companion diagnostic to aid in identifying epithelial ovarian cancer patients eligible for targeted treatment with Elahere (ImmunoGen)	BenchMark ULTRA



Pharmaceuticals

We are proof that scientific innovation leads to products that truly save and improve patients' lives. Focusing on oncology, immunology, ophthalmology, infectious diseases, neuroscience, metabolic and rare diseases, we translate excellence in science into effective medicines for patients.

Frankline Akinyi Otieno

Breast cancer patient
Kenya, East Africa

Frankline received treatment for her breast cancer through the first national access programme in Kenya. The programme is an important step for Kenyan women with breast cancer to access standard-of-care treatment.

Ricky Alas

Global Value Stream Strategy Lead
Basel, Switzerland

Ricky is part of the team working to improve how patients receive healthcare and access medicine. His work has resulted in a new and transformative way to provide direct-to-patient treatment delivery and home care services.



Frankline Akinyi Otieno

Overcoming challenges to accessing breast cancer treatment in Kenya

As a peer educator at the Centre for Health Solutions facility in Ukwala town, Kenya, Frankline Akinyi Otieno works with women to educate and support them on a range of health issues. For the past six years she has been visiting women in the community to speak about reproductive and sexual health, including topics such as sexually transmitted infections and family planning. Frankline also educates women on how to perform breast self-examinations and encourages them to go for cervical cancer screenings.

While her role requires extensive knowledge on these topics, Frankline had already learned long ago the importance of self-examinations and screening from observing posters at the hospital that she used to visit frequently for her asthma. Routinely performing breast self-examinations proved to be a critically important practice in her own life when she found a lump herself.

Frankline immediately consulted her doctor and was referred to a specialist at Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) for further investigation. Following an ultrasound, mammogram and biopsy, in May 2021 Frankline was told that she had breast cancer.

Exploring alternative treatment options

“It was a huge shock hearing that I had breast cancer,” she recalls. “I really wasn’t expecting it because I was breastfeeding at the time, and prior to this, the tests I had done indicated that the lump was normal. I was told it would subside with time.”

Upon hearing her diagnosis, Frankline was hesitant to follow the recommended hospital treatment because she was afraid of the potential effects

on her well-being. She also faced stigma from family, friends and colleagues, which amplified her concerns. “They told me that cancer is expensive and that people don’t survive chemotherapy.”

Her family had a difficult time accepting the cancer diagnosis and they were also concerned about the medical treatment, insisting that she first try herbal medicine. Although Frankline had reservations, she tried this option for two months. Ultimately the herbal medicine didn’t work, so Frankline returned to JOOTRH to proceed with the recommended treatment plan from the doctors.

Confronted by access challenges

Frankline underwent a mastectomy, followed by eight cycles of chemotherapy. The impact on her life was indeed significant. “It was not an easy journey for me,” she says. “I had never had surgery before and I really wasn’t comfortable. I got quite sick from the chemotherapy and my arm became constrained after the surgery. I couldn’t lift heavy objects, hang clothes to dry on the line, or sleep on my right side. People started seeing me differently and my self-esteem suffered as a result.”

Following the surgery and chemotherapy, Frankline was to continue with hormonal treatment. Her treatments had been covered by the National Health Insurance Fund (NHIF) up until this point, but now she was faced with a difficult decision. “The NHIF covered the mastectomy and chemotherapy, as well as the first four hormonal treatments, but after that I needed to pay for the remaining 14 treatments,” Frankline explains. “I couldn’t afford it and I didn’t know what to do next. I was stuck, so I had to stop my treatment for two months while I weighed my options.”

“I want to advocate for all women to get screened; the earlier the better so you can get the right diagnosis and treatment.”

Soon Frankline had her answer. In June 2022, the Ministry of Health in Kenya, the NHIF and Roche announced a partnership to make breast cancer treatment available to all NHIF members in Kenya. This was the first national access programme for cancer medicines in Kenya, and an important step to ease the financial burden of Kenyan women with breast cancer and ensure they have access to standard-of-care treatment.

Breast cancer is the most commonly diagnosed cancer in Kenya, with 6,000 cases diagnosed each year and 2,500 breast cancer-related deaths.¹ Through this partnership, Roche is helping strengthen the diagnostic ecosystem for breast cancer screening and early diagnosis of patients, as well as improve the referral pathways to treatment centres so that women can get the treatment they need in a timely manner.

For Frankline, this welcome news meant that she did not have to worry about paying out of pocket and that she could continue with her treatment. “This made it easier for me because I could now get my full treatment covered.”

A bright future

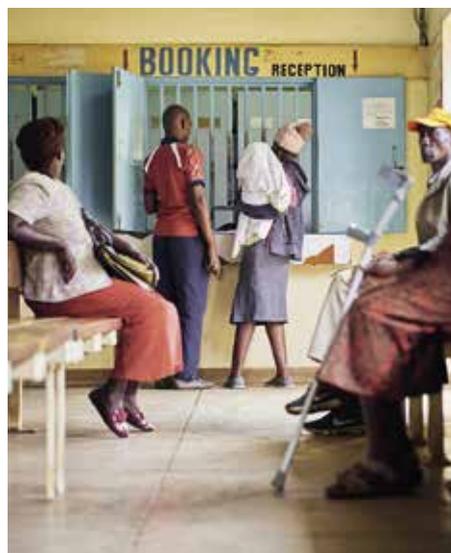
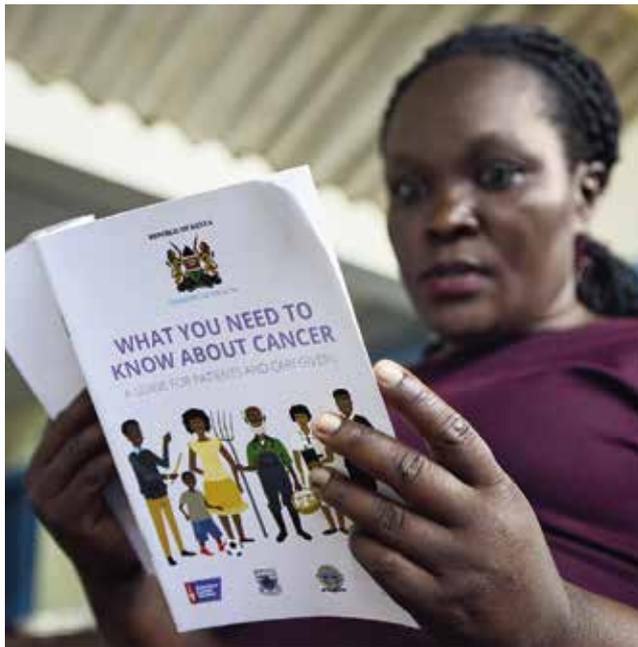
While Frankline is thankful that she was able to access her treatment, she also recognises the importance of her own knowledge and the impact of screening. “The self-examination saved my life,” she says. “I want to advocate for all women to get screened; the earlier the better so you can get the right diagnosis and treatment. Cancer doesn’t have to be a death sentence as long as you get the diagnosis early enough.”

Today, Frankline is responding well to the treatment and she is optimistic about what her future holds. “I believe that all my dreams for the future will go as planned and that I will live a normal life,” she says.

A big part of that future is helping her son realise his own dreams. “My son is my comfort; when I am sick, he tells me all will be well. So I want the very best for him,” says Frankline. “He wants to be a pilot when he grows up, and I hope to help him with his education. I know I will live and see that happen, and he can fly me all around the world.”

¹ Cancer on the Global Stage: Incidence and Cancer-Related Mortality in Kenya. World Health Organization Region: Africa, *The ASCO Post*

Like many women with breast cancer in Kenya, Frankline faced financial challenges that prevented her from getting the medicine she needed. A new collaboration between the Ministry of Health in Kenya, the NHIF and Roche has made breast cancer treatment available, making it easier and more accessible for women like Frankline to receive standard-of-care treatment. Now Frankline is doing well and looks forward to a bright future with her son.



Improving access to treatment for patients from the comfort of their own home

When Ricky Alas worked as a consultant in digital innovation and corporate venture building in San Francisco, he was exposed to a number of industries, ranging from financial services to consumer packaged goods. But after ten years, Ricky was ready for a change. Of all the industries he'd worked in, he was most drawn to healthcare. He wanted to be part of an organisation that had a direct and tangible impact on improving people's lives, so in 2019 he joined Genentech as a Digital Transformation Lead in Global Supply Chain.

Shortly after settling in, Ricky was given the opportunity to work on a project called Integrated Direct Delivery to Patients, or ID2P, where the value for patients was clear. ID2P stemmed from an exercise to answer the question: "What would the healthcare system look like if it was designed around what patients and their family members needed and wanted so they could make the most of their life?"

The initial thinking was to improve some of the processes in healthcare delivery to better support patients and caregivers, and simplify how they get treatments. The key solution pointed to direct-to-patient delivery and home care services, and thus ID2P was born. If successful, the project would improve the quality of healthcare service to patients and family members, alleviate hospital and clinic burden by reducing the number of in-person patient visits, and improve outcomes for patients through greater convenience and potentially better treatment adherence.

Meeting patients where they are

While home delivery of consumer goods – from pizza to appliances – is part of our everyday life, home

delivery of specialty medicine is still uncommon. And yet it can make a significant improvement in a patient's quality of life while also having the potential to save healthcare costs through more efficient processes and delivery of treatment.

Ricky and the global ID2P team were initially tasked with finding a way to make home delivery of Evrysdi, an oral treatment for spinal muscular atrophy (SMA), a reality – no small feat considering nothing like this existed for a medicine that would typically have to be picked up from a specialty treatment centre, which could be hours from a patient's home. They set out to create a solution that was "desirable to patients and the ecosystem, feasible and viable," according to Ricky. "It felt almost like a start-up. There are very few times you get to build a new business in an established company, and for Roche to give us that opportunity was amazing."

"If you think about Roche's ambition to provide more benefit to patients at less cost to society, ID2P does exactly that," says Ricky. "I'm proud to work for an organisation that not only has such ambitious goals, but also comes up with new and creative ideas to achieve them. We don't always know what will work but we are always trying to find ways to improve people's lives."

When the programme was launched in 2020, the interest from offices around the world to participate was overwhelmingly positive. However, the road ahead was challenging as the team forged new paths in every direction – from legal and regulatory requirements to supply and logistics solutions – while also taking into account stakeholder needs and preferences. "It was such an unknown and



Ricky Alas



Ricky and the ID2P team work with colleagues around the globe to design, develop and implement tailored programmes that enable delivery of treatments directly to patients in their own homes. This convenient solution can save countless hours of travel time to specialty hospitals which, for patients with rare and chronic conditions like SMA or haemophilia and their caregivers, can be life-changing.



“I believe that the evolution of healthcare is going to continue towards a much more patient-centric realm.”

unconstrained space,” recalls Ricky. “There was no road map or industry barometer for success. We were figuring it out as we went and when we hit roadblocks, they were amplified because we only had ourselves to look at.” Despite the challenges, ID2P has seen significant growth, increasing from an initial launch of nine pilot programmes in its first year to more than 40 programmes in Roche affiliates across the globe in 2022.

What has made ID2P so successful? “The people,” Ricky says without hesitation. “Those who lead the project in their respective countries and were involved in the day-to-day work, who overcame constraints every step of the way. This project wouldn’t be possible without their passion, initiative and drive towards a single goal: addressing the unmet needs of our patients.”

Collaboration without borders

The local teams came together to design and deploy solutions in collaboration with ecosystem partners, with the power and resources of the full ID2P network behind them. Ricky feels fortunate that he gets to work with colleagues in almost every country. “You have all these diverse perspectives and cross-functional backgrounds at every level of the project working together and trying to help each other find solutions to these challenges,” he explains.

While it’s clear that Ricky is passionate about making a difference for people and that ID2P has

had a significant impact on improving patients’ lives, what Ricky enjoys most about the project is the relationships he’s formed. “I feel like I’ve genuinely made friends, even though I’ve met very few of them in person. I think that comes from getting to do meaningful work in a cool way with dedicated people.”

Trailblazing new paths to access

ID2P shows no sign of slowing down, as more affiliates continue joining the project and creating their own fit-for-purpose direct-to-patient and out-of-hospital solutions. In fact, Ricky is hopeful that it could serve as a future capability for several of Roche’s pipeline products. “I don’t see a world in which we can talk about ID2P as a project for much longer. It will just be our way of demonstrating the full value of our medicines for patients and ecosystems.”

Ricky thinks Roche can play a role in helping ecosystems adapt and establish the necessary capabilities to enhance access and firmly place patients at the heart of it all. “I believe that the evolution of healthcare is going to continue towards a much more patient-centric realm,” he says. “ID2P is just the beginning, and there’s so much more we can do to trigger that transformation.”

Having recently relocated to Basel with his wife and two young children, Ricky is excited to continue playing his part in ID2P – and is excited to meet some of the friends he’s made along the way.

A clear commitment to innovation

Our commitment to innovation has never been clearer and in the past year we made major investments in both research and development. Our unique combination of autonomous and independent research organisations together with our investment in a strong network of more than 250 external partner organisations globally drives pioneering scientific and technological breakthroughs across healthcare.

In 2022, we launched Vabysmo, the first bispecific antibody approved for the eye. It targets and inhibits two signalling pathways linked to a number of vision-threatening retinal conditions by neutralising angiopoietin-2 (Ang-2) and vascular endothelial growth factor-A (VEGF-A). Vabysmo is approved in more than 50 countries around the world, including the United States, Japan, the United Kingdom and the European Union for people living with neovascular or 'wet' age-related macular degeneration and diabetic macular oedema. Review by other regulatory authorities is ongoing. We continue to pioneer new ways to treat vision-threatening eye diseases.

The European Commission approved a Polivy combination in previously untreated diffuse large B-cell lymphoma (DLBCL) and our first-in-class bispecific antibody Lunsumio for the treatment of relapsed or refractory follicular lymphoma. Lunsumio represents a new type of immunotherapy that is a chemotherapy-free and fixed-duration treatment option with the potential to provide durable remissions and offer a significant period of time without treatment, following initial therapy. The Polivy combination is the first treatment option in more than 20 years to show a clinically meaningful improvement in progression-free survival that is now approved in the EU for patients with previously untreated DLBCL.

Although the phase III GRADUATE I and II trials did not meet their primary endpoints of slowing

clinical decline in people with early Alzheimer's disease, Roche remains committed to this disease, one of the most complex neurological disorders and major public health challenges. We are continuing to develop and deliver tests to enable early and accurate diagnosis, and have a pipeline of investigational medicines for different targets, types and stages of the disease.

The power of partnerships

Facilitating patient access to quality medicines is at the heart of our business. To meet the rising global demand for high-quality and accessible healthcare services, we have further integrated comprehensive and actionable plans into our work and enhanced our patient partnerships worldwide.

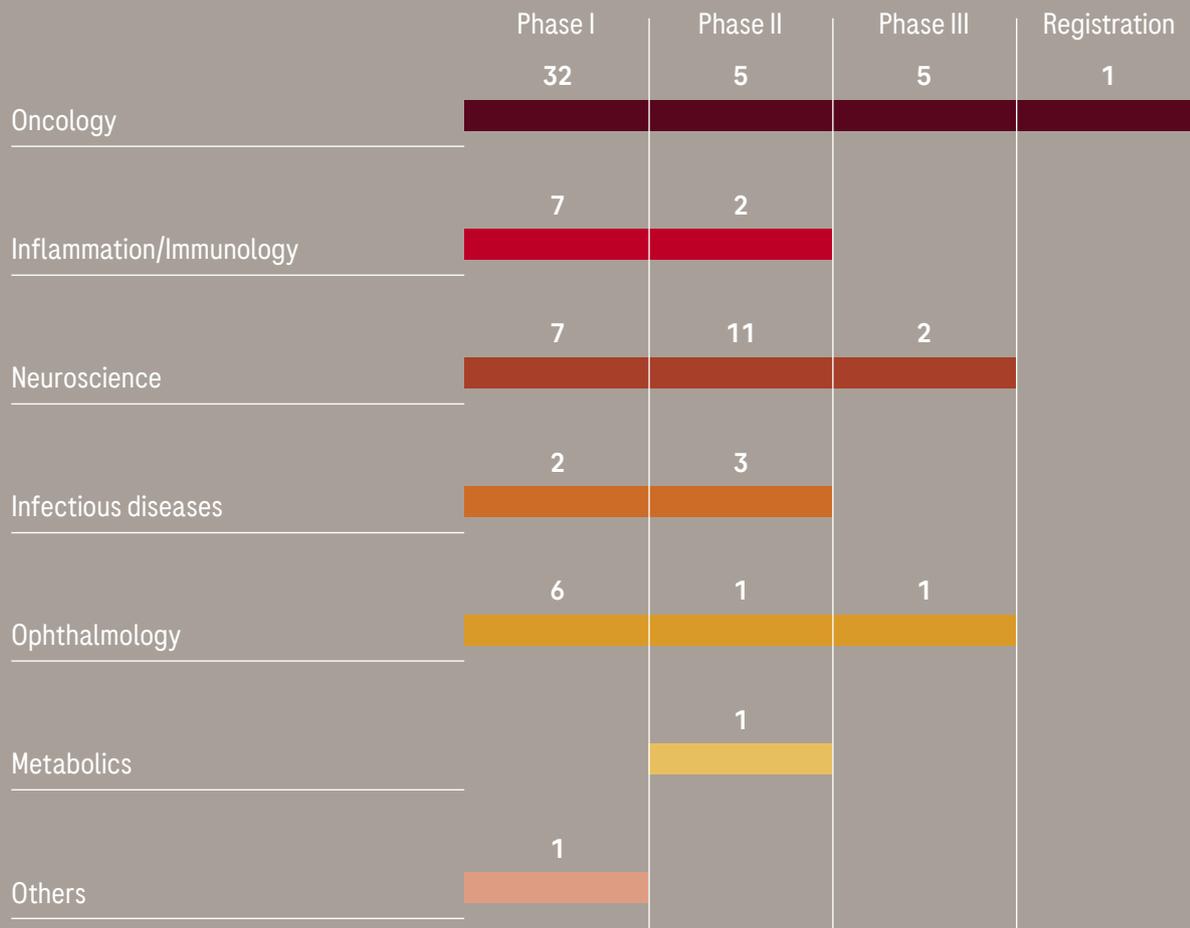
In 2022, we entered a first partnership with a holistic approach to improving population health with the International Federation of Red Cross and Red Crescent Societies (IFRC). This collaboration will help us to unlock access to previously underserved populations worldwide and will strengthen our commitment to meet the needs of patients no matter who they are or where they live.

Advancing inclusive research

We are deeply committed to addressing barriers to clinical trial participation and advancing inclusive research. We believe that improving health outcomes for all patients is core to our mission, and we are committed to being industry leaders in offering patients with serious and life-threatening diseases a chance to receive investigational medicines.

We are aiming to continuously evolve our processes to improve accessibility, convenience and ultimately adherence, leading to better outcomes for patients and a reduced burden for caregivers. In order to meet the unique requirements in each country, global and country colleagues are working closely together with external stakeholders to go the extra mile for patients.

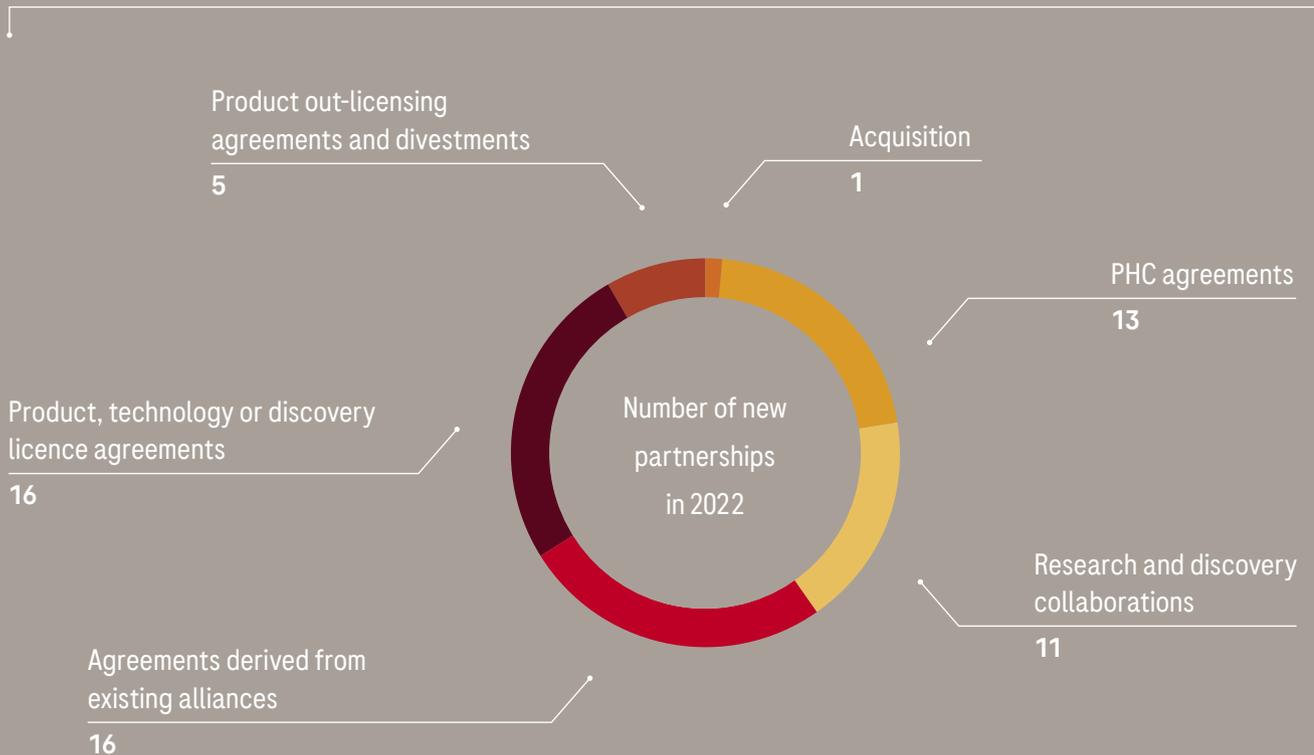
Pharmaceuticals clinical pipeline



Our pipeline of 87 new molecular entities covers a broad range of diseases, and highly innovative technologies are applied to create and produce the active molecules.

62

new partnerships



27

major approvals

China

4

- Actemra/RoActemra
Rheumatoid arthritis, subcutaneous
- Rozlytrek
NTRK-positive solid tumours
- Rozlytrek
ROS1-positive non-small cell lung cancer
- Tecentriq
Non-small cell lung cancer, adjuvant therapy

Europe

5

- Lunsumio
Follicular lymphoma, third-line treatment
- Polivy
Diffuse large B-cell lymphoma, first-line treatment
- Tecentriq
Non-small cell lung cancer, adjuvant therapy
- Vabysmo
Diabetic macular oedema
- Vabysmo
Neovascular or 'wet' age-related macular degeneration

Japan – Chugai

9

- Actemra/RoActemra
COVID-19 pneumonia
- Gazyva/Gazyvaro
Chronic lymphocytic leukaemia, first-line treatment
- Hemlibra
Acquired haemophilia A
- Perjeta + Herceptin
HER2-positive colorectal cancer
- Polivy
Diffuse large B-cell lymphoma, first-line treatment
- Tecentriq
Non-small cell lung cancer, adjuvant therapy
- MabThera/Rituxan
Neuromyelitis optica spectrum disorder
- Vabysmo
Diabetic macular oedema
- Vabysmo
Neovascular or 'wet' age-related macular degeneration

US

9

- Actemra/RoActemra
COVID-19 pneumonia
- Actemra/RoActemra
Giant cell arteritis, intravenous
- Cotellic
Histiocytosis
- Lunsumio
Follicular lymphoma, third-line treatment
- Tecentriq
Alveolar soft part sarcoma
- Evrysdi
Spinal muscular atrophy, presymptomatic paediatric <2 months
- Vabysmo
Diabetic macular oedema
- Vabysmo
Neovascular or 'wet' age-related macular degeneration
- Xofluza
Influenza, paediatric



12

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JFCR 8-1
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Personalised healthcare

For more than 20 years, we have helped lay the scientific groundwork for personalised healthcare with treatments that target the underlying biology of cancer and other diseases. Now we are working on taking personalised healthcare toward a future in which care is tailored to an individual's needs and unique genetic profile.

UN SDGs



Material topics

- Patient centricity
- R&D efficiency
- Personalised healthcare
- Real-world data
- Preparedness for ageing society

Susanne Fürst-Michna

Cancer of unknown primary (CUP) patient
Sinntal, Germany

Susanne was diagnosed with cancer of unknown primary (CUP) in early 2020 and had the opportunity to receive a tailored treatment plan, informed by comprehensive genomic profiling (CGP).

Dr Konstantinos Balaskas

Medical Ophthalmologist
London, United Kingdom

Dr Balaskas and the team at Moorfields Eye Hospital are utilising remote vision monitoring for patients with retinal disease, with the ambition of empowering them to assume greater ownership of the management of their health.



Susanne Fürst-Michna

Comprehensive genomic profiling brings new hope in the fight against rare cancers

In March 2020, as she was driving home from her job in Frankfurt, Germany, Susanne Fürst-Michna casually touched her neck and found several lumps on one side. When she returned home that evening, she contacted some physician friends and they recommended she consult with specialists. Thus began a journey she never imagined she would face.

After a number of visits to different specialists, Susanne was told there was something wrong with her kidney function. A subsequent CT scan revealed a large number of swollen lymph nodes which was suspected to be lymphoma. “I will always remember the day I had that scan as it was my son’s 12th birthday,” Susanne recalls. “A day that should have been about celebrating him took a turn for the worst when the urologist called me at 8.30 that evening which made me very anxious. The next day, my family doctor told me I had cancer. Needless to say, I was stunned.”

An elusive diagnosis

After some further testing on her lymph nodes, the results did not reveal where the cancer originated. “I asked what that meant and the oncologist said I had cancer of unknown primary (CUP),” says Susanne. “As soon as I got home, I started researching online like everyone does these days. What I learned was scary – this is a type of cancer where the original tumour cannot be found so doctors are only able to find secondary tumours that have spread as a result of the primary one.”

About 3–5% of all cancer diagnoses are CUP¹ and the absence of a primary tumour causes practical problems because traditional treatment approaches rely on knowing the site of the cancer’s origin, for

example, in the lungs or breast. Therefore, most patients with CUP are treated with standard chemotherapy. Unfortunately, prognosis is poor and the median survival following diagnosis is just 6 to 12 months.²

Susanne was concerned about next steps since there were so many unknowns. “All I could think was ‘how are we going to deal with this?’” Unfortunately, because this was happening during the height of the COVID-19 pandemic, Susanne was often alone attending appointments at a clinic near her home. “It was hard to not have my husband there with me for support. He was only allowed to pick me up afterwards,” Susanne recalls. “But on my final consultation with the doctor, he was allowed to be there with me. We asked what the options were moving forward. That moment, once again, I will never forget.”

A path forward

Susanne’s doctor recommended that she move her care to specialists in Heidelberg. “We drove to Heidelberg with heavy hearts, but we returned as completely different people,” she says. “We got in the car and headed home with our confidence restored.”

During her appointment, Susanne was told that she had the option of potentially receiving a personalised treatment plan by using technology that analyses the DNA of the patient’s metastases. This technology, called comprehensive genomic profiling (CGP), is a way of finding the unique ‘fingerprint’ of a cancer tumour and can help determine if there are specific genomic alterations that can be targeted with molecularly guided therapy or cancer immunotherapy. The approach

1 Understanding cancer’s secret syndrome, *New Scientist*

2 Genomic Testing, *Foundation Medicine, Inc.*

“That call, yet again, changed everything. My doctor said that there are targeted drugs to treat that specific alteration and that we’d be able to get it under control.”

represents a shift from treating cancer based on its site, or likely site, of origin, to treating a patient, like Susanne, based on the clinically relevant genomic changes suspected in driving the cancer’s growth. By providing a more complete picture of Susanne’s cancer, CGP could help inform a tailored treatment plan and potentially remove the need to determine the cancer’s original location in her body. “The team of doctors described this as an opportunity and I knew I had to seize that opportunity,” recalls Susanne.

A personalised treatment plan

Susanne underwent CGP tests that evaluated genes known to be associated with cancer growth. The answers would provide essential first steps in developing informed treatment strategies. In August 2020, Susanne was thrilled when she was told that her CGP revealed a genomic alteration that was driving her cancer’s growth. “That call, yet again, changed everything. My CUP doctors said that there are targeted drugs to treat that specific alteration and that we’d be able to get it under control. That was the best gift anybody could have given me at that point,” says Susanne.

As soon as Susanne’s cancer alteration was identified, her personalised treatments began. She now travels to Heidelberg every four weeks to receive her therapy at the clinic and is grateful for her husband’s company in the car ride each time. “The team there has been wonderful and

very dedicated. Plus, my husband and I have that time together to talk and laugh and think about the future,” Susanne says. Throughout, Susanne has been able to continue working, and she and her husband have found a new passion in mountain-biking around the scenic roads near their home. “We take a different route every day and we end up in places around here that we’ve never been before. It’s just wonderful,” she says with excitement in her voice.

A positive outlook

Susanne feels incredibly lucky to have had the opportunity to receive a personalised treatment plan informed by CGP. The impact of CGP is constantly evolving as diagnostics tools and solutions improve, more targeted therapies are developed and more data are generated to improve our understanding of cancer biology. Susanne and her husband, along with their son and daughter, are already planning holidays together in the United States to spend time travelling and enjoying each other’s company. “I’m living my life just like I always used to. We travel, we’re a close-knit family, and I didn’t really allow anything to change in my life. There were negative things of course having to deal with my illness but thinking positively has always been one of my basic principles,” says Susanne. “I’ve been given a gift of seeing my kids grow into adulthood, I can still spend time with my husband, and I can and will continue to enjoy my life.”

When she was first diagnosed with cancer of unknown primary, Susanne was unsure what the future would hold. After utilising comprehensive genomic profiling to determine her personalised treatment plan, she is hopeful for the future. She and her family continue to enjoy time together exploring the scenic landscape near their home in Sinntal, Germany.



Digital health solutions transforming care for those living with progressive eye diseases

As an ophthalmologist, Dr Konstantinos Balaskas is a firm believer in the old adage that the eyes are the windows to the soul. His interest in ocular medicine began during his medical studies in Athens, Greece, and has led him to his current role as a retinal specialist and principal investigator for research into artificial intelligence and digital technologies at Moorfields Eye Hospital in London, United Kingdom.

Dr Balaskas credits his keen interest in the field of ophthalmology to the fact that it is constantly evolving. “I’ve always liked ophthalmology instinctively. Dramatic and rapid technology transformation has revolutionised the way we provide care for patients,” he says. “Year after year, the area is constantly reinventing itself and we are now able to treat diseases of the eye that used to be incurable.”

“Our goal is to prevent vision loss, especially for retinal disease,” says Dr Balaskas. “Not so long ago, a diagnosis of chronic retinal disease would have been devastating for the patient in the absence of effective treatments. Most recently, we are also hoping to improve the quality of life for our patients using digital technologies that may give greater access to care in the future, potentially allowing them to be monitored away from the hospital and closer to their home.”

An urgent need and a rapid solution

In April 2020, during the early stages of the COVID-19 pandemic, Dr Balaskas and his colleagues knew they needed an urgent solution. Many patients with retinal disease fall into the high-risk population for developing serious illness due to COVID-19 and as such were avoiding hospital attendances.

This urgent need for remote vision monitoring, in conjunction with regular office visits, quickly resulted in Moorfields and Roche partnering to pilot a programme to address the problem.

“Our collaboration with Roche began out of necessity and, within four weeks, we deployed a programme that we are continuing to develop as part of our offering at Moorfields’ medical retina clinics,” says Dr Balaskas.

Our proposed solution was an app called Home Vision Monitor that patients with chronic eye disease could download to their smartphone or tablet and monitor their vision from the comfort of their own home. Patients used the app to perform visual function tests and the test results were instantly available for their clinicians to view. If there was a change in a patient’s test results, their practitioners were notified and could follow up with the patient directly.

“We registered approximately 500 patients into the home monitoring service with the ambition of empowering them to assume greater ownership of the management of their health,” reflects Dr Balaskas.

Changing the landscape of care

While it could be assumed that this type of remote monitoring would create a greater distance between clinicians and their patients, Dr Balaskas says the opposite is true. In fact, the data generated by Home Vision Monitor can help to inform and enrich the discussions between the physician and the patient. “This experience has greatly impacted the relationship I have with my patients in a positive way. It has actually brought us closer and has infused a sense of reassurance that they’re being



Dr Konstantinos Balaskas



Thanks to technological advancements in the treatment of retinal diseases, it is hoped that quality of life of patients can be improved with the potential of allowing them to be monitored away from hospital and closer to their home.



“We hope this programme enables us to provide care to the right patients, at the right place and at the right time.”

monitored regularly,” he says. Patients also still maintain their regular appointments.

In conjunction with regular office visits, the remote monitoring programme has the potential to reduce the burden of hospital visits on patients and also on the healthcare system itself. “We hope this programme enables us to provide care to the right patients, at the right place and at the right time,” says Dr Balaskas. “Chronic retinal disease has better prognosis the earlier it is diagnosed and treatment is started, with long-term benefits for the healthcare system and the delivery of more sustainable care.” While Home Vision Monitor does not currently aid in the diagnosis of retinal disease, it can help to identify changes in vision over time, which can be used to aid the physician’s clinical decision-making.

Learning for the future

Because this was the first initiative of its kind in ophthalmology, it has attracted a significant amount of attention amongst the international retinal community. Learnings about the barriers and enablers to deploying home vision monitoring were recently published in the Journal of the American

Medical Association. The possibility that this can be scaled has instigated discussions around the potential of home vision monitoring in the future and, as such, the Roche team is planning a limited product release in the United States and expanding the pilot in the UK.

For Dr Balaskas, the possibilities of this technology, along with others such as artificial intelligence, decision support systems, telemedicine and virtual clinics, really are the way of the future. “My aspiration and hope is that we will be able to have an integrated approach to these innovative solutions because integration is key to materialising the benefits of these technologies,” he says. “Putting all of this together will enable better access to quality care for patients in the future.”

In the meantime, Dr Balaskas and the team are celebrating their recent win at the 2022 Health Service Journal’s Patient Safety Awards. The Home Vision Monitor app was awarded best Virtual or Remote Care Initiative of 2022. “This was a great moment – it is a true testament to innovation, collaboration and a patient-centric approach,” Dr Balaskas says proudly.

Tailoring care is personal

Today's convergence of pioneering science, advanced technologies, and data and analytics is shifting healthcare from a one-size-fits-all approach to the delivery of more patient-centred care. These tailored care solutions – commonly what we call personalised healthcare – are enabling Roche to truly integrate a holistic care experience that spans prevention, detection, diagnosis, treatment and the ongoing monitoring and care of individual people.

Insights and personalised care

High-quality data and analytics are the engines that drive personalised healthcare. Today, healthcare systems produce a wealth of untapped information fed by the diverse health data that individuals generate throughout their lives. This data can yield valuable insights allowing for early prevention, identifying patterns and trends in population health and managing disease in a more personalised way.

Roche's wide range of diagnostic and information solutions generate and manage billions of data points each year. All of them contain high-quality information that has the potential to trigger advances in personalised healthcare. Taken together, they contribute significantly to longitudinal data and provide a more comprehensive picture of patients to help support healthcare professionals in their decision-making through clinical decision support tools.

Partnerships and collaborations

As personalised healthcare aims to transform care into a seamless and individualised experience for patients, we also need to transform care

delivery so it enables long-term access, sustainability and resiliency.

We aim to be a catalyst and contributor to the holistic thinking, cross-sector collaboration and collective effort necessary to turn personalised care into a reality for people and societies.

Partnering across the healthcare ecosystem is essential to designing, testing and implementing new personalised solutions that improve health for individuals, enable healthcare professionals to make confident healthcare decisions, all while reducing cost and burden to society. Today, Roche's partnering efforts span other pharma and biotech companies, start-ups, non-governmental organisations, healthcare providers, governments, regulatory authorities, patient communities, academia and technology companies.

Finding a tumour's 'fingerprint'

Cancer is a disease of the genome, driven by genomic alterations. Comprehensive genomic profiling (CGP) is a type of cancer genomic testing that helps to find the unique 'fingerprint' of a patient's cancer tumour to help determine how it behaves and grows.

Together, Roche and Foundation Medicine are working to advance cancer care and research by embedding CGP throughout the care continuum. At the point of care, CGP can inform easier, faster and better clinical decisions. CGP also drives faster, more efficient R&D, with the insights generated helping to optimise clinical trial design and supporting the development of more effective, targeted treatments.

>100,000 patient profiles

More than 100,000 linked patient profiles in the Foundation Medicine and Flatiron Health Clinico-Genomic Database (CGDB)

23 Flatiron-authored publications

Twenty-three Flatiron-authored papers were accepted and published in peer-reviewed journals

Flatiron Health milestones 2022

New molecular profiling

New molecular profiling integration with Caris Life Sciences and Foundation Medicine

International expansion

International expansion focused on transforming global oncology research and care with subsidiaries in Japan, Germany and the United Kingdom

14 Flatiron-authored poster discussions

Fourteen accepted Flatiron-authored poster discussions and presentations showcasing Flatiron's scientific leadership at key industry conferences

1 million clinical reports

One million reports delivered from the FoundationOne portfolio of comprehensive genomic profiling (CGP) tests

1 breakthrough device designation

Breakthrough device designation received for FoundationOne Tracker, a circulating tumour DNA (ctDNA) detection and molecular monitoring assay

Foundation Medicine milestones 2022

Partnership with Epic

First customer as part of partnership with Epic's electronic medical record (EMR) system went live

>100,000 patient profiles

More than 100,000 linked patient profiles in the Foundation Medicine and Flatiron Health Clinico-Genomic Database (CGDB)



Access to healthcare

Working in collaboration with global and local stakeholders, we support governments' efforts to build strong and resilient healthcare systems, particularly for people in low- and lower-middle-income countries. Every country's healthcare system is unique, so we work closely with partners to develop and deliver tailored solutions.

UN SDGs



Material topics

- Long-term mindset
- Availability of healthcare

Dr Eric Ngyedu

Chief Executive Officer, Cape Coast Teaching Hospital
Cape Coast, Ghana

At a newly opened cancer treatment centre in Ghana,
Dr Ngyedu is focused on addressing the challenges
cancer patients face during their journey.
He is grateful for the power of partnerships
that directly benefit patients.

Dr Roberto Altamirano

Gynaecologic Oncologist
Santiago, Chile

Dr Altamirano has played a key role in advising the Ministry of Health in Chile in its evolution towards HPV testing for cervical cancer screening – a critical prevention strategy and important step towards eradicating the disease in the country.



Dr Eric Ngyedu

Breaking down barriers to cancer care in Ghana

Throughout Dr Eric Ngyedu's career, he has spent a great deal of his time and effort on improving the health of people in Ghana. After training to become an oral and maxillofacial surgeon in Santa Clara, Cuba, Dr Ngyedu returned home to Ghana in 2007 and soon found that he could make the biggest impact on the community by delivering and improving care for all Ghanaians.

Today, Dr Ngyedu is the Chief Executive Officer of the Cape Coast Teaching Hospital (CCTH) on the west coast of Ghana. The hospital is a world-class leader in tertiary healthcare as well as medical research and serves as a training ground for undergraduate and postgraduate training for medical and other health professionals. As of 2021, the hospital is also the site of a new cancer treatment centre. Cancer is one of the most significant public health challenges in Ghana, with more than 24,000 new cases diagnosed in 2020 and more than 15,800 people dying from the disease.¹

"Ghanaians face numerous challenges during their patient journey, including health, mental, social and financial hurdles," explains Dr Ngyedu. "We have limited infrastructure, limited access to comprehensive treatment centres and limited access to affordable cancer medicines. All of those challenges put together mean patients are experiencing a harrowing journey."

Addressing a significant public health challenge

Thanks to a partnership between Roche and the government of Ghana, work has begun to develop infrastructure to deliver cancer care at key hospitals across the country. CCTH is one of three new treatment centres that have been opened

across the country through this partnership. It is already starting to address geographic access barriers to quality cancer care, support capacity building and training for healthcare workers, and support awareness creation in communities around the country.

"Before our cancer centre opened in 2021, only two public hospitals in Ghana were mandated to provide cancer services and facilities and were often overburdened, leading to delays in patient access to specialised care," says Dr Ngyedu. "This does not bode well for managing outcomes and worsens patients' prognosis. The financial hardships presented by long travels also worsen the plight of patients. We knew it was crucial to curb these challenges by establishing this new centre to service patients within and outside the region."

The centre provides not only the infrastructure and space for oncology patients to be treated, but also the treatments themselves. An oncology pharmacy and 'cold room' were established as well to support the provision of quality medicines and reagents used for diagnosis and treatment.

A unique partnership

Roche has long been working to improve oncology care in Ghana, and Dr Ngyedu is grateful for partnerships like this one that directly benefits patients. "Our partnership with Roche is a unique one. It is 100% patient-centred. It's not about products; it's about supporting patient care and breaking down barriers that cancer patients face," he says. "The private sector has a critical role to play in increasing access to care for the people of Ghana. We need partnerships like this to move the needle and make meaningful change."

¹ International Agency for Research on Cancer, World Health Organization, Ghana Fact Sheet

“Our partnership with Roche is a unique one. It is 100% patient-centred. It’s not about products; it’s about supporting patient care and breaking down barriers.”

One meaningful change that this partnership has brought about is the increased screening and treatment for breast cancer patients. “This year for breast cancer awareness month in October, we were able to screen over 4,000 people for breast cancer. Because of the support we have received from Roche in providing the infrastructure, we were able to do this at no cost to the patients,” says Dr Ngyedu. “Additionally, Roche has been working with the government to enable public funding of key cancer treatments. This is a testament to the impact these partnerships can have.”

A sustainable future

Although the tides are beginning to turn for patients in Ghana, there are still many opportunities to pave the way for increased access to care in the future. “Leveraging technology to provide care for cancer patients is critical,” reflects Dr Ngyedu.

“Because a large portion of the population lives in remote areas, we need to find a way to provide care through telemedicine. It is absolutely possible to care for cancer patients from a distance but we need the technology in place to do so. Partnerships with the private sector have helped us get where we are today and they will continue to do so in the future as we look to the role technology can play.”

Roche has made a long-term commitment to Ghana and the African continent, and will continue to invest in strengthening health systems and collaborating with partners to implement innovative solutions that are tailored to the specific needs of patients in the region. For Dr Ngyedu, this brings hope for the future of healthcare in Ghana. “When we all have the patient at the centre of what we do, we will always do the right thing.”

Cape Coast Teaching Hospital is home to a new cancer treatment centre that has increased access to screening and treatment for patients in Ghana. Dr Ngyedu believes cancer care will continue to evolve thanks to new technologies and partnerships with the private sector.



Leading a critical evolution for cervical cancer prevention in Chile

Throughout his life, Dr Roberto Altamirano understood the importance of good health and was passionate about helping people and making a difference. It was this passion that led him to medicine, and specifically gynaecologic oncology. “I wanted to be a surgeon but, more than that, I wanted to see and treat each patient as a whole person. My main goal is to help others and have an impact on the community.”

Recently Dr Altamirano has made significant progress towards this goal by playing a role in changing the health system and improving cervical cancer screening in Chile.

A long-standing process in screening

Since 1987, Chile has had a national cervical cancer screening programme where the Pap test is used as the standard to identify women at risk. While the programme has reduced mortality rates over time, women continue to be diagnosed with this preventable disease, suggesting that it hasn't been as effective with early detection as it could be. “In almost 50% of cervical cancer cases, women haven't done any kind of screening test. This is a missed opportunity for prevention,” explains Dr Altamirano.

Despite being almost 100% preventable with vaccination, screening and treatment, cervical cancer claims the lives of more than 34,000 women every year, making it one of the leading causes of cancer deaths in women.¹ Human papillomavirus (HPV) is the known cause of nearly all cases of cervical cancer, so finding and treating pre-cancerous disease before cancer develops is an important prevention strategy.²

An evolution towards improved prevention

The cervical cancer guidelines have evolved over the years and a critical milestone was achieved in 2019. The Ministry of Health in Chile introduced a pilot project to implement HPV testing in 14 of its 26 health services. “We have a good health system but we needed to make an upgrade because the Pap test has its limitations,” says Dr Altamirano.

As an advisor to the Ministry, he has been advocating for HPV testing for many years. “I've been putting this forward since 2015,” he explains. “I started working with my mentors on how to improve the health system because we had a shared vision to help as many people as possible. The best way to do that was to change how we conduct screening to enable better prevention, so I was persistent in the need for HPV testing.”

Chile, among other countries, is moving towards a screening programme where HPV is the primary test for eligible women,³ in line with World Health Organization (WHO) recommendations.⁴ This strategy aims to better identify those who are at risk for disease in order to prevent invasive cancer from developing.

Overcoming barriers to adoption

When the programme was first introduced, several barriers prevented some women from being screened. Says Dr Altamirano: “Our biggest problem is that a lot of women don't get tested because they think they don't need it, don't have time or think that it's going to hurt, so the opportunity for screening is often missed.”

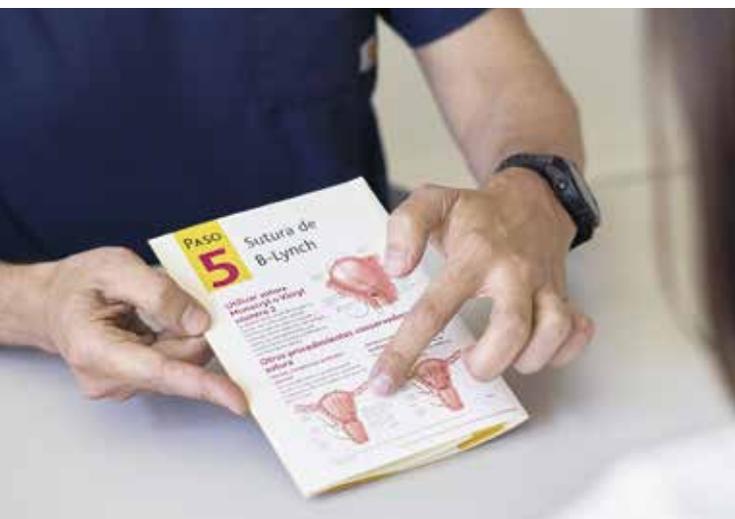
1 Cervical cancer fact sheet, World Health Organization | 2 Cervical cancer screening for individuals at average risk: 2020 guideline update, American Cancer Society | 3 Implementación del diagnóstico molecular del VPH: experiencia chilena en curso. Revista Médica de Chile | 4 Global strategy to accelerate the elimination of cervical cancer as a public health problem, World Health Organization



Dr Roberto Altamirano



Dr Roberto Altamirano was a key advocate for a pilot programme in Chile that emphasises HPV testing as the primary screening method for eligible women – an important strategy to prevent cervical cancer. He continues on his mission to raise awareness and education about HPV and the importance of cervical cancer screening so women have the power of knowledge to take care of themselves.



“I believe I can do the best by giving people the power of knowledge to take care of themselves.”

“We needed to increase awareness about HPV and teach patients about the importance of prevention,” he says. “Education was critical not only for patients, but also for healthcare professionals because they weren’t comfortable talking about HPV and were so accustomed to the Pap test.”

In addition to providing the HPV test to the health services in the pilot programme, Roche worked with partners to train the primary healthcare providers who collect samples, and supported education programmes to increase awareness about HPV and the importance of screening and prevention. Dr Altamirano believes this was crucial to help bring healthcare professionals on board with the new screening method, explaining that “those who went through the teaching programme and learned how to perform the HPV test adapted really well to the change.”

He has also seen the impact among patients. “With all the education we’re doing, women have now started asking for the test. People are becoming more involved, seeking information and starting to know about HPV.”

Chile’s national ambition

Today, around 250,000 women have been screened through the programme, and the Ministry of Health plans to expand HPV testing to all health services in Chile with the ultimate goal to achieve national access for all eligible women.

Dr Altamirano thinks that with HPV testing in place, more women can be reached. “The HPV test can be done every five years, which means we don’t

have to keep screening the same women every year. We can be relatively confident that a woman with a negative HPV test has a low risk of developing cervical cancer, so we can focus on ensuring other women are screened to identify those who are at a higher risk.”

He also believes the programme is a critical step to help the country meet the WHO’s goal of eradicating cervical cancer within the next century. “I’m a dreamer and I try to stay positive because I think it’s going to work,” he says. “As with any other change, we need time. But if we keep insisting every day that this is the right thing to do, we can achieve this goal and eliminate the disease.”

An ongoing thirst for knowledge

Today, Dr Altamirano is entrenched in the Chilean health system. As a self-proclaimed multi-tasker, he is a practising gynaecologic oncologist in public and private healthcare, he is a member of the Chilean Society of Obstetrics and Gynaecology, and an advisor to the Ministry of Health, recently expanding his knowledge in this area by earning a master’s in health administration. He is also an Assistant Professor of Obstetrics and Gynaecology at the University of Chile.

But above all, he remains committed to his goal of helping others. “Through the years and with my experience, I am most passionate about educating patients and the next generation of gynaecologic oncologists. I believe I can do the best by giving people the power of knowledge to take care of themselves.”

The power of partnerships

At Roche we know that our diagnostics and medicines can only positively impact lives if they reach the people who need them. Every country has its own unique challenges when it comes to accessing healthcare, something which varies dramatically from country to country. Funding, infrastructure, healthcare capacity and disease awareness all play a role, which is why we firmly believe in the need to take a holistic and collaborative approach to address potential barriers. These challenges are simply too complex for any single party to solve alone.

Increasing access to diagnostics around the world

Over the past decade our public-private partnerships have strengthened laboratory systems in African nations highly impacted by HIV/AIDS, built the institutional capacity of regional and national partners and improved quality in diagnostic services across the continent. Together our efforts have improved millions of lives. For example, we have worked in partnership with the US President's Emergency Plan for AIDS Relief (PEPFAR) to scale up HIV viral load testing and early infant diagnosis. In May 2022, we entered a new partnership with the Global Fund to build local capacity to tackle fundamental infrastructure challenges for generating and delivering diagnostic results and managing healthcare waste.

Addressing diabetes access barriers and disparities worldwide

Public-private partnerships are critical to developing sustainable access initiatives and this is something that we have seen with diabetes. Together with our partners, Roche plays its part in addressing diabetes access barriers and disparities worldwide, such as through the Changing Diabetes in Children programme run by Roche Diabetes Care, Novo

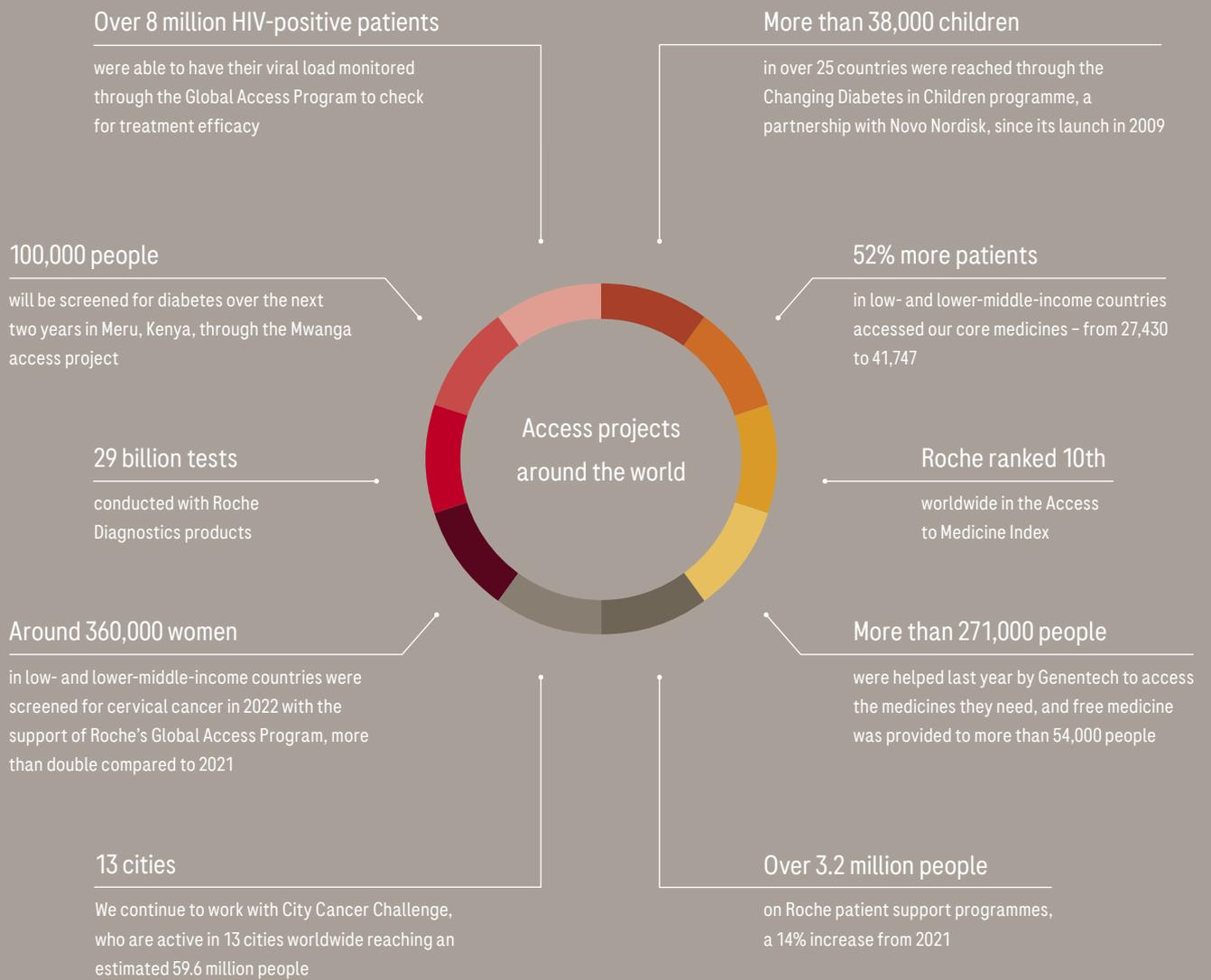
Nordisk and other global and local partners. The public-private partnership has reached more than 38,000 children in over 25 countries since 2009, with Tunisia and Vietnam joining the project in 2022.

Initiatives to increase access to medicines in low- and lower-middle-income countries

In 2022, we were also delighted to renew our long-standing partnership with the World Federation of Hemophilia. Through this partnership more than 1,000 patients with haemophilia A in low- and lower-middle-income countries are being reached through aid programmes. In addition, hundreds of healthcare professionals are being trained, and testing capacity has been enabled and expanded.

Additionally, we were proud to become a member of the Access to Oncology Medicines (ATOM) Coalition, a new global partnership led by the Union for International Cancer Control, to increase access to quality-assured essential cancer medicines in low- and lower-middle-income countries and to help countries develop the capacity for their proper use, including training and diagnostics. This partnership will complement our existing goal to double the number of patients receiving our innovative therapies in low- and lower-middle-income countries by the end of 2026. The goal aims to overcome the many barriers patients face in low-income countries, such as a lack of infrastructure as well as economic pressures and regulatory challenges.

This is just a small summary of the initiatives that we are working on to expand access to healthcare around the world. Partnerships sit at the very heart of our access work, and in 2023 we will continue to work closely with public, private and non-governmental organisations to broaden access to healthcare and to our diagnostics and medicines.





People and culture

We believe that personalised approaches achieve the best outcomes for our patients. The same is true for our employees. We strive to identify and create opportunities that are as unique as they are, and cultivate an environment that enables all people to bring their unique selves to Roche and achieve their best work on behalf of patients.

UN SDGs



Material topics

- Talent attraction and retention
- Organisational agility
- Patient centricity

Cris Wilbur

Chief People Officer
Basel, Switzerland

Cris believes that if employees are aligned towards a shared purpose, feel comfortable sharing their views and have the support and resources they need, they can truly make a difference in the lives of patients.

Lorice Scalise

General Manager, Roche Pharmaceuticals
Buenos Aires, Argentina

As a leader, Lorice understands that increasing access to healthcare begins with understanding and valuing the diversity of individuals, and also requires that Roche leadership and workforce reflect that diversity.



Cris Wilbur

Helping teams to keep patients at the centre of everything

Cris Wilbur, Roche's Chief People Officer, is a firm believer that all Roche employees play a critical role in shaping and fostering the right culture in order to meet our commitments to patients and to each other. Roche may have different divisions and operate in different geographies, but there has always been a clear sense of a shared vision and purpose.

At the same time, the Corporate Executive Committee realised there was an important opportunity to develop aligned principles that reflect the unique Roche culture, while also empowering the entire company to remain focused on innovation – and on making even more of a difference for patients and society. And this is how the Roche Group Operating Principles were born in 2022.

A worthwhile journey

Our Operating Principles are eight seemingly simple statements with the goal of guiding how we work together in different parts of the organisation. But there is a lot of meaning and thought behind each individual principle as well as the set of principles. Bringing this all together required input from colleagues across the organisation to ensure the principles not only resonated with people, but also inspired and challenged them to think and work in new ways.

“It was a privilege to be a part of this process,” says Cris. “Our organisation has been transforming to become more agile. Because we are now working differently, we needed to come together around a single set of principles in what that looks like in practice. Ultimately, if we're able to work more

effectively together, we're going to be able to bring solutions faster to patients and customers.”

With that end goal in mind, the very first Operating Principle is solely about patients and doing what is best for them. “This really spotlights our commitment to making patients the focal point of everything we do,” Cris explains.

“To have an Operating Principle that says ‘Put patients first’, makes it very clear what we expect of every single person in the company,” she says. “When we keep patients top of mind, it manifests in all of the things we do and we focus on understanding what they need from the very beginning.”

Integrating with the company culture

During the process of creating the principles, there was a clear focus on ensuring they would have a positive impact on the larger culture at Roche. “We are a ‘nice’ company,” Cris explains. “And that’s important. We do incredible things together and we really like each other. The Operating Principles enable us to be supportive of each other, while also feeling comfortable bringing different views to debate. And that fosters innovation much more quickly.”

Cris adds: “They also help us hold each other accountable and become better teammates, colleagues and partners. If you enable people to bring their full selves to the conversation and to be celebrated for that, and you make it okay to both agree and disagree with colleagues, you are truly embracing each other’s differences. That is an integral part of our culture.”

“When we keep patients top of mind, it manifests in all of the things we do and we focus on understanding what they need from the very beginning.”

Aligning with our future ambitions

Roche’s long-term ambitions drive its work each and every day. The Operating Principles serve as a critical tool to make those goals a reality and help different parts of the organisation work together more effectively to make a bigger and more sustainable impact. “The principles help us become an even more innovative, collaborative company without losing sight of our biggest goals,” Cris says.

The principles were put in place with longevity in mind. “You don’t want the way you work to be constantly changing,” says Cris. That sense of permanence will enable people across the company to develop approaches to their work firmly rooted in a shared purpose and shared ways of working, confident they will be on track for a long time to come.

In the months following the roll-out of the Operating Principles, it was clear that people were beginning to live them. It is common now to hear a colleague

ask another colleague: “How can we simplify radically on this project?” or “Are we thinking about the long-term?”. “We are seeing that these principles are truly helping us prioritise, set clear areas of focus and work towards our shared purpose,” says Cris. “And that is tremendously inspiring to me.”

A surprise passion

Even outside of work, Cris’s interests, which include quantum computing, reinforce her belief in continuous improvement and a focus on the future. “I find the potential fascinating and I try to keep up with new developments,” Cris says. “Quantum computing could help us solve some of our biggest problems, from improving supply chain logistics to accurately forecasting weather. It may even be able to help us greatly reduce the time and costs needed to develop new drugs.”

Whatever that future may look like, Cris is confident that in an increasingly complex world, Roche remains focused on the right things.

The culture at Roche is centred on a shared purpose of making a meaningful difference for patients and society. Our new Operating Principles unite our employees in how we work together to achieve this goal while embracing the uniqueness of each individual.



A leader as unique as the patients she serves

Spend just a few minutes with Lorice Scalise, General Manager of Roche Pharmaceuticals Argentina, and you will immediately sense her passion for people. That passion is part of what makes Lorice an exceptional leader and an effective advocate for improving access to healthcare. Lorice understands that success in expanding access begins with understanding and valuing the diversity of individuals, and also requires that Roche leadership reflects that diversity.

Across more than 20 years at Roche, Lorice has witnessed a substantial increase in the company's commitment to building a diverse and inclusive leadership culture. She has also seen how that commitment can better equip the company to meet the diverse needs of a vast world of patients.

This evolution has impacted Lorice's own leadership style. "When Roche decided to focus on being more diverse and inclusive, we were empowered to bring our true selves to work. That changed the way those of us in leadership positions viewed our missions at work and how we lived each day."

An initial hesitancy

In 2008, when Roche first announced commitments to increase the number of women in leadership, Lorice was shocked. As she emphatically explains, "I didn't want to be part of a quota. I wanted to be valued for my achievements, not my gender!"

As those initial efforts were being put in place, Roche CEO Severin Schwan visited Brazil and Lorice shared her concerns. "Severin said that he understood my feelings, but that we needed to make this change so the company could begin to

overcome all biases. He explained that if we are able to do that, then we can really see everyone's achievements clearly." For Lorice, that conversation was a turning point.

The new focus on diversity and inclusion enabled Lorice to stop putting energy into being the person she thought others expected her to be, and to become comfortable simply being herself. That new-found freedom made her more effective in her job. She explains further, "I realised I can trust myself and connect with my emotions and intuition at work. When I did that, I saw how much of my potential I had been blocking, and took steps to remove obstacles I had put in my own way."

Since then, the company's approach to diversity and inclusion has evolved significantly. "Today, we talk about it at a new level," Lorice says. "We know that if we don't consider the different perspectives of the people involved in our work, including cultural, economic and religious aspects, we cannot effectively serve our purpose of helping all patients."

An important seat at the table

Lorice has a genuine passion for listening and is truly interested in what others have to say – qualities that are critical as a member of the Roche Diversity and Inclusion (D&I) Council. "Being part of the D&I Council is a great achievement," she explains. "Not just for me, but for the Latin American region, and all under-represented people, really."

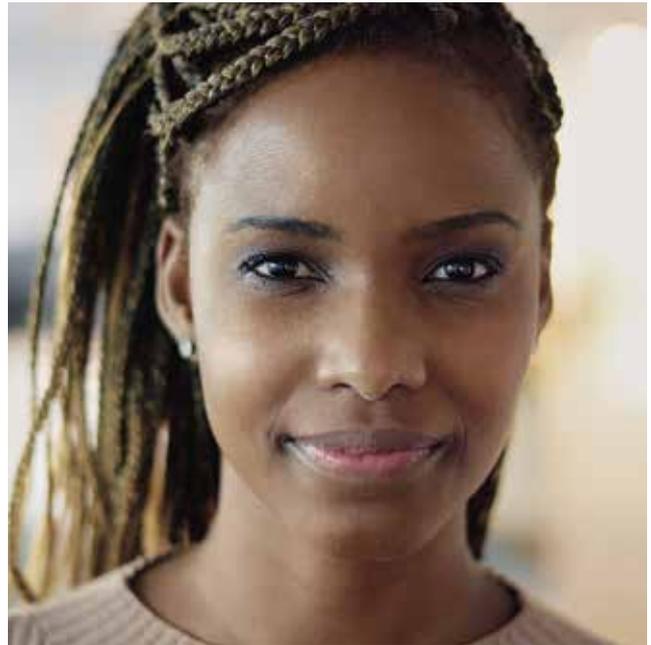
In 2022, the D&I Council focused on a range of initiatives, including increasing the talent pipeline in under-represented countries, making clinical



Lorice Scalise



As a leader, Lorice understands that increasing access to healthcare begins with understanding and valuing the diversity of individuals, and also requires that Roche leadership and workforce reflect that diversity.



“It’s not enough to have the latest innovations and regulatory approvals. We have to remove all the barriers – including social, cultural, economic and more.”

trials more inclusive, and increasing health equity for women. “I took this seat committed to giving a voice to under-represented countries and people,” Lorice says. “I’m here to share my thoughts and help to challenge the status quo and broaden the company’s perspective.”

Still more to be done

Of course, Lorice understands that obstacles to fully diverse and inclusive leadership still exist. She cautions against a belief that, because the goals and declarations are in place, the company has done all of the necessary groundwork or knows everything about the subject. “This is a situation that is always changing. There are always new things to learn and understand,” Lorice explains.

Finally, Lorice seeks to dispel the belief that diversity and inclusion are simply two different words for the same thing. She explains the distinction: “You can have a diverse group of people, from various places, cultures and with different beliefs. But if you don’t value and accept their ideas, or if you discount what they say because they don’t speak perfect English, for example, or you have other biases, you are not being inclusive. Diversity is the first step and inclusion is the vital second step.”

Connecting access and diversity

Lorice firmly believes that science and innovation can only achieve their purpose if they reach everyone. “It’s not enough to have the latest innovations and regulatory approvals,” she explains. “We have to remove all the barriers – including social, cultural, economic and more.”

Screening for HPV, the virus that can cause cervical cancer, is a clear example. “We know that, for many reasons, women in many places are unable or unwilling to see a physician,” Lorice says. “So we determined that to help protect more women from cancer, we needed to develop a self-administered HPV test. We have to pay attention to the unique aspects of the cultures we serve. Only then can we understand the specific types of innovations that are needed.” Lorice believes that Roche has a responsibility to lead the mission to expand healthcare access to people in all parts of the world, with the understanding that they have different needs, biologies, cultures and reactions to treatments.

Leading by example

Lorice’s commitment to improving diversity and inclusion at Roche is deeply rooted in her own personal beliefs. “I walk the walk,” she explains. “I’m a single mom of two boys and a girl, I took my first English class at age 35, I asked for feedback and worked hard on my own development with the help of my mentors. I am living proof you can always overcome barriers.”

Lorice is equally passionate about life outside of the office. “I wake up every morning excited for what the day will bring,” she says. “My family and friends ground me and give me confidence. I can fight any battle if they are cheering for me.” When she’s not leading the charge for a more diverse and inclusive workforce at the office, you can find her on an adventure with her three kids, or lost in a book, exploring yet another new world of unique individuals.

Supporting and engaging our people

The year 2022 left its mark in multiple ways. Finally, we had overcome the pandemic and moved to a more endemic state. This allowed us to start returning to and spending more time in the office wherever possible. At the same time, new challenges were revealed in the form of political tensions and conflicts in different parts of the world, as well as inflation and a potential energy shortage in Europe.

Since 2010, we have run our bi-yearly Global Employee Opinion Survey (GEOS) measuring how engaged and happy our employees are at work. After the last cycle in 2021, we continued to check in with our workforce to sense if our engagement efforts are moving in the right direction. During 2022, approximately 20 small and large affiliates across Roche conducted regular GEOS Pulse Surveys. We were pleased to see that our continued engagement activities are paying off and that our people are happy working at Roche, despite the many challenges they have faced over the last several years.

In 2022, we carried out a living-wage analysis in 63 of the countries where Roche operates. The analysis showed that in all countries Roche pays its employees above the living wage. We will continue to regularly monitor this in the future.

Our ongoing focus on the safety and well-being of our people

While our purpose is centred on serving patients and society, as an employer we care about our people and their safety and well-being – especially in times of escalating political threats and conflicts. Therefore, we have put employee assistance programmes in place with a special focus on managing mental stress and health, and offered financial support to employees in conflict regions.

Our global Live Well team knows more than ever that it's important to take care of ourselves so we can care for others. In 2022, the global Live Well programme focused on mental health as the guiding theme. Throughout the year, dedicated Well-Being Days were offered covering different aspects of mental health including 'Boost your energy', 'Mindfulness and resilience', 'Mental health awareness and neurodiversity' and 'Gratefulness'.

Leading and learning

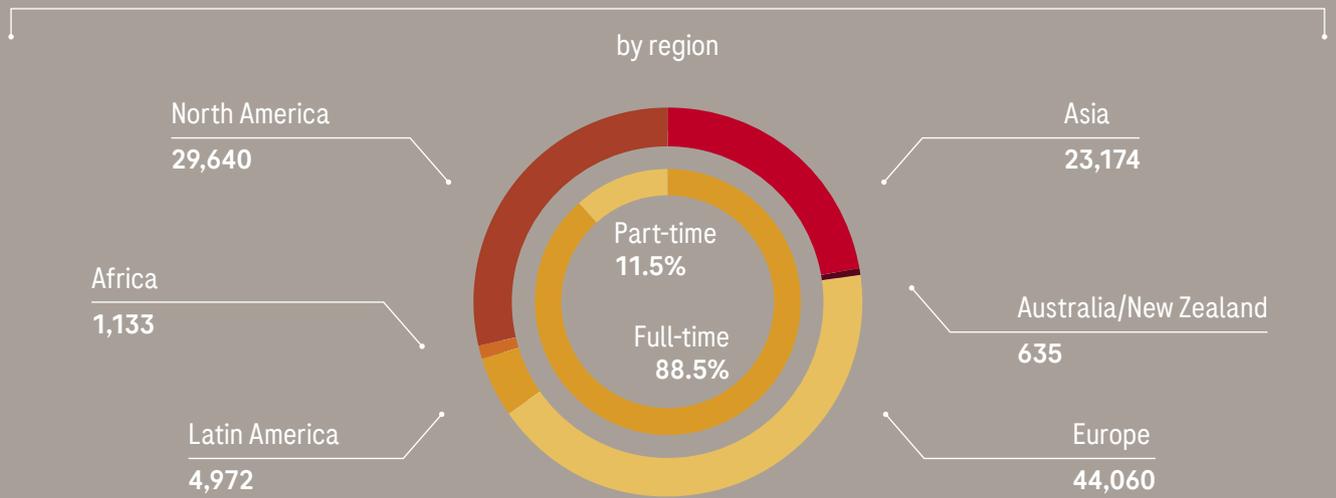
Our networked ways of working require everyone to build the capability to lead and learn. This includes first and foremost self-leadership and a learning mindset. During 2022, Roche employees globally completed 3,430,401 hours of learning and training through our internal learning platform.

In addition, this implies a safe environment and a culture based on a shared set of values, leadership commitments and a collaboration framework that all underpin our purpose. In February 2022, we launched our new global set of Operating Principles, which define how we work together to achieve our long-term ambitions. This single set of principles, which was extremely well received by our employees, replaced all divisional and functional principles previously developed.

During 2022, we continued to support our leaders and employees to enhance and advance their leadership skills through our various dedicated leadership programmes. We also invested in the curriculum of our senior leadership programme and prepared for the launch of Symbiosis, the sequel of Kinesis and Synergy, early in 2023.

103,613

employees*



Employee health and safety



* Number of employees expressed in full-time equivalents, on 31.12.2022

** Operating Divisional Group

*** A business unit or department

Diversity and inclusion are personal

Diversity and Inclusion (D&I) is at the heart of Roche's strategy to deliver personalised care for patients across the world. It starts with us – together, we embrace the unique power of each person to transform the lives of patients and society. Every individual at Roche has a role to play.

Addressing the unmet needs of diverse patients and communities

The focus of our D&I patient pillar in 2022 was on the expansion of advancing inclusive research (AIR) practices and principles across our company. To support our public position statement on AIR, we have expanded our inclusive research site alliance, strengthened partnerships with healthcare providers across communities and are embedding inclusive research at the heart of our development and life cycle teams. Improving health outcomes for all patients is core to our purpose. In the increasingly diverse world around us, the time is now for research and clinical development to ensure greater inclusion across racial and ethnic groups in support of optimising health outcomes for all patients worldwide.

Building a workforce that reflects the societies we serve

Achieving our purpose requires our ability to be sustainably creative, leveraging a broad spectrum of ideas that bring meaningful solutions to patients and the healthcare ecosystem. That is why our efforts in our people pillar are focused on achieving representation of global society, while our employees are representing the communities we are part of.

D&I is essential to achieving all of our long-term ambitions, including diversity in leadership, which mirrors our workforce. Globally, we have set

ourselves the target of achieving +2% share of women in executive positions and +1% of under-represented nationalities in executive positions.

Ensuring everyone can be themselves, do their best work and thrive

Roche is a place where people are accepted without having to compromise their true selves. We embrace different ways of working and styles of leadership as a driver of innovation. In 2022, we provided a wide range of learning opportunities in D&I that were accessible to all employees across the world where more than 40,000 employees participated.

In addition to our other external pledges in 2022, Roche has signalled further commitment to an inclusive culture by signing the Valuable 500 pledge supporting disability inclusion in the workplace. The commitment to different dimensions of diversity and the strength of our inclusive culture are empowered by the collective efforts of more than 80 diversity networks at Roche coming together to drive our D&I vision forward.

Advancing positive change in society

We believe our ability to advance positive change in society goes far beyond our own business. By enabling equitable access to science, technology, engineering and mathematics (STEM) opportunities and real-world science and biotech skills, we hope to help grow the next generation of innovators. By investing and partnering with diverse companies that share our commitment to D&I, we foster greater equity in society at scale. The positive change that these topics can have on society go far beyond Roche, and even healthcare, in building a more equitable, diverse and inclusive future for all.

Global D&I corporate goals

We have set the target of achieving +2% share of women in executive positions and +1% of under-represented nationalities* in executive positions (as per our Q4 2021 baseline). Additionally, we invite leaders across Roche to make an additional commitment which is relevant in the local culture and context.**



>80 diversity networks and chapters around the globe



Diversity networks are grassroots, self-organised groups of employees coming together to contribute to the D&I mission of our organisation and are specifically aimed at embracing the unique power of each person to transform the lives of patients and society.

* Includes individuals from countries in Asia, Latin America, Eastern Europe, Middle East and Africa

** Excludes Chugai and Workday Lite companies (these companies do not use Roche Workday system as their leading HR system) due to our arm's length alliance and merger/acquisition agreements



Environment

We know that climate change is one of the largest global challenges and we must address it with a matter of urgency. For more than 20 years, our teams have been implementing programmes to help us reduce our greenhouse gas (GHG) emissions to zero by 2050.

UN SDGs



Material topics

- Energy efficiency
- Long-term mindset

Thomas Wolf

Chief Environmental Sustainability Officer
Basel, Switzerland

Thomas's love of nature and his passion for environmental protection led him down his career path. Thirty years later, this passion fuels his work in developing Roche's climate change mitigation strategy.

Nerina Itin

Environmental Specialist
Rotkreuz, Switzerland

Nerina's work allows her not only to contribute to the development of local environmental strategies but also to engage with her colleagues about how they can contribute individually to the site's environmental goals.



Thomas Wolf

Steering towards a sustainable energy future

Growing up in a small town in the rural Nahe valley in West Germany, Thomas Wolf spent much of his childhood outdoors exploring nature. The area is home to vast rolling hills, forests and vineyards, all of which were the backdrop for many of his adventures as a young boy. “I had a very typical childhood experience of going to school, playing sports with friends and spending much of my spare time outdoors,” he explains. “This really was the beginning of my love of nature and my passion for environmental protection.”

Along with this childhood passion for the outdoors, Thomas credits his chemistry teacher as being a driving force behind his other interests – science and engineering. After learning that there were many good career prospects in this area, he attended the University of Karlsruhe (today the Karlsruhe Institute of Technology) and graduated with a degree in chemical engineering. It was not long after he graduated that Thomas’s career at Roche began in the global engineering department of our former Vitamins Division – and now, more than 30 years later, he is putting these passions to good use in his role as Chief Environmental Sustainability Officer. “I’m very fortunate to have a career where I can help fight climate change. For shaping Roche’s climate change mitigation strategy, my technical background is definitely a huge asset in the work we’re doing here,” says Thomas.

Towards a sustainable energy future

Our environmental goal is ambitious – reduce greenhouse gas (GHG) emissions to zero by 2050. Like any company, Roche requires energy to operate. In order to address energy-related

issues and climate change, we have been working towards a sustainable energy future for many years. “Delaying or waiting for others to find meaningful solutions could result in more dramatic, more disruptive, more expensive changes in the future,” Thomas explains. “I am proud that Roche did not delay taking action in the past and because of that, we are well on our way to achieving this goal.”

From 2004 to 2022, we have implemented carbon dioxide reduction measures that have led to a 64% decrease in carbon dioxide generated within our operations, while world emissions rose by 31% during the same period. Our goal is to achieve a reduction of 82% by 2025 and 92% by 2029 compared to 2004. When asked how we have been able to achieve these targets and how we will continue to ensure we are moving towards them, Thomas’s answer is a simple one – with a clear and well thought-out strategy together with enthusiastic and engaged teams that develop and implement plans to make it happen.

It takes a village

“In order to develop and implement a strategy that will result in meaningful change, we must collaborate with our internal as well as external stakeholders and partners,” says Thomas. Through knowledge sharing, the impact of our efforts is amplified across our network of Group functions and local sites. Our Global Energy Summit, which has taken place annually for the past 16 years, has been a critical element in fostering a close community of subject matter experts who share a passion for meeting Roche’s environmental goals in a conscientious and sustainable way.

“Each site has different considerations, capabilities and priorities, so we must maintain open lines of communication and collaboration along the way.”

With more than 150 Roche sites around the world, working closely as a community is imperative, especially because not all sites are focused on the same things. Although we have developed a global strategy and overarching targets that we are moving towards, our sites must develop their own roadmaps towards a sustainable energy future. “Each site has different considerations, capabilities and priorities, so we must maintain open lines of communication and collaboration along the way,” says Thomas.

“While optimising vehicle fleet performance may be most important to one site, for example, optimising energy use in manufacturing may be more important and feasible to another.”

The future is sustainable

According to Thomas, the future can indeed be a bright one. Our organisation has worked tirelessly over the past two decades to establish the governance and strategy for our environmental initiatives, stipulate guidelines and directives, set ambitious targets, implement monitoring mechanisms and put together teams of passionate people who are all dedicated to making an impact.

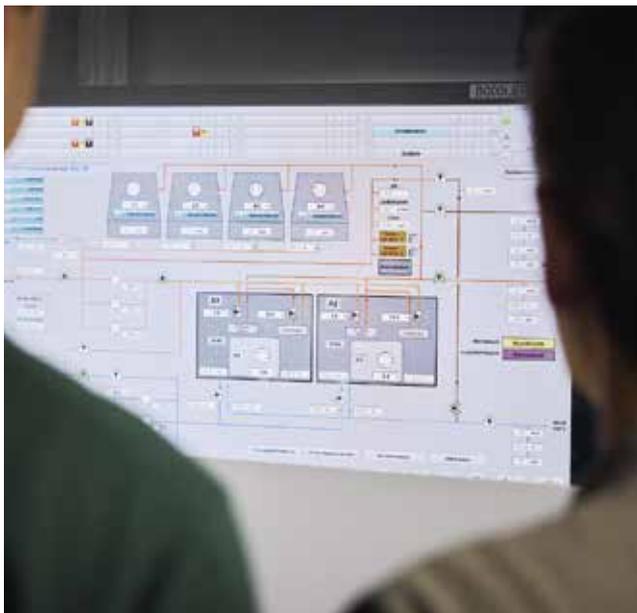
“Goals without a plan are just a wish,” says Thomas. “Meeting our long-term zero-emission

goal requires diligent planning today. If we keep up this momentum, we will continue to see the tangible results of our efforts.”

“We all have a duty to contribute to the work we are doing in this area. As long as we have a great community of enthusiastic experts who are actively contributing and the support of our leadership to do so, we will make our mark,” he says.

When asked what is the one thing each of us can do collectively to make a difference, Thomas has a swift and clear answer – mindful consumption. “Whether it’s reducing the consumption of materials and resources like energy and water, or reusing or recycling materials, all of these things have a positive impact along the entire value chain. We are already experiencing the dramatic consequences of climate change and realise that climate change is one of the biggest risks for our planet. The consequences of failing to mitigate will be enormous for our social, environmental and financial systems. If we all appreciate the role we play in this and the actions we can take to help mitigate it, we will see a better future for generations to come.”

Thomas's passion for sustainability has been the driving force behind his 30-year tenure at Roche. He helps ensure that our climate mitigation strategy is driving us towards our goal of reducing our greenhouse gas emissions to zero by 2050.



Environmental protection – challenging but achievable

After completing their bachelor's degrees in environmental engineering in 2018, many of Nerina Itin's classmates went on to pursue careers working for non-governmental organisations. Although this seemed like a logical choice given the many environmental groups active around the world, Nerina took a different approach. "For me, I felt I could contribute more to a company where the environment is not the main business. I was impressed with the work Roche was already doing in the area of environmental protection and felt that I could put my knowledge and skills to good use. It was an easy decision for me, so I applied for an internship and was thrilled to be offered the role," says Nerina.

Making an impact

Over the past four years, Nerina has indeed been making an impact by developing and implementing various programmes as an Environmental Specialist at our Diagnostics site in Rotkreuz, Switzerland. The site is home to our central Diagnostics customer areas and functions including research and development, production and logistics. Nerina's work allows her not only to contribute to the development of local environmental strategies and roadmaps but also to engage with Rotkreuz employees about how they can contribute individually to the site's environmental goals.

"It's not only one person or one department that makes a difference. Site services lay the groundwork but everyone is empowered and encouraged to take action and that really is one of our main strategies – implement sustainability in everything we do," Nerina explains. "We have

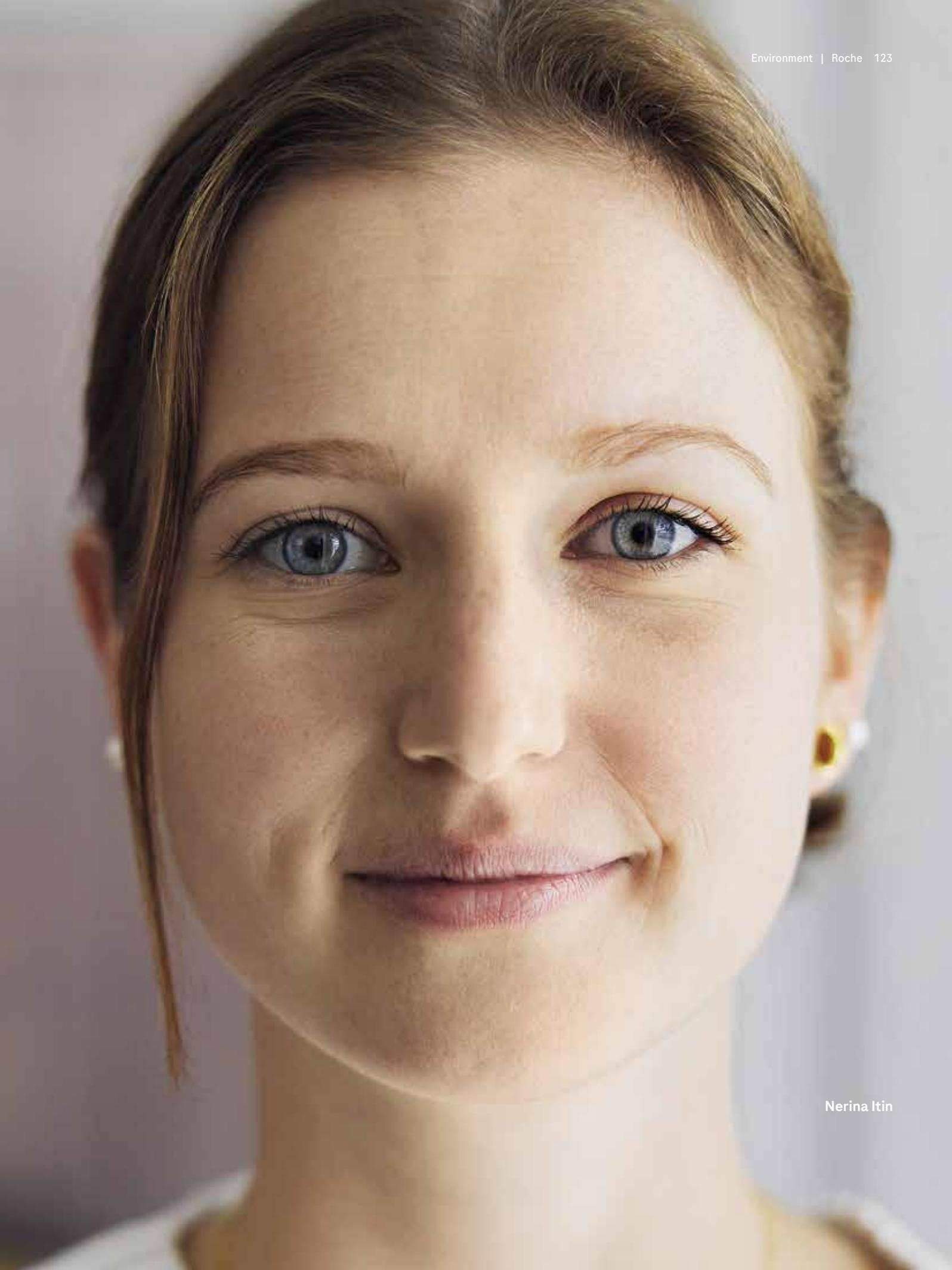
clear and measurable goals, but sometimes there are no technical measures that can be put in place, so by engaging our employees in other areas, such as reducing business flights, we can all make a difference."

Ambitious goals

The specific goals and roadmap that the team at Rotkreuz has developed are indeed ambitious. One that stands out in particular is the reduction of fossil fuels for heating and warm water to zero by 2030. "Yes, this is a very ambitious goal, but it's definitely achievable," explains Nerina. "We have already been able to ensure that 100% of our electricity comes from sustainable sources – so why not reach even higher?"

Another area of focus at the site is business flight reduction and the promotion of alternative forms of collaboration and transportation. With around 3,000 employees at the site, their contribution is a clear and impactful way to help achieve the goals Nerina and her team are driving towards. "It all adds up no matter how small it may seem," says Nerina. "That's why employee engagement is so important to us. We know the impact we can make when we all contribute."

Collaborating with other sites and with the global Safety, Security, Health and Environment Protection team is also an instrumental component of Nerina's work. By sharing knowledge and best practices, the entire community can learn from and challenge each other to work in new ways and try new things, all with the goal of incremental improvements year over year.



Nerina Itin



At our Diagnostics site in Rotkreuz, Nerina helps engage employees on how they can help us achieve our sustainability goals. With around 3,000 people working at the site, their contributions can make a significant impact in our efforts towards a sustainable energy future.



“Sustainability is something people genuinely care about and I can only see this increasing over time as people become more aware.”

A look into the future

When considering what the future holds when it comes to environmental protection and Roche’s work in this area, Nerina is hopeful.

“Sustainability is something people genuinely care about and I can only see this increasing over time as people become more aware,” Nerina says. “I think a sustainable energy future is absolutely possible – it’s just a matter of when we can get there. Roche has achieved a lot and we need to keep going!”

As for her own future, Nerina is following her passion and continuing to study in this area. She is currently working towards a master’s degree in environment and natural resources and hopes that by further developing her knowledge and skills, it will be valuable to her work at Roche. When asked where this lifelong passion and

commitment came from, she doesn’t hesitate to explain:

“My mother was an environmental teacher so when I was growing up she greatly influenced my interest in this area. I also spent much of my childhood involved in the Scouts, so my love for nature and the outdoors was almost destined from the beginning.”

Nerina looks forward to the challenging work ahead, both in her studies and her work at Roche. “So far I enjoy working in this field and as long as I feel I am still contributing, I will do so for as long as I possibly can. I’m constantly learning and looking for solutions to complex problems. It will take mindset and behavioural changes for society to bring about meaningful change. If I can play a role in that, big or small, this is what I will continue to do long into the future.”

Embracing our environmental responsibilities

Environmental protection is an intrinsic part of Roche's business. We approach it with the same sense of responsibility, and just as methodically, as we approach issues concerning quality, productivity and cost-efficiency. We continuously monitor our environmental performance, and aim to collect data on at least 95% of each key performance indicator. By doing so, we ensure compliance with our high standards and objectives, and guarantee that our processes and equipment are state of the art.

Environmental risks are mitigated via a system of prevention and a successful environmental risk management system. The company's environmental programme has operational strategies covering climate change mitigation, reducing emissions and increasing resource efficiency, the environmental aspects of procurement, and water and waste management. We complement the strategies by setting tangible and quantitative medium-term (2025) and long-term (2050) goals.

Eco-balance

Roche measures its environmental impact using the eco-balance metric, for which we have established a Group-wide goal (36% reduction from 2019 levels by 2025). Eco-balance refers to the consumption of energy and resources, and to the emissions and waste from our business activities. It describes the total environmental impact of our operations. By allocating environmental impact points to ecologically relevant parameters, such as the consumption of natural resources and the emissions to air, water and soil, we obtain a view of the environmental pressure we place on the earth's ecosystems. These points are added up and then related to the total number of employees, which enables us to monitor our ecological impact per employee.

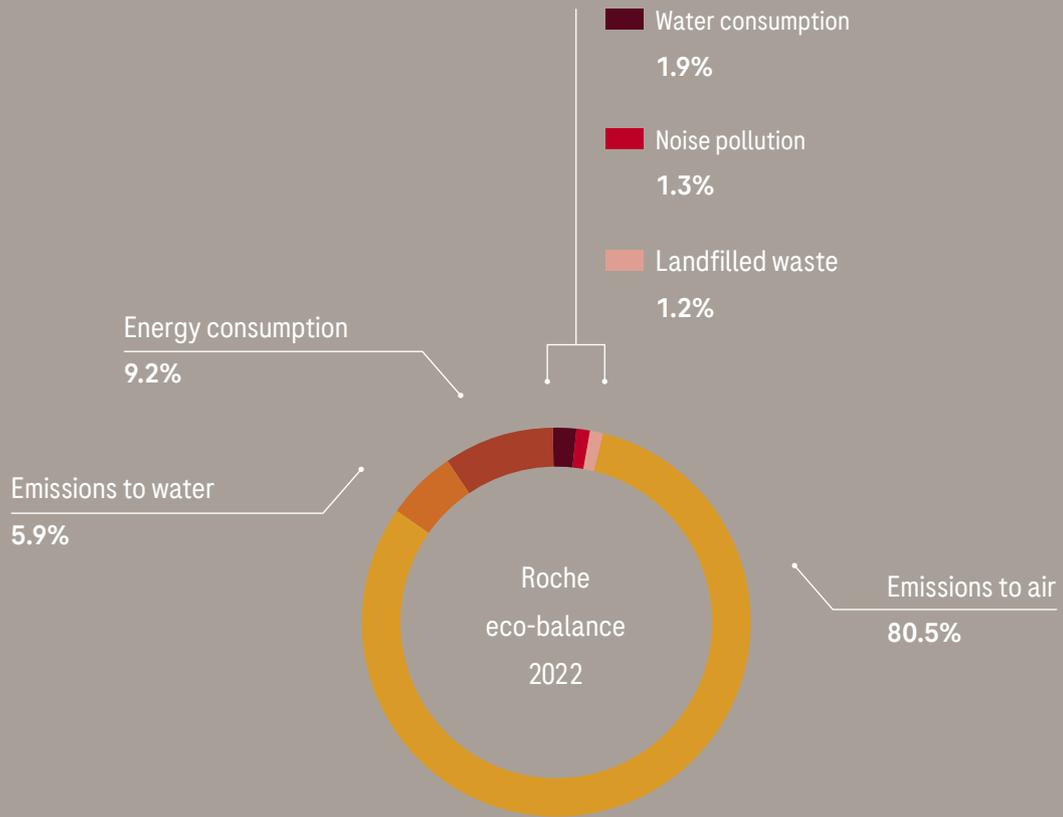
Our total environmental impact per employee decreased by approximately 3.2% in 2022. Our continued reduction in greenhouse gas (GHG) emissions and a decrease in the amount of waste had a positive effect on our environmental impact.

A responsible approach to energy usage

Using natural resources in a sustainable manner is fundamental to Roche's environmental strategy. A large proportion of the energy we use still comes from fossil fuels. As a result, we produce GHG, mainly carbon dioxide, and other waste products that contribute to climate change and air pollution. Minimising our negative impact involves actively contributing to a sustainable energy future. This includes reducing energy consumption, increasing efficiency, implementing innovative technologies and increasing the use of sustainable energy. In 2022, our scope 1 and 2 energy consumption per employee decreased by 0.8%. This reduction was achieved by implementing energy-saving measures and reducing the amount of fuel we use to heat, cool and operate our sites.

Greenhouse gas emissions and climate change

Environmental sustainability and climate change mitigation go hand in hand and both are critical global issues. We understand the business challenges related to climate change and are managing the risks as part of our environmental risk management programme. Our long-term goal is to reduce GHG emissions to net zero no later than 2050, and we will validate new targets with the Science Based Targets initiative (SBTi). A significant part of our GHG emissions originate from the transformation and use of energy. Our energy reduction achievements in 2022 were paralleled with a 15.4% reduction in scope 1 and 2 GHG emissions per employee.



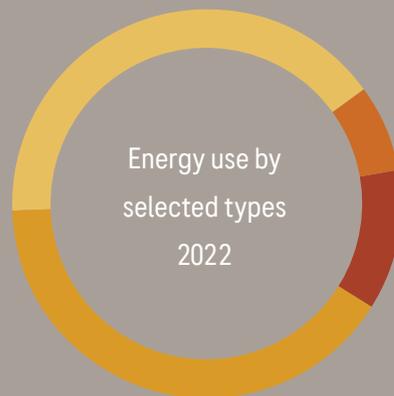
Electricity

26.3%

We look for ways to reduce energy consumption, improve energy efficiency and we aim to be using 100% renewable electricity by 2025.

Natural gas

26.3%



By 2030, all vehicles will operate using energy from sustainable sources.

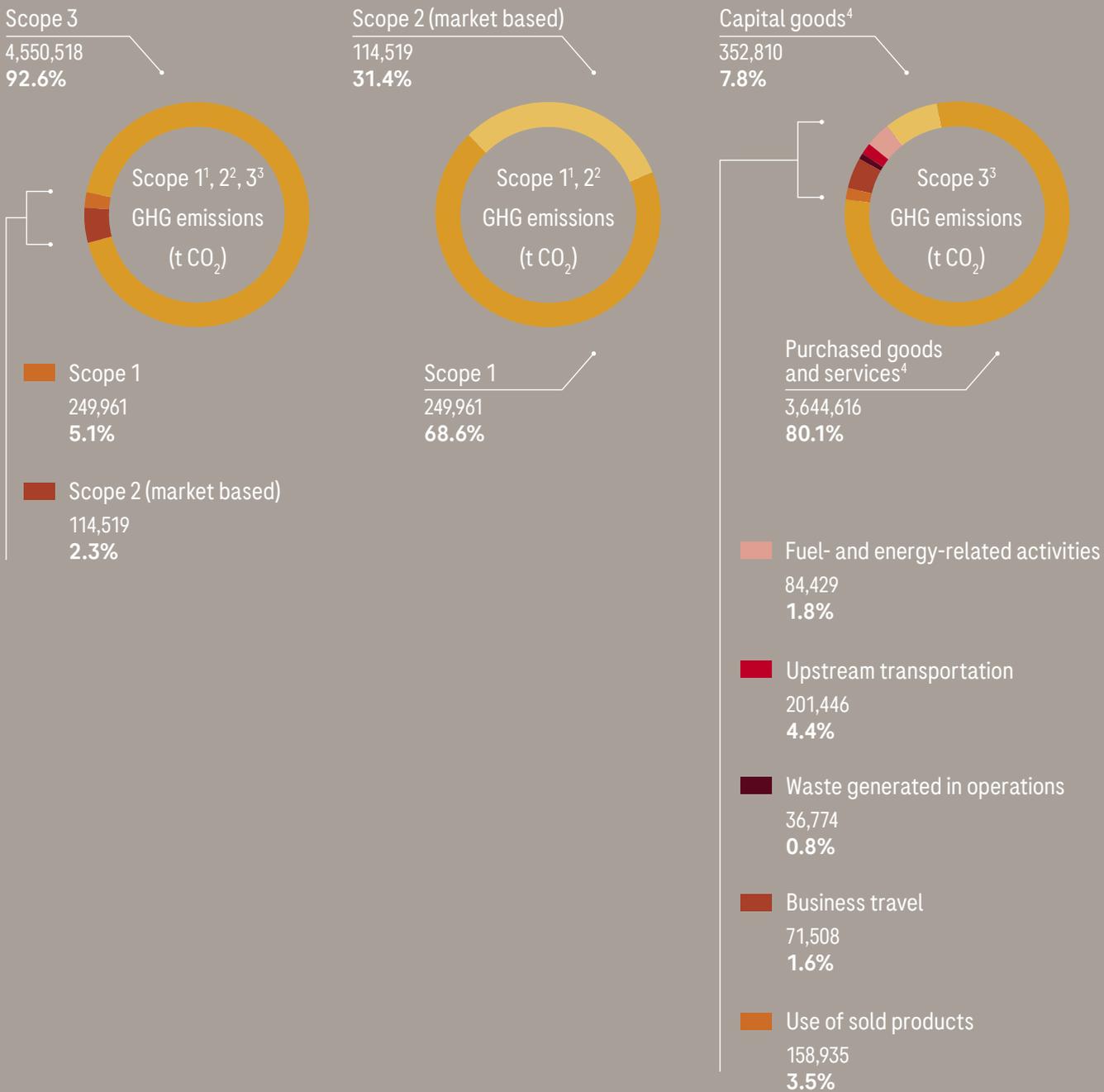
Company vehicles

4.8%

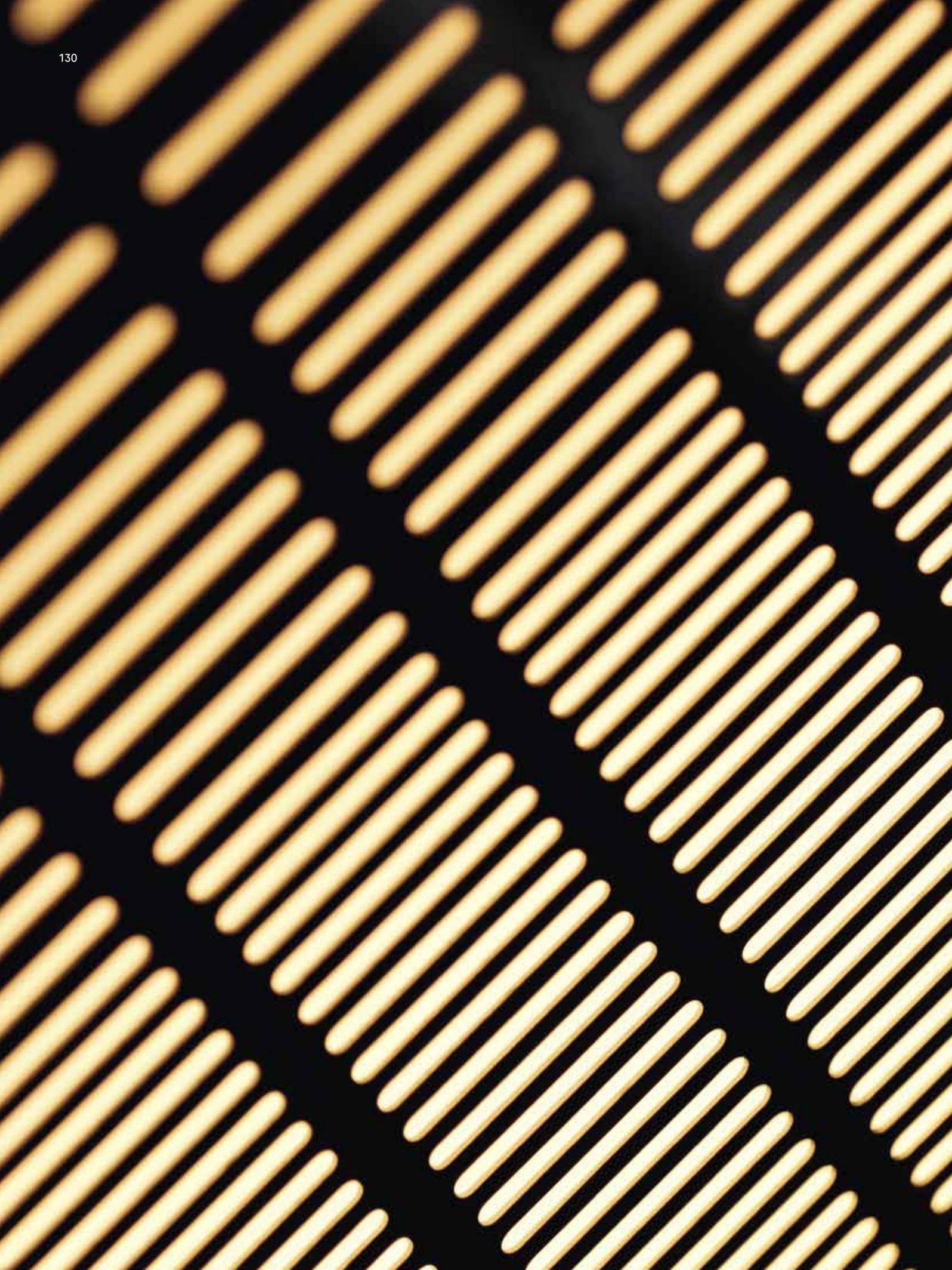
Business air travelling

7.5%

Video and teleconferencing facilities have been established at all sites and are widely used. Employees are encouraged to use trains and to consolidate several business trips into one.



1 Direct emissions from within operations | 2 Indirect emissions from purchased energy | 3 Emissions resulting from activities within our supply chain | 4 The calculation methodology is based on the GHG Protocol following a hybrid activity-based approach. This approach is a refinement and numbers are not comparable to those published in the 2021 Annual Report.



Community engagement

A tradition of philanthropy has existed at Roche for more than a century. Our philanthropic efforts are united by a common purpose to make a lasting impact by building stronger and healthier communities. We are global citizens supporting local efforts.

UN SDGs



Material topics

- Long-term mindset
- Availability of healthcare

Lucia Erniawati

Access, Communications and Health System Value Strategy Lead
Jakarta, Indonesia

In her role at Roche Indonesia, Lucia saw the potential to improve outcomes for patients living with cancer by helping oncology nurses further their education and gain recognition as a key partner in patient care.

Margareth Lasut

Oncology Nurse
North Sulawesi, Indonesia

Margareth was one of the first nurses enrolled in Indonesia's new oncology nurse specialist training programme. She is already looking forward to the difference her new expertise can make for cancer patients.



Lucia Erniawati

Bold vision for a big impact

“Whenever we are thinking about a new initiative, the biggest question for us is always ‘what impact could we have for society?’ Once we find that answer and all partners agree, then it makes finding common ground for how to get there much easier.”

Lucia Erniawati, the Chapter Lead for Access, Communications and Health System Value Strategy at Roche Indonesia, is talking about the importance of identifying a bold vision to unite partners with different goals and perspectives.

In a country like Indonesia – which has hugely complex health infrastructure needs to support 274 million people across 17,000 islands, spanning three time zones – the potential impact of bold partnerships can be significant.

Take an ongoing project to train specialist oncology nurses, for example.

Cancer survival rates in Indonesia are significantly lower than those in developed countries due to low awareness, poor diagnostic capabilities and lack of specialised care facilities. When exploring the pain points along the patient continuum of care, Lucia and her team realised that the scale of these problems are compounded by the absence of specialised nurses who provide care to patients with cancer.

“Oncology nurses play such an important role in helping patients throughout their entire journey, but our research suggested that the majority of nurses learn to deal with the complexities of cancer treatment and palliative care on the job,” she says. “In addition, due to competing healthcare priorities, they are often rotated from one position to

another, making it difficult to develop the specialist knowledge required to provide the most effective care. We saw the opportunity to make a real and long-lasting impact.”

The nursing workforce is also challenged by the imbalanced distribution across regions, meaning many regions of the country are underserved by healthcare professionals. And there was a significant lack of nurses with specific oncology expertise.

Lucia and her team saw the potential of a special focus on cancer care nursing and decided to catalyse the launch of the first specialised oncology training for nurses in Indonesia.

Partnerships mean progress

With the bold vision in place, the team needed to gain buy-in from other stakeholders. These included the Indonesian Ministry of Health, Indonesia University, the Dharmais National Cancer Center, and the Oncology Nursing Association.

Although each partner had its own perspectives and goals, all agreed that the potential benefit of training oncology nurses could be significant, and together began working to implement a plan. At its core is a scholarship programme – supported by the Roche Corporate Donations and Philanthropy Emerging Market Scholarships Programme – to train oncology nurses at Indonesia University and help develop country-specific cancer care.

The progress has already been significant. In 2022, the basic oncology nursing training curriculum was accredited by the Ministry of Health, 30 programme trainers were certified, 50 nurses were certified in basic oncology nursing training and 31 students

“That’s when corporate donations and philanthropy work best – not just as a stand-alone grant, but as a starting point; a catalyst to real, meaningful change.”

were enrolled in the three-year oncology nurse specialist training programme.

Future goals include placing an oncology nurse specialist in every one of the archipelago’s 38 provinces, opening five new training centres and establishing oncology nurse specialist programmes at more universities. And the momentum is really starting to build.

“The significance of this initiative is that our partners have fully invested in the vision of oncology nurses as a long-term solution, and now they are spreading the word and the project is growing and almost taking on a life of its own,” says Lucia. “It’s not just as a stand-alone grant, but as a starting point; a catalyst to real, meaningful change.”

A personal passion

In her 27 years at Roche, Lucia is proud to have been involved in several catalysts for change throughout Indonesia. These include an effort to rebuild healthcare centres after a large earthquake in 2018, and a programme to reduce the percentage of children affected by childhood stunting (a significant issue in Indonesia and many low- and lower-middle-income countries) from 38% to 14% by 2024. Lucia highlights how the latter programme is another great example of how projects can quickly build in momentum.

These programmes were also supported by our global Corporate Donations and Philanthropy team. Ultimately, the goal is always that the donation, through partnership and collaboration, becomes self-sustaining. It’s one of the core values when it comes to Roche philanthropic initiatives.

“We established a centre of excellence in one of the worst affected areas for stunting in the country, but that also served as a proof of concept for other regions,” she says. “Another regional government quickly committed to adopting the project in their area because they could clearly see the benefit of the programme. Again, we were able to act as an instigator, catalyst and ongoing partner. We established the centre, but then linked them with key policymaker and potential partners so that access to care could grow throughout the country and the centre could ensure its own ongoing long-term sustainability.”

Lucia’s passion to make an impact extends to fundraising activities, including cooking to raise funds for the annual Roche Children’s Walk, the company’s largest employee-driven philanthropic event.

“Whether at work or at home, I just want to make a difference,” she says. “And when like-minded people come together, we can achieve amazing things.”

Lucia has always been passionate about uniting our partners around a meaningful goal. From helping to establish an oncology nursing scholarship in Indonesia to helping to set up a centre of excellence to reduce childhood stunting, Lucia knows that collaborating with others can truly make a difference.



Bringing specialised oncology nursing home

Margareth Lasut was, quite literally, born into the medical profession. Throughout her childhood in Indonesia's North Sulawesi province, she saw her mother, a dedicated nurse, make a difference in the lives of countless patients. Even as a young girl, Margareth knew she wanted to follow in those footsteps.

What she didn't know in those early days was how large and important the impact she could have on her community could really be.

Seeing a need, seeking a solution

Margareth became a registered nurse in 2018 and quickly realised she wanted to do more to help patients access the highest levels of care. She was well aware that care for cancer patients in North Sulawesi needed improvement. The hospital in which Margareth worked, the largest in the region, was in the early stages of developing its first cancer unit.

In early 2022, Margareth's supervisor told her about a first-of-its-kind programme to provide scholarships in specialised oncology nursing. She learned that the programme, which was developed by the University of Indonesia and supported by Roche, was accepting applications. Margareth immediately knew she had found a way to improve the quality of care for the people in her community.

"For me, this programme was an answered prayer," Margareth explains. "It gave me the opportunity to expand my nursing knowledge at one of the best educational institutions in Indonesia. And I can bring that knowledge back to my colleagues and ultimately help patients, their families and my entire community."

The journey begins

Margareth applied to the programme and was quickly accepted. She and her fellow scholarship recipients travelled from around the country to Jakarta to begin their studies in September 2022.

"The programme is very interactive and interesting," she says. "There are no limits for us to express ourselves and learn how to impact as many people as possible by continually working to improve our knowledge and skills."

Of the many new concepts Margareth has been studying, she cites the 'care continuum' as one of the most interesting and helpful. "I've learned that, as a cancer nurse, we don't just treat a patient once they've arrived at the hospital after a diagnosis," she explains. "We have to start even before the cancer treatments begin (through prevention and detection) and provide specialised care all the way through the rehabilitation stage, or the end-of-life experience, if that is the outcome."

"Another aspect that I love about this programme is that I have the opportunity to visit hospitals in Jakarta and see with my own eyes what advanced cancer care looks like. There is so much I can do to improve care back home," she says.

Bringing the benefits home

When Margareth returns to North Sulawesi after her training is complete, she will be among the first oncology nursing specialists in the province, which has a population of 2.5 million people. She is already looking forward to the difference her new expertise can make for cancer patients. She explains: "Every year, the number of cancer patients in our region is increasing. I hope to be



Margareth Lasut



As one of the first students enrolled in the oncology nurse specialist training programme, Margareth knows she plays a role in helping educate other nurses on how to care for those living with cancer. She believes that education is a key component in helping alleviate an overburdened healthcare system in Indonesia.



“At first, I thought my patients would learn from me. But then I realised that I was the one who would be learning from them.”

able to give as many of them as I can access to quality care.”

“Also, I want to share my new knowledge with other nurses and encourage them to continue their education as well, so cancer treatment in North Sulawesi can continue to improve, far into the future.”

Increasing the number of oncology nursing specialists throughout Indonesia will hopefully help to alleviate an overburdened state healthcare system. As Margareth explains, “We know that adding even one oncology nursing specialist to a hospital staff can lower the overall cost of treating cancer patients. And that nurse can help to educate colleagues, which in turn can increase access to care for more patients.”

She believes the scholarship programme, combined with an understanding of the many benefits oncology nursing specialists provide, will lead to a continued increase in nursing specialists in hospitals across Indonesia. When asked about her hopes for the future, Margareth says, “I think we all hope to use our knowledge to change people’s lives.”

But first, Margareth is looking forward to completing her studies, returning home to her husband and family and spending quiet evenings at home. When asked what has most surprised her about working with cancer patients, she replies, “At first, I thought my patients would learn from me. But then I realised that I was the one who would be learning from them. They’ve taught me about the importance of family, and they have shown me how to maintain hope in difficult times.”

Focused on community impact

When philanthropy is done well, it is a catalyst to meaningful and sustainable change. This mindset is at the core of our philanthropic strategy, which is organised around four key pillars: humanitarian support, community projects, education programmes and cultural collaborations.

We take a multi-stakeholder approach with trusted partners on the ground to make our philanthropic ambitions a reality. Along the way, we ensure that all of the projects and initiatives we support meet quality, innovation and sustainability criteria.

Contributing to healthier communities

Many of our philanthropic initiatives help to build stronger, healthier communities where we live, work and beyond. For example, we have been supporting the International Committee of the Red Cross (ICRC) for over 100 years. It's our longest-standing partnership – spanning nearly as long as the founding of the company – and has continued to evolve ever since. A major focus in recent years has been helping to improve access to water in Mali, where lack of access to this vital resource has been acute due to protracted conflict, drought and limited resources. In 2022, over 250,000 people benefitted from this initiative.

We also help to bolster community access to basic primary healthcare services. We have been supporting the Transnet Phelophepa healthcare trains since 1994, providing services that have evolved to meet the most pressing health needs in rural communities in South Africa. In 2022, Phelophepa provided healthcare services to over 335,000 patients, training to over 5,000 community healthcare volunteers, and 28 food gardens to enable more food security in the region.

There is perhaps no better example of sustainable change than providing people with the training needed to build healthier communities for

years ahead. We are supporting a wide range of scholarships in emerging markets (see table on page 143), opening paths to new possibilities through the education of new nurses, health workers, lab technicians and many more.

Bolstered by employee engagement

We believe that the long-term sustainability of societal change relies upon engagement with local communities, and that mantra extends to our employees. In fact, our largest employee engagement and philanthropic event began in 2003 as an employee-driven pilot across three sites – the Roche Children's Walk. In 2022, 145 sites participated in the campaign, across 60 countries, garnering the support of over 20,000 employees. Together, we supported 70 local projects and 9 global projects through the Roche Employee Action and Charity Trust (Re&Act).

Every year, a group of the most engaged employees from around the world are selected as the Children's Walk Ambassadors to witness the impact of employee fundraising activities first-hand. Following a three-year pause due to the COVID-19 pandemic, 18 Ambassadors visited several Re&Act projects.

These included Child's Dream in Cambodia, a foundation dedicated to improving children's education where our support is helping to build 35 schools, outfit 10 computer labs and provide 350 scholarships; Selam Children's Village in Ethiopia, where we are supporting five orphan homes for children who have had the most difficult start to life; Mothers to Mothers in Malawi, where our support helps to improve the health and well-being of adolescent girls who are HIV-positive or HIV-exposed; and UNICEF in Malawi, where we are helping to keep girls in school through a menstrual health hygiene campaign.

1,694 philanthropic contributions by the Roche Group around the world*



Global Emerging Market Scholarships Programme in 2022

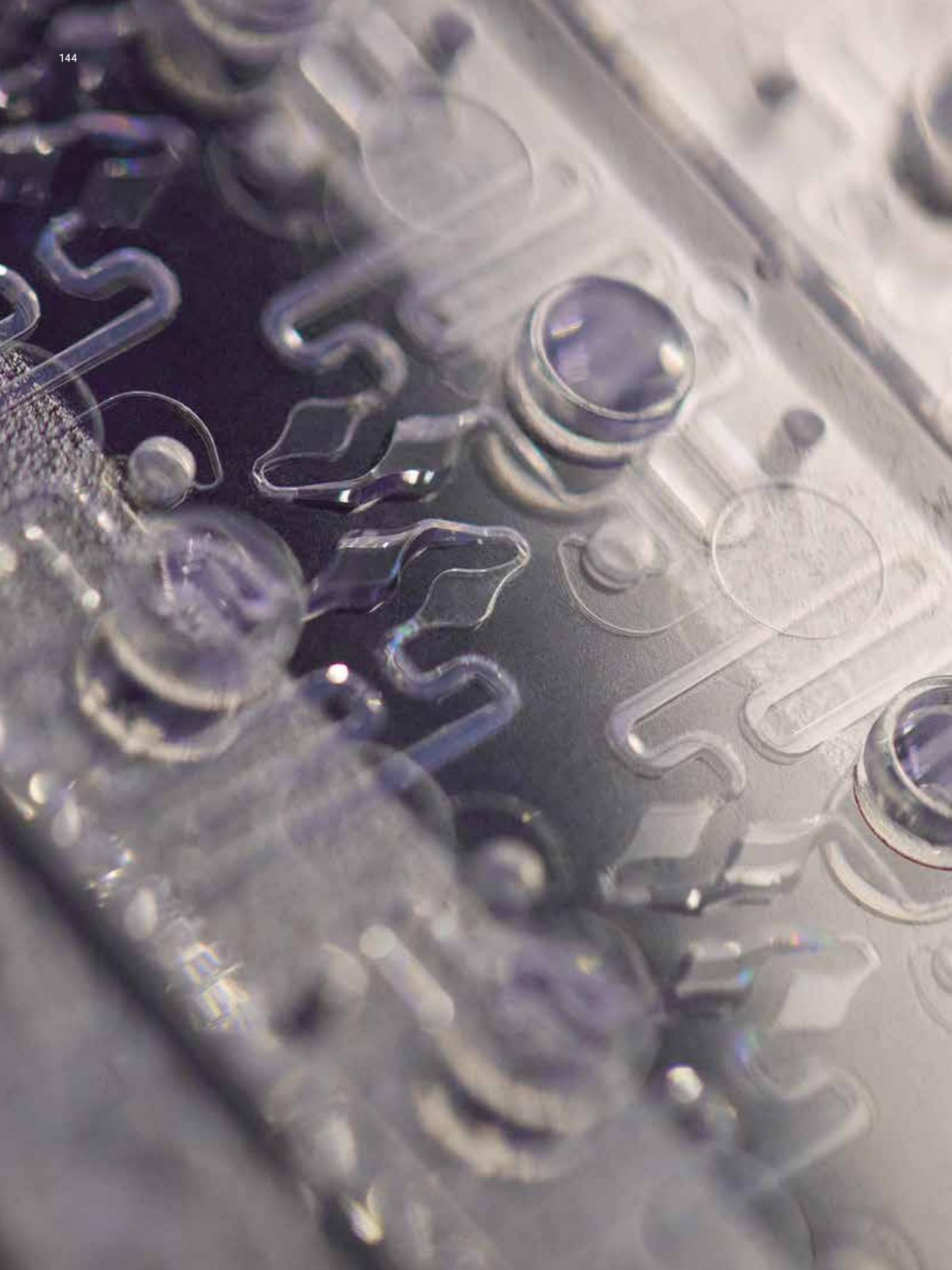
Country	Recipient	Philanthropic organisation	Discipline	#Scholars
Cambodia	Child's Dream	Re&Act	High school	80
	Université Atlantique	FRRA	Lab technicians	14
	Unité de Formation et de Recherche			
Côte d'Ivoire	Sciences Médicales d'Abidjan	FRRA	Pathologists	7
Ethiopia	Selam	Re&Act	Vocational	84
	AO Alliance	FRRA	Trauma and orthopaedic	20
	Ghana College of Nurses and Midwives	FRRA	Oncology nursing	20
Ghana	ETH Zürich Foundation	FRRA	Mechatronics engineering	26
India	Kiran	CDP	University	20
Indonesia	Universitas Indonesia	CDP	Oncology nursing	100
	Amref	FRRA	Community health workers	26
Kenya	Beyond Zero	CDP	Nursing	124
	Christel House	CDP	Middle school	10
South Africa	Maharishi Institute	CDP	Business	50
Peru, Colombia, El Salvador, Guatemala	Fundación Educación	CDP	Business	27
Total				608

>335,000 patients received healthcare services on Phelophepa in South Africa

>250,000 people benefitted from ICRC's access to water initiative in Mali

>20,000 employees supported the Roche Children's Walk

* Illustrative map of recipient countries; not exhaustive



Business ethics

We believe that integrity is the basis of a sustainable and successful business. Every employee has the responsibility to behave with integrity and in accordance with our shared values and compliance guidelines. We also expect the partners we work with to meet our integrity standards.

UN SDGs



Material topics

- Human rights
- Ethics and transparency
- Patient centricity
- Availability of healthcare
- Compliance

Li Bao

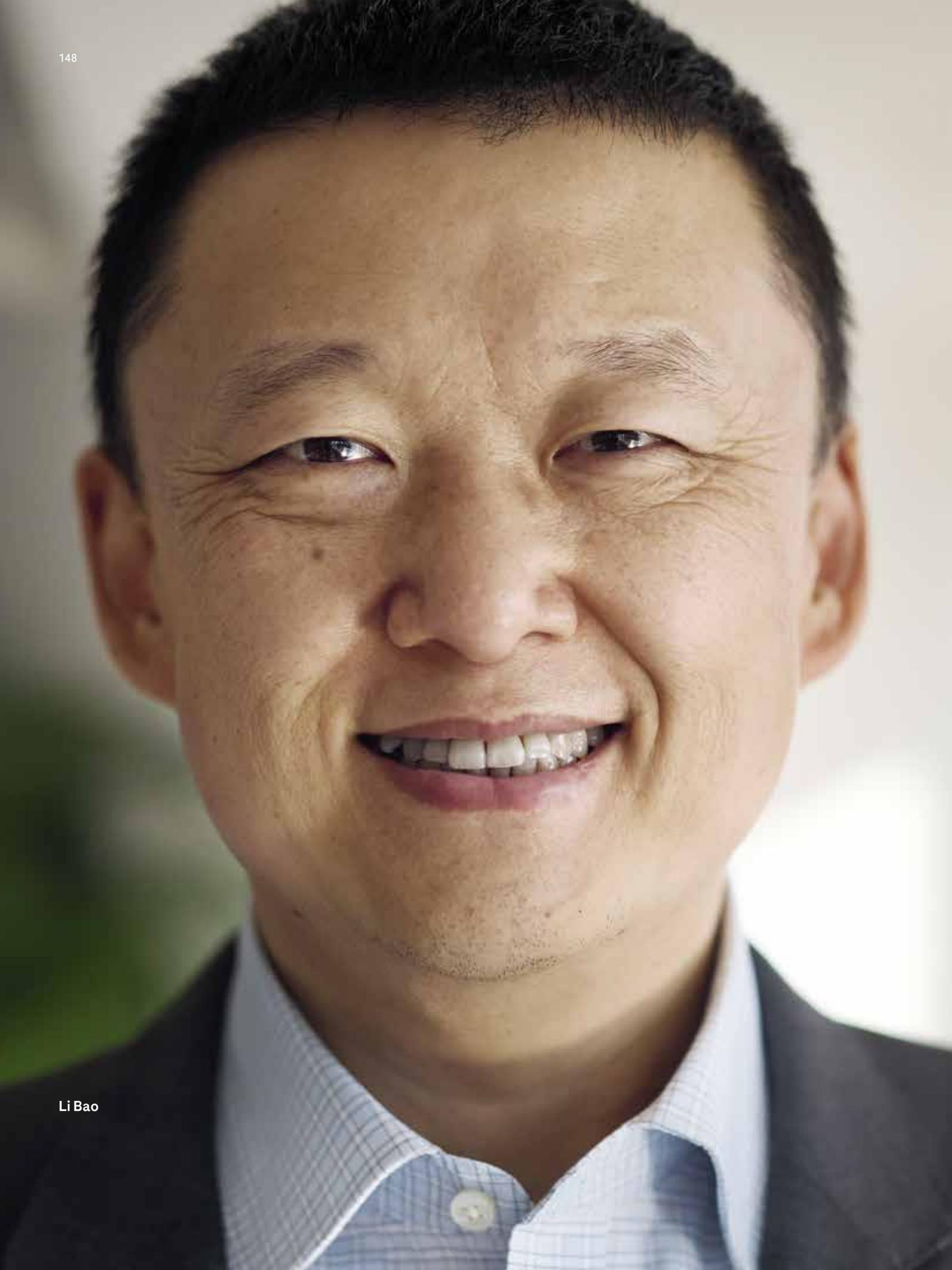
Regional Sales Lead
Beijing, China

Li knows that for critical diagnostics to be accessible to more people in more places, he has a responsibility to keep up on the latest developments in diagnostic technology and the regulations that govern them.

Matteo Alaria

Head of Product Sustainability, Sartorius
Torino, Italy

Matteo is responsible for driving Sartorius's sustainability efforts and ensuring clients, like Roche, look for opportunities to reduce resources and energy use and implement sustainable solutions.



Li Bao

Transforming a business model to better serve patients

In his role as Regional Sales Lead at Roche Diagnostics China, Li Bao knows well that keeping up with advancements in diagnostics and the instruments that process them is an ongoing task. He also understands the importance of expanding access to those advancement to as many people as possible. That's why he works hard to stay current on the latest developments in diagnostic technology, and to do whatever is necessary to ensure they are available to more people in more places.

The task of connecting more people with Roche diagnostic tools also entails keeping up with changes to the regulations that govern them. When an impending regulatory change in China necessitated a complete transformation in the way a large portion of the company did business, Li knew the entire team faced a particularly difficult test.

With 14 years of experience at Roche Diagnostics, and responsibility for a core line of business, Li was comfortable with professional challenges. But this regulatory change was a major transformation to a critical business process. There was no room for error. Li and his team quickly saw that, while it was likely to be a demanding journey, it was more than the necessary thing to do. It was also the right thing to do.

Shifting needs in a growing market

Before the regulatory change, hospitals and other healthcare facilities would typically lease diagnostic instruments. As part of those agreements, the facility would commit to purchasing a specific amount of reagent – the substance used to conduct a diagnostic test and produce a result – in order to have the instrument provided for the period of the contract.

In this arrangement, Roche was responsible for ensuring the instruments were in working order, and for repairing or replacing machines as needed. In return, the reagent portion of the contracts provided the company with a predictable source of revenue. At the time, this industry-standard model supported the growing healthcare industry.

As the healthcare market, and particularly the diagnostic sector, underwent rapid growth in China, the Chinese government began to question whether this particular model was actually the best for patients. In 2017, the National Medical Products Administration (NMPA) determined that separating the financial arrangement for diagnostic instruments from the financial arrangement for reagents would increase agility, allowing hospitals to quickly adopt new instruments and technologies, and a better experience for patients. The new regulations were to take effect beginning in 2018, with a transition period of several years.

Understanding the challenge

While the regulatory change might have seemed simple on its surface, it was actually a substantial modification to the way Roche – and its competitors – did business. Li and his team were tasked with ensuring that compliance with the new regulations was as smooth as possible.

“The first reaction, both at Roche and within the larger industry, was confusion,” explains Li. “Nobody understood the rationale.” To gain clarity, the Roche team began to talk with regulators, ask questions and work to develop a clearer idea of what would be required.

“Making these changes was part of our investment in the country, and part of our commitment to providing access to quality healthcare to more people.”

The benefits to patients, which included increased transparency and access to new technologies, soon became apparent. The impact on Roche became evident, as well. Li saw that “because Roche offered high-quality instruments and reagents, and an exceptional level of service, the new business model was unlikely to negatively impact our operations.” As he explains, “We came to see that making these changes was part of our investment in the country, and part of our commitment to providing access to quality healthcare to more people while transparently complying with the local regulation.”

Now, the task was to make it happen.

Gathering the team

While Li was not immediately sure what the path to compliance would be, he did know it would be a truly cross-functional undertaking. The team he assembled to develop a strategy for the transformation included representatives from finance, legal, compliance, sales and other departments. The group began to connect with external stakeholders, including hospitals and device distributors, to determine the best ways to transition to the new regulations, while minimising disruptions.

A large portion of the work fell to the sales team. They worked closely with their customers in hospital labs to inventory all of the current

instruments, review thousands of existing contracts to find potential issues and problems, and began to develop solutions. One by one, new arrangements were made with customers that aligned with the new regulations.

“It has been a long journey,” says Li. “We were able to complete about 80% of the transition in the first two years. But, speaking honestly, the last 20% has been the most difficult part and a great deal of work for everyone involved.”

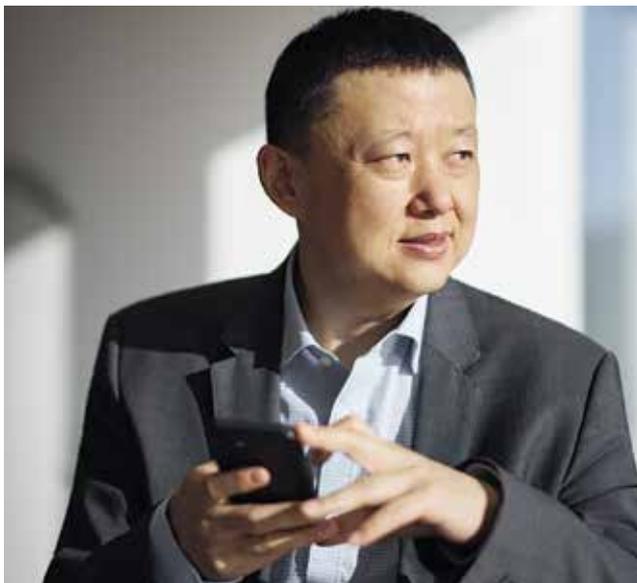
Keeping compliance at the centre

Conducting business ethically and in compliance with regulations – especially as they change – is a core principle at Roche. Li elaborates on the value Roche places on compliance this way: “It is everywhere. We have a monthly meeting that is focused on compliance. We even call that day ‘Compliance Day’. That’s when we update everyone on compliance news, discuss any challenges we’re facing and determine what needs to be done to ensure we are always where we need to be.”

Ready for what’s next

Even with this massive undertaking nearly complete, Li is not likely to sit still for long. His lifelong commitment to staying healthy and active involves swimming, jogging, basketball, badminton and more. Now, his sons are following in his footsteps, showing great promise in swimming. It’s all part of a family-wide commitment to keeping up with the pace of life.

As the healthcare system in China evolves, Li and his colleagues are ensuring that Roche continues to provide access to quality healthcare for more people. By working with partners across the healthcare system, we are ensuring compliance with new regulations while minimising disruptions to patients and their healthcare providers.



Demonstrating the value of sustainability

Sartorius is a global supplier of innovative technologies and services that enable Roche and other biotechnology companies to simplify and accelerate progress in biomanufacturing. Matteo Alaria, Sartorius's Head of Product Sustainability, lives and breathes sustainability. An environmental engineer by training, he has combined two of his passions throughout his career – a love of the environment and a thirst for all things data-related.

“From my first job as a consultant working in a variety of industries to joining Sartorius in 2022, my most rewarding experiences have been helping organisations think and act sustainably,” reflects Matteo. “Climate change is one of the biggest challenges we face as a society today and we must act now to see changes in the future.”

Faster access for patients

Sustainability is one of Sartorius's three corporate values, along with openness and enjoyment. The company takes a holistic view to finding resource-efficient and innovative technology solutions that can help their clients translate new scientific discoveries more quickly into effective patient care, while progressing towards their sustainability goals. Sartorius looks at the entire value chain, from research and development and manufacturing through to storage and transportation of medicines and vaccines, to speed up the time it takes for patients to benefit from them. Matteo's role is to ensure all of this happens with sustainability at its core. “We have an ethical responsibility to support more access to innovative medicines for more people, and do it in the most sustainable way possible,” Matteo says.

“We are constantly pushing ourselves and our own suppliers to find opportunities to do more with less, to reduce resources and energy use and to look for sustainable solutions in every aspect of our business,” says Matteo. “At the end of the day, everyone will benefit from this approach. Our clients, our suppliers, the environment and, ultimately, patients.”

The value of collaboration

The biomanufacturing industry is extremely complex and could see faster progress and more benefits for companies and patients through increased collaboration and simplification. “There are so many opportunities. We have to speed up sustainability efforts across the industry. We all need to ask ourselves questions like ‘can we do better?’, ‘are there new innovations in single-use technologies that we could explore?’, ‘can we package this product more efficiently?’”

Matteo believes Roche, as a leader in the biotechnology industry, has a great opportunity to pave the way when it comes to industry collaboration. Through open dialogue with suppliers and partners, we can find common ground as an industry and really embed sustainability across the board. “Roche is a data-driven company,” he says. “The only way to connect sustainability with business is to find solutions through data and that is exactly how Roche operates its business. This mindset is critical to the future of the industry and we are grateful to collaborate with Roche on making meaningful change.”



Matteo Alaria



Matteo's lifelong passion for sustainability has propelled him to explore new and innovative ways to help clients reduce resources and energy use. He believes that companies like Roche can lead the way for the biotechnology industry and help set the standard for how companies can move towards a sustainable future.



“The only way to connect sustainability with business is to find solutions through data and that is exactly how Roche operates its business.”

Knowledge is power

Matteo and the team at Sartorius know that in-depth knowledge of a client’s processes and operations is an integral part of providing what they need. “It’s our job to learn about our clients and how they operate so we can identify the right solutions that will have the best possible performance,” says Matteo. “Having that 360-degree view helps us capture opportunities to improve sustainability across the value chain.”

Living the values

Although Sartorius is headquartered in Göttingen, Germany, Matteo works from his home office in Torino, Italy, where he grew up. While the COVID-19 pandemic sped up remote working approaches,

Sartorius had taken this approach across many functions prior to the pandemic. “I am very appreciative of the work-life balance I have in my role. It allows me to spend more time with my family while still collaborating with colleagues and clients around the world,” reflects Matteo. “Not to mention the fact that this is a truly sustainable approach to working.”

When considering what the future holds, Matteo speaks about his three-month-old daughter. “Her future is what’s important to me; that’s what drives me to make a difference in whatever way I can. I look forward to continuing to work with our clients to demonstrate value – which is always there when sustainability is at the heart of what we do.”

Embedding ethics and integrity in everything we do

Compliance

While maintaining a strong ethical culture remains the main focus of our comprehensive compliance programme, in 2022 we also focused on digitalisation and simplification of compliance processes and controls and ensured our compliance experts are involved earlier in new business models.

Several initiatives were concluded and successfully implemented in 2022, not only leading to early involvement of Compliance Officers but also driving line management ownership of our culture of integrity and compliance in times of transformation:

- A harmonised compliance risk and opportunity assessment and management framework was rolled out. This framework allows us to focus on the most relevant and biggest risks and opportunities, as well as identify potential gaps and trends.
- Our new Business Ethics Incident Management System (BEIMS) was successfully implemented, which allows us to capture key data in order to better understand root causes of non-compliant behaviours and trends, and act upon them.
- In an effort to drive awareness and engagement across the organisation, we revised and launched a simplified version of our Behaviour in Business directive. Through simpler language and easier navigation, we can ensure our employees have a clear understanding of key topics including conflict of interest and corruption.
- We began implementing an improved and standardised process for all interactions with healthcare professionals and healthcare

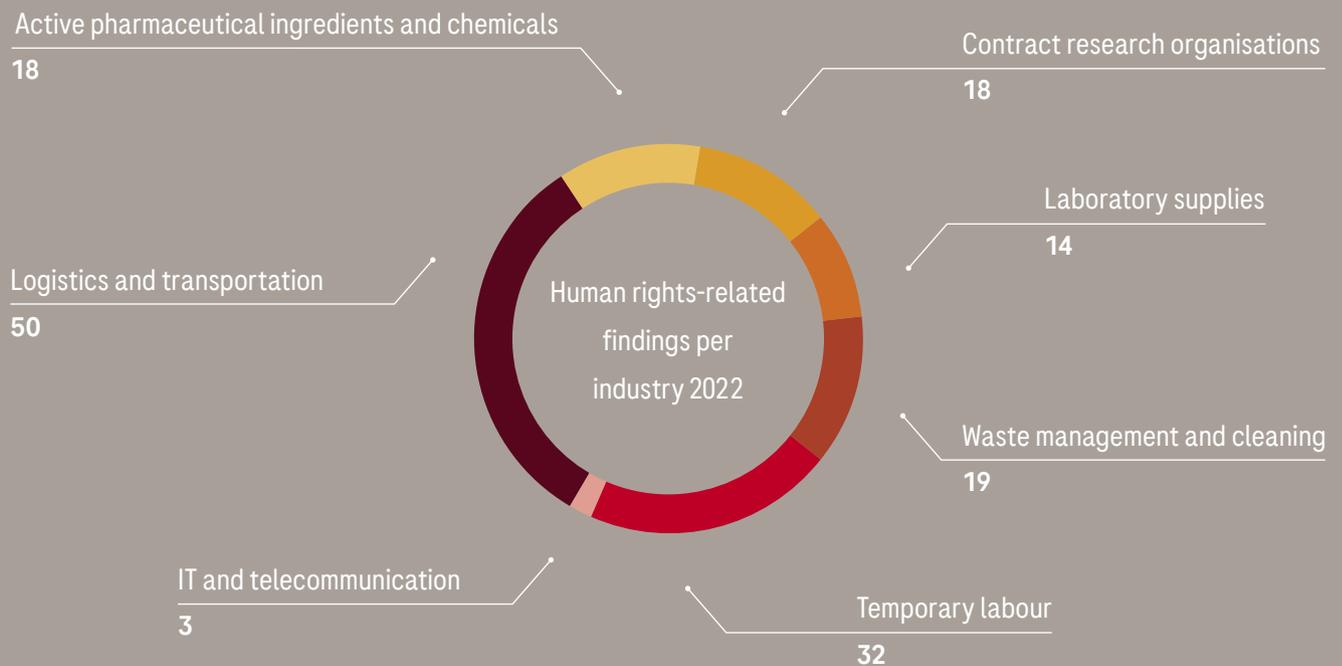
organisations. Through a centralised monitoring system, we are now able to free up the capacity of our compliance professionals to better support the business on more complex matters.

- We developed a Business Partner Management Checklist that provides a harmonised approach to the management of external business partners and promotes our integrity standards globally.

Human rights

Roche respects and proactively protects human rights. We are leveraging our current human rights programme and moving towards a more holistic approach in the value chain to include our external suppliers' human rights programmes. In 2022, a cross-functional team further developed our Directive on Human Rights Due Diligence for Third Parties, as well as updated the Roche Supplier Code of Conduct with a go-live date of 1 January 2023. These initiatives will increase transparency and enhance our human rights programme beyond Roche's own operations.

One of the ways we ensure compliance with our Supplier Code of Conduct is through our Supplier Sustainability Assurance Visit (SSAV) programme. We have a formal, risk-based method of identifying the suppliers most at risk for sustainability-related violations, including human rights violations. These suppliers are subject to recurring audits through the SSAV programme. In 2022, we conducted 51 SSAVs (16 in EMEA, 26 in APAC, 3 in North America and 6 in LATAM). There were 154 human rights-related observations. Audited suppliers commit to a documented corrective action plan to address any audit findings. Follow-up audits are conducted to verify that corrective actions are taken and adequately address root causes.



The most common critical or major findings categories: excessive overtime, incorrect overtime compensation (12%); not granted enough numbers of days off or annual leave (6%); delayed payment of wages (4%).

Compliance

In 2022, 193 employees used the Roche Group SpeakUp Line, operated by an external provider, which is available in 53 languages in 103 countries.

The Chief Compliance Officer received 723 reports of alleged violations of the Code of Conduct via the Business Ethics Incident Management System. Of these, 247 were unfounded, 278 were founded, and 198 are still under investigation. As a result, 112 employment contracts and 6 agreements with business partners were terminated on grounds of unethical behaviour.

Compared to last year, the higher number of reported alleged violations are due to a broadening of the scope of the definition of a Business Ethics Incident, with the removal of the materiality criteria as of 1 March 2022.



Corporate Governance

Our corporate governance principles put the focus of our business activities on sustainable value creation and innovation and prescribe a management culture conforming to recognised standards of good corporate governance and a policy of transparent communication.

Material topic

· Compliance

Principles

Business activities with a focus on sustainable value creation and innovation, a management culture conforming to recognised standards of good corporate governance and a policy of transparent communication embody Roche's corporate governance principles, which build the basis for the successful implementation of Roche's commitment to serving all its stakeholders.

A strong Board of Directors which represents the interests of the shareholders and all other stakeholders, and highly skilled managers who act with integrity are extremely important.

Roche ranked as one of the top three most sustainable healthcare companies in the Pharmaceuticals index of the Dow Jones Sustainability Indices (DJSI) for the 14th year running. This recognition is based on an in-depth analysis of economic, social and environmental performance. Sustainability is at the core of our business practices and this award reflects our commitment to running our business in a way that is ethical, responsible and creates long-term value for stakeholders.

This Corporate Governance Report sets out the structures, processes and rules which Roche takes as the basis for well-functioning corporate governance. In doing so, Roche complies with all

relevant corporate governance requirements, in particular with all applicable laws, the Swiss Stock Exchange (SIX Swiss Exchange) directives and the Swiss Code of Best Practice for Corporate Governance promulgated by the Swiss business federation 'economiesuisse'. The company's internal governance framework, particularly its Articles of Incorporation and Bylaws, embodies all the principles needed to ensure that the company's businesses are managed and supervised in a manner consistent with good corporate governance, including the necessary checks and balances.¹

The printed Annual Report contains selected links to the Roche website (<https://www.roche.com>). Readers are thus provided not only with a 'snapshot' of our company at the reporting date but are also directed to sources which they can consult at any time for up-to-date information about corporate governance at Roche. Whereas each Annual Report covers a single financial year ending 31 December, our website contains information of a more permanent nature, as well as the latest Roche news. The company's Articles of Incorporation, Bylaws and the curricula vitae of current and former members of the Board of Directors and the Corporate Executive Committee are published on our website (status as per end of term and as at the reporting date on 31 December of each year, at least of the last five years).

¹ <https://www.roche.com/about/governance>

Annual General Meeting

Annual General Meeting

Board of Directors
and Board Committees

Board of Directors

Board Committees

Chairman's/Nomination Committee

Remuneration Committee

Corporate Governance and Sustainability Committee

Audit Committee

Corporate Executive Committee

Corporate Executive Committee

CEO Roche
Group

CEO Roche
Pharmaceuticals

CEO Roche
Diagnostics

Chief Financial and
Information Officer

Chief People
Officer

Enlarged Corporate Executive
Committee

Enlarged Corporate Executive Committee

gRED

pRED

Pharma Partnering

Communications

General Counsel

Board of Directors

Review AGM 2022

In accordance with Art. 8 of the Federal Act on the Statutory Principles for Federal Council Ordinances on Combating the COVID-19 Epidemic (COVID-19 Act) and Art. 27 of the Ordinance 3 on Measures to Combat the Coronavirus (COVID-19) (COVID-19 Ordinance 3), the 104th Annual General Meeting (AGM) of Roche Holding Ltd was held on 15 March 2022 without shareholders attending in person. Shareholders had been requested to exercise their rights via the independent proxy, Testaris AG, and to address their questions to the company in writing.

At the AGM of Roche Holding Ltd on 15 March 2022, shareholders re-elected Dr Christoph Franz as Chairman of the Board of Directors for a term of one year as provided by the Articles of Incorporation.

Furthermore, the AGM re-elected André Hoffmann, Julie Brown, Dr Jörg Duschmalé, Dr Patrick Frost, Anita Hauser, Prof. Dr Richard P. Lifton, Bernard Poussot, Dr Severin Schwan and Dr Claudia Suessmuth Dyckerhoff as members of the Board of Directors for a term of one year as provided by the Articles of Incorporation.

Dr Jemilah Mahmood was elected as a new member of the Board of Directors for a term of one year.

In addition, the AGM elected Dr Christoph Franz, André Hoffmann, Prof. Dr Richard P. Lifton, Bernard Poussot and Dr Patrick Frost as members of the Remuneration Committee for a term of one year.

At its organising meeting immediately following the AGM, the Board of Directors determined the structure and composition of its remaining committees as shown on page 165 (see also page 11 and page 171 'Board of Directors and Corporate Executive Committee').

Review on reporting year

As announced in July 2022, Roche Chairman Dr Christoph Franz has decided not to stand for re-election as a member and Chairman of the Board of Directors at the AGM in March 2023. Dr Franz was elected to the Roche Board of Directors in 2011 and has served as its Chairman since 2014.

On 26 September 2022, Julie Brown stepped down as a member of the Roche Board of Directors with immediate effect, as she has accepted a management role at another pharmaceutical company. Julie Brown was elected to the Board of Directors in March 2016 and subsequently chaired the Audit Committee. Dr Patrick Frost took on as the Chairman of the Audit Committee on an interim basis until the AGM 2023 of Roche Holding Ltd.

Outlook AGM 2023

On 14 March 2023, at the forthcoming AGM the Board of Directors nominates Dr Severin Schwan as its new Chairman for election. Dr Schwan has served as a member of the Roche Board of Directors since 2013. At the same time, Dr Schwan will resign as a member of the Corporate Executive Committee (since 2006) and as the CEO Roche Group (since 2008).

The Board of Directors further nominates all other remaining members of the Board of Directors for re-election and recommends the following new members for election to the Board of Directors at the AGM 2023: Prof. Dr Akiko Iwasaki, Sterling Professor of Immunobiology and Molecular, Cellular and Developmental Biology at Yale University and an Investigator of the Howard Hughes Medical Institute, and Dr Mark Schneider, Chief Executive Officer of Nestlé.

Moreover, the Board of Directors nominates Dr Jörg Duschmalé and Anita Hauser (both new), André Hoffmann, Prof. Dr Richard P. Lifton and Bernard Poussot as current members for election to the Remuneration Committee at the AGM in 2023.

Per-Olof Attinger, currently Head of the CEO Office and Secretary to the Corporate Executive Committee, will take over as Secretary to the

Board of Directors from Dr Annette Luther, who will be appointed as Head of International Government Relations in April 2023.

The Board of Directors nominates Testaris AG for election as independent proxy by the AGM in 2023 for the period from 2023 until the conclusion of the 2024 ordinary AGM of shareholders.

Board of Directors and Board Committees

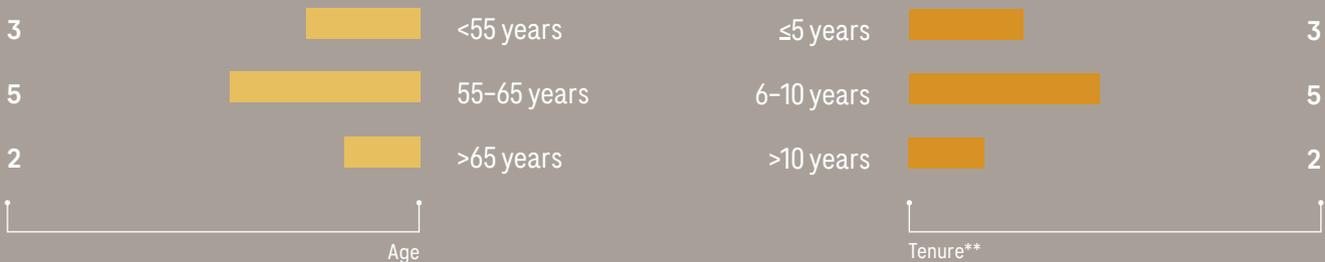
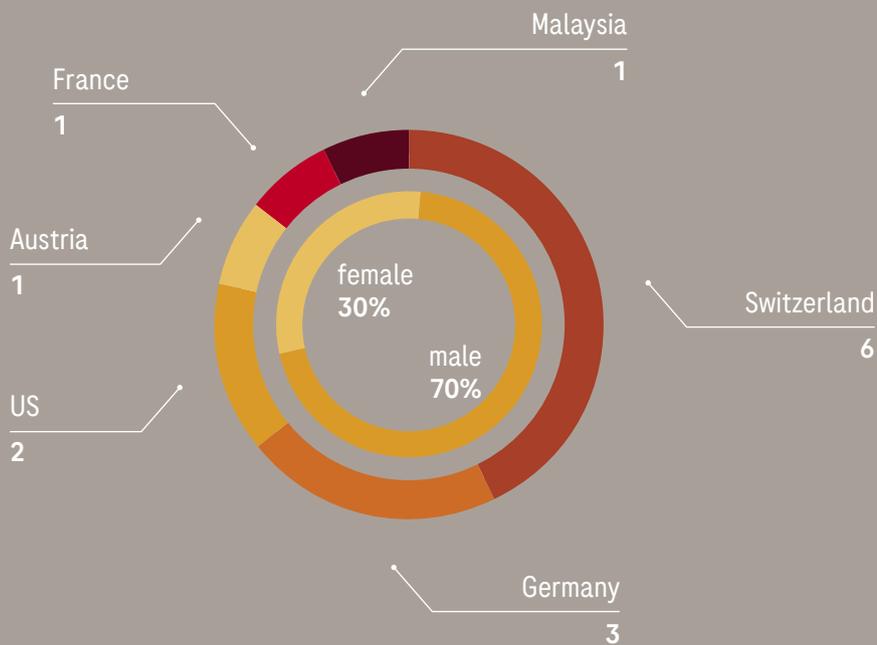


10

members

Board of Directors

Nationality*



Average tenure (years)	incl. CEO:	8.50
	excl. CEO:	8.33

* incl. 2x dual citizen and 1x triple citizen | ** Calculated: year of first election - 2023

Composition as at 31.12.2022	Name (year of birth)			First elected
Board of Directors	Dr Christoph Franz (1960)	C, D*, E, G	Chairman	2011
	André Hoffmann (1958) (representative of the shareholder group with pooled voting rights)	A*, C*, D, E, G	Vice-Chairman	1996
	Dr Jörg Duschmalé (1984) (representative of the shareholder group with pooled voting rights)	B, E, G		2020
	Dr Patrick Frost (1968)	B*, C, E, G		2020
	Anita Hauser (1969)	A, E, G		2017
	Prof. Dr Richard P. Lifton (1953)	C, E, G		2015
	Dr Jemilah Mahmood (1959)	A, E, G		2022
	Bernard Poussot (1952)	C, E, G		2015
	Dr Severin Schwan (1967)	F		2013
	Dr Claudia Suessmuth Dyckerhoff (1967)	A, B, E, G		2016
Secretary to the Board of Directors	Dr Annette Luther (1970)			

Curricula vitae (CVs) of members of the Board of Directors:

a) current members: <https://www.roche.com/about/governance/board-of-directors>

b) former members (at least of the last five years): https://www.roche.com/about/governance/ec_bod_former

c) information of CVs at the reporting date on 31 December of each year (at least of the last five years): https://www.roche.com/about/governance/archiv_former_cvs

A Corporate Governance and Sustainability Committee

B Audit Committee

C Remuneration Committee

D Chairman's/Nomination Committee

E Non-executive director

F Executive director

G Independent member of the Board of Directors

* Committee chairperson

Board of Directors Committees	A	B	C	D
	André Hoffmann (Chair) Anita Hauser Dr Jemilah Mahmood Dr Claudia Suessmuth Dyckerhoff	Dr Patrick Frost (Chair) Dr Jörg Duschmalé Dr Claudia Suessmuth Dyckerhoff	André Hoffmann (Chair) Dr Christoph Franz Dr Patrick Frost Prof. Dr Richard P. Lifton Bernard Poussot	Dr Christoph Franz (Chair) André Hoffmann

Corporate Executive Committee

All memberships of the Corporate Executive Committee remained unchanged in 2022.

William Pao, Head of Roche Pharma Research and Early Development (pRED) and member of the Enlarged Corporate Executive Committee, left Roche on 18 March 2022 for a new opportunity in the United States.

Prof. Dr Hans Clevers, who joined the Board of Directors in 2019, stepped down from this position and was appointed as the new Head of Roche pRED effective 18 March 2022 and became a member of the Enlarged Corporate Executive Committee reporting directly to Roche’s Group CEO.

As announced in July 2022, the Board of Directors has decided to propose Roche’s Group CEO Dr Severin Schwan as its new Chairman at the AGM in March 2023. At the same time, Dr Schwan will resign as a member of the Corporate Executive Committee (since 2006) and as the CEO Roche Group (since 2008).

Effective 14 March 2023, the Board of Directors has appointed Dr Thomas Schinecker, currently CEO of the Diagnostics Division, as Dr Schwan’s successor as the CEO Roche Group. Dr Schinecker grew up in Asia and earned his PhD in Molecular Biology in the United States. Since joining Roche

in 2003, he worked in different countries and leadership functions before he became CEO of the Diagnostics Division and a member of the Corporate Executive Committee in August 2019.

As announced on 3 October 2022, effective 1 January 2023, Matt Sause, former Head of Roche Diagnostics’ North America region, became CEO Roche Diagnostics and a member of the Corporate Executive Committee. Matt Sause began his career with Roche in Indianapolis, United States, in 2002 and progressed in numerous leadership roles in multiple countries, including Japan, Taiwan, Ireland, Peru and South Korea. In 2018, he joined Genentech before assuming the role as regional Head of Roche Diagnostics North America. He holds a bachelor’s degree in microbiology.

Bill Anderson, CEO Roche Pharmaceuticals and member of the Corporate Executive Committee, has decided to pursue opportunities outside of Roche effective 31 December 2022. Dr Thomas Schinecker became the ad interim CEO Roche Pharmaceuticals starting 1 January 2023.

Information on each member of the Corporate Executive Committee and of the Enlarged Corporate Executive Committee is listed on page 167 (see also page 16 and page 171 ‘Board of Directors and Corporate Executive Committee’).

Corporate Executive Committee

Enlarged Corporate Executive Committee

Corporate Executive Committee				
CEO Roche Group	CEO Roche Pharmaceuticals	CEO Roche Diagnostics	Chief Financial and Information Officer	Chief People Officer
Enlarged Corporate Executive Committee				
gRED	pRED	Pharma Partnering	Communications	General Counsel

Composition as at 31.12.2022

	Name (year of birth)	Position	Since
Corporate Executive Committee	Dr Severin Schwan (1967)	CEO Roche Group	2008
	Bill Anderson (1966)	CEO Roche Pharmaceuticals	2019
	Dr Thomas Schinecker (1975)	CEO Roche Diagnostics	2019
	Dr Alan Hippe (1967)	Chief Financial and Information Officer	2011
	Cristina A. Wilbur (1967)	Chief People Officer	2016
Enlarged Corporate Executive Committee	Dr Aviv Regev (1971)	Head Genentech Research and Early Development (gRED)	2020
	Prof. Dr Hans Clevers (1957)	Head Roche Pharma Research and Early Development (pRED)	2022
	Dr James H. Sabry (1958)	Global Head Pharma Partnering	2018
	Barbara Schädler (1962)	Head Group Communications	2019
	Claudia Böckstiegel (1964)	General Counsel	2020
	Per-Olof Attinger (1960)		2010
		KPMG Klynveld Peat Marwick Goerdeler SA (reporting years 2004–2008) KPMG AG (since 2009) Auditor in charge: John A. Morris (2004–2010) Ian Starkey (2011–2017) Mark Baillache (2018–2021) François Rouiller (since 2022)	
Secretary to the Corporate Executive Committee			
Statutory Auditors of Roche Holding Ltd			
Chief Compliance Officer	Pascale Schmidt (1973)		2020

Curricula vitae (CVs) of the members of the Corporate Executive Committee and the Enlarged Corporate Executive Committee:

a) current members: <https://www.roche.com/about/governance/executive-committee>

b) former members (at least five years back): https://www.roche.com/about/governance/ec_bod_former

c) information of CVs at the reporting date on 31 December of each year (at least of the last five years):

https://www.roche.com/about/governance/archiv_former_cvs

Group structure and shareholders

Roche's operating businesses are organised into two divisions: Pharmaceuticals and Diagnostics.

The Pharmaceuticals Division comprises the two business segments Roche Pharmaceuticals (including Genentech in the United States) and Chugai.

In 2021, the Diagnostics Division replaced the previous business area structure of its four business areas with new customer areas. Sales are presented by the following customer areas: Core Lab, Molecular Lab, Point of Care, Pathology Lab, Diabetes Care (for details see Finance Report, page 25).

Business activities are carried out through Group subsidiaries and associated companies. Detailed

information on Roche Holding Ltd and on significant subsidiaries and associated companies (including company name, listing information, domicile, share capital and equity interest) is listed in the Finance Report, Note 33 to the Roche Group Consolidated Financial Statements ('List of subsidiaries and associates', page 137).

Major shareholders are listed in the Finance Report, Notes 22 and 32 to the Roche Group Consolidated Financial Statements ('Equity attributable to Roche shareholders' and 'Related parties', pages 94 and 134), and in Note 4 to the Financial Statements of Roche Holding Ltd ('Significant shareholders', page 181). In addition, significant shareholders are published on the relevant webpage (see link below*) of the disclosure office of SIX Exchange Regulation.

Pharmaceuticals

Roche Pharmaceuticals (incl. Genentech)

Chugai

Diagnostics

Core Lab

Molecular Lab

Point of Care

Pathology Lab

Diabetes Care

Composition as at 31.12.2022

* SIX Exchange Regulation: <https://www.ser-ag.com/en/resources/notifications-market-participants/significant-shareholders.html#/>

André Hoffmann (above), Chairman of the Corporate Governance and Sustainability Committee and of the Remuneration Committee, and Dr Jörg Duschmalé (below), member of the Audit Committee.

André Hoffmann, Vice-Chairman of the Board of Directors, Chairman of the Remuneration Committee and of the Board's Corporate Governance and Sustainability Committee and member of the Board's Chairman's/Nomination Committee, and Dr Jörg Duschmalé, member of the Board of Directors and of the Board's Audit Committee, serve in their respective capacities on the Board and its committees as representatives of the shareholder group with pooled voting rights and receive the remuneration set forth in the Remuneration Report on page 194 and in the Finance Report, Note 32 to the Roche Group Consolidated Financial Statements ('Related parties', page 134). No other relationships exist with the shareholders with pooled voting rights.

There are no cross-shareholdings.



Capital structure

Information on Roche's capital structure is provided in the Finance Report, Notes to the Financial Statements of Roche Holding Ltd (page 178). Additional details are contained in the Articles of Incorporation of Roche Holding Ltd.²

Movement in recognised amounts during the last three financial years are detailed in the Finance Report, Notes to the Financial Statements of Roche Holding Ltd (page 180).

At an extraordinary General Meeting held on 26 November 2021, the shareholders agreed to reduce the company's share capital from CHF 160,000,000 to CHF 106,691,000 through the cancellation of 53,309,000 shares which had been repurchased by the company from Novartis Holding AG pursuant to the repurchase agreement dated 3 November 2021. The share capital is divided into 106,691,000 fully paid bearer shares with a nominal value of CHF 1 each. There are no restrictions on the exercise of the voting rights of these bearer shares.

There is no authorised or conditional capital.

In addition, 702,562,700 non-voting equity securities (NES) have been issued in bearer form. They do not form part of the share capital and confer no voting rights. Each NES confers the same rights as one share to participate in available

earnings and in any liquidation proceeds following repayment of the share capital. Roche's NES and the rights pertaining thereto (including the provisions protecting the interests of NES holders) are described in §4 of the Articles of Incorporation of Roche Holding Ltd.

Information on debt instruments which have been issued and on outstanding bonds is provided in the Finance Report, Note 21 to the Roche Group Consolidated Financial Statements ('Debt', page 89).

Information on employee stock options is provided in the Finance Report, Note 27 to the Roche Group Consolidated Financial Statements ('Equity compensation plans', page 108), including detailed information on the Stock-settled Stock Appreciation Rights (S-SARs) Plan, the Restricted Stock Units (RSUs) Plan, Roche Connect and the Roche Option Plan.

Roche has issued no options apart from employee stock options as described in the Finance Report, Note 27 to the Roche Group Consolidated Financial Statements ('Equity compensation plans', page 108) and options issued in connection with debt instruments.

Neither the options awarded to employees nor the debt instruments which have been issued have any effect on Roche's share capital.

² <https://www.roche.com/about/governance/article-of-incorporation>

Board of Directors and Corporate Executive Committee

Information on each member of the Board of Directors and on each member of the Corporate Executive Committee is listed on pages 165 and 167. Members of the Board of Directors have no age limit or restriction on their term of office.

Curricula vitae (CVs) of all current and former members (of at least the last five years) of both bodies and other information (including information on the years of their first election, Board memberships, additional positions, memberships and activities) are available and continuously updated on the Internet. In addition, the status of the CVs of both bodies at the relevant reporting date on 31 December (of at least the last five years) is separately available too.³

Rules pursuant to article 12 para. 1 point 1 VegüV on the number of permitted activities of the Board of Directors and the Corporate Executive Committee members are outlined in §22.4 of the Articles of Incorporation of Roche Holding Ltd.⁴

Since 2014, the Annual General Meeting has elected all members of the Board of Directors, the Chairman of the Board of Directors and the members of the Remuneration Committee on an annual basis in elections in which each nominee is voted on separately (see §18 of the Articles of Incorporation of Roche Holding Ltd⁴ and the minutes of the 104th ordinary Annual General Meeting of Roche Holding Ltd, held on 15 March 2022⁵).

With the exception of Dr Severin Schwan none of the members of the Board of Directors in office at the end of 2022 was a member of Roche's Corporate Executive Committee or served in an executive capacity at any Group subsidiary during the five financial years preceding the current reporting period and they are for lack of existing business connections with the Group or any Group subsidiary independent. Roche's Board of

Directors' independence definition is based on the definition in the Swiss Code of Best Practice for Corporate Governance of 'economiesuisse' and is complemented by specific preceding criteria (see <https://www.roche.com/about/governance/board-of-directors>).

The Principles of Governance (principles of delegation and competence, reservation of powers and management of a group of companies) of the executive bodies of the company include economic, environmental and social topics. The principles together with the internal organisation of the Board of Directors, the division of authority and responsibilities between the Board and management, the remits of the Board Committees, and the information and control mechanisms available to the Board in its dealings with corporate management, are governed by the Bylaws.⁶

The Board of Directors of Roche Holding Ltd is organised so as to ensure that the Group conducts its businesses responsibly and with a focus on long-term value creation. To this end, the Roche Board has delegated certain responsibilities to several committees.⁷ Their composition and chairpersons as at 31 December 2022 are described on pages 11 and 165. Each committee's authorities and responsibilities are defined in detail in the Bylaws of the Board of Directors.⁸

All the committees are chaired by independent directors.

According to the Bylaws of the Board of Directors, a Board meeting may be convened without the Chairman present at the request of any of its members. The Roche Board meets once a year to assess the Chairman's performance. This meeting, which is not attended by the Chairman, is chaired by the Vice-Chairman.

³ <https://www.roche.com/about/governance/board-of-directors> and <https://www.roche.com/about/governance/executive-committee>

⁴ <https://www.roche.com/about/governance/article-of-incorporation>

⁵ <https://www.roche.com/about/governance/annual-general-meetings>

⁶ <https://www.roche.com/about/governance/article-of-incorporation>

⁷ <https://www.roche.com/about/governance/committees>

⁸ <https://www.roche.com/about/governance/article-of-incorporation>

Board of Directors and Board Committees



Corporate Executive Committee



As part of the Management Information System (MIS), the Board has access to an electronic information platform which provides timely information to the Board of Directors and the Board Committees as does the system of controls as set forth below.

The Board of Directors has established a system of controls which is continuously monitored by the Audit Committee, by the Corporate Governance and Sustainability Committee and by the Board of Directors and consists of the following elements:

- Report on operating and financial risks (risk management system)

The Roche Group has established a risk management process covering the entire company with a system in place to identify and manage all types of risks and opportunities potentially affecting its business (including economic, environmental and social impacts). The Board of Directors is the highest governance body involved. Roche's Risk Management Policy sets out the approach and accompanying responsibilities. Roche's Pharmaceuticals and Diagnostics Divisions and global functions conduct a formal assessment process at least once a year and must develop risk plans for their most material risks and opportunities. These are monitored and deviations reviewed in regular performance

dialogues. The consolidated Group Risk Report including target risk profile is discussed by the Corporate Executive Committee and approved together with the Group Business Plan. All material risks are reviewed by the Board on a yearly basis. The effectiveness of the risk management process is monitored by the Group Risk Advisory team and the overall process is regularly reviewed by external auditors, with findings presented to the Audit Committee and the full Board. For details on risk management and the Risk Management Policy, see 'Risk management' on our website.⁹ Financial risk management is specifically described in the Finance Report.¹⁰

- System of internal controls over financial reporting (see page 153 of the Finance Report)
 - Internal audit
- Group Audit reports administratively to the General Counsel, has direct access and gives regular briefings to the Audit Committee, to the Corporate Governance and Sustainability Committee and to the Chairman of the Board of Directors about ongoing activities and audit reports. The Chief Audit & Risk Advisory Executive attends the Audit Committee and partly the Corporate Governance and Sustainability Committee meetings, as do the external auditors. Group Audit is an independent appraisal function which evaluates and reviews the Group's activities as a service to the Board

⁹ <https://www.roche.com/about/sustainability/approach/risk-management>

¹⁰ Additional information is provided in the Finance Report, Note 31 to the Roche Group Consolidated Financial Statements, 'Risk management', page 119.

of Directors and to management. The annual audit plan with yearly defined focus areas (e.g. commercial activities, distributor management, healthcare compliance) is validated by senior management and approved by the Audit Committee. The Roche Group is committed to maintaining a high standard of internal control throughout its worldwide operations. Management is responsible for assessing the business risks in all aspects of its operation and for implementing effective and efficient processes and controls whilst ensuring compliance with internal and external rules and regulations. By conducting operational audits, Group Audit determines management's response to the risks surrounding business processes and systems, and evaluates the appropriateness, completeness and efficiency of the processes and controls. Action plans to implement necessary changes and enhancements are developed together with the business/auditee and are tracked to completion.

- Statutory auditors, see page 178
- Chief Compliance Officer and Compliance Officers in subsidiaries, see page 181
- Safety, Security, Health and Environmental Protection department¹¹
- Corporate Sustainability Steering Committee¹²
- Science and Ethics Advisory Group (SEAG)¹³

The members of the Corporate Executive Committee are invited to attend meetings of the Board of Directors for, and report in person on, those agenda items concerning them. When the situation warrants, members of the Enlarged Corporate Executive Committee may also be invited to attend. The Board Committees invite the Chairman of the Board and Corporate Executive Committee members to deliver reports at committee meetings and may elect to commission independent expert reports and call on the services of consultants.

Each year several black-out periods are imposed during which members of the Board of Directors and senior managers and certain other employees are prohibited from trading in company stock.

The following black-out periods are/were in effect for 2023 and 2022, respectively:

Black-out periods

2023	2022
26 December 2022 to 2 February 2023	26 December 2021 to 3 February 2022
1 April to 26 April 2023	1 April to 25 April 2022
26 June to 27 July 2023	26 June to 21 July 2022
1 October to 19 October 2023	1 October to 18 October 2022

Black-out periods can be changed by the Chairman of the Board of Directors if circumstances warrant.

Roche employees involved in the preparation of regular publicity events (in particular annual and half-year reports and media conferences, quarterly sales releases) or having otherwise access to such potentially share price sensitive information of Roche are subject to these black-out periods. Irrespective of whether the relevant information is share price sensitive for Roche or not, during the black-out periods these persons shall keep the relevant information confidential and must not (i) disclose it to any non-insider within or outside Roche (including family members), (ii) buy, sell or otherwise trade in equity securities of Roche (shares, non-voting equity securities [NES]) as well as options or similar instruments and derivatives based thereon, or (iii) provide trading recommendations thereon. The automatic execution of predefined periodic purchase orders under the Roche Connect programme is not subject to these black-out periods.

For addressees, scope and exceptions with regard to the black-out periods please refer to the Roche Group Insider Directive (<https://assets.cwp.roche.com/f/126832/x/3e96b30141/group-insider-policy.pdf>).

¹¹ <https://www.roche.com/about/sustainability/environment>

¹² <https://www.roche.com/about/sustainability>

¹³ <https://www.roche.com/innovation/ethical-standards/advisory>



Dr Patrick Frost, Chairman of the Audit Committee.

In 2022, the Board of Directors met for 8 meetings: meetings from 1 to 8 hours in length, including a full-day meeting. In addition, the Board went on a 4-day trip to a European affiliate.*

The Board Committees met as follows in 2022:

- Chairman's/Nomination Committee:
8 meetings (approx. 2 hours each*)
- Remuneration Committee:
3 meetings¹⁴ (approx. 2 hours each*)
- Audit Committee:
5 meetings (approx. 3 to 4 hours each*)
- Corporate Governance and Sustainability Committee:
3 meetings (approx. 2 to 3 hours each*)

The Board of Directors regularly conducts an assessment (self-assessment / assessment by third parties via electronic survey and personal interviews) of its performance. After an assessment by a third party in 2021, a Board assessment was performed in 2022 whereby the designated new Chairman of the Board of Directors conducted personal interviews with all members of the Board of Directors.

Members of the Corporate Executive Committee have a maximum ordinary notice period of twelve months. There are no change-of-control clauses in the employment contracts.

There are no management contracts which fall within the scope of subsection 4.4 (annex) of the SIX Directive on Information relating to Corporate Governance.

¹⁴ Remuneration Committee members recuse themselves from deliberations and decisions on matters that affect their interests.

* These figures indicate the actual length of meetings and do not include the directors' extensive pre-meeting preparations and post-meeting follow-up activities.

Attendance at Board and Board Committee meetings in 2022

	Board	Chairman's/ Nomination Committee	Remuneration Committee	Audit Committee	Corporate Governance and Sustainability Committee
Number of meetings	8	8	3	5	3
C. Franz	8	8	3	-	-
A. Hoffmann	8	8	3	-	3
J. Duschmalé	8	-	-	5	-
P. Frost	8	-	2*	5	-
A. Hauser	8	-	-	-	3
R. P. Lifton	8	-	3	-	-
J. Mahmood (member of the Board since March 2022)	6*	-	-	-	2*
B. Poussot	8	-	3	-	-
S. Schwan	8	-	-	-	-
C. Suessmuth Dyckerhoff	8	-	-	4*	3
P. Bulcke (member of the Board until March 2022)	0**	-	-	1**	-
H. Clevers (member of the Board until March 2022)	1**	-	-	-	1**
J. Brown (member of the Board until September 2022)	5***	-	-	3***	-

- Not a member of that committee

* Member since March 2022

** Member until March 2022

*** Member until 26 September 2022

Remuneration, shareholdings and loans

All details regarding remuneration, shareholdings and loans (content and method of determining the compensation and the shareholding programmes, basic principles and elements of compensation and shareholding programmes for serving and former members of the Board of Directors and Corporate Executive Committee, together with a description of the authorities and procedure for determining such) are set forth in the separate Remuneration Report on pages 182 to 207 and in the Finance Report, Notes 22 and 32 to the Roche Group Consolidated Financial Statements ('Equity attributable to Roche shareholders' and 'Related parties', pages 94 and 134), and are listed in Note 6 to the Financial Statements of Roche Holding Ltd ('Board and Executive shareholdings', page 182).

The following rules on remuneration, shareholdings and loans for the Board of Directors (Board) and the Corporate Executive Committee (CEC) are set forth in the Articles of Incorporation (Aol):¹⁵

Content	Rules in Aol ¹⁵ for	
	Board	CEC
Rules on the principles applicable to performance-related pay	§25.1-6	§25.1-6
Rules on the principles to the allocation of equity securities, convertible rights and options	§25.7	§25.7
Additional amount for payments to members of the Executive Committee appointed after the vote on pay at the Annual General Meeting of shareholders	-	§24.5
Rules on loans, credit facilities and post-employment benefits	§25.1 and 3	§25.2 and 3
Rules on the vote on pay at the AGM	§24	§24

¹⁵ <https://www.roche.com/about/governance/article-of-incorporation>

Participatory rights of shareholders

The participatory rights of shareholders are defined in Roche's Articles of Incorporation.¹⁶ As Roche shares are issued to bearer, there are no restrictions on admission to Annual General Meetings, with the exception that shares must be deposited within a specified period before the date of a meeting and an admittance card must be issued in the shareholder's name, as provided in §12 of the Articles of Incorporation. Any shareholder can elect to be represented by a third party at an Annual General Meeting.

The Articles of Incorporation contain no restrictions on the exercise of voting rights, and the only quorum requirements are those stipulated in §16, in conformity with the Swiss Code of Obligations.

Under §10.2 of the Articles of Incorporation, shareholders representing shares with a nominal value of at least CHF 1 million can request the placement of items on the agenda of an Annual General Meeting. This must be done no later than 28 days before the date of the meeting.

The rules on the issue of instructions to the independent proxy and rules on the electronic participation in the Annual General Meeting are laid down in the corresponding invitation to the Annual General Meeting and are not regulated in the Articles of Incorporation.

Change of control and defensive measures

The Articles of Incorporation contain no provisions on the mandatory bid rule. Swiss law applies.

There are no change-of-control clauses. Those components of remuneration based on Roche

non-voting equity securities would be terminated in the event of an acquisition, and vesting period restrictions on pre-existing awards would be removed, so that all such options could be exercised immediately.

¹⁶ <https://www.roche.com/about/governance/article-of-incorporation>

Relationship to statutory auditors

At the Annual General Meeting of Roche Holding Ltd on 15 March 2022, the shareholders voted to appoint KPMG AG (KPMG) as statutory auditors.

Based on the existing legal requirements of the Swiss Code of Obligations (Article 730a) concerning the maximum term of office of seven years of the auditor in charge, François Rouiller has been the auditor in charge since the business year 2022 (information on how long the auditor in charge has been serving in this capacity is provided on page 167).

The statutory auditors participate in Audit Committee meetings. They prepare written and oral reports on the results of their audits. The Audit Committee oversees and assesses the auditors and makes recommendations to the Board (for information on the authorities and responsibilities of the Audit Committee, see Article 8.1 of the Bylaws¹⁷). The statutory auditors participated in all five meetings of the Audit Committee in 2022.

The performance of KPMG is assessed based on different elements such as affiliate surveys (to evaluate the service level at the country level), interviews with Roche key stakeholders and the self-evaluation of the KPMG internal processes to ensure compliance with the Federal Audit Oversight Authority (FAOA) Audit Committee Guide.

KPMG's independence is ensured by limiting KPMG from providing certain non-audit services. Furthermore, permitted services cannot exceed in total 20% of the audit fee unless they are explicitly reviewed and approved by the Audit Committee. The company has a formal policy governing the engagement of the statutory auditor for non-audit services of which limits for certain permitted other services are agreed by the Audit Committee. Each potential non-audit service engagement is reviewed against this policy before any authority to proceed is given.

The auditors have direct access to the Audit Committee and its chair as well as the Head of Group Audit to discuss relevant issues.

The reports of the statutory auditor on the Consolidated Financial Statements and on the Financial Statements can be found on pages 154 and 185, respectively, of the Finance Report.

KPMG received the following remuneration for their services as statutory auditors of Roche Holding Ltd and as the auditors of other Roche companies (including Chugai):

	2022	2021
	(millions of CHF)	
Auditing services	21.4	19.9
Audit-related services		
– Assurance	0.7	0.6
– Non-statutory audits	–	–
Tax services	2.8	2.8
Other services	0.4	0.4
Total	25.3	23.7

The audit fee is reviewed by the Head of Group Audit and approved by the Audit Committee every year and takes into consideration changes in Roche's business, as well as changes in financial reporting and audit standards and regulations.

The statutory auditors are elected each year by the Annual General Meeting.

Auditing services are provided as legally required.

Audit-related services include assurance and accounting services provided by auditors but which are not necessarily provided by the statutory auditor. These services, which go beyond the legal requirements, could include other attestation services, comfort letters, and consultations.

¹⁷ <https://www.roche.com/about/governance/article-of-incorporation>

Tax services include services with respect to compliance, tax returns and tax advice except those services related to the audit of tax.

Other services include advice relating to process improvements, regulations and trainings.

External audit services tender

Upon the initiative of the Roche Audit Committee, four audit firms were invited to participate in a tender for the external auditing services starting with the 2024 financial year.

A project team managed the tender process in two phases, the Request for Information (RFI) phase was conducted throughout the course of 2021.

The RFI culminated in a shortlisting of two audit firms that were invited to the Request for Proposal (RFP) phase. The RFP phase was completed in 2022.

Both phases of the audit tender were conducted with the involvement of all key stakeholders and a thorough, independent process in line with predefined evaluation criteria. All audit firms were provided appropriate access to Roche management, and all relevant financial and non-financial information relevant for their respective proposals.

Based on the assessment of the audit firms as part of the tender process, the Board of Directors proposes to the shareholders to reappoint KPMG as the external auditor for the 2024 financial year.

Relationship to the independent proxy

Since 2019, Testaris AG has served as the independent proxy and at the Annual General Meeting on 15 March 2022, shareholders elected Testaris AG as the independent proxy for the period from 2022 until the conclusion of the 2023 ordinary Annual General Meeting of shareholders. Testaris AG was paid for its services for the Annual General Meeting 2022 according to expenditure totalling CHF 15,974 (2021: CHF 28,288 [for the ordinary and an extraordinary Annual General Meeting]).

The Board of Directors nominates Testaris AG for election as independent proxy by the Annual

General Meeting 2023 for the period from 2023 until the conclusion of the 2024 ordinary Annual General Meeting of shareholders.

The rules on the issue of instructions to the independent proxy and rules on the electronic participation in the Annual General Meeting are laid down in the corresponding invitation to the Annual General Meeting and are not regulated in the Articles of Incorporation.

Information policy

As provided by §34 of the Articles of Incorporation,¹⁸ corporate notices are published in the Swiss Official Gazette of Commerce and in other daily newspapers designated by the Board of Directors ('Basler Zeitung', 'Finanz und Wirtschaft', 'L'Agefi', 'Le Temps', 'Neue Zürcher Zeitung').

Roche reports its half-year and full-year results in business reports (published in print and/or online formats) and at media events. In addition, detailed first-quarter and nine months sales figures are published each year in April and October. The most current list of publication dates is available on the Internet.¹⁹

All relevant information and documents, including all media releases, investor updates²⁰ and

presentations to analyst and investor conferences are available on the Internet. Further publications are available on

<https://www.roche.com/publications>

or can be ordered by e-mail:

materials.management.mm1@roche.com

or fax: +41 (0)61 688 69 02

The contact address for Investor Relations is:
F. Hoffmann-La Roche Ltd, Investor Relations,
Group Finance, 4070 Basel, Switzerland
Tel.: +41 (0)61 688 88 80
Fax: +41 (0)61 691 00 14

Additional information, including details on specific contact persons, is available on the Internet.²¹

¹⁸ <https://www.roche.com/about/governance/article-of-incorporation>

¹⁹ <https://www.roche.com/media>

²⁰ <https://www.roche.com/investors>

²¹ <https://www.roche.com/contact/investor-contacts>

Chief Compliance Officer and Compliance Officers network

The Chief Compliance Officer with the Compliance Officers network is committed to ensuring that the Roche Group Code of Conduct²² is consistently complied with throughout the Roche Group. The Chief Compliance Officer also serves as a contact person for shareholders, employees, business partners, customers, suppliers and the general public on issues relating to the implementation of and compliance with this Code.

Employees and other parties who become aware of violations of the Roche Group Code of Conduct can bring them to the attention of their managers or supervisors, to the local Compliance Officer or report them to the Chief Compliance Officer²³ (Ms Pascale Schmidt, e-mail: pascale.schmidt@roche.com, tel.: +41 (0)61 688 48 90). Such disclosures will be treated confidentially. In addition, employees and third parties may anonymously report irregularities or complaints in their mother tongue via the Roche Group SpeakUp Line. As part of the continuous enhancement of Roche's human rights programme and in compliance with applicable laws and regulations, any interested party can report its allegations through the same channel if they believe in good faith that an actual or potential human right violation has occurred in Roche or in Roche's value chain. In case of questions or uncertainties about the interpretation of the Roche Group Code of Conduct and its reference documents, employees

may reach out to their line managers, the local Compliance Officer or the Chief Compliance Officer, or contact the Roche Group Code of Conduct Help & Advice Line. This compliance tool also serves as a platform for ideas and suggestions concerning those documents.

In addition, Roche has established a Business Ethics Incident Management System (BEIMS) which enables the line management, the Compliance Officers and the Chief Compliance Officer to capture, track and monitor alleged violations, from initial reports through to resolution.

Business ethics incidents are recorded in the system when the internal investigations team or the regional/local management receives specific and concrete information about an alleged violation of the Roche Group Code of Conduct in one of certain predefined categories.²⁴ The Corporate Governance and Sustainability Committee and the Audit Committee of the Board of Directors are regularly informed of substantial violations and management's corrective actions taken.

The Chief Compliance Officer reports to the General Counsel and also submits regular reports to the Corporate Governance and Sustainability Committee and as needed to the Audit Committee of the Board of Directors.

Non-applicability/negative disclosure

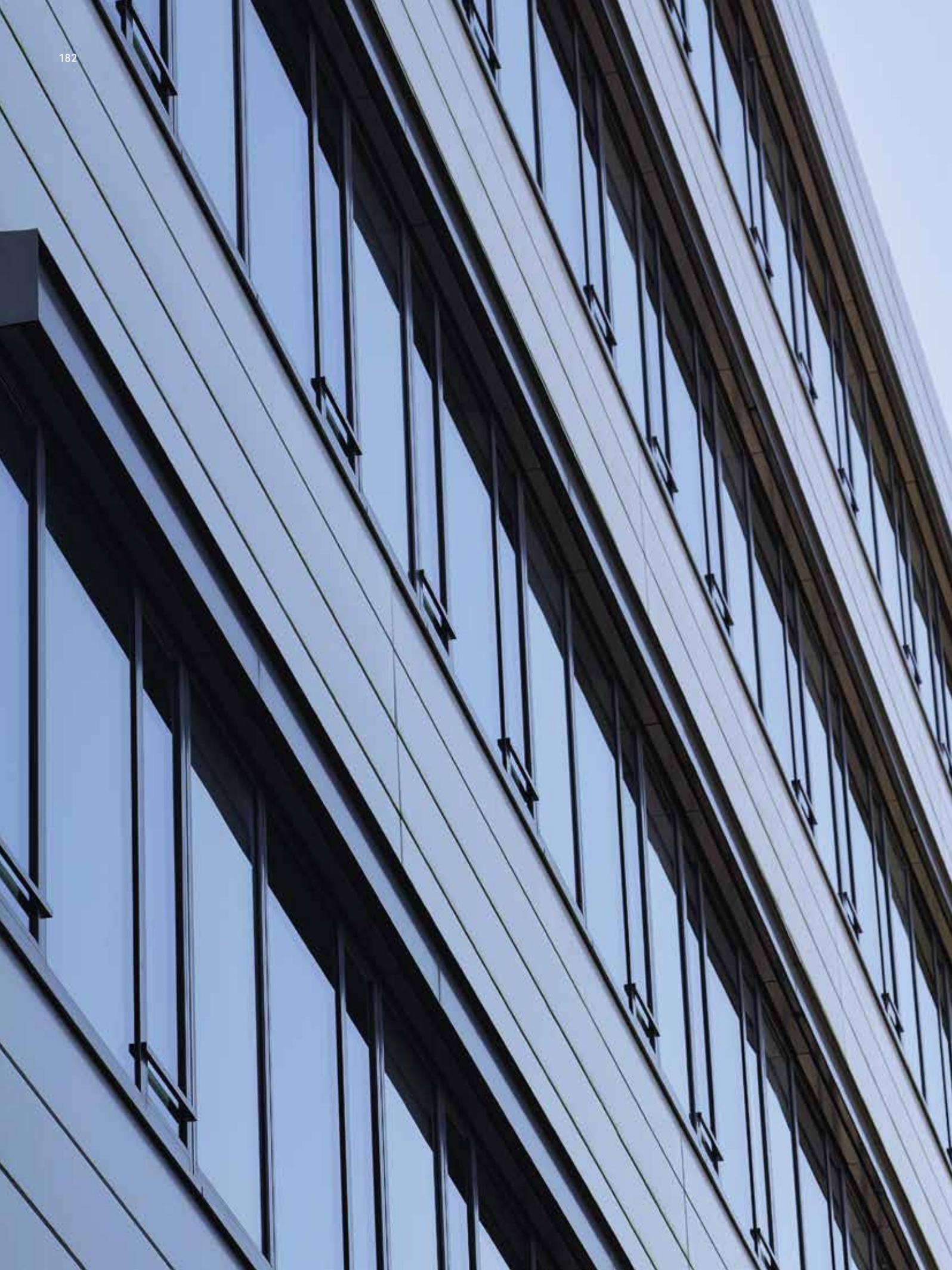
It is expressly noted that any information not contained or mentioned herein is either non-applicable or its omission is to be construed

as a negative declaration (as provided in the SIX Swiss Exchange Corporate Governance Directive and the Commentary thereto).

²² <https://www.roche.com/about/governance/code-of-conduct>

²³ <https://www.roche.com/about/governance/code-of-conduct/compliance-officer>

²⁴ <https://www.roche.com/about/governance/code-of-conduct>



Remuneration Report

All employees should be compensated fairly, transparently and competitively and participate appropriately in the company's success. Optimal conditions enable employees to make their best possible contribution to improving healthcare for patients.

1. Principles

Motivation, expertise and performance of employees are key for the success of Roche as an innovative and agile company. This conviction forms the basis of our compensation policy.

Roche aims to remunerate all employees fairly, transparently and in line with market conditions, to enable them to participate appropriately in the company's success. We pursue this goal by providing equitable, competitive, performance-based and results-oriented compensation.

We strive for a balanced mix of fixed and variable compensation components geared to each employee's position and management responsibility.

Firstly, the variable components are intended to create additional financial incentives to achieve corporate goals and to keep innovation at a consistently high level while increasing the value that the company creates for all stakeholder groups. Secondly, in order to allow employees and managers to participate in the company's business success, adequate compensation measures are key. Both objectives are incentivised by annual bonus payments and long-term securities-based programmes.

For a global company like Roche, market-competitive remuneration plays a key role along with a performance- and success-based,

transparent compensation structure. To ensure that compensation packages are competitive, both the structure and individual components are regularly benchmarked based on the relevant Swiss, European and international market criteria. Our remuneration guidelines and their underlying principles are also subject to regular outside comparisons.

However, compensation policy is only one factor in safeguarding Roche's future success. The key element is a corporate culture that offers employees conditions in which they can make their best possible contribution to the shared corporate goal of improving healthcare for patients. This includes a sound and a sustainability-oriented value system that is based on integrity, courage and passion. At the same time, our decentralised management approach plays a major role with its wide scope for individual decision-making, respectful interactions, openness to diversity, wide-ranging training and development opportunities and an attractive working environment. A unidimensional diminishment to questions on remuneration would fall by far too short.

Roche is committed to a fair, performance-based and results-oriented compensation policy that links employees' interests with those of various other stakeholder groups.

2. Remuneration decision process and approval framework

2.1 Overview

Each year the Remuneration Committee of Roche's Board of Directors decides the remuneration of Board members and the members of the Group's Corporate Executive Committee.

not be present when the Remuneration Committee decides their corresponding compensation and have no right to a say in decisions. The decision right is reserved to Remuneration Committee members only.

Chairman, Group CEO and all other members of the Group's Corporate Executive Committee must

Remuneration decision process and approval framework as of 2022

Remuneration components	Beneficiary		Decision by	Approval by
	Board of Directors (BoD) Chairman (C)	Corporate Executive Committee (CEC) incl. CEO Roche Group		
Base pay / remuneration	√	√	Remuneration Committee	Annual General Meeting
Bonus	√ (C only)	√		
Stock-settled Stock Appreciation Rights (S-SARs)	-	√		
Restricted Stock Units (RSUs)	-	√		
Pension	√ (C only)	√		

The Remuneration Committee tracks market data on salaries at other leading global pharmaceutical companies¹ and at major Swiss companies² and reports its findings to the full Board. The external consulting firm PricewaterhouseCoopers AG (PwC) assists the Remuneration Committee of Roche in performing market comparisons and in advising. PwC has been awarded additional mandates in the Roche Group. Information on the Remuneration Committee's remit, powers and procedures for making remuneration decisions can be found in the Bylaws of the Roche Board of Directors³ and in the Articles of Incorporation.⁴ They are also outlined in the sections below on the principles governing specific remuneration components (see 3.).

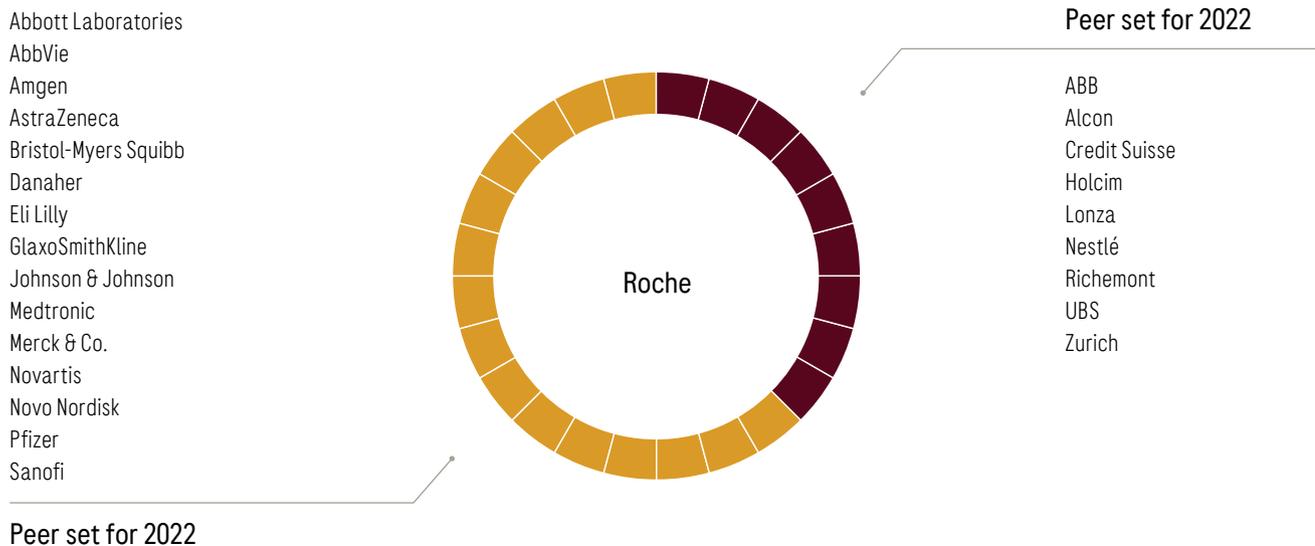
Since 2014, total aggregate amounts that are based on these decisions have been submitted to the General Meeting for approval implementing the 'Ordinance against excessive compensation at listed joint-stock companies' (Verordnung gegen übermäßige Vergütungen bei börsenkotierten Aktiengesellschaften [VegüV]). The General Meeting shall vote annually and with binding effect on the approval of the remuneration (that the Board of Directors has resolved) of the Board of Directors and the Corporate Executive Committee (for details see 4. and 5.).

1 Peer set 2022: Abbott Laboratories, AbbVie, Amgen, AstraZeneca, Bristol-Myers Squibb, Danaher, Eli Lilly, GlaxoSmithKline, Johnson & Johnson, Medtronic, Merck & Co., Novartis, Novo Nordisk, Pfizer, Sanofi

2 Peer set 2022: ABB, Alcon, Credit Suisse, Holcim, Lonza, Nestlé, Richemont, UBS, Zurich

3 <https://www.roche.com/about/governance/article-of-incorporation>

4 <https://www.roche.com/about/governance/article-of-incorporation>



Market comparison companies for salary assessment

- Pharma peer set
- Major Swiss companies

2.2 Procedure for submitting total Board and Executive remuneration for shareholder approval at the Annual General Meeting

Each year at the Annual General Meeting (AGM) shareholders approve the total remuneration for the Board of Directors and for the Corporate Executive Committee as decided by the Board of Directors' Remuneration Committee and the Board of Directors, respectively.

According to the approval at the AGM 2014, Roche has committed itself to obtaining separate and binding shareholder approvals of the total remuneration paid to the Board of Directors and to the Corporate Executive Committee as follows:

Retrospective approval

Total aggregate bonus amounts for the Corporate Executive Committee and the Chairman of the Board of Directors for the financial year just ended will be submitted retrospectively at each ordinary AGM for separate and binding approval.

Prospective approval

All other Board and Executive aggregate remuneration will be submitted prospectively to the AGM for separate and binding approval for the period between two ordinary AGMs.

This Remuneration Report shall be submitted to an advisory vote by the shareholders at the AGM 2023.

André Hoffmann, Chairman of the Remuneration Committee.



Approval of total remuneration at the Annual General Meeting (AGM) 2023

Approval of total remuneration

Retrospective:

Chairman (C) of the Board of Directors (BoD):
 • Bonus for financial year 2022 (total amount)

Corporate Executive Committee (CEC) including CEO Roche Group:
 • Bonus for financial year 2022 (total amount)

Prospective:

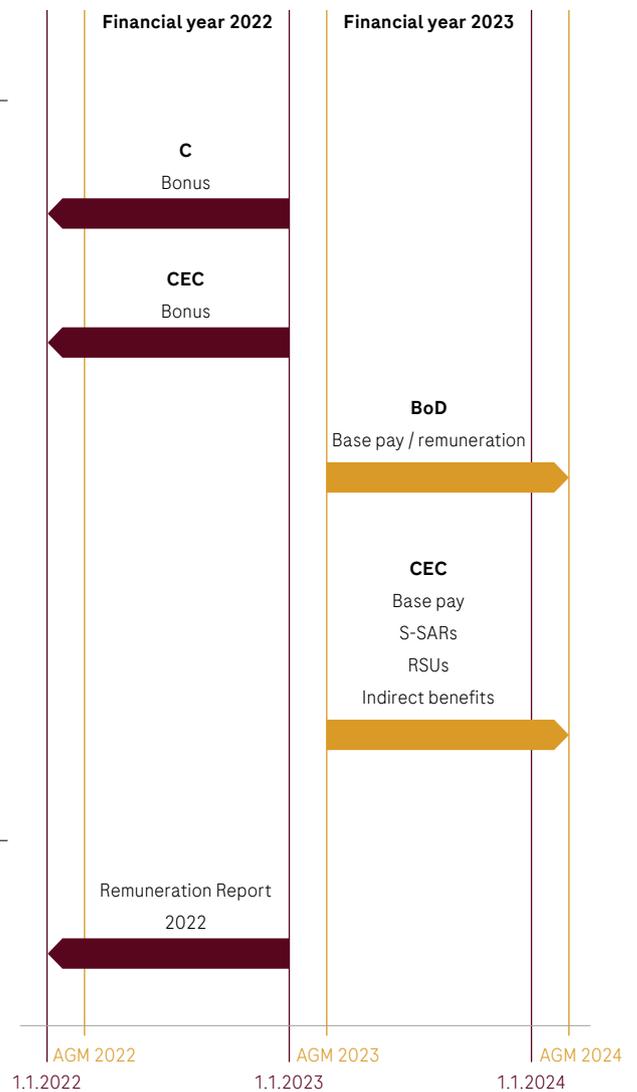
Board of Directors (BoD) including Chairman (C):
 Aggregate total remuneration (AGM 2023–AGM 2024)
 • Base pay / remuneration

Corporate Executive Committee (CEC) including CEO Roche Group:
 Aggregate total remuneration (AGM 2023–AGM 2024)
 • Base pay
 • Stock-settled Stock Appreciation Rights (S-SARs)
 • Restricted Stock Units (RSUs)
 • Indirect benefits

Advisory vote

Retrospective:

• Advisory vote on the 2022 Remuneration Report at the AGM 2023



3. Remuneration components

3.1 Overview of remuneration elements

The remuneration to the members of the Board of Directors and the Corporate Executive Committee is composed of the following elements:

The fixed base salary is complemented with the annual variable bonus as **Short-Term Incentive (STI)** and with perennial remuneration elements (S-SARs, RSUs) as **Long-Term Incentive (LTI)**.

The remuneration components are linked to the employees' performance, the company's financial

performance and non-financial success⁵ and thus align the interests of Roche and its employees with those of shareholders. Societal and environmental objectives⁶ are also taken into account.

The **LTI** remuneration components are intended to sustainably, homogenously and in a long-term-oriented perspective align management's interest with those of shareholders and holders of non-voting equity securities and to give participating managers an additional incentive to achieve sustainable shareholder value growth.

Composition of remuneration to the Board of Directors and the Corporate Executive Committee

Annual remuneration elements	Description	Board of Directors		Corporate Executive Committee	
		C	BoD	CEO Roche Group	CEC
Base pay / remuneration	Monthly payment (see 3.1.1 below)	√	√ Quarterly payments	√	√
Bonus	Annual payment (see 3.1.2 below)	√ For 10 years blocked non-voting equity securities and/or shares	–	√ For 10 years blocked non-voting equity securities and/or shares	√ Cash
Pensions, etc.	(see 3.1.5 below)	√	–	√	√
Perennial remuneration elements					
Stock-settled Stock Appreciation Rights (S-SARs)	(see 3.1.3 below)	–	–	√ For 4 years additionally blocked non-voting equity securities after exercise	√
Restricted Stock Units (RSUs)	(see 3.1.4 below)	–	–	√ For 10 years blocked non-voting equity securities	√

⁵ <https://www.roche.com/investors/reports/performance>

⁶ <https://www.roche.com/about/sustainability/environment/goals-performance>

The LTI of the **Corporate Executive Committee and the Enlarged Corporate Executive Committee** is composed of 80% S-SARs and 20% RSUs (based on the already existing individual target value of the total LTI for Corporate Executive Committee members of 133.33% of a base pay measured on 1 January of a year). Vesting and

expiration periods are aligned for any newly issued S-SARs and RSUs (see below). Unlike all other participants of the two programmes, members of the Corporate Executive Committee have no choice in determining the mix of RSUs and S-SARs, which as of 2019 have a four-year cliff vesting.

Corporate Executive Committee LTI

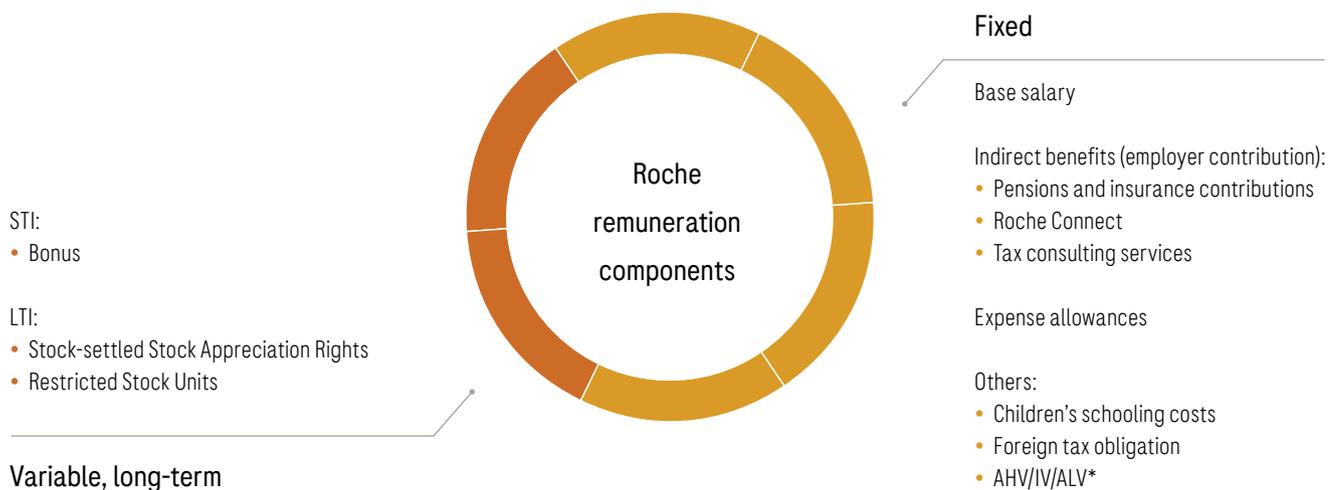
Mix (S-SARs/RSUs) fixed	Base for calculation	Vesting period	Cliff vesting	Expiration period
80% S-SARs	Based on the individual target value of the total LTI for Corporate Executive Committee members of 133.33% of a base pay measured on 1 January of a year	4 years	4 years	10 years
20% RSUs		4 years	4 years	-

The remaining participants of the S-SARs and RSUs programmes are offered on a yearly basis a choice of three combinations to determine the mix of Restricted Stock Units (RSUs) and Stock-settled Stock Appreciation Rights (S-SARs, options are used instead of S-SARs in some countries). The following options are available:

Choice 1	Choice 2	Choice 3
80% S-SARs	50% S-SARs	20% S-SARs
20% RSUs	50% RSUs	80% RSUs

Offering this level of choice empowers participants to engage more fully in their total rewards, enables them to better understand a critical element of their compensation and increases the value of the programme.

This attractively designed Roche Long-Term Incentive programme enables Roche to attract, motivate and retain the best talent and keep it aligned with the company's long-term success.



* Employer contribution of social securities' beneficial parts

3.1.1 Base pay (fixed)

Base pay (cash payment) is determined for each position based on salary market data of other leading global pharmaceutical companies (see footnote 1) and of other major Swiss companies (see footnote 2) and reflects individuals' abilities, experience and performance over time. Pay adjustments are likewise linked to individual performance and take into account prevailing market conditions and the company's overall financial situation.

The Remuneration Committee makes and reviews the final decision on the individual base pay paid to the Chairman of the Board of Directors and members of the Corporate Executive Committee and on the remuneration of the other members of the Board.

3.1.2 Bonuses (variable)

Bonuses are annually awarded for individual contributions of value creation in a business year and are meant to be an incentive to strive for outstanding results and to create new business opportunities. Bonus amounts are linked to Group and divisional core profits, sales growth at constant exchange rates, Operating Profit After Capital Charge (OPAC) based on core operating profit, core earnings per share and non-voting equity security (NES) growth at constant exchange rates, product development pipeline, diversity of employees and managers⁷ and environmental goals.⁸ Additionally, they are linked to the achievement of measurable and qualitative individual or functional performance objectives. For competitive reasons, Roche does not disclose the individual performance objectives of members of its Corporate Executive Committee and of its Chairman.

⁷ <https://careers.roche.com/global/en/diversity-and-inclusion>

⁸ <https://www.roche.com/about/sustainability/environment/goals-performance> and SHE goals 2020-2025 for the Roche Group: <https://assets.cwp.roche.com/f/126832/x/70206811f5/20200331-she-goals-2020-2025-communication.pdf>

In December at the end of a reporting year or in January following a reporting year, the Remuneration Committee decides on the bonuses and their amounts payable to the Chairman of the Board and the members of the Corporate Executive Committee in respect of the relevant reporting year, based on performance against the aforementioned objectives. At the same time, the Remuneration Committee also decides in what form bonuses will be awarded, i.e. cash payments and/or blocked (if applicable) non-voting equity securities and/or shares.

The Remuneration Committee uses its discretion appropriately in the weighting of each criteria and in the bonus allocation.

In 2022 in total, 80,095 employees were eligible for a bonus under the Roche Bonus Program.

3.1.3 Stock-settled Stock Appreciation Rights (S-SARs) (long-term)

The S-SARs proportion of the LTI of the Corporate Executive Committee is 80% (based on the individual target value of the total LTI for Corporate Executive Committee members of 133.33% of a base pay measured on 1 January of a year).

S-SARs entitle holders to benefit financially from any increase in the value of Roche's non-voting equity securities between the grant date and the exercise date. S-SARs granted all vest together after four years and then have to be exercised within ten years of the grant date. Unexercised S-SARs lapse without compensation. Since 2012, the fair value of S-SARs has been calculated at the grant date using the trinomial model for American call options (for details see page 201).

S-SARs to the Corporate Executive Committee are allocated individually at the Remuneration Committee's discretion.

In 2022 in total, 23,643 employees received S-SARs.

3.1.4 Restricted Stock Units (RSUs) (long-term)

The proportion of Restricted Stock Units (RSUs) of the members of the Corporate Executive Committee is 20% of the total LTI (based on the individual target value of the total LTI for Corporate Executive Committee members of 133.33% of a base pay measured on 1 January of a year).

RSUs contain rights to receive non-voting equity securities and/or shares after a four-year vesting period plus a value adjustment (being the amount equivalent to the sum of the dividend paid during the vesting period attributable to the number of non-voting equity securities and/or shares for which an individual award has been granted). They will all be vested to the recipient for the Corporate Executive Committee after four years only. Thereafter, resulting non-voting equity securities and/or shares may remain blocked for up to ten years.

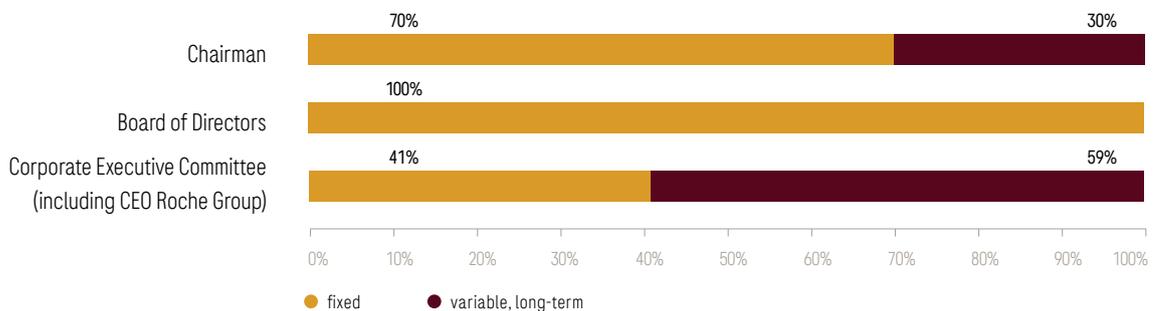
RSU awards are allocated individually for the Corporate Executive Committee at the Remuneration Committee's discretion.

In 2022, RSUs served as a remuneration component for 23,811 eligible Roche employees.

3.1.5 Indirect benefits

As shown in 5.8 (5.3 [for the CEO Roche Group] and 4.3 [for the Chairman], respectively), members of the Corporate Executive Committee additionally received indirect benefits (pension funds / insurance contributions, Roche Connect, payments for foreign tax obligation and tax consulting services and annual expense allowances). As shown under 5.9, individual members of the Corporate Executive Committee received payments for family, children and education allowances and for schooling costs for their children.

3.2 Weighting (fixed / variable, long-term) of 2022 remuneration components (at target and as percentage of total remuneration in 2022)



The variable, long-term remuneration paid out to the members of the Corporate Executive Committee ranged from 50% to 69% of the total compensation.

3.3 Ratio of variable remuneration components relative to fixed base pay of the Corporate Executive Committee 2022

Ratio of variable remuneration components (bonuses, S-SARs and RSUs) relative to % of value of fixed base pay

Criteria	STI (variable)	LTI (long-term) (total: 133,33%**)	
		S-SARs (80% of total LTI)	RSUs (20% of total LTI)
Individual target value*	100%	106.66%**	26.66%**
Minimum	0%	0%	0%
Maximum	200%	106.66%	26.66%
Performance criteria	Group objectives (Group and divisional business performance) and individual objectives; considering core profits, sales growth at constant exchange rates, Operating Profit After Capital Charge (OPAC) based on core operating profit, core earnings per share and non-voting equity security (NES) growth at constant exchange rates, product development pipeline, diversity of employees and managers, environmental goals	Value development determined by performance of NES after grant	Value development determined by performance (plus a value adjustment for dividends) of NES after grant
Split in %			
a) Group objectives	70%	n/a	n/a
b) Individual objectives	30%	n/a	n/a
Weighting criteria / Decision on objectives	At the Remuneration Committee's discretion		

n/a - not applicable

* Assessed in consideration of the performance of competitors and the macroeconomic development

** Based on the already existing individual target value of the total LTI for Corporate Executive Committee members of 133.33% of a base pay measured on 1 January of a year

For all further details please refer to the following sections of this Remuneration Report.⁹

⁹ See also in the Finance Report Note 32 to the Roche Group Consolidated Financial Statements ('Related parties', page 134) and Note 6 to the Financial Statements of Roche Holding Ltd ('Board and Executive shareholdings', page 182).

4. Remuneration of the Board of Directors

4.1 Resolution and approval

Remuneration of the Chairman of the Board of Directors and of members of the Board of Directors was decided at the Remuneration Committee's discretion, taking into account market comparisons.

The remuneration is in form of cash payments and is annually tracked against market data on directors' pay at other leading global pharmaceutical companies (see footnote 1) and other major Swiss companies (see footnote 2), and is assisted by the consultancy of PwC.

As in the previous years, in 2023 the Board of Directors will separately submit the total aggregate bonus of the Chairman of the Board of Directors for the 2022 financial year to the General Meeting for retrospective binding approval.

The maximum amounts of the total other aggregate remuneration of the Board of Directors for the period between the ordinary General Meeting 2023 and the ordinary General Meeting 2024 will be tabled separately in 2023 as in the previous years for the General Meeting's prospective binding approval (see 2.2).

4.2 Amount of remuneration to the members of the Board of Directors

In 2022, the members of the Board of Directors¹⁰ received remuneration and additional compensation

in the form of quarterly fixed cash payments as shown in the 'Remuneration of members of the Board of Directors 2022' table on page 194 for their Board activities. Roche paid employer's contributions totalling CHF 201,074 (2021: CHF 358,574) to social security agencies for the members of the Board of Directors beside the legally required contributions separately stated for the Chairman of the Board of Directors.

The basic remuneration of the Board of Directors (excluding the Chairman) has remained unchanged since 2001.

With the exception of the Chairman of the Board of Directors (bonus in form of blocked shares) and Dr Severin Schwan as an executive member of the Board, members of the Board of Directors were not awarded any shares, non-voting equity securities or S-SARs.

There are no loans or credits granted to the members of the Board of Directors.

In 2022, for his advisory service on the Genentech Scientific Resource Board, Prof. Dr Richard P. Lifton received honoraria amounting to a total of USD 17,500 (CHF 16,709).

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¹⁰ For a list of members, their positions and their committee memberships and chairmanships see page 165.

Remuneration of members of the Board of Directors 2022 (in CHF)

	Basic remuneration	Additional remuneration for committee members/chairs ¹¹	Additional special remuneration	Additional BVG costs*	Total remuneration
C. Franz, Chairman		(see '4.3 Total remuneration paid to the Chairman of the Board of Directors')			
A. Hoffmann, Vice-Chairman	400,000 ¹²	-	-	6,734	406,734
J. Duschmalé	300,000	30,000	-	4,475	334,475
P. Frost	300,000	60,000	-	-	360,000
A. Hauser	300,000	30,000	-	6,159	336,159
R. P. Lifton	300,000	30,000	16,709 see page 193	-	346,709
J. Mahmood (since March 2022 ¹³)	250,000	22,500	-	-	272,500
B. Poussot	300,000	30,000	-	-	330,000
S. Schwan	(see '5.3 Highest total remuneration paid to Dr Severin Schwan as a member of the Corporate Executive Committee', remuneration received in his primary function as CEO Roche Group is reflected in total remuneration for the Corporate Executive Committee)				
C. Suessmuth Dyckerhoff	300,000	60,000	-	7,019	367,019
Members until March/September 2022¹⁴					
P. Bulcke (until March 2022)	75,000	7,500	-	-	82,500
H. Clevers (until March 2022)	75,000	7,500	-	-	82,500
J. Brown (until September 2022)	225,000	45,000	-	-	270,000
Total¹⁵	2,825,000	322,500	16,709	24,387	3,188,596

* Costs under the provisions of the Swiss Federal Occupational Old Age, Survivors' and Invalidity Pension Act (BVG). In accordance with the minimum requirements for insurance benefits under BVG, half of the costs for four members of the Board of Directors who are subject to compulsory insurance are borne by the company.

11 With the exception of members of the Chairman's Committee (Chairman, Vice-Chairman), Board members receive CHF 30,000/year for each committee they serve on and CHF 60,000/year for each committee they chair.

12 Remuneration for serving as Vice-Chairman of the Board

13 Prorated remuneration for the period from March to December 2022

14 Prorated remuneration for the period from January to March 2022 and from January to September 2022, respectively

15 Additionally, employer contribution to AHV/IV/ALV totalling CHF 461,365 (including the Chairman) was paid that does not form part of remuneration.

Remuneration of members of the Board of Directors 2021 (in CHF)

	Basic remuneration	Additional remuneration for committee members/chairs ¹⁶	Additional special remuneration	Additional BVG costs [*]	Total remuneration
C. Franz, Chairman		(see '4.3 Total remuneration paid to the Chairman of the Board of Directors')			
A. Hoffmann, Vice-Chairman	400,000 ¹⁷	-	18,277	6,904	425,181
J. Brown	300,000	60,000	-	-	360,000
P. Bulcke	300,000	30,000	-	-	330,000
H. Clevers	300,000	30,000	20,105	-	350,105
J. Duschmalé	300,000	30,000	-	4,499	334,499
P. Frost	300,000	30,000	-	-	330,000
A. Hauser	300,000	30,000	-	6,221	336,221
R. P. Lifton	300,000	30,000	20,105	-	350,105
B. Poussot	300,000	30,000	-	-	330,000
S. Schwan	(see '5.3 Highest total remuneration paid to Dr Severin Schwan as a member of the Corporate Executive Committee', remuneration received in his primary function as CEO Roche Group is reflected in total remuneration for the Corporate Executive Committee)				
C. Suessmuth Dyckerhoff	300,000	30,000	-	6,176	336,176
Total¹⁸	3,100,000	300,000	58,487	23,800	3,482,287

* Costs under the provisions of the Swiss Federal Occupational Old Age, Survivors' and Invalidity Pension Act (BVG). In accordance with the minimum requirements for insurance benefits under BVG, half of the costs for four members of the Board of Directors who are subject to compulsory insurance are borne by the company.

¹⁶ With the exception of members of the Chairman's Committee (Chairman, Vice-Chairman), Board members receive CHF 30,000/year for each committee they serve on and CHF 60,000/year for each committee they chair.

¹⁷ Remuneration for serving as Vice-Chairman of the Board

¹⁸ Additionally, employer contribution to AHV/IV/ALV totalling CHF 997,150 (including the Chairman) was paid that does not form part of remuneration.

4.3 Total remuneration paid to the Chairman of the Board of Directors

As Chairman, Dr Christoph Franz received total remuneration for 2022 as shown on page 196.

The Remuneration Committee's bonus proposal (adopted in late 2022) in respect of the 2022 financial year (in form of shares blocked for

ten years, payable in March 2023) will be put for shareholder binding vote at the 2023 ordinary Annual General Meeting (AGM).

The Chairman's total remuneration is contained in the total remuneration of the Board of Directors in 4.4.

Total remuneration paid to the Chairman of the Board of Directors (in CHF)

	2022	2021
Base salary (in cash)	3,500,000	3,500,000
Tax equalisation for pension fund corrections	n/a	71,534
Bonus (subject to approval of the Annual General Meeting)	1,750,000*	949,263*
Pension funds / insurances / annual expense allowances / tax / social security (including employer contribution of social securities' beneficial parts)	669,777	676,975
Total¹⁹	5,919,777	5,197,772

n/a - not applicable

* In form of shares blocked for 10 years (calculation of number of shares based on the price at the date of transfer in March 2023 and 2022, respectively, after approval at the AGM 2023 / AGM 2022, respectively; calculation of value in consideration of reduction of value due to blocking period of 10 years [reduced market value: 55.839%]) to be submitted for shareholder approval at the AGM 2023 / as approved at the AGM 2022, respectively

¹⁹ Additionally, employer contribution to AHV/IV/ALV of CHF 260,291 (2021: CHF 638,576) was paid that does not form part of remuneration.

4.4 Total remuneration paid to the Board of Directors

For the 2022 calendar year the members of the Board of Directors received remuneration including bonuses and employer contribution of social securities' beneficial parts totalling CHF 9,150,679 (2021: CHF 8,724,738), excluding additional employer's contribution paid to social securities totalling CHF 461,365 (2021: CHF 997,150).

4.5 Remuneration paid to former members of the Board of Directors

No remuneration was paid.

4.6 Board remuneration subject to approval at the Annual General Meeting**4.6.1 Submission of the Chairman's total aggregate bonus for a binding vote at the Annual General Meeting**

Remuneration to the Chairman of the Board of Directors includes a bonus award of CHF 1,750,000 in form of shares blocked for ten years as shown in the table in section '4.3 Total remuneration paid to the Chairman of the Board of Directors'. The Board of Directors will submit the Remuneration Committee's bonus proposal (adopted in late 2022) for the Chairman of the Board, Dr Christoph Franz, in respect of the 2022 financial year (payable in March 2023, excluding legally required employer's contributions to AHV/IV/ALV) for the shareholder binding vote to the 2023 ordinary Annual General Meeting.

Retrospective approvals of the Chairman's total aggregate bonus (in CHF)*

	Proposal AGM 2023	AGM 2022	AGM 2021
	Aggregate amount for financial year 2022	Aggregate amount for financial year 2021	Aggregate amount for financial year 2020
Total aggregate amount proposal for approval / approved by the AGM	1,750,000**	949,263**	837,585**

* Excluding legally required employer's contributions to AHV/IV/ALV

** Bonus award in form of shares blocked for 10 years (calculation of number of shares based on the price at the date of transfer in March 2023 / March 2022 / March 2021, respectively, after approval at the AGM 2023 / AGM 2022 / AGM 2021, respectively; calculation of value in consideration of reduction of value due to blocking period of 10 years [reduced market value: 55.839%]) to be submitted for shareholder approval at the AGM 2023 / as approved at the AGM 2022 and AGM 2021, respectively

4.6.2 Submission of the Board's total aggregate future remuneration for a binding shareholder vote

The Board of Directors proposes that the 2023 ordinary AGM approve Board remuneration totalling

not more than CHF 10,000,000 (excluding legally required employer's contributions to AHV/IV/ALV and excluding bonuses) for the period ending at the 2024 ordinary AGM.

Prospective approvals of the Board's total aggregate future remuneration (in CHF)*

	Proposal AGM 2023	AGM 2022	AGM 2021
	Aggregate amount for the period AGM 2023–AGM 2024	Aggregate amount for the period AGM 2022–AGM 2023	Aggregate amount for the period AGM 2021–AGM 2022
Total aggregate amount proposal for approval / approved by the AGM	10,000,000	10,000,000	10,000,000

* Excluding legally required employer's contributions to AHV/IV/ALV and excluding bonuses

4.6.3 Reconciliation of the reported remuneration with the shareholders' approved remuneration for the members of the Board of Directors

The 2021 ordinary AGM approved Board remuneration totalling not more than CHF 10,000,000 (excluding legally required employer's contributions to AHV/IV/ALV and

excluding bonuses) for the period ending at the 2022 ordinary AGM.

For comparison, from the 2021 ordinary AGM to the 2022 ordinary AGM actual remuneration amounted to CHF 7,729,596 (excluding legally required employer's contributions to AHV/IV/ALV and excluding bonuses).

Prospectively approved total remuneration for the members of the Board of Directors in comparison to the actual total payments made (in CHF)*

	Total remuneration for the period AGM 2022–AGM 2023	Total remuneration for the period AGM 2021–AGM 2022	Total remuneration for the period AGM 2020–AGM 2021
Maximum of total remuneration approved by the AGM	10,000,000	10,000,000	10,000,000
Actual total remuneration paid	Calculation at end of period	7,729,596	7,631,377
Within the approved limit	Calculation at end of period	Yes	Yes

* Excluding legally required employer's contributions to AHV/IV/ALV and excluding bonuses

4.7 Security holdings

Directors André Hoffmann and Dr Jörg Duschmalé and members of the founder's families who are closely associated with them belong to a contractually bound shareholder group with pooled voting rights. At the end of 2022 this group held 72,018,000 shares (67.50% of issued shares). Detailed information about this group can be found in the Finance Report, Note 32 to the Roche Group Consolidated Financial

Statements ('Related parties', page 134) and in Note 4 to the Financial Statements of Roche Holding Ltd ('Significant shareholders', page 181). In addition, as at 31 December 2022 (as at 31 December 2021, respectively) the members of the Board of Directors and persons closely associated with them held Roche shares, non-voting equity securities (NES) and American Depositary Receipts (ADRs***) as shown in the table 'Security holdings' below.

Security holdings (shares and NES)

	(as at 31 December 2022)				(as at 31 December 2021)			
	Shares (number)	Non-voting equity securities (NES) (number)	Others (number/ type)	Close relatives' security holdings (number/type)	Shares (number)	Non-voting equity securities (NES) (number)	Others (number/ type)	Close relatives' security holdings (number/type)
Board of Directors								
C. Franz	32,155	4,810	-	-	27,951	4,810	-	-
A. Hoffmann	-*	200	-	-	-*	200	-	-
J. Duschmalé	-*	-	-	-	-*	-	-	-
P. Frost	2,000	-	-	-	2,000	-	-	-
A. Hauser	3,000	150	-	20 NES	3,000	150	-	20 NES
R. P. Lifton	-	-	300 ADRs***	-	-	-	300 ADRs***	-
J. Mahmood	-	-	-	-	n/a	n/a	n/a	n/a
B. Poussot	500	500	-	-	500	500	-	-
S. Schwan	(see '5.15 Security holdings' Corporate Executive Committee on page 206)				(see '5.15 Security holdings' Corporate Executive Committee on page 206)			
C. Suessmuth Dyckerhoff	-	2,710**	-	-	-	2,100**	-	-
Total	37,655	8,370	300 ADRs***	20 NES	33,451	7,760	300 ADRs***	20 NES

n/a - not applicable

* Shares held by the shareholder group with pooled voting rights not listed

** Jointly held with close relative

*** Roche's ADR (American Depositary Receipt) listed on OTCQX (<https://www.otcmarkets.com/stock/RHHBY/quote>) International Premier under the symbol RHHBY, ISIN US771195104. Traded in USD, eight (8) ADRs represent one (1) underlying NES.

5. Remuneration of the Corporate Executive Committee

5.1 Resolution and approval

Remuneration of the members of the Corporate Executive Committee was decided at the Remuneration Committee's discretion, taking into account market comparisons.

As in the previous years, in 2023, the Board of Directors will separately submit the total aggregate bonuses of the Corporate Executive Committee for the 2022 financial year to the General Meeting for retrospective binding approval.

The maximum amounts of the total other aggregate remuneration of the Corporate Executive Committee for the period between the ordinary General Meeting 2023 and the ordinary General Meeting 2024 will be tabled separately in 2023 as in the previous years for the General Meeting's prospective binding approval (see 2.2).

5.2 Amount of remuneration to members of the Corporate Executive Committee

The general provisions assigning authority for decisions on Corporate Executive Committee remuneration to the Remuneration Committee and to the Board of Directors are outlined on page 185, '2. Remuneration decision process and approval framework'.

In 2022, members of the Corporate Executive Committee received remuneration for their work as shown in 5.3–5.11. The amount of remuneration for the CEO Roche Group, Dr Severin Schwan, is explained in 5.3 in detail.

5.3 Highest total remuneration paid to Dr Severin Schwan as a member of the Corporate Executive Committee

Dr Severin Schwan, executive member of the Board of Directors, received his remuneration in his primary function as CEO Roche Group. It is

reflected as the highest total remuneration paid to a member of the Corporate Executive Committee (see below) and included in the total amount paid to the Corporate Executive Committee (see '5.11 Total remuneration paid to the members of the Corporate Executive Committee', page 203).

Highest total remuneration paid to Dr Severin Schwan as a member of the Corporate Executive Committee (in CHF)

	2022	2021 ²⁰
Base salary	3,900,000	4,000,000
Bonus (subject to approval of the total aggregate bonuses for the Corporate Executive Committee by the Annual General Meeting)	2,791,950 ^{21*}	2,791,950*
S-SARs ²²	3,379,508	3,379,526
RSUs ²³	595,529*	595,664*
Roche Connect	99,999	100,008
Pension funds / insurances	675,494 ^{**}	583,789 ^{**}
Other payments incl. expense allowance / for tax consulting services	41,864	43,969
Total²⁴	11,484,344	11,494,906

* Calculation of value of non-voting equity securities / shares in consideration of reduction of value due to blocking period of 10 years (reduced market value: 55.839%)

** Including employer contribution of social securities' beneficial parts

²⁰ For detailed calculation of the remuneration for 2021 and 2020 see Annual Report 2021, page 180

²¹ Shares blocked for 10 years (calculation of number of shares based on the share price at the date of transfer in March 2023 after approval at the AGM 2023)

²² **S-SARs 2022:** Number: 75,635, grant value according to the trinomial model for American call options: CHF 56.41. Trinomial model for American call options value as described in '5.6 Stock-settled Stock Appreciation Rights (S-SARs) of the other members of the Corporate Executive Committee', page 201. S-SARs 2022 are blocked for 4 years and may thereafter be exercised only, whilst exercising resulting NES are automatically blocked for additional 4 years (calculation of value of non-voting equity securities in consideration of reduction of value due to additional blocking period of 4 years, reduced market value: 79.209%).

S-SARs 2021: Number: 100,746, grant value according to the trinomial model for American call options: CHF 42.35. Trinomial model for American call options value as described in '5.6 Stock-settled Stock Appreciation Rights (S-SARs) of the other members of the Corporate Executive Committee', page 201. S-SARs 2021 are blocked for 4 years and may thereafter be exercised only, whilst exercising resulting NES are automatically blocked for additional 4 years (calculation of value of non-voting equity securities in consideration of reduction of value due to additional blocking period of 4 years, reduced market value: 79.209%).

²³ Calculation of RSUs value 2022: number of RSUs (2,965) multiplied by grant value of CHF 359.70 (NES closing price at grant date on 17 March 2022) per RSU

Calculation of RSUs value 2021: number of RSUs (3,481) multiplied by grant value of CHF 306.45 (NES closing price at grant date on 18 March 2021) per RSU

²⁴ Includes an annual expense allowance (CHF 30,000), payments for tax consulting services (CHF 1,724; 2021: CHF 3,554), family, children and education allowance (CHF 10,140; 2021: CHF 10,415). Additionally, employer contribution to AHV/IV/ALV of CHF 833,902 (2021: CHF 886,295) was paid that does not form part of remuneration.

5.4 Base pay of the other members of the Corporate Executive Committee

Base pay (in CHF)

	2022	2021
B. Anderson	2,350,074	2,245,918
A. Hippe	1,600,000	1,600,000
T. Schinecker	1,250,000	1,053,165
C. A. Wilbur	1,006,167	1,015,203
Total	6,206,241	5,914,286

5.5 Bonuses of the other members of the Corporate Executive Committee

The Remuneration Committee of the Board of Directors determined the Corporate Executive Committee members' bonuses based on the 2022 performance against the agreed objectives. The Remuneration Committee uses its discretion appropriately in the weighting of each criteria and in the bonus allocation. The total aggregate amount

of bonuses will be brought forward for a binding vote by the Annual General Meeting 2023.

Except for Dr Severin Schwan, all members of the Corporate Executive Committee will receive the bonus 2022 as a 100% cash payment. Dr Severin Schwan will receive the bonus in form of Roche shares which are blocked for ten years (see page 200). Bonus payment is due in March 2023.

Bonus (in CHF)

	2022 (Subject to approval of the total aggregate bonuses of the Corporate Executive Committee by the Annual General Meeting 2023)	2021
B. Anderson	2,400,000	2,600,000
A. Hippe	2,000,000	2,300,000
T. Schinecker	2,200,000	1,500,000
C. A. Wilbur	1,300,000	1,300,000
Total	7,900,000	7,700,000

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5.6 Stock-settled Stock Appreciation Rights (S-SARs) of the other members of the Corporate Executive Committee

S-SARs to the members of the Corporate Executive Committee are allocated individually at the Remuneration Committee's discretion. The S-SARs shown in the 5.15.2 'S-SARs' table on page 207 entitle holders to benefit financially from any increase in the value of Roche's non-voting equity securities (NES) between the grant date and the exercise date. The strike price for S-SARs under the terms of this multi-year plan is the closing price for Roche NES at grant date. All S-SARs since 2019 vest four (previously granted S-SARs three) years after the grant date. Vested S-SARs can be exercised (converted into NES) within ten (previously granted S-SARs within seven) years of the grant date. Unexercised S-SARs lapse without compensation.

Since 2019, the S-SARs proportion of the LTI of the Corporate Executive Committee is 80% (based on

the already existing individual target value of the total LTI for Corporate Executive Committee members of 133.33% of a base pay measured on 1 January of a year).

The fair value of the S-SARs is calculated at the grant date using the trinomial model for American call options. The trinomial model is an effective method for valuation of American call options, as it considers the possibility of exercising the option any time prior to maturity (called 'American' option, as compared to a 'European' option, which only allows exercise at its maturity date).²⁵

The numbers of S-SARs, the strike prices, expiry dates and grant values for S-SARs are shown on page 202 and in the 5.15.2 'S-SARs' table on page 207. The numbers of S-SARs as calculated at the time of issue have been entered as values in the tables on page 200 and on page 202.

²⁵ For further information on the trinomial model for American call options: Please refer to Boyle, Phelim P.: 'A lattice framework for option pricing with two state variables', The Journal of Financial and Quantitative Analysis, Volume 23, Issue 1 (Mar 1988), 1-12, https://assets.cwp.roche.com/fj/126832/x/e1222fd9e5/trinomial_model.pdf

Stock-settled Stock Appreciation Rights (S-SARs)

	2022			2021		
	Number	Grant value per S-SAR in CHF	Value in CHF	Number	Grant value per S-SAR in CHF	Value in CHF
B. Anderson	37,819	56.41	2,133,370	50,374	42.35	2,133,339
A. Hippe	30,255	56.41	1,706,685	40,300	42.35	1,706,705
T. Schinecker	20,801	56.41	1,173,384	22,669	42.35	960,032
C. A. Wilbur	18,910	56.41	1,066,713	25,187	42.35	1,066,669
Total	107,785	56.41	6,080,152	138,530	42.35	5,866,745
	Price: CHF 359.70, expiry date: 17.3.2032			Price: CHF 306.45, expiry date: 18.3.2031		

5.7 Restricted Stock Units (RSUs) of the other members of the Corporate Executive Committee

Since 2019, the proportion of Restricted Stock Units (RSUs) of the members of the Corporate Executive Committee is 20% of the total LTI (based on the already existing individual target value of the total LTI for Corporate Executive Committee members of 133.33% of a base pay measured on 1 January of a year). RSU awards are allocated individually for the Corporate Executive Committee at the Remuneration Committee's discretion.

RSUs contain rights to receive non-voting equity securities and/or shares after a since 2019 newly defined four-year vesting period plus a value adjustment (being the amount equivalent to the sum of the dividend paid during the vesting period attributable to the number of non-voting equity securities and/or shares for which an individual award has been granted). They will be vested to the recipient for the Corporate Executive Committee after four years only. Thereafter, resulting non-voting equity securities and/or shares may remain blocked for up to ten years.

Restricted Stock Units (RSUs)

	2022			2021		
	Number	Value at grant in CHF	Value in CHF	Number	Value at grant in CHF	Value in CHF
B. Anderson	1,483	359.70	533,435	1,740	306.45	533,223
A. Hippe	1,186	359.70	238,212*	1,392	306.45	238,197*
T. Schinecker	815	359.70	293,156	783	306.45	239,950
C. A. Wilbur	741	359.70	266,538	870	306.45	266,612
Total	4,225	359.70	1,331,341	4,785	306.45	1,277,982

* Calculation of value in consideration of reduction of value due to an additional blocking period of 10 years (reduced market value: 55.839%)

5.8 Indirect benefits of the other members of the Corporate Executive Committee

Employer contributions made in 2022 to social security schemes, pension plans and a Group-wide employee stock purchase plan (Roche Connect) in respect of members of the Corporate Executive Committee are shown in the 'Indirect benefits (employer contributions)' table below and in the table on page 200.

Roche Connect is a voluntary stock purchase plan offering employees the opportunity to buy

Roche non-voting equity securities (NES) up to an amount equal to 10% of their annual salary at a 20% discount. NES purchased under this plan are subject to a holding period, which is four years in Switzerland.

In addition, members of the Corporate Executive Committee received annual expense allowances and some members payments for foreign tax obligations and tax consulting services as shown in the table below.

Indirect benefits (employer contributions) (in CHF)

	Pension funds / insurances*	Annual expense allowances	Roche Connect	2022 Payments for tax / tax consulting services	Pension funds / insurances*	Annual expense allowances	Roche Connect	2021 Payments for tax / tax consulting services
B. Anderson	425,494	30,000	-	2,170,496	425,852	30,000	-	1,190,848
A. Hippe	425,494	30,000	39,996	10,884	333,789	30,000	39,996	7,241
T. Schinecker	333,431	30,000	30,415	25,206	333,789	30,000	17,291	20,128
C. A. Wilbur	425,494	30,000	18,744	141,119	333,789	30,000	18,744	388,067
Total	1,609,913	120,000	89,155	2,347,705	1,427,219	120,000	76,031	1,606,284

* Including employer contribution of social securities' beneficial parts

5.9 Other remuneration and loans of members of the Corporate Executive Committee (excl. CEO Roche Group)

To meet legal and contractual obligations, in 2022 Roche paid a total of CHF 12,725 (2021: CHF 12,451) to individual members of the Corporate Executive Committee for family, child and education allowances.

All aforementioned additional payments are included in the total remuneration to members of the Corporate Executive Committee.

In 2022, there were no loans or credits granted to the members of the Corporate Executive Committee.

The maximum regular period of notice for members of the Corporate Executive Committee is 12 months. There are no change-of-control clauses in the employment contracts.

5.10 Remuneration to former members of the Corporate Executive Committee

In 2022, no payments were made.

5.11 Total remuneration paid to the members of the Corporate Executive Committee

For the 2022 calendar year, the members of the Corporate Executive Committee received remuneration (including bonuses, employer contribution of social securities' beneficial parts) totalling CHF 37,181,576 (2021: CHF 35,495,906), excluding additional employer's contribution paid to AHV/IV/ALV totalling CHF 1,819,906 (2021: CHF 2,637,751) that does not form part of remuneration.

No additional remuneration other than the above-mentioned payments was paid to current or former members of the Corporate Executive Committee.

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5.12 The Corporate Executive Committee's remuneration subject to approval at the Annual General Meeting

5.12.1 Submission of the Corporate Executive Committee's total aggregate bonuses for a binding vote at the Annual General Meeting

The Board of Directors proposes awarding the members of the Corporate Executive Committee bonuses (for Dr Severin Schwan in form of Roche

shares which are blocked for ten years, for all other members of the Corporate Executive Committee as a 100% cash payment, see 5.5) totalling CHF 10,691,950 in respect of the 2022 financial year (2021: CHF 10,491,950), excluding legally required employer's contributions to social security agencies, and will submit this proposed total amount to the ordinary Annual General Meeting (AGM) 2023 for a binding vote.

Retrospective approvals of the members of the Corporate Executive Committee's total aggregate bonuses (in CHF)*

	Proposal AGM 2023	AGM 2022	AGM 2021
	Aggregate amount for financial year 2022	Aggregate amount for financial year 2021	Aggregate amount for financial year 2020
Total aggregate amount proposal for approval / approved by the AGM	10,691,950	10,491,950	10,041,950

* Excluding legally required employer's contributions to AHV/IV/ALV

5.12.2 Submission of the Corporate Executive Committee's total future aggregate remuneration for a binding shareholder vote

The Board of Directors proposes that the 2023 ordinary AGM approve remuneration for the Corporate Executive Committee totalling not more than CHF 38,000,000 (excluding legally required employer's contributions to AHV/IV/ALV and excluding bonuses) for the period ending at the 2024 ordinary AGM.

The amount of the Corporate Executive Committee's total future aggregate remuneration

is composed of base pay, long-term incentives S-SARs (calculated at grant value without considering reductions of value due to blocking periods if applicable) and RSUs (see 3.1.4, calculated at the time of reservation of non-voting equity securities or shares, without considering reductions of value due to blocking periods), pension benefits (excluding legally required employer's contributions to AHV/IV/ALV) as well as contributions for expenses, payments for foreign tax obligations, tax consulting services and Roche Connect.

Prospective approvals of the members of the Corporate Executive Committee's total future aggregate remuneration (in CHF)*

	Proposal AGM 2023	AGM 2022	AGM 2021
	Aggregate amount for the period AGM 2023-AGM 2024	Aggregate amount for the period AGM 2022-AGM 2023	Aggregate amount for the period AGM 2021-AGM 2022
Total aggregate amount proposal for approval / approved by the AGM	38,000,000	38,000,000	36,000,000

* Excluding legally required employer's contributions to AHV/IV/ALV and excluding bonuses

5.12.3 Reconciliation of the reported remuneration with the shareholders' prospectively approved remuneration for the members of the Corporate Executive Committee

The 2021 ordinary AGM approved remuneration for the Corporate Executive Committee totalling not more than CHF 36,000,000 (excluding legally required employer's contributions to AHV/IV/ALV

and excluding bonuses) for the period ending at the 2022 ordinary AGM.

For comparison, from the 2021 ordinary AGM to the 2022 ordinary AGM remuneration amounted to CHF 26,498,349 (excluding legally required employer's contributions to AHV/IV/ALV and excluding bonuses).

Prospectively approved total remuneration of the members of the Corporate Executive Committee in comparison to actual total remuneration effected (in CHF)*

	Amount for the period AGM 2022-AGM 2023	Amount for the period AGM 2021-AGM 2022	Amount for the period AGM 2020-AGM 2021
Maximum of total remuneration prospectively approved by the AGM	38,000,000	36,000,000	37,000,000
Actual total remuneration realised (Total remuneration calculated at end of corresponding AGM-AGM period)	Calculation at the end of period AGM 2022-AGM 2023	26,498,349	24,635,559
Within the approved limit	Calculation at the end of period AGM 2022-AGM 2023	Yes	Yes
Additional amount paid for new members of the Corporate Executive Committee after approval by the AGM and not within the approved total amount	No	No	No

* Excluding legally required employer's contributions to AHV/IV/ALV and excluding bonuses

5.13 Clawback

In addition to applicable statutory provisions, Roche's long-term incentive plans include the option to partially reclaim distributed compensation as a result of special circumstances (clawback).

If the employee voluntarily serves notice of termination of employment, S-SARs (see 5.15.2) and RSUs (see 5.15.3) which are unvested at the date of termination of employment lapse immediately without any compensation.

Upon termination of employment as a result of serious misconduct, all S-SARs and RSUs granted and outstanding, whether vested or unvested, shall lapse immediately without any compensation.

According to the S-SARs plan rules, serious misconduct by the participant may include (inter alia):

- activity leading to serious disciplinary action
- repeated or willful failure to perform such duties as have been reasonably assigned by Roche
- violation of any law or public regulation
- commission of a crime
- gross negligence or willful misconduct in employment
- engaging in conduct bringing disgrace or disrepute to Roche and/or any of its subsidiaries
- violation of any of Roche's directives and guidelines relating to business conduct

5.14 Guidelines for security holdings

According to the guidelines for security holdings, since 2012 members of the Corporate Executive Committee are required to hold Roche securities.

Members of the Corporate Executive Committee are now required to hold Roche securities equivalent in value to 200% (previously 100%) of their respective

annual base salary. This requirement must be fulfilled within five years from 15 March 2022 or, in the case of new members, within five years from the start of employment.

The requirement of Roche security holdings for the CEO Roche Group remains unchanged at 500% of his annual base salary.

	Type of security	Value to be acquired <small>(within five years from 15 March 2022 or, in the case of new members, within five years from the start of employment)</small>
CEO Roche Group	Shares and/or NES	500% of annual base salary
Members of the Corporate Executive Committee	Shares and/or NES	200% of annual base salary

5.15 Security holdings

As at 31 December 2022 (as at 31 December 2021, respectively) the members of the Corporate Executive Committee and persons closely

associated with them held securities as shown in the following tables 'Shares and non-voting equity securities (NES)', 'S-SARs' and 'Restricted Stock Units (RSUs)'.

5.15.1 Shares and non-voting equity securities (NES)

	(as at 31 December 2022)				(as at 31 December 2021)			
	Shares (number)	NES (number)	Close relatives' security holdings (number/type)		Shares (number)	NES (number)	Close relatives' security holdings (number/type)	
Corporate Executive Committee			Shares	NES			Shares	NES
S. Schwan	215,956	91,966	-	-	203,592	90,342	-	-
B. Anderson	-	7,745	-	-	-	7,745	-	-
A. Hippe	6,970	40,390	-	21	6,970	37,937	-	-
T. Schinecker	-	2,752	-	-	-	2,093	-	-
C. A. Wilbur	-	14,640	-	-	-	14,324	-	-
Total	222,926	157,493	-	21	210,562	152,441	-	-

5.15.2 S-SARs

Number of S-SARs held on 31 December 2022

	2022	2021	2020	2019	2018	2017	2016
Corporate Executive Committee							
S. Schwan	75,635	100,746	103,260	122,322	100,677	85,476	59,517
B. Anderson	37,819	50,374	46,467	55,045	19,854	-	-
A. Hippe	30,255	40,300	41,304	48,930	40,275	2,191	-
T. Schinecker	20,801	22,669	20,652	3,872	-	-	-
C. A. Wilbur	18,910	25,187	25,815	29,052	21,402	16,032	-
Total	183,420	239,276	237,498	259,221	182,208	103,699	59,517
Price (CHF)	359.70	306.45	308.05	271.65	220.80	251.90	251.50
Market price per NES on 31 December 2022 (CHF)	290.50						
Expiry date	17.3.2032	18.3.2031	19.3.2030	15.3.2029	15.3.2025	16.3.2024	3.3.2023
Grant value per S-SAR (CHF)	56.41	42.35*	41.32*	34.88*	26.49*	31.20*	29.79*
Since 1.1.2012:							
- Trinomial model for American call options							
* Values according to corresponding annual reports							

5.15.3 Restricted Stock Units (RSUs)

Number of RSUs held on 31 December 2022

	2022	2021	2020	2019
Corporate Executive Committee				
S. Schwan	2,965	3,481	3,463	3,927
B. Anderson	1,483	1,740	1,558	1,767
A. Hippe	1,186	1,392	1,385	1,571
T. Schinecker	815	783	693	248
C. A. Wilbur	741	870	866	933
Total	7,190	8,266	7,965	8,446
Grant value per RSU	CHF 359.70 (NES closing price at grant date on 17 March 2022)	CHF 306.45 (NES closing price at grant date on 18 March 2021)	CHF 308.05 (NES closing price at grant date on 19 March 2020)	CHF 271.65 (NES closing price at grant date on 15 March 2019)



Statutory Auditor's Report

To the General Meeting of Roche Holding Ltd, Basel

Report on the Audit of the Remuneration Report

Opinion

We have audited the Remuneration Report of Roche Holding Ltd (the Company) for the year ended 31 December 2022. The audit was limited to the information on remuneration, loans and advances pursuant to Art. 14–16 of the Ordinance against Excessive Remuneration in Listed Companies Limited by Shares (Verordnung gegen übermässige Vergütungen bei börsenkotierten Aktiengesellschaften, VegüV) in the sections marked with a grey line and 'audited', including the respective footnotes, on pages 182 to 207 of the Remuneration Report.

In our opinion, the information on remuneration, loans and advances in the Remuneration Report complies with Swiss law and Art. 14–16 VegüV.

Basis for Opinion

We conducted our audit in accordance with Swiss law and Swiss Standards on Auditing (SA-CH). Our responsibilities under those provisions and standards are further described in the 'Auditor's Responsibilities for the Audit of the Remuneration Report' section of our report. We are independent of the Company in accordance with the provisions of Swiss law and the requirements of the Swiss audit profession, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The Board of Directors is responsible for the other information. The other information comprises the information included in the annual report, but does not include the sections marked 'audited' in the Remuneration Report, the consolidated financial

statements, the financial statements and our auditor's reports thereon.

Our opinion on the Remuneration Report does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the Remuneration Report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the audited financial information in the Remuneration Report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Board of Directors' Responsibilities for the Remuneration Report

The Board of Directors is responsible for the preparation of a Remuneration Report in accordance with the provisions of Swiss law and the Company's articles of incorporation, and for such internal control as the Board of Directors determines is necessary to enable the preparation of a Remuneration Report that is free from material misstatement, whether due to fraud or error. The Board of Directors is also responsible for designing the remuneration system and defining individual remuneration packages.

Auditor's Responsibilities for the Audit of the Remuneration Report

Our objectives are to obtain reasonable assurance about whether the information on remuneration, loans and advances pursuant to Art. 14–16 VegüV is free from material misstatement, whether due to fraud or error, and to issue an auditor's report

that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Swiss law and SA-CH will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Remuneration Report.

As part of an audit in accordance with Swiss law and SA-CH, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement in the Remuneration Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made.

We communicate with the Board of Directors or its relevant committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the Board of Directors or its relevant committee with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, actions taken to eliminate threats or safeguards applied.

KPMG AG



François Rouiller
Licensed Audit Expert
Auditor in Charge

Basel, 31 January 2023



Paul Nichols

Independent practitioner's limited assurance report

on selected 2022 non-financial information to the Corporate Governance and Sustainability Committee of Roche Holding Ltd, Basel

We have been engaged by the Corporate Governance and Sustainability Committee to perform assurance procedures to provide limited assurance on selected non-financial information (including the Greenhouse Gas (GHG) emissions) of Roche Holding Ltd and its consolidated subsidiaries ('Roche Group') for the period from 1 January 2022 to 31 December 2022 disclosed in the Annual Report 2022 ('Report').

- Roche eco-balance and Energy use by selected types in the graphs on page 127 of the Report;
- All key figures in the tables and graphs on pages 128 and 129 (except Scope 3: Capital goods, Purchased goods and services, Fuel- and energy-related activities, Upstream transportation, Waste generated in operations, Use of sold products).

Scope and subject matter

Our assurance engagement relates to limited level of assurance on the selected non-financial information (including the GHG emissions) from 1 January 2022 to 31 December 2022 disclosed in the Report 2022.

The following selected non-financial information (including the GHG emissions) published in the Report is within the scope of our limited assurance engagement:

- the following people key figures, in all material aspects, disclosed in the Report:
 - Employees (FTE) and Employees by Division/ Operating Divisional Group (ODG) in the graphs on page 111 of the Report;
 - Share of women in executive positions in the table on page 113 of the Report; and
- the following Safety, Security, Health and Environmental protection ('SHE') key figures (including GHG emissions for scope 1 & 2 and scope 3 resulting from business travel), in all material aspects, disclosed in the Report:
 - Employee health and safety table on page 111 of the Report;

Criteria

The selected 2022 non-financial information (including the GHG emissions) was prepared by the Corporate Governance and Sustainability Committee of Roche Holding Ltd based on the document "Basis for Preparation of Non-financial Information 2022" (the "suitable Criteria") which is available on the Roche website <https://a.storyblok.com/f/126832/x/c7efa7430e/nonfinancialreportingmetricsguidelines-basisforpreparation.pdf>.

Inherent limitations

The accuracy and completeness of the selected 2022 non-financial information (including the GHG emissions) are subject to inherent limitations given their nature and methods for determining, calculating and estimating such data. In addition, the greenhouse gas quantification is subject to inherent uncertainty because of incomplete scientific knowledge used to determine factors related to the values needed to combine emissions of different gases. Our assurance report will therefore have to be read in connection with the document "Basis for Preparation of Non-financial Information 2022" used by Roche Group, its definitions and procedures as well as on the

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related third-party guidelines used to present the selected 2022 non-financial information.

Corporate Governance and Sustainability Committee's responsibility

The Corporate Governance and Sustainability Committee of Roche Holding Ltd is responsible for the preparation and presentation of the non-financial information (including the GHG emissions) in accordance with the document "Basis for Preparation of Non-financial Information 2022". This responsibility includes the design, implementation and maintenance of the internal control system related to the preparation of the selected non-financial information that are free of material misstatement, whether due to fraud or error. Furthermore, the Corporate Governance and Sustainability Committee is responsible for the selection and application of the document "Basis for Preparation of Non-financial Information 2022" and adequate record keeping.

Independence and quality management

We are independent of Roche Holding Ltd in accordance with the International Code of Ethics for Professional Accountants (including International Independence Standards) issued by the International Ethics Standards Board for Accountants (IESBA Code). We have fulfilled our ethical responsibilities in accordance with the IESBA Code, which is founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour.

PricewaterhouseCoopers AG applies International Standard on Quality Management 1, which requires the firm to design, implement and operate a system of quality management including policies or procedures regarding compliance with

ethical requirements, professional standards and applicable legal and regulatory requirements.

Practitioner's responsibility

Our responsibility is to perform a limited assurance engagement and to express a conclusion on the selected 2022 non-financial information (including the GHG emissions) of Roche Group disclosed in the Report. We conducted our engagement in accordance with the International Standard on Assurance Engagements (ISAE) 3000 (Revised) 'Assurance engagements other than audits or reviews of historical financial information' and the International Standard on Assurance Engagements 3410, Assurance Engagements on Greenhouse Gas Statements ('ISAE 3410'), issued by the International Auditing and Assurance Standards Board. Those standards require that we plan and perform our procedures to obtain limited assurance whether anything has come to our attention that causes us to believe that the selected 2022 non-financial information (including the GHG emissions) was prepared, in all material aspects, in accordance with the document "Basis for Preparation of Non-financial Information 2022".

Based on risk and materiality considerations, we performed our procedures to obtain sufficient and appropriate assurance evidence. The procedures selected depend on the assurance practitioner's judgement. A limited assurance engagement under ISAE 3000 (Revised) and ISAE 3410 is substantially less in scope than a reasonable assurance engagement in relation to both the risk assessment procedures, including an understanding of internal control, and the procedures performed in response to the assessed risks. Consequently, the nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a

reasonable assurance engagement and therefore less assurance is obtained with a limited assurance engagement than for a reasonable assurance engagement.

We performed the following assurance procedures, among others:

- *Review of the application of Roche Group guidelines*
Reviewing the application of the Roche Group selected non-financial reporting guidelines as per the document “Basis for Preparation of Non-financial Information 2022”;
- *Site visits and management inquiry*
Visiting selected Pharmaceuticals and Diagnostics sites in Costa Rica, Spain, Switzerland and the USA. The selection was based on quantitative and qualitative criteria; Interviewing personnel responsible for internal non-financial reporting and data collection at the sites we visited and at the Group level to determine the understanding and application of Roche Group’s non-financial reporting guidelines as per the document “Basis for Preparation of Non-financial Information 2022”;
- *Assessment of the key figures*
Performing tests on a sample basis of evidence supporting selected people and SHE key figures (e.g. energy consumption, emissions into the air, water usage and discharge, and share of women in executive positions) concerning completeness, accuracy, adequacy and consistency;
- *Review of documentation and analysis of relevant policies and principles*
Reviewing relevant documentation on a sample basis, including Roche Group non-financial reporting policies, management of reporting structures and documentation;

- *Assessment of the processes and data consolidation*

Reviewing the management and non-financial reporting processes for people and SHE key figures; and

Assessing the aggregation process of data at Roche Group level.

We believe that the evidence we have obtained is sufficient and appropriate to provide a basis for our conclusion.

Conclusion

Based on the work we performed, nothing has come to our attention that causes us to believe that the selected 2022 non-financial information (including the GHG emissions) of Roche Group for the period from 1 January 2022 to 31 December 2022 disclosed in the Report is not prepared, in all material respects, in accordance with the document “Basis for Preparation of Non-financial Information 2022”.

Intended users and purpose of the report

This report is prepared for, and only for, the Corporate Governance and Sustainability Committee of Roche Holding Ltd, and solely for the purpose of reporting to them on selected 2022 non-financial information (including the GHG emissions) disclosed in the Report and no other purpose. We do not, in giving our conclusion, accept or assume responsibility (legal or otherwise) or accept liability for, or in connection with, any other purpose for which our report including the conclusion may be used, or to any other person to whom our report is shown or into whose hands it may come, and no other persons shall be entitled to rely on our conclusion.

We permit the disclosure of our report, in full only and in combination with the suitable Criteria, to enable the Corporate Governance and Sustainability Committee to demonstrate that they have discharged their governance responsibilities by commissioning an independent assurance report over the selected 2022 non-financial information (including the GHG emissions), without assuming or accepting any responsibility or liability to any third parties on our part. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Corporate Governance and Sustainability Committee of Roche Holding Ltd for our work or this report.

PricewaterhouseCoopers AG

Christophe Bourgoin

Annina Binder

Zurich, 2 February 2023

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Key dates for 2023

Annual General Meeting

14 March 2023

First-quarter sales

26 April 2023

Half-year results

27 July 2023

Nine-month sales

19 October 2023

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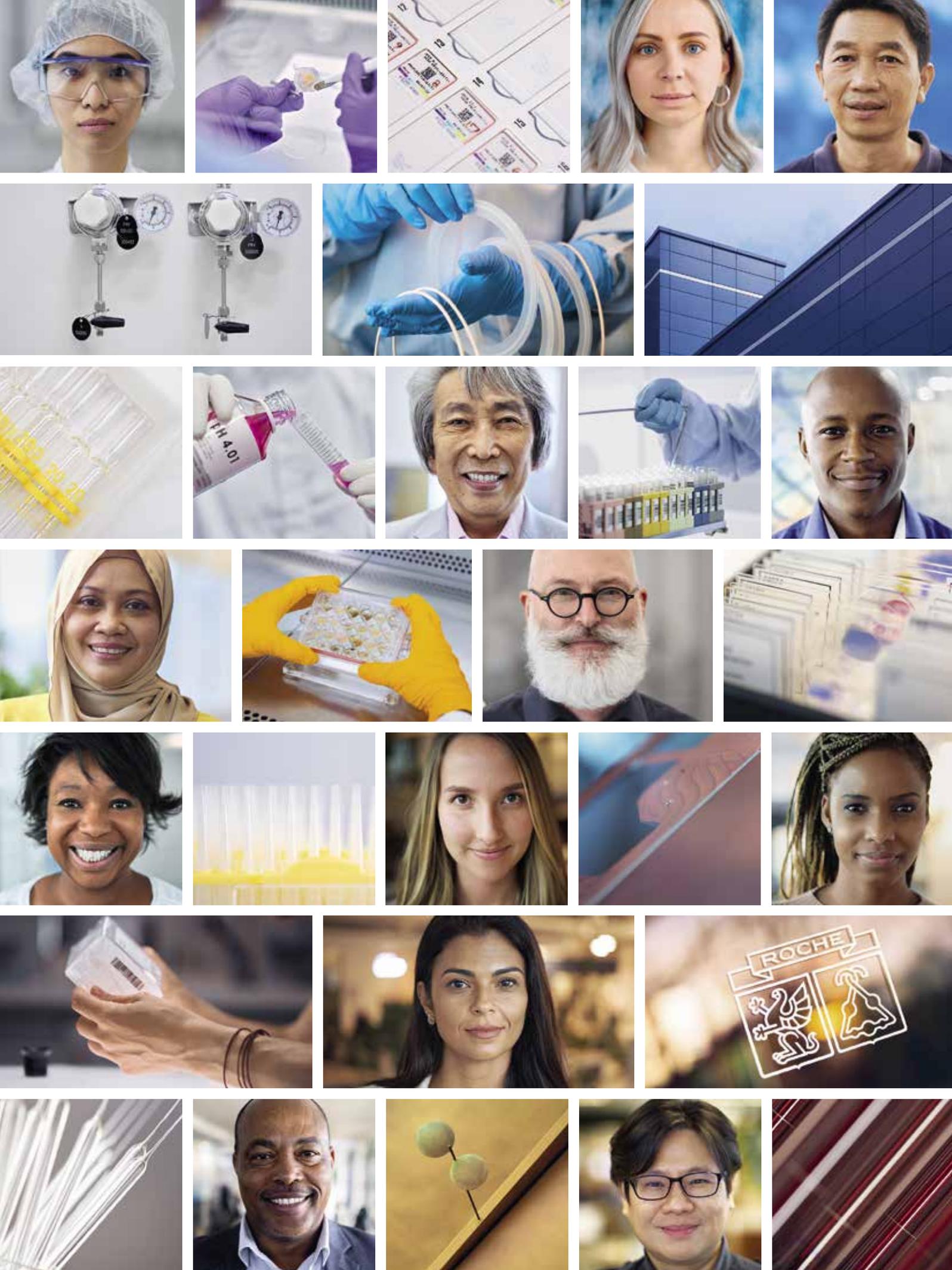
Doing now what patients need next

We believe it is urgent to deliver medical solutions right now – even as we develop innovations for the future. We are passionate about transforming patients' lives. We are courageous in both decision and action. And we believe that good business means a better world.

That is why we come to work each day. We commit ourselves to scientific rigour, unassailable ethics, and access to medical innovations for all. We do this today to build a better tomorrow.

We are proud of who we are, what we do, and how we do it. We are many, working as one across functions, across companies, and across the world.

We are Roche.



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