AstraZeneca

Our Sustainability Impact

Building a healthy future for people, society and the planet

Veeva ID - Z4-82665
Date of preparation - April 2026

Contents

The third edition of our Sustainability Impact Publication spotlights how AstraZeneca is taking concerted action to improve the health of people, society and the planet.

Open letter from Pam Cheng

Dear partners,

We are living in a golden age of medical science. Breakthrough treatments for complex diseases are transforming lives around the world. Through scientific and technological innovation, new medicines are being discovered, developed, and delivered - helping people live longer, healthier lives.

Climate change and nature loss, the rising burden of chronic disease, ageing populations, and health systems under increasing strain are converging in ways that threaten progress. These interconnected challenges are widening health inequities, with the greatest impacts felt by the most vulnerable.

The data highlights the urgency: 99% of the global population breathes polluted air,[1] contributing to approximately seven million deaths each year.[2] Without decisive action, heat related deaths are projected to triple by 2050.[3] Meanwhile, the world faces a projected shortage of 11 million health workers by 2030[4] as demand for care rises. The consequences are both human and economic: poor health is estimated to reduce global GDP by around 15% annually.[5]

That is why AstraZeneca is taking concerted action to improve the health of people, society, and the planet. We believe our greatest impact comes when we match our ambition to transform patient outcomes through innovative science with bold action on climate and nature, health equity, and health systems resilience.

As set out in our Sustainability Strategy, we embed these priorities across everything we do. Operating sustainably is fundamental to a responsible, healthy and resilient business - and delivers productivity and efficiency gains. Over a period in which we have more than doubled our revenue, our Ambition Zero Carbon programme has helped reduce emissions from our sites and fleet (Scopes 1 and 2) by 88%.

This progress has been driven by the commitment and ingenuity of our people, alongside close collaboration with innovative partners supporting our transition to renewable energy, clean heat and electric vehicles.

Along the way, we have learned - and continue to learn - a great deal. We are now applying these insights as we increase focus on reducing emissions across our value chain (Scope 3), which represent approximately 98% of our footprint as we have reduced our Scopes 1 and 2. This includes engaging with suppliers, more sustainable distribution and travel, ensuring new buildings are green by design, and transitioning our inhaled respiratory portfolio to a next-generation propellant with near-zero global warming potential. This device transition - the largest in AstraZeneca's history - has launched in the UK, with Europe following.

In 2021, AstraZeneca was one of the first companies globally to set science-based, net zero targets. While we recognise that the path to net zero is not linear, particularly as our business and portfolio grows, our determination to do the right thing continues to drive our efforts.

Since 2015, we have more than doubled the size of our business and we have ambitious plans to continue this growth to reach more patients with our life-changing medicines. As a result, our Scope 3 emissions have also increased alongside our expanding product portfolio.

Pam Cheng at the World Economic Forum, Davos

To reflect our business growth trajectory, we are taking a realistic and transparent approach by updating our Scope 3 emissions reduction target for 2030 from 50% to 35% relative to a 2019 baseline. Importantly, this revised target aims to deliver the same absolute emissions reduction as our previous target. It reflects how we are balancing the pace of decarbonisation across our supply chain with our dedication to science-backed climate and nature action.

Additionally, as outlined in the following pages, we continue to advance action on nature, health equity, and health systems resilience. By applying a health equity lens to our science, healthcare delivery, and community investment, we can better reach underserved populations worldwide. By strengthening health systems, we aim to help ensure that healthcare can be delivered effectively - both today and for generations to come.

Through partnership with governments, clinical experts and collaborators, we are committed not only to supporting the transition to more equitable, resilient and sustainable healthcare systems, but to helping lead it - so that progress in medical science continues to translate into better health for people, society and the planet.

Sincerely,

Pam Cheng
Executive Vice President, Global Operations, IT
and Chief Sustainability Officer

Our Sustainability Strategy

At AstraZeneca, we're committed to improving the health of people, society and the planet.

Recognising the strong connection between business growth and resilience, and the need to address the major health challenges of our time, our approach to Sustainability focuses on how we make a sustainable impact and how we do business:

How we make a sustainable impact
Through the power of science and innovation, we are taking action on climate and nature, health equity and health systems resilience.

How we do business
We are guided by our Values and invest in our people to create long-term value, resilience and trust by operating responsibly, ethically and with robust governance.

Our Sustainability targets to 2030

Climate and nature action

We aim to reduce our impact on the planet and help restore our natural world.

- **35%** reduction in Scope 3*
- **>100m** trees planted through AZ Forest
- **3x** energy productivity
- **50%** waste circularity rate
- Water stewardship strategies delivered at key sites

Health equity

We aim to close healthcare gaps to give people everywhere the chance to be as healthy as possible.

- **1bn** people positively impacted, including **400m** from underserved groups

Health systems resilience

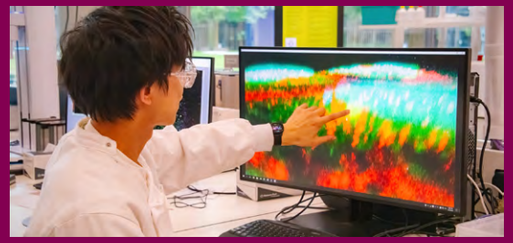
We aim to contribute to strong health systems that can meet health needs, today and tomorrow.

- **45 countries** with health systems strengthened through partnerships with governments and evidence-based advocacy

*vs 2019 baseline. NB Scope 1 & 2 target: By 2026 reduce emissions by 98% vs 2015

Our Sustainability progress through 2025

88%
reduction in Scope 1 and 2 greenhouse gas (GHG) emissions since 2015.



40%
of genomics data from understudied global communities.

49m+
people reached with health education, screening and early detection since 2024.

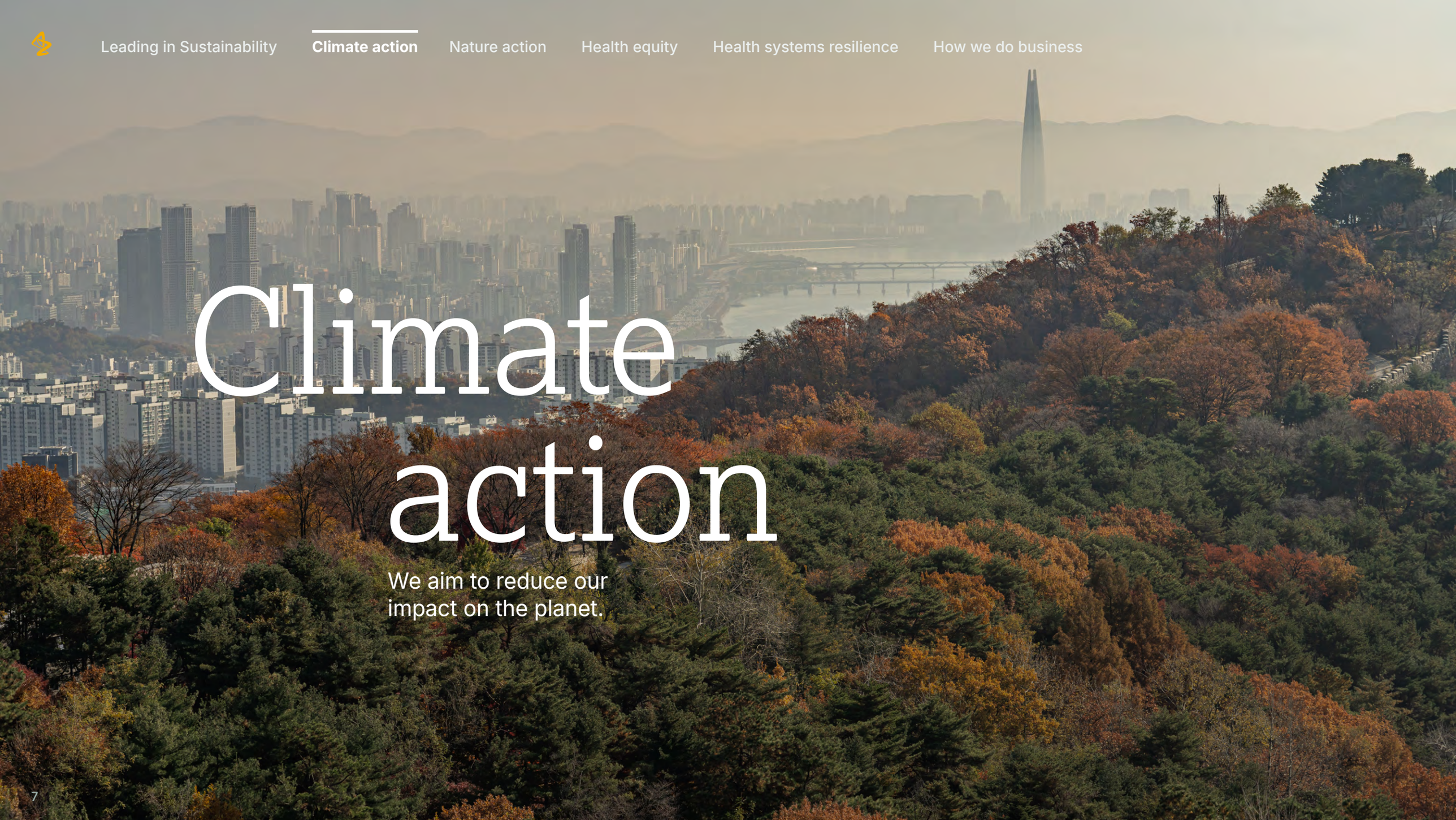
36
country collaborations through the Partnership for Health System Sustainability and Resilience.

66 million
trees planted through AZ Forest.

23%
reduction in water use and waste generated since 2015.

81%
electric road fleet globally.

156m
people from underserved communities positively impacted since 2024.



Climate action

We aim to reduce our impact on the planet.

Our pathway to reducing emissions

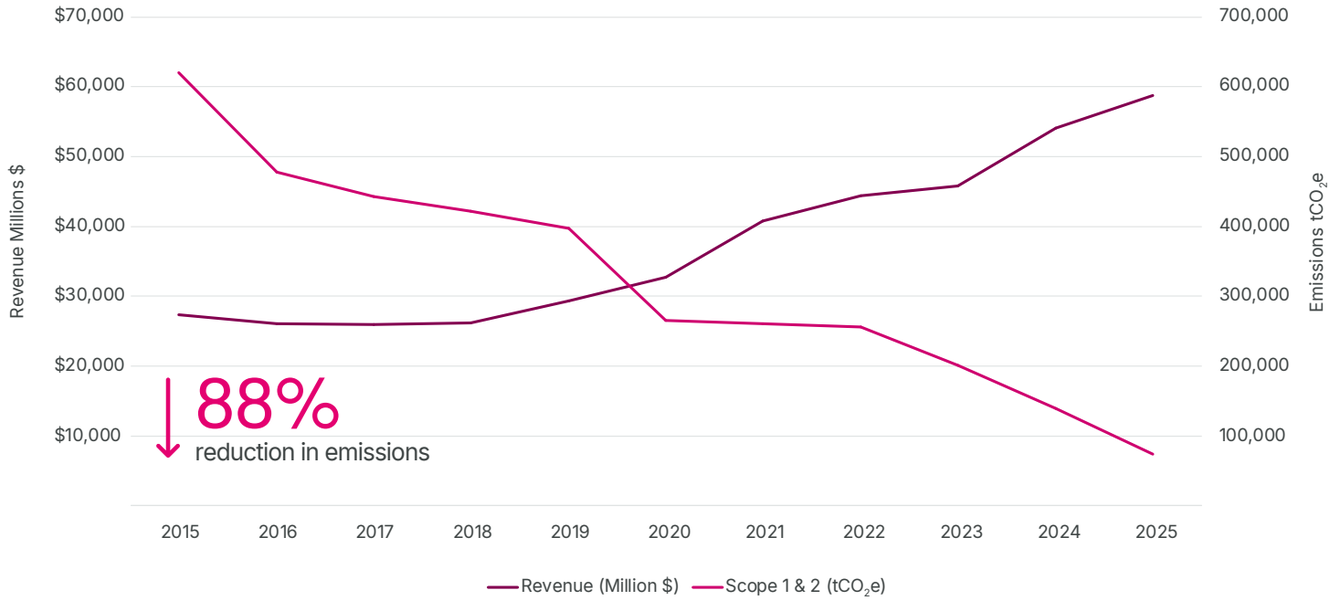
As a science-led, patient-focused company, we strive to address the critical link between climate and health. That is why decarbonising our operations and value chain, while advancing sustainable patient care, sits at the heart of our strategy.

Through our $1bn Ambition Zero Carbon programme, we continue investing in reducing GHG emissions across the research, development, manufacture and supply of our medicines.

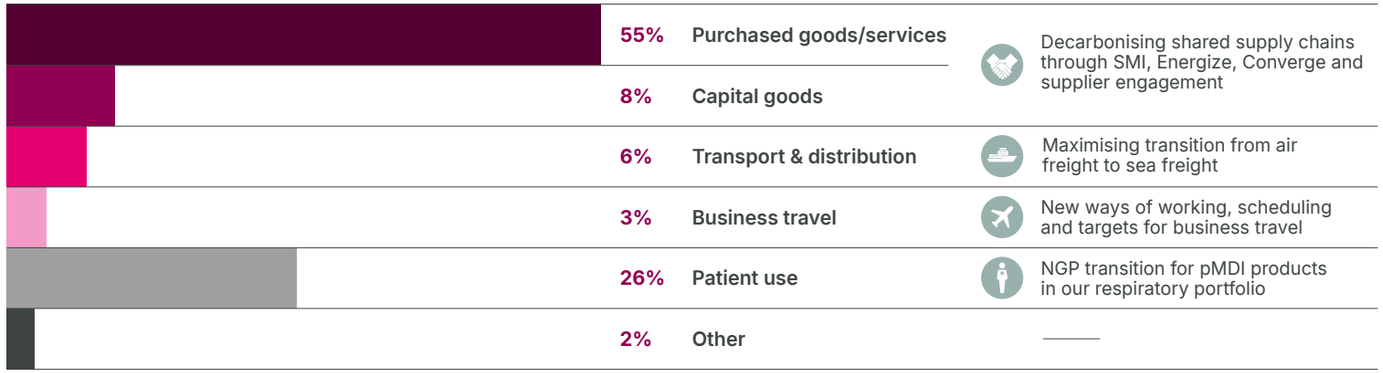
We have achieved an 88% reduction in Scope 1 and 2 emissions (from our sites and fleet) since 2015 while more than doubling our revenue – demonstrating that we can advance ambitious growth alongside decarbonising our global operations. We continue to make progress toward reducing our Scope 1 and 2 emissions.

We are also tackling Scope 3 emissions (value chain), which represent approximately 98% of our total footprint and come primarily from purchased goods and services, capital goods, distribution and product use.

Decoupling Scope 1 & 2 emissions from revenue growth



Key Scope 3 contributors and actions



Central to our Scope 3 action is transitioning all our pressurised metered-dose inhalers (pMDIs) to a next-generation propellant with near-zero global warming potential – 99.9% lower than current propellants. This is the largest device transition in AstraZeneca's history, as our respiratory medicines reach a significantly growing number of patients worldwide.

Engaging with suppliers is key to encouraging the adoption of science-based targets and scaling sustainable solutions. This engagement has resulted in over 80% of our eligible supplier spend now being with partners that have set their own science-based targets.

As we deliver more medicines to more patients and continue to grow our business, our value chain emissions have also increased. Based on updated expectations and the pace of decarbonisation across our supply chain and portfolio, we are updating our 2030 target to a 35% reduction relative to a 2019 baseline (from 50%). This target aims to deliver the same planned absolute reduction of GHG as our previous target. We are also investing in quality carbon removal to address our residual emissions.

Progress will come from multiple sources: product innovation, including the transition to the next-generation propellant; ongoing supplier engagement; sustainable transport, including shifting from air to sea freight and responsible business travel. Guideline-based care that enables early, targeted and patient-centred interventions, also has an important role to play.

By working across and beyond our sector, we can accelerate the decarbonisation of healthcare and contribute to a healthier future.

"The health of people and the planet are deeply interconnected. At AstraZeneca, we're pioneering sustainable science, manufacturing, and care delivery to improve patient outcomes while reducing the environmental footprint of healthcare.

By collaborating with suppliers, partners and health systems, we can achieve change at scale."

Liz Chatwin
Vice President, Global Sustainability and SHE

AstraZeneca scientists at the Discovery Centre, UK

From ambition to action: how we're decarbonising global operations

Renewable energy from sources including biomethane, solar panels across our site footprint, and industrial-scale carbon capture from biogas are supporting our medicine development and manufacturing today. We have deployed renewable and low-carbon heat and power solutions around the world, demonstrating that pharmaceutical manufacturing can deliver cutting-edge science and environmental performance simultaneously. We have achieved an 88% reduction in Scope 1 and 2 emissions since 2015 and are continuing our decarbonisation journey.

Clean heat

Biomethane - renewable gas from organic materials like grass and food waste - powers our manufacturing and R&D sites across the US, UK, China and Ireland. Progress to date, includes:

- **In the US:** our partnership with Vanguard Renewables delivered approximately 33 GWh of renewable natural gas to our US sites in 2025 and will continue to ramp up supply to support our US operations.

Vanguard Renewables' anaerobic digester in Vermont, US

Our small molecule medicine manufacturing & distribution centre in Wuxi, China

- **In China:** collaboration with China Resources Gas and Everbright Environment supplies approximately 36 GWh of biomethane and biomethane-based steam annually to our Wuxi facility from anaerobic digestion of municipal solid waste.
- **In the UK:** our partnership with Future Biogas has resulted in the country's first industrial scale biomethane plant for life sciences (operational in February 2025), producing 69.4 GWh by year-end. The plant supplies clean heat to all our UK R&D and manufacturing sites, and a carbon capture facility produces biogenic carbon dioxide. Clean heat has enabled a first for Macclesfield, our second-largest manufacturing site globally, achieving 100% renewable energy use in 2025.
- **In Ireland:** Alexion, AstraZeneca Rare Disease, is becoming the first company in Ireland to fully adopt biomethane through a partnership with Carbon AMS. A new Duleek plant will supply biomethane to our Dublin and Athlone sites using grass silage.

Clean power

Renewable electricity is another priority in our decarbonisation journey. Across our operations, 94% of electricity comes from renewable sources, including on-site solar photovoltaic (PV) installations. By the end of 2025, we had completed solar installations at 20 sites, generating energy equivalent to 3% of total power consumption.

New solar parks include iPR Pharmaceuticals in Puerto Rico. With more than 3,700 solar panels, the park will generate around 2.7 gigawatt hours (GWh) of renewable electricity annually, about 6% of the site's electricity use. In Australia, our campuses use PV panels on parking structures and rooftops for on-site solar-power generation.

Energy efficiency

Alongside our renewables transition, we have made significant advances in energy conservation through our Natural Resource Efficiency Fund. Since 2015, we continue to invest, helping sites cut energy consumption by 20% and double energy productivity by 2025. Our Mount Vernon, Indiana, manufacturing and supply site reduced absolute energy use by 15% while quadrupling production over the past decade, earning ENERGY STAR certification and placing the site in the top 25% of comparable US facilities for energy efficiency. Such innovation continues to drive energy savings. For example, continuous direct compression technology in tablet manufacturing has reduced cycle time by 98% – boosting productivity while reducing materials and energy use. We are scaling this technology across our tablet manufacturing network.

Sustainable sites and buildings

Beyond the technologies we deploy, we integrate sustainability into how we design, build and operate facilities. Our state-of-the-art global R&D facility, The Discovery Centre in Cambridge, achieved BREEAM 'excellent' certification in 2023. Multiple US facilities have achieved LEED certification and projects in Boston, Singapore and Qingdao are targeting similar standards. Our $1.5bn Singapore facility is designed for operational carbon zero (Scopes 1 and 2) from its opening, expected in 2029. Three major sites have also achieved ISO 50001 energy management certification: Macclesfield, Gaithersburg and Wuxi. Across our network, 97 labs have achieved the highest status of My Green Lab certification.

The Discovery Centre (DISC), our state-of-the-art and sustainable global R&D facility in Cambridge, UK

Charging ahead with fleet electrification

We are rapidly transitioning our company-owned and leased vehicle fleet to battery electric vehicles (BEVs) wherever technically feasible. More than 81% of our total owned and leased fleet were BEVs by the end of 2025 – over 18,000 sustainable vehicles. We have also achieved a full transition to BEVs in 37 markets.

In addition, we have purchased Energy Attribute certificates, which verify that an equivalent amount of renewable energy has been fed into the grid to cover the energy required for vehicle charging.

As an early member of the Climate Group's EV100 initiative, our goal is to maximise BEV adoption across our global fleet. Despite challenges in some markets, including limited vehicle availability and charging infrastructure, we continue to drive the transition across our fleet.

Decarbonised by design: accelerating sustainable respiratory care

In respiratory, we are transitioning our pressurised metered dose inhalers (pMDIs) to a next-generation propellant with near-zero global warming potential (GWP). This innovation ensures physicians can focus on clinically driven prescribing decisions while also reducing the environmental footprint of care.

Today, pMDIs are the most commonly prescribed type of medicine for hundreds of millions of people living with chronic respiratory diseases like asthma and chronic obstructive pulmonary disease (COPD). These devices deliver medication directly into the lungs using pressurised gas propellants. While this propellant system ensures medication reaches the lungs effectively, it does release greenhouse gases into the atmosphere.

That is why, as part of our $1bn Ambition Zero Carbon strategy, we have invested in transitioning our inhaled respiratory medicines to use the next-generation propellant. With 99.9% lower GWP compared to those currently used, this propellant is expected to significantly lower the carbon footprint of respiratory care.

In a world-first, in May 2025, the UK's Medicines and Healthcare Regulatory Agency approved AstraZeneca's first medicine delivered by pMDI with this near-zero GWP propellant. In early 2026, the UK fully transitioned this medicine to the next-generation propellant. A positive opinion from the European Medicines

Agency's Committee for Medicinal Products for Human Use (CHMP) in July 2025 also paved the way for the transition in Europe, which is underway throughout 2026.

We have also submitted regulatory filings for this medicine to be used with the next-generation propellant in China, Japan, the US, and other countries. We aim to transition our wider pMDI portfolio of asthma and COPD treatments by 2030, which is expected to significantly reduce our Scope 3 emissions.

A growing body of evidence shows that implementing guideline-directed medical therapy can materially reduce the environmental footprint of respiratory care by preventing exacerbations and high-emission healthcare interventions that follow. The transition to the next-generation propellant provides an additional benefit by reducing the carbon footprint of these treatments, enabling clinicians to continue to select the most appropriate medicine for their patient whilst also supporting environmental goals.

"Ensuring patients' disease remains controlled on their medication is one of the most effective ways to achieve not only the best clinical outcomes, but also to support sustainable care. As medicines delivered by pMDIs remain an essential option in respiratory care, the ongoing transition of these medicines to the next-generation propellant means that clinicians and their patients can select the most appropriate treatment for them whilst minimising the impact on the environment."

Anne-Laure Dreno
Senior Vice President, Global Respiratory & Immunology

Production of pMDI canisters with our next-generation propellant with near-zero global warming potential at our manufacturing site in Dunkirk, France

Process innovation that reduces carbon and solvent use

Throughout the life cycle of a medicine, we apply a science and innovation-driven approach to minimise greenhouse gas emissions and nature impacts from the materials we use and the waste we generate, all while maintaining the highest standards of efficacy and safety.

In small-molecule drug development, active pharmaceutical ingredients (APIs) drive a significant carbon footprint, with solvent use and disposal in manufacturing being the largest contributors. We are prioritising solvent reduction in R&D and API manufacturing to address this challenge.

Our approach begins with simplifying and optimising processes to use less solvent. In 2025, these efforts delivered strong results across two new drug substances in development for weight management, cutting the solvent-related carbon footprint by over 50%. We are now advancing innovations in solvent reuse and recycling, and a shift to renewable alternatives. This systematic reduce-reuse-recycle approach is applied to all APIs in development, continuing to lower the environmental impact of our pharmaceutical processes.

A world first: standardising how we measure the environmental impact of medicines

Around half of the healthcare sector's emissions come from the manufacture and supply of medicines and related products - a challenge too large for any single company to solve alone. Working together, we can go further, faster.

Through the Sustainable Markets Initiative (SMI) Health Systems Task Force, chaired by our Chief Executive Officer (CEO), Pascal Soriot, we are working with CEOs and global leaders to accelerate the transition to net zero health systems. With this group, we contributed to the development of the world's first global standard (PAS 2090) to assess and report the environmental footprint of medicines across their lifecycle, which aims to support more standardised measurement across the sector.

The British Standards Institution led the process, working with NHS England, the Office for Life Sciences and the Pharmaceutical LCA Consortium - a collaboration between the SMI Health Systems Task Force and the Pharmaceutical Environment Group. Nearly 500 contributors from industry, regulatory bodies and academia across 35 countries took part, with more than 400 comments received during public consultation.[6]

The standard aims to improve sector transparency and support reductions in environmental impact throughout the pharmaceutical lifecycle - from design and manufacture to supply, product use and end of life - while ensuring patients continue to access the most appropriate treatment. Wide adoption will accelerate efforts to reduce the environmental impact of medicines while ensuring health systems prioritise access to guideline-directed medical treatments.

Brazil study shows how acting early on T2D improves the health of patients and planet

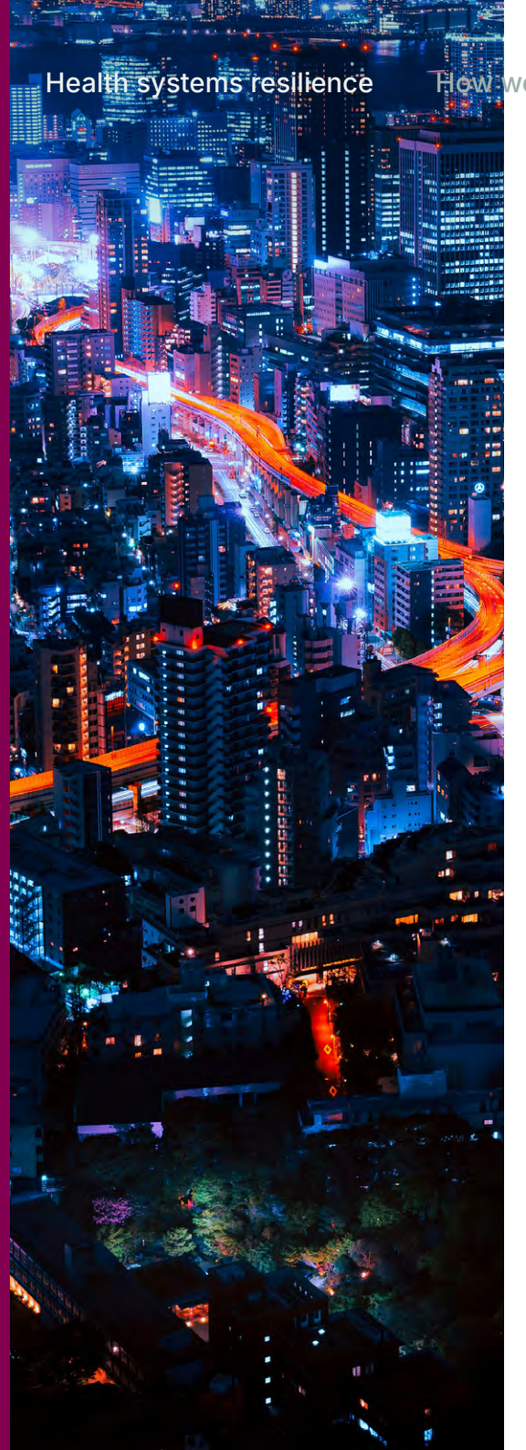
Preliminary findings from our ECOSUS study, run in partnership with IQVIA and presented at COP30 in Brazil in 2025, suggest that improving access to innovative type-2 diabetes (T2D) medicines can improve patient outcomes and lower CO2 emissions in the country's public health system.

More than 16 million people in Brazil live with diabetes. When poorly managed, T2D can lead to serious complications like cardiovascular disease and chronic kidney disease (CKD), often requiring hospitalisation and, in advanced cases, dialysis. The ECOSUS study analysed the CO2 emissions associated with the healthcare of 155 Brazilian patients with T2D and cardiorenal complications over a three-year period.

The preliminary findings indicated that CO2 emissions associated with the seven patients on dialysis were higher than those associated with the 148 non-dialysis patients. The study also showed that dialysis for diabetes patients is highly carbon-intensive, with annual emissions per patient exceeding 6,000 kilograms of CO2. In comparison, innovative treatments for T2D can delay the need for dialysis for up to 15 years, while delivering broad cardiorenal benefits and significantly reducing emissions.

This new evidence suggests that early identification and management of chronic diseases, such as T2D, can deliver benefits for patients and the planet.

This work builds on our Impact CKD study to examine and forecast the impact of CKD over a 25-year time horizon and reinforces the study's findings on the potential health, economic and environmental benefits of early and targeted screening of patients at high risk of CKD, alongside guideline-directed treatment.



Partnering to accelerate supply chain decarbonisation in Japan

Japan has one of the world's largest pharmaceutical markets[7] and fastest-ageing populations, with nearly 30% of people aged 65 or over.[8] Climate change presents particular risks to older people through higher temperatures and air pollution,[9] increasing the importance of keeping people healthy and delivering sustainable healthcare.

AstraZeneca Japan is working with 13 peers in the Japan Pharmaceutical Manufacturers Association (JPMA) to codevelop industry guidelines that accelerate supplier and partner decarbonisation. The initiative focuses on cutting Scope 3 emissions and is supported by Japan's Ministry of the Environment.

The guidelines aim to speed up adoption of science-based targets by pharmaceutical suppliers and improve data quality by collecting primary data. Built around the real-world challenges JPMA members face, local and international expertise is being translated into practical and implementable guidance.

By giving companies a single, clearly defined framework, the project offers suppliers and partners a unified set of asks on emissions reductions. The model serves as a blueprint for value chain decarbonisation across healthcare and aligns with the World Health Organization's (WHO) Alliance for Transformative Action on Climate and Health, which Japan also participates in.

Sustainable science: good for patients, good for the planet

As modern medicine evolves, the challenge is no longer only discovering potentially life-changing treatments but also making medicines more sustainably. While research contributes but a small fraction of our environmental impact, embedding sustainability at the earliest stages of drug development could potentially have a profound effect on our manufacturing footprint.

AstraZeneca has made sustainable science a cornerstone of R&D, ensuring that new medicines are developed with the smallest possible environmental footprint from the very beginning of each molecule's discovery. Our strategic R&D centres are home to state-of-the-art technology and sustainable chemistry innovation, which support our path to net zero.

Exemplifying this philosophy is the miniaturisation of sample management - the process of managing chemical compounds for screening and experimentation.

Acoustic droplet ejection technology, which we developed in collaboration with industry partners, uses sound waves to "bounce" nanolitre droplets of compounds from one plate to another, reducing the need for intermediate plates and tip-based dispensing. This innovation allows for a 100-fold reduction in the volume of compounds needed for screening, and it reduces the carbon footprint associated with the manufacturing and disposal of plastic tips traditionally used.

AstraZeneca scientist at the Discovery Centre, UK

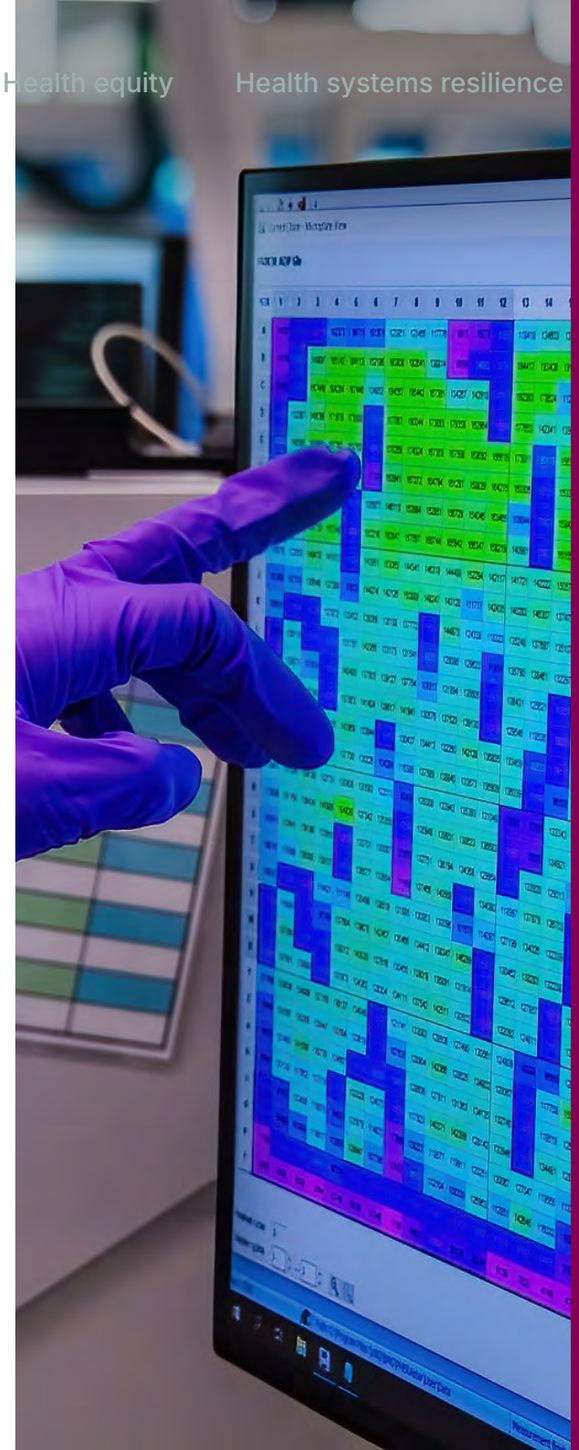
Additional sustainability benefits are coming from flow chemistry. Rather than making drugs in large batches, which entails significant cooling and heating demands, chemicals move through a series of small, temperature-controlled tubes. This continuous process is more energy efficient and provides enhanced control in handling reactive steps, enabling precise processing that is difficult to achieve at larger scales.

Beyond these practices, we also embrace Green Chemistry - a framework of 12 principles designed to minimise hazardous substances and maximise resource efficiency. Biocatalysis is an example of Green Chemistry that uses natural and biodegradable enzymes to speed up chemical reactions. These natural substances allow for a single-step route to a desired molecule that might normally require multiple synthesis steps. Biocatalysts unlock efficiencies and enable scientists to minimise resource use.

Our approach to sustainable science represents a fundamental shift in the life sciences sector. By treating sustainability as foundational to R&D and a driver of innovation, we are demonstrating that sustainable processes are often more efficient. This strategy ensures that while our scientists work to cure diseases today, they are also protecting the environment for future generations.

"Our commitment to sustainable science is grounded in the principle that the medicines we aim to discover today should contribute to a healthier future for both people and the planet. By thoughtfully integrating sustainability into how we design, test and develop new molecules, we continue to prioritise approaches that support scientific progress while also working to minimise our environmental footprint."

Steve Rees
Senior Vice President, Discovery Sciences, Biopharmaceuticals R&D, AstraZeneca



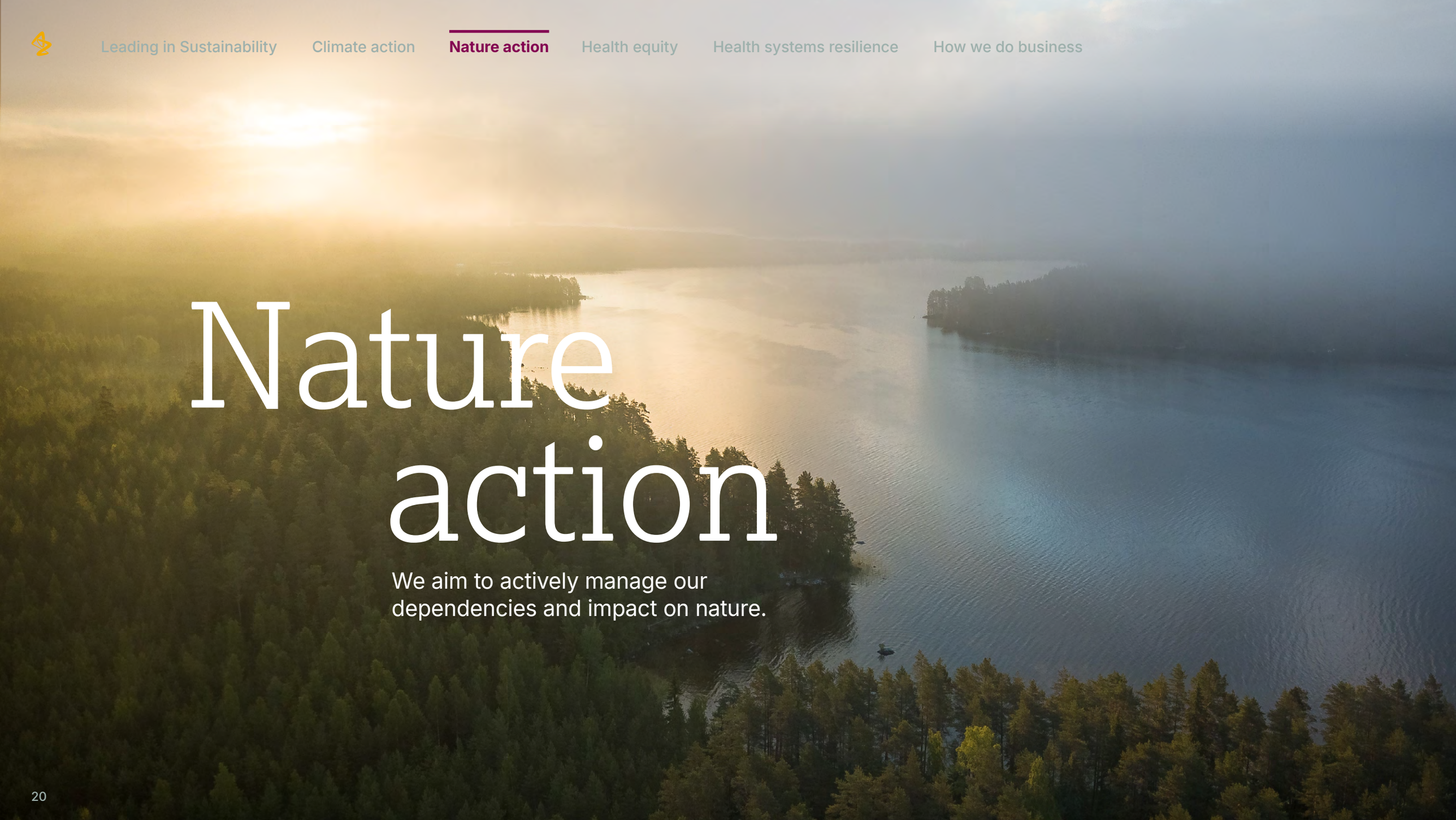
Scaling genomics research sustainably and responsibly

Understanding human health now depends on analysing unprecedented volumes of genomic and biomedical data. Where sequencing the first human genome about 20 years ago generated around 200 gigabytes (GB) of data, by the end of 2025, global genomic data was estimated at roughly 40 billion GB. In this context, our Centre for Genomics Research (CGR), based at our global R&D hub in Cambridge, UK, is showing how large-scale datasets can be analysed and processed more sustainably to generate insights that may lead to life-changing medicines.

Analysis of genomic data at the scale now required typically uses computationally intense AI-driven tools and technologies. To reduce the computational load, the CGR embraces algorithmic efficiency - the art of crafting sophisticated and streamlined software code capable of performing complex analyses while using significantly less processing power. These efficiencies have achieved a more than 99% reduction in compute time and CO2 emissions compared to current industry standards.

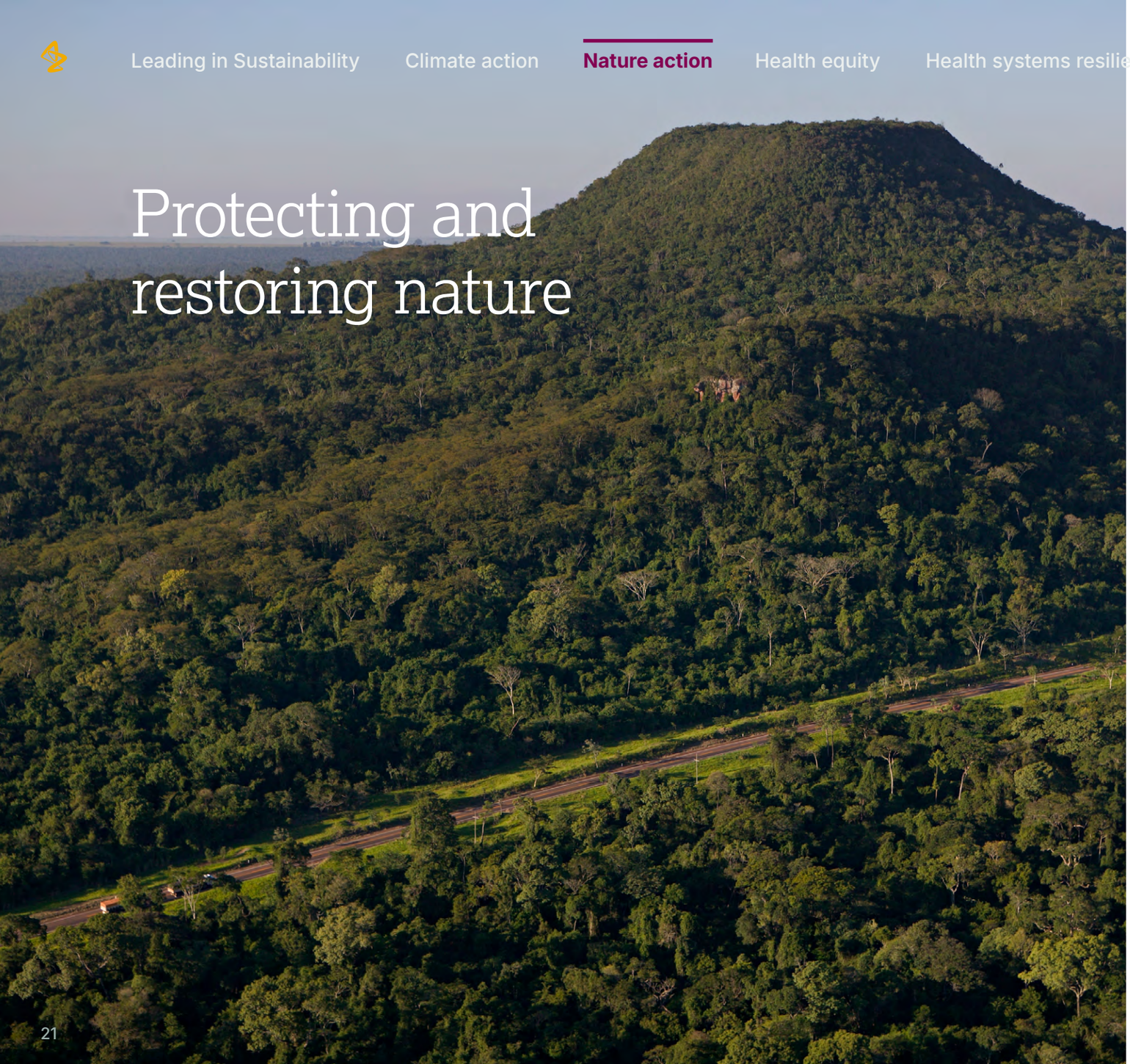
The sustainability benefits carry over to our sharing of data. Curated data resources and open access tools are enabling researchers around the world to work together to tackle complex scientific questions while reducing the need for repeated, energy-intensive computing. Our AZPheWAS and MILTON portals are examples of this approach, supporting thousands of scientists in more than 100 countries to make new discoveries, collaborate more efficiently and accelerate the potential for global breakthroughs.

By prioritising these more efficient computational strategies in early research, we are helping ensure that our pursuit of cutting-edge genomic research can coexist with environmental stewardship.



Nature action

We aim to actively manage our dependencies and impact on nature.



Protecting and restoring nature

There is a deep connection between population and planetary health, both of which are increasingly affected by nature and biodiversity loss. Natural resources are fundamental not only to our wellbeing but also to the discovery, development, and manufacture of medicines.

Grounded in science, our approach to nature follows internationally recognised best practices for measuring, managing and disclosing our environmental impact. By understanding how our business depends on and affects nature, we are taking action on:

Sustainable sourcing and resource use

We promote efficient, circular resource use, including water, across our value chain and integrate sustainable sourcing to prevent land use change, deforestation and the exploitation of natural resources.

Pollution minimisation

We track our waste circularity rate to maximise material value and eliminate waste in the development, manufacture and delivery of medicines. We are recognised as leaders in our industry in managing pharmaceuticals in the environment (PIE).

Nature restoration

We work with stakeholders, including indigenous peoples and local communities, to protect and restore ecosystems, including through global programmes like AZ Forest.

We have set 2030 targets that focus on water stewardship and circularity across our sites, complemented by robust governance and metrics to track performance and scale investments to enhance resilience across our value chain.

“Protecting nature is fundamental to better health — we depend on it for essential resources, and our communities, economies and society rely on the resilience of its ecosystems. By investing in biodiversity and reducing environmental impacts across our value chain, we’re supporting planetary health, for people’s health.”

Alison Davies
Associate Director, Nature Based Solutions

Progress through 2025 includes:

23% reduction in water use and waste generated since 2015

66 million trees planted through AZ Forest

AZ Forest: restoring forests, strengthening biodiversity and benefiting communities

AZ Forest is our global reforestation and biodiversity programme through which we have planted 66 million trees across six continents to date. We are partnering to restore forests and mitigate the effects of climate change, while protecting biodiversity, strengthening natural ecosystems and supporting sustainable livelihoods.

Projects are co-designed with ecological experts and local communities. Diverse, locally appropriate tree species are being planted to maximise climate resilience and biodiversity benefits and reduce risks from pests and diseases.

Local farmers, landowners and indigenous knowledge holders are integral to the projects, which are designed to address socioeconomic needs and positively impact communities and livelihoods.

AZ Forest is helping mitigate the effects of climate change and support our net zero ambition. As we continue to focus on quality projects that generate long-term outcomes, we have revised our goal and are aiming to plant over 100 million trees by 2030. Our experience since launching AZ Forest in 2020 has informed this revised target that reflects outcomes to date.

Spotlight on the UK: one million trees planted, restoring habitats and open woodlands

In 2025, AstraZeneca and Forestry England reached a key milestone: more than one million trees planted across seven forests in England. This progress reflects our five-year partnership, which has contributed to one of England's biggest woodland creation programmes. Large-scale nature restoration has taken place across reclaimed arable land, areas affected by pests and disease and alongside ancient woodland sites.

More than 80 different tree species have been planted to create richer habitats and strengthen ecosystem resilience. Features such as grassy paths, tracks and ponds, enhance nearby 'Sites of Special Scientific Interest' and support biodiversity, providing homes for butterflies, newts, frogs and other protected wildlife - as confirmed by eDNA surveys.

To maximise the health and wellbeing benefits, over half of the project area within our partnership consists of newly created woodland with public access, opening previously private land to communities and enabling connection with nature. With many sites near our hubs, AstraZeneca colleagues have actively supported planting and monitoring efforts, including more than 50 volunteers who joined local reforestation activities.

Spotlight on Brazil: award-winning reforestation project

Led by the Instituto de Pesquisas Ecológicas, in partnership with AstraZeneca, AZ Forest Brazil aims to restore degraded areas of the Atlantic Forest in São Paulo state, one of the world's most biodiverse and threatened ecosystems.

The initiative, which is aligned with the state's Environmental Plan, aims to plant over 11 million trees across 6,000 hectares by the end of 2026, with six million trees already planted by the end of 2025. By reconnecting fragmented forest landscapes and strengthening ecological corridors, the project supports biodiversity while delivering tangible community benefits, including the creation of around 400 jobs, environmental education, and sustainable development opportunities.

At the end of 2025, in the run up to COP30, the biodiversity and community benefits of this partnership in Brazil won Best Reforestation initiative at the São Paulo State Carbon Zero Awards.

From medicine returns to reuse: reducing waste, lowering costs, improving access

Our GreenRX programme in Germany is transforming medication returns. In partnership with ATIV GmbH, we are promoting the reuse of medicines that remain intact and suitable for use - reducing refunds, disposal costs and environmental impact. ATIV manages returns and finds buyers for these products, significantly reducing direct refunds and disposal costs. By the end of 2025, 47% of returned packs were approved for re-dispensing and 43% of inspected packs were resold instead of destroyed. When fully implemented, the programme could save over $3m annually and prevent approximately 20,000 packs from being discarded.

AstraZeneca Germany is a national pioneer in circularity, with wholesalers now following our example. This leadership is shaping industry practice and prompting the German pharmaceutical sector to consider similar models, demonstrating that sustainability and business performance go hand in hand.

Restoring India's urban water systems

Rapid urbanisation across India has placed unprecedented stress on lakes and wetlands that historically served as groundwater recharge zones and flood buffers. Today, more than 600 million people countrywide face high to extreme water stress.[10]

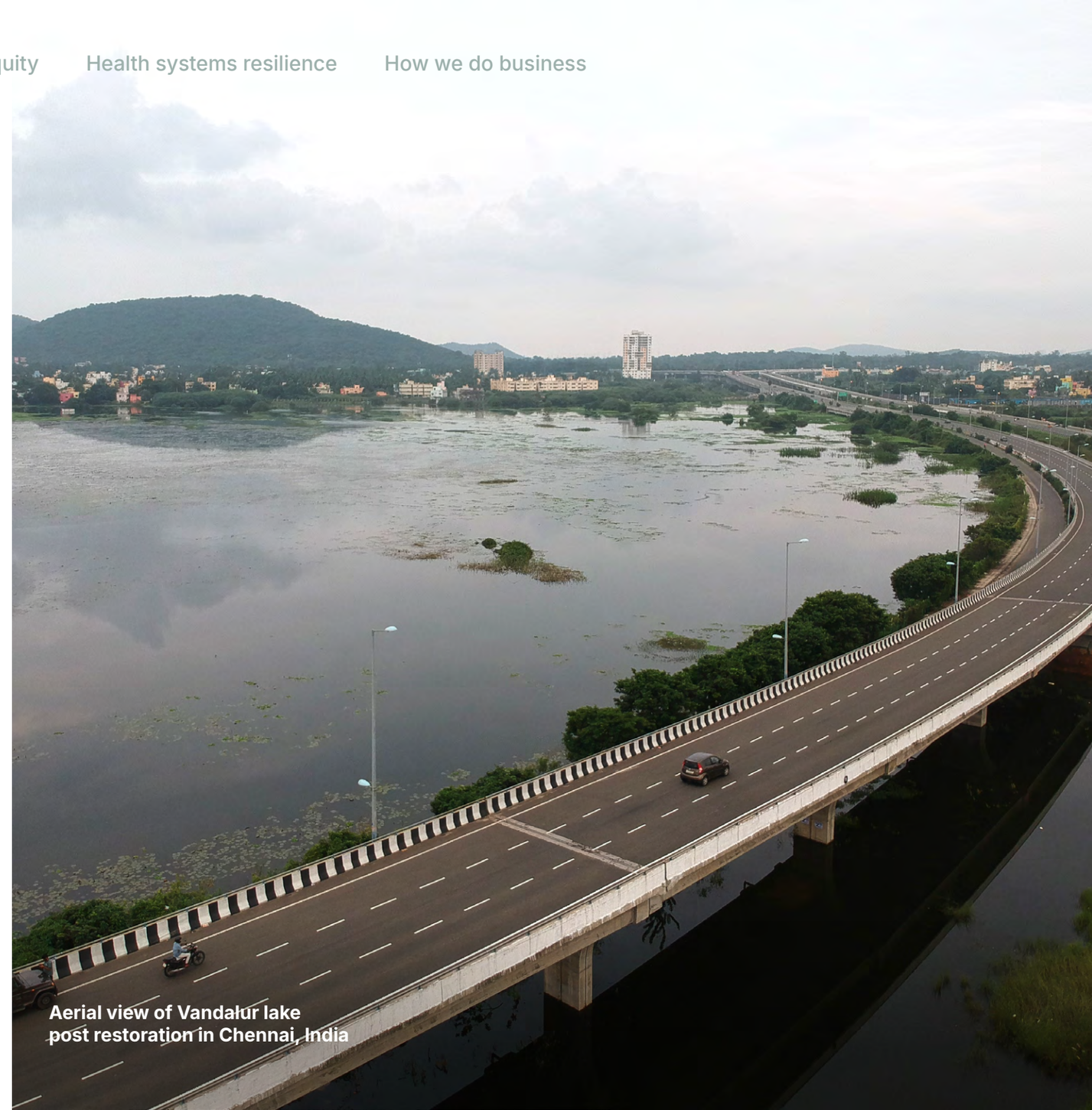
Groundwater supplies 62% of irrigation, 85% of rural drinking water and about half of urban water demand.[11] Yet, water bodies in many cities have declined by up to 95%[12] due to encroachment and development, creating a paradox: flooding during monsoons and acute scarcity during dry seasons. Five Indian cities, including Chennai and Bengaluru, rank among the world's most water stressed.[13]

Restoring these systems is essential for public health and climate resilience, which is why we are advancing our approach to water stewardship and taking collective action to address these shared challenges. In partnership with local NGOs, we have supported the restoration of seven lakes and the creation of two sponge parks - engineered green spaces that absorb rainwater and mitigate flooding - across Chennai and near Bengaluru. In 2025, we also launched the restoration of Gokula Kere (lake) in Tumakuru, near Bengaluru.

Each restoration initiative includes de-weeding, de-silting, strengthening embankments and fencing, as well as building vegetated islands and percolation trenches that help water seep into underground aquifers.

These efforts have delivered measurable impact, including a 28% average increase in water-holding capacity and a 51% increase in sponge park capacity. They have also improved water security for 62,500 local people, while enhancing biodiversity and expanding green cover.

These efforts demonstrate how restoring water systems strengthens climate resilience while empowering communities to steward natural resources.



Aerial view of Vandalur lake post restoration in Chennai, India

Improving health equity

We aim to close healthcare gaps to give people everywhere the chance to be as healthy as possible.

From discovery to delivery: our commitment to health equity

Everyone deserves the opportunity to access quality and timely healthcare, yet it remains out of reach for too many people worldwide.

Health outcomes are shaped by multiple, intersecting factors including social, environmental and genetic determinants, that amplify inequities. Those at highest risk of disease often lack timely diagnosis and care, whether in high, middle or low-income countries.

"Our mission in health equity is clear: we aim to close healthcare gaps across our therapy areas so underserved patients - whether in high, medium, or low- income countries - can benefit from our innovative medicines."

Dave Fredrickson
Executive Vice-President, Oncology Business Unit

Our vision is to improve health equity across all healthcare systems and income levels, to remove barriers to healthcare and give everyone the chance to be as healthy as possible. Our work spans across three areas:

Science

We focus on ensuring our genomics data and research, as well as clinical trials, include people from all backgrounds so that our medicines are effective for a broad range of people and represent those most affected by disease.

Delivery

We partner with governments and healthcare providers to support more equitable delivery of healthcare - from improving awareness and education, screening and earlier detection to access to medicines.

Community

We are addressing the root causes of health inequities by helping to prevent disease, promote health and science education, and support health needs in underserved communities through partnerships with non-profit organisations worldwide.

Over the last year, we have accelerated progress - starting with science. Today, 40% of the data in our genomics research is representative of global populations, enabling discovery and development that can benefit a broader range of people. We are building clinical trial site capability in middle-income countries such as Brazil and China and increasing recruitment of underserved rural patients in high-income countries such as Canada. In rare disease, we have expanded trials to more countries to reflect patient diversity and need.

When it comes to the delivery of healthcare, our screening programmes have reached 29 million people across our disease areas, supporting earlier identification and detection at scale. Through country partnerships, we are advancing implementation and policy change in 11 countries - from the US and Brazil to Egypt and China - with a focus on lung health and rare disease.

Our long-standing global programmes and partnerships with governments and advocacy groups, including Healthy Heart Africa (HHA) and the Young Health Programme (YHP), are focused on supporting more equitable outcomes at community level.

As science and best practices evolve, so will our approach. This year we will champion collaboration across our enterprise and with our partners to accelerate health equity, aiming to set a new standard for measuring impact.

Progress through 2025 includes:

40%	of the data in our genomics research is representative of global populations
156m	people from underserved communities positively impacted since 2024
>90	partnerships delivering health equity programmes

Turning genetic insights into better health outcomes

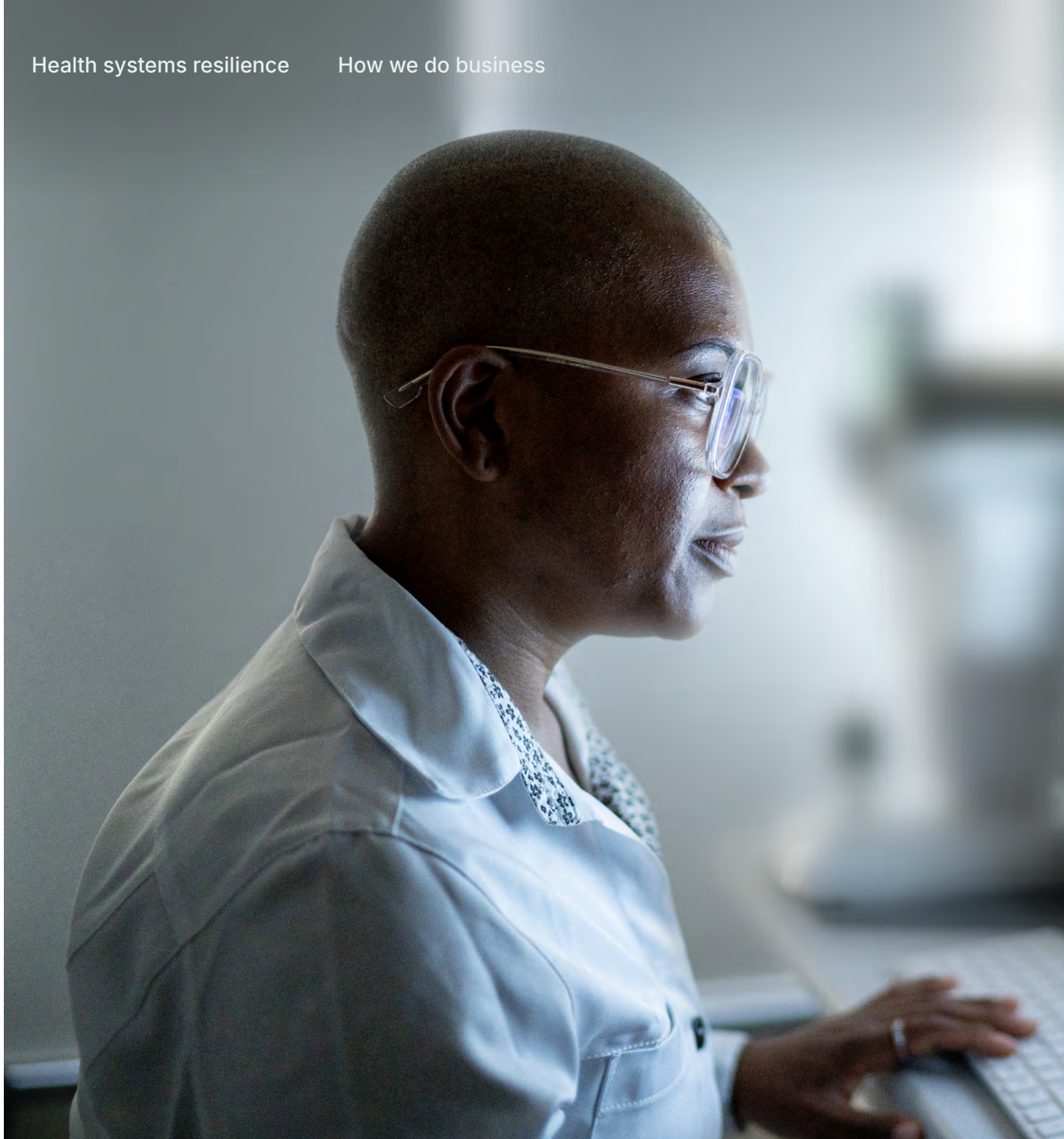
Since the Human Genome Project made whole genome sequencing feasible in the early 2000s, the field has moved from sequencing genomes from a handful of individuals to millions of people. This has enabled the delivery of genetic insights at scale to inform decisions that improve research and care.

At AstraZeneca, we work with organisations around the world to ensure our data is increasingly representative of diverse populations. And we are applying human genetic insights across our research and development to maximise impact - starting with identifying the biological targets that drive disease. When guided by human genetic evidence, therapeutic targets are up to seven times more likely to receive approval from the US Food and Drug Administration.

We are also able to enhance our genomic data by integrating information about gene expression, protein behaviour and chemical processes to better understand how genetic variation influences the human body's function.

"Truly understanding human biology requires studying all humans. To understand why some people are at higher risk for certain diseases, we need biological insights to come from communities around the world. We have the technology, tools, data, partners, and expertise to make this possible. It's a powerful time for drug discovery."

Slavé Petrovski
Vice President, Centre for Genomics Research



- **In Mexico:** our scientists worked with Jesús Alegre-Díaz, a principal investigator for the Mexico City Prospective Study - one of Latin America's largest genetic databases. The team discovered a genetic variant that helps explain why people of Indigenous Mexican ancestry more frequently develop T2D than other populations, strengthening our understanding of disparities in diseases due to genetics, which could lead to new prevention and treatment strategies.[14]

- **In the US:** we are engaged in an ambitious genomics collaboration with Together for CHANGE, an initiative that seeks to create one of the largest African ancestry genomics databases. Historically, less than 2% of genomic data used for research has come from people from African backgrounds. The initiative's goals include recruiting up to 500,000 participants of African ancestry, so we can help close this scientific gap.

- **In China:** one of the CGR's newest partnerships with the Guangzhou Institute of Respiratory Health focuses on chronic respiratory diseases including COPD. Researchers are studying the molecular landscape of these conditions in Chinese patients from different regions to understand how certain biological features are more common and how treatment effectiveness may vary.

Closing the urban-rural healthcare gap in China through partnership

Access to healthcare in China varies across communities, and the difference is particularly marked between urban and rural populations. In line with the government's Healthy China 2030 agenda and guided by our Common Health strategy, we are collaborating with partners to bring high-quality healthcare to rural communities, helping more patients benefit from treatment and care.

In March 2025, AstraZeneca established a strategic partnership with the Beijing Union Charity Foundation, an award-winning organisation that supports low-income patients in remote areas.

Our partnership focuses on four key areas:
- County-level teletraining of healthcare providers (HCPs)
- Establishing a cancer network
- Enabling screening and early detection programmes
- Exploring innovative payment models

Launched in June, the county-level HCP teletraining connects experts from leading hospitals in Beijing and beyond to provide online training for HCPs in remote counties, grounded in real cases from local practice. The programme is designed to enhance clinicians' disease literacy and reinforce compliance with standardised diagnostic techniques and treatment guidelines.

By leveraging multi-sector partnerships in China, we can strengthen primary healthcare delivery and improve community health outcomes. Over the next five years, we plan to support more than 10,000 training sessions - benefiting over 50,000 county HCPs and covering 100 county hospitals in remote areas - to build a grassroots health protection network. Looking ahead, we will continue to collaborate across government, industry and non-profit partners to advance the Common Health strategy - enabling many more people to live healthier lives.

Advancing lung health equity for underserved communities

In 2025, the World Health Assembly (WHA) adopted a resolution to promote and prioritise an integrated approach to lung health. It calls on countries to embed lung health within primary healthcare and universal health coverage. Early detection and evidence-based guidelines are highlighted as priorities, as well as the need to address social and environmental determinants that drive inequities, particularly in settings with a higher burden and limited resources.

To put this in context, COPD, asthma, and lung cancer affect more than 471 million people worldwide.[15] Earlier diagnosis and wider access to evidence-based care can prevent avoidable deaths and reduce hospitalisations, helping to protect already resource-constrained health systems. Targeted action can mitigate inequities in health outcomes for underserved communities.

At AstraZeneca, we aim to improve lung health outcomes through collaborations that accelerate national level progress with local impact-bringing earlier detection, guideline-directed care and prevention to communities with the greatest needs.

In many underserved communities, advanced imaging and specialist services are limited, but basic chest X-rays are often available. By applying AI tools such as those developed by Qure.ai to these routine scans, health systems can identify people at higher risk sooner and connect them to follow-up care before disease progresses. Models like this enable innovative services to be scaled through public health networks thereby strengthening systems while reaching greater numbers of underserved patients.

For Vietnam, better screening leads to earlier intervention

Vietnam faces a significant burden of respiratory disease, intensified by its vulnerability to climate change. Lung diseases such as COPD and asthma affect a significant share of the population in Vietnam, with COPD prevalence of those aged 40 and above estimated at 4.2%.[17] Many patients have poorly controlled symptoms, for example, fewer than 40% of asthma sufferers receive effective management.[18] Lung cancer also remains a major challenge, with around 24,000 new cases each year and approximately 75% diagnosed at a late stage.[19]

We are working with the Ministry of Health and other partners on a hub-and-spoke model that enables patients living in underserved rural communities to access earlier detection and timely treatment.

Our lung cancer efforts focus on expanding screening and diagnostic services as well as creating clearer referral pathways to specialist centres in major cities. Through the end of 2025, the programme had supported about 1.2 million AI-enabled chest X-rays.

"Equity in lung health demands urgent action. Too many people with lung cancer, COPD, or asthma remain under-reached globally across income levels. We're integrating real-world data on air pollution, smoking, poverty, and care gaps to pinpoint the most disadvantaged communities. Through cross-sector partnerships, we're developing targeted community-level solutions enabling earlier diagnosis, evidence-based treatment and sustainable access, and scaling this work to advance the WHO's Resolution on Lung Health to benefit patients and health systems worldwide."

Stefan Weber
Vice President, Global Policy, Advocacy & Health Equity

For example, the CREATE study, sponsored by AstraZeneca in collaboration with Qure.ai and participating health systems across Egypt, India, Indonesia, Mexico, and Turkey, is exploring the use of AI-enabled chest X-rays. In the first phase of the study, these X-rays identified potential lung cancer in 54% of individuals and prompted further follow-up. A two-year patient follow-up is now underway, tracking the journey from diagnosis to treatment, and is expected to conclude in December 2026. This demonstrates how technology can help close long-standing access gaps across diverse healthcare settings and that accessible and affordable lung cancer screening could become a reality in resource-limited settings.

In Brazil, we work in partnership with health system providers on the INSPIRE programme, which enables access to low-dose CT screening for underserved communities, to support more timely identification and referral on lung cancer.[16] INSPIRE also delivers educational activities and capacity building related to COPD and asthma, alongside smoking cessation services. To date, more than 400 primary healthcare professionals have been trained, and around 800 patients have participated.

AstraZeneca is also actively engaged in the Speak Up for COPD campaign, a coalition calling on governments and health system leaders to elevate COPD as a public health priority deserving urgent policy action. Anchored in our health equity mission, we recognise that individuals with lower socioeconomic status face multiple, compounding disadvantages - limited access to healthcare, higher comorbidity burdens, and environmental stressors - that worsen COPD outcomes. By making equity central to healthcare policy and practise, we aim to work collaboratively to reduce these disparities, translating commitment into measurable impact.

The coalition represented an important voice shaping both the WHA Lung Health Resolution and the United Nations General Assembly Lung Health Declaration. It ensured that COPD was appropriately represented, given the growing global burden the condition puts on populations and societies. The campaign has also measured policymaker attitudes towards and prioritisation of COPD over time. Key findings from a 2025 policymaker poll by Speak Up for COPD and research firm Ipsos Mori found that in four years, awareness about COPD had risen to 59%, up from 37%. It also revealed that nearly 90% of policymakers indicated that COPD should be a higher public health priority.

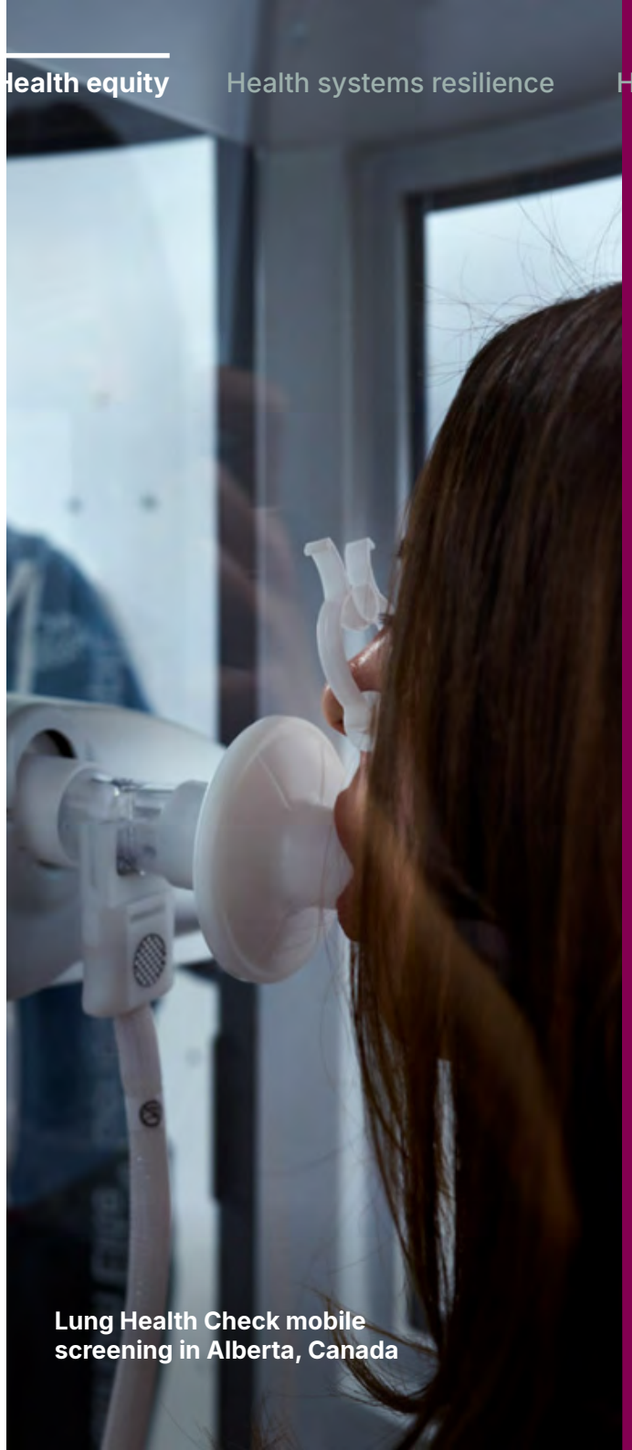
Improving lung health in rural and remote Canada

People living in rural and remote regions across Canada face higher rates of COPD and lung cancer yet often have the least access to screening and specialist care.[20] This disparity is particularly evident in Alberta, which records higher hospitalisations than the national average[21] due to delayed diagnoses and inadequate disease management. One in 13 Albertans will develop lung cancer in their lifetime, with many diagnoses occurring at late stages.[22]

In 2025, AstraZeneca partnered with the Government of Alberta, Praxus Health and Aceso Medical to launch Lung Health Check, Canada's first mobile lung-health screening initiative. These units bring lung cancer and COPD diagnostic services directly to underserved rural and First Nations communities. The mobile pulmonary function testing van was accredited in July 2025, became operational in October 2025 and, in its first six months, has made stops to provide on-site testing in 10 rural communities and two First Nations reserves.

In Ontario, Canada's largest province, AstraZeneca Canada is helping to strengthen integrated primary care for COPD, asthma and lung cancer screening through the Best Care partnership. This work is aligned with the province's priorities to reduce system burden by easing pressures on hospitals and wait times, improving care coordination and optimising community-based care. Using population-level data to identify high-need areas, Best Care is expanding across northern Ontario and other regions facing inequities, where disease burden and access gaps are most pronounced.

Participating sites are seeing an increase in patients from rural and remote areas accessing Best Care for COPD diagnosis and optimised care as well as referral for lung screening where indicated. This helps accelerate earlier detection and improve outcomes in underserved communities.



Lung Health Check mobile screening in Alberta, Canada

Expanding access to lung care for US communities that need it most

Access and affordability gaps in the US continue to limit early detection and high-quality care for lung diseases with common risk factors. Around one in five eligible individuals receive screening for lung cancer,[23] yet the disease accounts for roughly 20% of all US cancer deaths.[24] Approximately 25 million people, including those undiagnosed, live with COPD[25] - now the nation's fifth leading cause of death[26] - but as few as 25% of primary care physicians use COPD guidelines to guide clinical decision-making.[27]

Rural communities face a disproportionate burden, experiencing higher COPD prevalence and significantly higher lung cancer mortality.[28] Through the Lung Health Unified programme, we collaborate with health systems, clinicians, community organisations and policymakers to advance more equitable access to screening, early detection and coordinated care for COPD and lung cancer.

More than 20 states have enacted legislation mandating coverage of biomarker testing -a critical tool for guiding precision treatment in lung cancer. Meanwhile New York, Maryland and Kentucky were among the first states to pass legislation expanding access to lung cancer screening through eliminating cost-sharing and establishing dedicated screening programs. Momentum continued in 2025, when 18 US states issued COPD Awareness Month proclamations, elevating COPD as a public health priority, with Maryland explicitly recognising the shared risks between COPD and lung cancer.

Building on this progress, the programme's 2026 priority is to expand the number of health systems adopting integrated care that aligns screening, diagnosis and treatment pathways for COPD and lung cancer-helping ensure underserved communities benefit from earlier detection and timely, evidence-based care.

AI-led heart and lung health screening in Everton, Liverpool, UK

Football community supports AI-led heart and lung screening

In Everton, Liverpool, one of the most disadvantaged areas in the UK, we funded England's first community-based heart and lung screening hub through Everton in the Community (EitC), the official charity of Everton Football Club. The BEAT Breathlessness Community Hub leverages the popularity of football to raise awareness and enable early detection of cardiorespiratory diseases. It is a collaborative effort supported by Liverpool University Hospitals NHS Foundation Trust, University of Liverpool, Pumping Marvellous Foundation, LumiraDx and Us2.ai.

Located at EiTC's The People's Place, the hub screened over a thousand people over six months in 2024 (45% women and 11% from ethnic minority backgrounds).[29] By engaging the local community and using AI-assisted point-of-care diagnostics, the hub successfully identified cases of heart failure (HF), COPD, atrial fibrillation, and undiagnosed hypertension.[30]

AI-assisted echocardiography confirmed HF in 33 individuals, with several promptly going on to receive guideline-directed medical care, including an emergency pacemaker implantation.[29] AI-assisted spirometry detected COPD in 12% of attendees; 30% of these had combined HF and COPD; 32% of attendees had increased blood pressure (57% of these previously undiagnosed).[30]

The British Heart Foundation now funds the initiative, continuing to support residents across the Liverpool City Region.

Expanding integrated, equitable kidney disease care across Africa

CKD is an urgent, under-recognised driver of poor health. In Africa, it affects almost 16% of adults, compared to about 10% globally.[31] Building on a decade of partnership with ministries of health, clinical societies, patient groups and NGOs to improve cardiovascular and hypertension care, AstraZeneca's Healthy Heart Africa (HHA) programme expanded its scope to integrate CKD in 2024.

Focusing on underserved populations, our goal was to drive equitable access to early screening, detection, and long-term management of cardiorenal diseases - ultimately strengthening health systems. By the end of 2025, HHA had integrated CKD screening, diagnostics, and referral pathways into health systems in Ghana, Uganda, Kenya, Rwanda, Côte d'Ivoire, Senegal, and Ethiopia.

In line with the WHA CKD resolution, HHA is generating new evidence to improve CKD care. Projections from the Inside CKD study presented at the ISPOR 2025 conference indicated that by 2030 more than 11 million people in Ghana and Uganda could be living with CKD, yet only 2-3% may receive a formal diagnosis.

Earlier identification and guideline-based care can slow progression, reduce complications and lessen pressure on already overburdened services - making system-level action both a clinical and an economic imperative. Without policies that advance early detection among high-risk individuals, modelling indicates nearly 80,000 CKD-related deaths in these two countries by 2030.

Community health screening for CKD in Rwanda

Pioneering for the rare disease community

For the estimated 400 million people worldwide with one of 10,000 known rare diseases,[32] getting a diagnosis can take over five years.[33] About 90% of rare diseases still do not have approved treatments.[33]

In response, and in collaboration across the healthcare ecosystem, Alexion, AstraZeneca Rare Disease, is working to accelerate early detection, shorten the diagnostic journey and improve access to treatment. By scaling proven approaches, leveraging next-generation technologies and strengthening policy and partnerships to expand access, we aim to make equity real across the rare disease journey.

For more than a decade, we have partnered with Rady Children's Hospital in the US and were the first platinum member of the BeginNGS consortium. BeginNGS is a novel healthcare delivery system designed to screen newborns for genetic diseases - and connect their doctors with effective interventions. Through these partnerships, we are working to expand access to newborn screening and next generation sequencing for children worldwide.

"Living with a rare disease is inherently inequitable, but by lessening the burden of the diagnostic odyssey, we can advance health equity solutions for patients with genetically based rare diseases and their families."

Tom DeFay
Deputy Head of Diagnostics, Alexion

Recent work published in the *American Journal of Human Genetics* shows that, since it is administered at birth, genome-based newborn screening (gNBS) can detect hundreds of serious childhood genetic conditions earlier and more accurately. In head-to-head retrospective comparisons with rapid diagnostic genome sequencing, the refined gNBS correctly identified 99.1% of cases and was projected to shorten time to diagnosis by a median of 121 days, avert about US$1.25m in healthcare costs, and reduce infant mortality by 10 deaths (1.4%) in the analysed cohort.[34] By 2030, the consortium plans to implement BeginNGS for 1,000 diseases in at least 10 countries with the goal of improving outcomes for newborns without increasing false-positive diagnoses.

The consortium is already implementing the approach in leading hospitals and research centres - most recently in the Middle East, including Qatar and Saudi Arabia. Expanding newborn screening internationally is critical to understanding rare-disease incidence across geographies and to identifying appropriate available treatments at or before symptom onset.

Using evidence to drive better outcomes for women impacted by rare disease

Rare diseases impose a profound and multifaceted burden on patients, caregivers and societies - one that demands coordinated, system level responses. To build a shared evidence base for action, Alexion has supported data-driven studies across the US, EU, and Japan that quantify the direct medical, nonmedical, and indirect costs people living with rare diseases and their caregivers must take on. These analyses show the scale of the burden and underscore that solutions require cross sector collaboration.

Recognising these challenges, Alexion and partners are supporting national efforts that tackle inequities on the ground. In Italy, the Women in Rare initiative was developed by Alexion, the Italian Federation of Rare Diseases (UNIAMO) and scientific and research partners. It focuses on the unique challenges women face in rare diseases, both as patients and as carers.

The group conducted a national qualitative and quantitative survey in 2024, with almost 360 survey responses from patients and caregivers. The findings revealed significant diagnostic delays and a negative impact on employment, financial security and self-esteem. These insights were published in a white paper launched in 2024 to highlight gaps and drive discussions with policymakers.

The Women in Rare 2.0 initiative, launched in July 2025, aims to translate research into action by deepening understanding of diagnostic delays and assessing the socio-economic impact. The initiative aims to advance equitable care pathways, underpinning the value of early diagnosis and access to optimal treatment.

A national research effort led by Alexion, the Centre for Social Investment Studies and patient groups has collected responses from close to 700 people with a rare disease and nearly 400 caregivers, who completed a total of 1,700 questionnaires on their own and each other's respective situations, to inform evidence-based policy recommendations. The Women in Rare project demonstrates how closing care gaps in diagnosis can advance access to innovation, improve outcomes and deliver socio-economic benefits.

YHP initiative in Vietnam

The Young Health Programme: preventing disease, improving lives

The Young Health Programme (YHP) helps young people across the globe take practical steps for a healthier, more sustainable future. Over the past 15 years, we have partnered with more than 60 NGOs - including UNICEF* and Plan International - to reach more than 23 million young people in 56 countries.

The YHP focuses on preventing non-communicable diseases (NCDs) like heart disease, cancer, diabetes, and chronic lung conditions by tackling common risk factors early: tobacco use, unhealthy diets, alcohol abuse and low physical activity. It also addresses how climate change harms health - air pollution, heat, and extreme weather make it harder to stay well and can raise the risk of NCDs over time.[35] By supporting healthy choices and strengthening community resilience now, we can lower NCD risks and protect health as the climate continues to change.

"AstraZeneca's Young Health Programme has connected me to a global network of changemakers in NCD prevention and powered the growth of my health tech start-up, PulmoGuard, which is advancing early action on lung health."

Devi Pathak
Young Health Programme Impact Fellow, France/India

At the core of YHP are community programmes delivered with locally rooted NGOs to address the risk factors most relevant to local populations. AstraZeneca provides funding, NGOs lead on-the-ground outreach, and our colleagues volunteer their time and expertise. This partnership model ensures culturally relevant action and measurable results.

An additional focus of the YHP is the yearly Impact Fellowship, which awards young leaders from all corners of the world with a scholarship to the annual One Young World Summit, up to $50,000 in grant funding to further their non-profit work and development opportunities to drive greater change in their local communities. Since inception, the YHP has supported over 150 young leaders from across the world, enabling their participation in the One Young World Summit and providing YHP Scholarships to the AFS Youth Assembly.

In Kenya, for instance, Winnie Olwal received a grant to implement a youth-led advocacy project on tobacco control with AMREF. In Poland, Jakub Gietka's Aiming for the Future Foundation (Fundacja Celując w Przyszłość) received a grant to support children with disabilities and their families in the post-diagnosis period, advancing health equity.

The YHP also facilitates legislative advocacy in partnership with UNICEF. For example, in Indonesia, YHP policy engagement led to several regulatory changes including an increase in the legal age to purchase tobacco. Other country-specific initiatives focus on legislation pertaining to nutrition and physical exercise. To date, 29 laws and policies across multiple jurisdictions have been adopted, updated or upheld with YHP's youth involvement.

A recent Social Return on Investment analysis by RTI International indicates that every $1 invested in YHP yields over $8 in social, environmental and economic benefits to society on average.[36] This reflects how youth-led programmes can produce beneficial long-term outcomes for individual, economic and societal health.

DISCLAIMER: *UNICEF does not endorse any company, product or service*

YHP initiative in Colombia

Empowering the next generation of women leaders

In 2025, the #SoyExtraordinaria initiative, part of the YHP Girls Belong Here programme, provided leadership exposure to young girls through guided conversations with senior decision makers across five prominent institutions in Mexico.

The initiative aims to increase girls' confidence in decision-making environments and create pathways to civic engagement and health leadership roles. Four participants and their mothers engaged with more than 20 leaders from the British Embassy, Federal Chamber of Deputies (Mexico's lower parliamentary chamber), Embassy of Sweden, Congress of Mexico City, and National Institute of Respiratory Diseases, in Mexico City.

> "After meeting such inspiring women, I realised I can also be part of the decisions that shape our future."

Maricruz Ortíz
#SoyExtraordinaria ambassador

The initiative builds on AstraZeneca Mexico's ongoing YHP partnerships and was part of our global Girls Belong Here initiative, which in 2025 invited more than 120 participants from 12 countries to visit AstraZeneca sites around the world.

Enabling surplus medicines to reach underserved communities with product donations

In 2025, a cross functional team within AstraZeneca created and launched a new internal process to identify and donate safe, quality-assured excess medicines. Working with trusted NGO partners, including Americares, Direct Relief and International Health Partners, we direct surplus inventory to underserved communities and disaster-affected locations where needs are identified. This approach supports health systems and tackles health inequities, while minimising waste and advancing our sustainability goals - turning what might otherwise be discarded medicines into life-changing resources.

Delivering a programme of this type requires rigorous due diligence and disciplined execution, including product quality checks, serialisation with full traceability, and strict compliance with local and international regulations. By the end of 2025, our excess inventory donation programme had identified and donated medicines to 1,700 underserved patients in six countries, including cancer medicines.

In 2026, we plan to expand the scope to broaden donations from excess inventory and extend our reach.

"Our partnership with AstraZeneca reflects a shared commitment to ensure that no medicine goes to waste while expanding access for people in vulnerable, underserved, and disaster-affected communities. By leveraging Direct Relief's global network of healthcare providers and deep expertise in medical logistics, these critically needed medicines are delivered efficiently and free of charge to the front lines of care-helping clinicians continue treating patients when access would not otherwise be possible. Together, we are translating unused resources into real-world impact, strengthening health systems and improving outcomes for those who need care most."

Amy Weaver
Chief Executive Officer, Direct Relief

+Salud en Comunidad: bringing specialised healthcare to underserved communities in Latin America

AstraZeneca's +Salud en Comunidad (+SeC) expands equitable access to healthcare in underserved urban, semi-urban and rural communities across Latin America. Over the past two decades, since launching in Peru, Brazil and Mexico, +SeC has adapted to each territory, focusing on technology-enabled diagnosis, seamless referral pathways, and sustainable integration into public health systems.

In Peru's Cajamarca region, +SeC's integrated approach - using satellite connectivity, telemedicine, blood analytics and mobile X-ray units - has supported more than 1,300 patients in 10 months and eliminated long-distance travel.

In São Paulo, Brazil, fixed health booths - equipped with 5G, satellite and digital diagnostics - serve low-income districts. The booths deliver up to 15 clinical tests per patient and have enabled access to care and referrals for more than 2,200 patients.

And in Mexico, mobile health services and digital tools have enabled early detection of chronic conditions, with more than 32,000 tests and 3,300 patient interactions to identify high-risk individuals.

Through advanced diagnostics, digital tools and cross-sector partnerships, the programme has strengthened primary care and accelerated disease detection for underserved populations.

Strengthening health systems resilience

We aim to contribute to stronger health systems that can meet health needs, today and tomorrow

Building health systems for today and tomorrow

Iskra Reic at Abu Dhabi Global Health Week

Ageing populations, a surge in chronic and NCDs, under-investment in healthcare and the climate crisis are all straining health systems globally. As a result, healthcare is becoming more fragmented, reactive and overly dependent on emergency and hospital services. Even advanced health systems struggle to deliver consistently, leaving millions without timely, effective and integrated care.

Health systems overwhelmed by today's needs are unprepared for tomorrow's demands. The time to strengthen them is now.

Building resilient health systems requires a fundamental shift from treating advanced illness to prevention and early action. Together with partners, we are tackling NCDs through early detection and prevention strategies that deliver better patient outcomes while controlling costs and strengthening sustainability. This depends on addressing the root causes of chronic diseases, enabling earlier access to guideline-directed medical therapy and integrating digital innovation.

We are co-creating solutions that slow disease progression, reduce hospital admissions and prevent premature deaths, all while helping healthcare professionals deliver more sustainable care. AI and advanced technologies enable us to identify at-risk patients earlier, personalise treatment and respond more efficiently to patient needs.

"Building resilient health systems requires partnership between public and private sectors. Through initiatives like the PHSSR, we are turning evidence into action, supporting governments to strengthen health systems, expand access, and improve outcomes. By sustaining investment in healthcare and acting earlier to diagnose and treat disease, health systems can enable people to live healthier today and for generations to come."

Iskra Reic
Executive Vice President, International

"PHSSR has built a network for health system reform, bringing together governments and nine partners to turn research into tangible policy action. It's created a shared framework and language that helps countries understand health system challenges and take coordinated steps toward more resilient, equitable and sustainable health systems, as well as building an internal health service research network and international clearing house to exchange information and policy insights."

Alistair McGuire
Professor of Health Economics, LSE Department of Health Policy,
LSE Health Chair and Kuwait Chair of Health Economics

We are also advocating for evidence-based policy changes through impactful partnerships at global and local levels. As a founding member of the Partnership for Health System Sustainability and Resilience (PHSSR) — alongside the World Economic Forum and the London School of Economics (LSE) - we have been driving systemic change since its establishment in 2020. The PHSSR is a non-profit, multi-sector, global collaboration with a unified goal of building more sustainable and resilient health systems.

Science and innovation power our progress but achieve their greatest impact through collaboration. By working with policymakers, academia, NGOs and the private sector, we can tackle health system challenges together, learning from each other's unique strengths to transform care for all — now and in the future.

Progress through 2025 includes:

36	countries with active PHSSR programmes & published research
9	global partners

Driving momentum for systemic change

Through partnerships like the PHSSR, AstraZeneca engages in dialogue and action on health system sustainability at the world's most influential policy forums including the World Economic Forum Annual Meeting, WHA, UN General Assembly, Abu Dhabi Global Health Week and EXPO Japan.

In 2025, AstraZeneca's Chair, Michel Demaré, joined more than 20 global leaders in signing an open letter to the UN General Assembly, urging governments to prioritise long-term healthcare financing and early diagnosis and treatment of NCDs, while stressing the need for collective action.

Michel Demaré speaking on investing in health systems at the World Economic Forum, Davos

"We can fulfil the incredible potentials of modern science if we invest in health as a strategic asset. Acting earlier on diseases results in fewer hospitalisations, longer, healthier and more productive lives, and less demand on and costs for healthcare systems.

This is not just about good medicine; it is a generational opportunity to give millions of people longer, healthier lives and strengthen society and economies."

Michel Demaré
Chair, AstraZeneca

AstraZeneca was also an official partner at World EXPO 2025 in Osaka and co-hosted a PHSSR Summit to advance health system transformation in Japan, which has the world's fastest-ageing population and a rising NCD burden. The Summit convened over 100 policymakers, academics, experts and government representatives to introduce Japan's PHSSR Policy Roadmap. Additionally, AstraZeneca's event on 'Transforming Care for NCDs' brought key stakeholders together to discuss strategies to reduce COPD's burden on health systems.

In January 2026, the PHSSR launched a white paper at the World Economic Forum presenting research from eight countries on how health systems can detect and treat chronic diseases at earlier stages. Later this year, the national chapters of this research will be published in each of the eight countries, guiding policy change on a local level.

Five years of turning evidence into action in Vietnam

Vietnam was among the first countries to publish a PHSSR report on health system resilience across five key areas: governance, finance, health workforce, medicines and technology, and service delivery. Building on these findings, AstraZeneca partnered with Vietnam's Ministry of Health and the Health Strategy and Policy Institute to advance policy reforms for fiscal sustainability, service delivery transformation and primary care preparedness.

Key achievements include:

- **Enhanced funding mechanisms:** developed National Health Technology Assessment capability for value-based coverage decisions and improved resource allocation, including oncology reimbursement policies in Hanoi and Ho Chi Minh City.

- **Improved access to innovative medicines:** enabled policy dialogue for legal reforms supporting innovative medicine and vaccine technology transfer and manufacturing in Vietnam, plus practical roadmaps for risk-sharing and value-based agreements that accelerate patient access while improving budget predictability.

- **Transformed service delivery:** shifting NCD care towards integrated, community-based approaches through CAREME and Units for Management of Asthma and COPD network development, reducing avoidable hospitalisations and easing pressure on specialist hospitals.

These initiatives strengthen evidence-based policymaking, disease monitoring and care continuity - creating a more resilient system with sustainable financing and access to quality care for Vietnam's aging population.

PHSSR meeting in Vietnam

Pascal Soriot, CEO, AstraZeneca Board and regional leaders meeting with the Chairman and leadership, Department of Health Abu Dhabi

Aligning for impact in Abu Dhabi for early action on NCDs

Abu Dhabi is seeing an increase in NCDs,[36] gaps in access to care, and rising climate pressures - reinforcing the need for earlier detection, integrated care and reduced carbon emissions from the healthcare sector. To drive earlier interventions in multiple disease areas, AstraZeneca is working with the Department of Health and other key stakeholders.

Key outcomes include:

- **CKD:** partnership with SEHA, PureHealth, Abu Dhabi Public Health Centre, and LSE expanded screening to more than 375,000 people between January and July 2025, with early intervention expected to reduce CO2e emissions by preventing more intensive forms of care.

- **Lung cancer detection -** collaboration with UAE Ministry of Health achieved four milestones:
  - Lung cancer included in National Cancer Control Plan in 2024
  - Agreement reached to deliver 210,000 AI-enabled scans nationwide
  - Abu Dhabi pilot established as national best-practice model
  - National screening guidelines announced in November 2025

These initiatives demonstrate how public-private collaboration on early detection, standardised data, and consistent care pathways can strengthen health system resilience while reducing environmental impact.

Greece launches national CKD screening programme

CKD remains largely undiagnosed in Greece, with an estimated 80% of people with stage 3 CKD unaware of their condition[37] - delaying care and deepening inequities.

Through PHSSR's Acting Early on NCDs initiative, AstraZeneca and the PHSSR partners involved brought together representatives from different political parties to secure Ministerial commitment to prioritise CKD prevention. Recommendations for better care, supported by economic evidence and medical experts, prioritised finding CKD early. This includes automatically calculating kidney function in lab results and using electronic prescriptions to ensure consistent, targeted treatment.

Informed by this, the Ministry of Health elevated CKD alongside cancer and cardiovascular disease on the national prevention agenda. It also launched a screening programme using the national e-prescription platform to send SMS invitations to high-risk citizens for free diagnostic tests. The programme aims to close the diagnostic gap through mass outreach, leading to timely referral to care, strengthening resilience and advancing health equity.

PHSSR event in Greece

Sustainable, equitable access to rare disease diagnosis and treatment in Egypt

In Egypt, AstraZeneca supported in making rare diseases a national priority through the PHSSR, culminating in the country's leadership on the WHA Rare Diseases resolution. PHSSR economic data and financing recommendations demonstrated that planned, formal funding is more efficient than court-mandated, ad hoc payments.

This work, alongside efforts from the clinical community, advocacy groups and other stakeholders, enabled the Ministry of Health to co-create a sustainable financing model and establish a $200m fund for rare diseases. A unified multicriteria decision analysis (MCDA) scorecard was developed to standardise access to treatment decisions, with the Supreme Committee for Rare Diseases prioritising 12 therapy areas.

For patients, this means faster diagnosis - reduced from approximately 60 to 10 days - and more equitable, predictable coverage with clearer pathways to timely care.

This work is expected to have an even greater impact in 2026, including a National Rare Diseases Action Plan co-sponsored by AstraZeneca. Additional anticipated outcomes include:

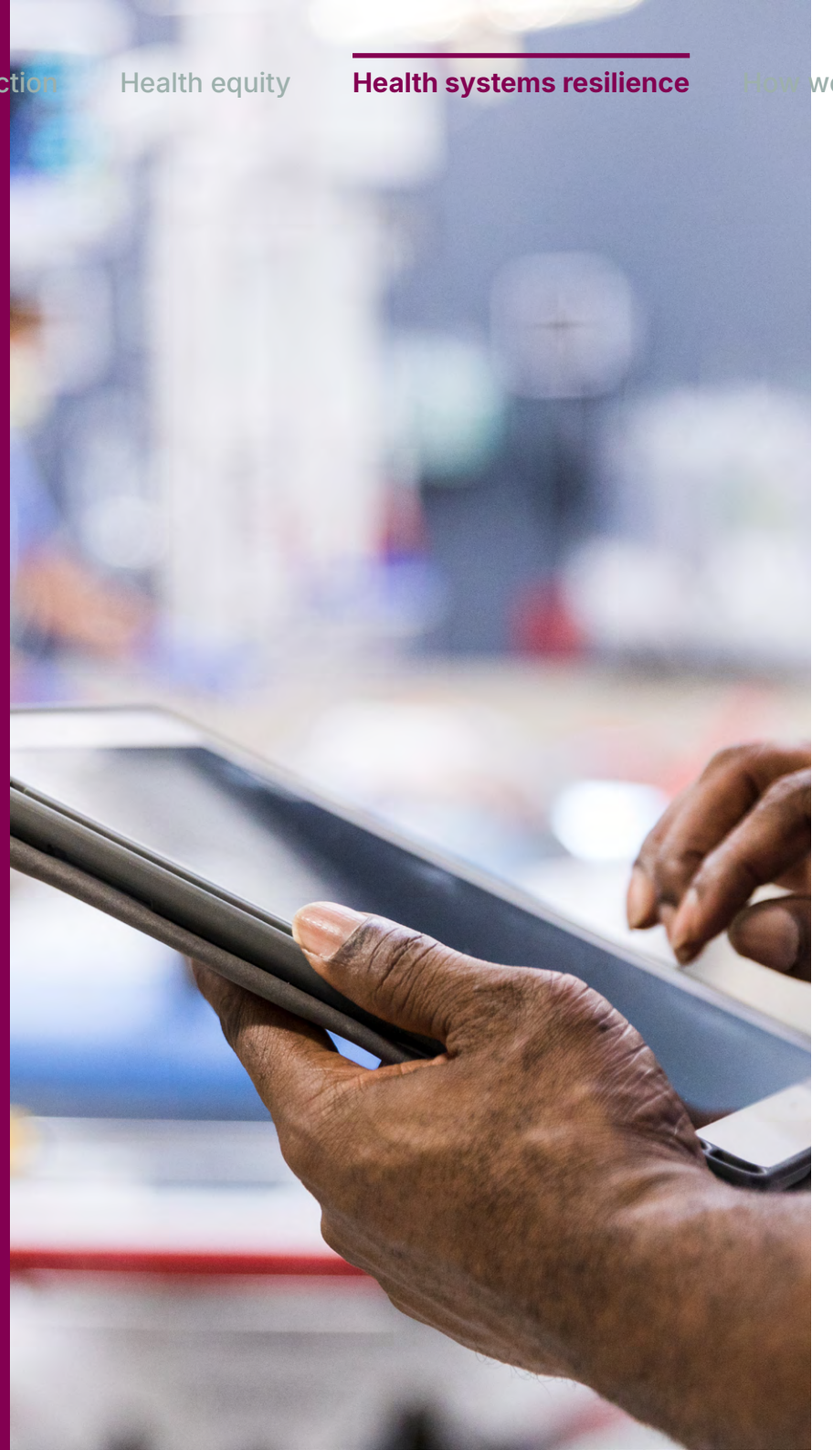
- A new alliance of all patient advocacy groups and the Rare Disease fund to co-finance patients per MCDA priorities
- An accelerated referral pathway for pediatric patients via a child helpline
- The integration of rare diseases into official medical education through partnership with the Ministry of Higher Education and Scientific Research

Strengthening Brazil's health system through alternative financing

Brazil's Unified Health System has faced chronic underfunding, limiting access to early detection services. A recent study explored alternative financing models to expand lung cancer screening and treatment programmes, alongside smoking prevention and cessation services.

The study employed a mixed-method approach (document analysis, expert interviews, and multi-stakeholder workshops), demonstrating that earmarking dedicated revenue streams for lung cancer care is both technically sound and politically feasible.

Key recommendations include expanding lung cancer screening and treatment guidelines, strengthening primary care capacity for early detection, earmarking revenue for screening programmes, and establishing governance mechanisms to ensure funds reach frontline services. This approach links sustainable financing directly to improved early detection outcomes and reduced late-stage diagnosis. Moving into 2026, AstraZeneca is participating in cross-sector conversations on how to sustainably finance lung cancer screening in Brazil.



AI-enabled proactive patient follow-up transforms care in Spain

In Spain, AstraZeneca partnered with health tech company TUCUVI to develop AZerca, a conversational AI system that automates follow-up for patients with chronic and complex conditions —addressing operational burden and enabling early symptom detection.

AZerca uses TUCUVI's AI tool LOLA to conduct routine follow-up calls, collect clinical information, generate risk alerts for healthcare professionals, and document interactions automatically. The system is deployed across seven therapeutic areas: HF, Transthyretin Amyloidosis, severe asthma, COPD, lupus, chronic lymphocytic leukaemia and breast cancer.

As an example, the impact in HF includes:

- More than 32,000 follow-up calls completed
- Over 16,000 alerts generated and over 6,000 clinical interventions enabled
- Approximately 7,800 hours of HCP time freed
- Six-month readmission rate of 1.6% compared with approximately 10% national average

AZerca enables healthcare teams to focus on complex clinical care while reducing avoidable emergency visits and hospitalisations.

Preparing next-gen doctors to deliver sustainable healthcare

Despite the mounting evidence of the negative effects of climate change on public health, few medical professionals have specific training or expertise in this area. That is why AstraZeneca has played a leading role in collaborating with other healthcare companies and academic organisations to form the European Network on Climate & Health Education (ENCHE).

The effort, which includes 52 leading medical schools in more than a dozen European countries, is chaired by the University of Glasgow. Since its launch in 2024, the programme has educated more than 2,500 medical students on sustainability and aims to reach more than 10,000 medical students by the end of 2027.

ENCHE Members Meeting
WHO Academy, Lyon, France

Participants at ENCHE meeting in Madrid, Spain

As a regional hub of the Global Consortium on Climate and Health Education, ENCHE also collaborates closely with leaders at the Columbia University Mailman School of Public Health in the US as well as the broader medical community. Key examples include:

- **In Scotland:** ENCHE leaders brought this topic to Parliament, with new funding attributed to supporting Scottish medical schools to embed sustainability in teaching.
- **In Spain:** AstraZeneca and Bupa co-hosted an ENCHE conference with medical schools, policymakers and industry leaders to integrate climate and sustainability into medical training. Participants called for continuing professional development to strengthen healthcare system resilience.

In 2026, ENCHE will continue to enhance teaching capabilities across Europe's medical schools through the launch of a faculty development course and climate health education resource hub.

"As educators, it is our responsibility to ensure that the next generation of doctors, health professionals and medical leaders have the skills they need to address the health impacts of climate change and provide patients with the best care possible. It is our mission to protect and improve human health against the backdrop of our changing environment."

Prof. Iain McInnes
Vice-Principal and Head of College of Medical, Veterinary and Life Sciences, University of Glasgow, and ENCHE Co-Chair

How we do business

Guided by our Values, we invest in our people to create long-term value, resilience and trust by operating responsibly, ethically and with robust governance.

Our Values

Our Values determine how we work together and the behaviours that drive our success. They guide our decision making and define our beliefs.

We follow the science
Pushing the boundaries of science and working creatively with partners and collaborators.

We put patients first
Striving to understand patients' needs and considering them in every decision we take.

We play to win
Building high performing, inclusive and diverse teams and making the right choices to win.

We do the right thing
Employing high ethical standards when carrying out all aspects of our business globally.

We are entrepreneurial
Acting with urgency, bravery, resilience and taking smart risks.

AstraZeneca employees at the Discovery Centre, UK

Our people

Everything we do is underpinned by being a great place to work.

Being purposeful about people, we aim to deliver great employee experiences by being champions of inclusion and diversity while fostering personal growth and enterprise leadership.

- **We foster personal growth and enterprise leadership**
  We are committed to advancing a culture of lifelong learning across our company so that every employee can continuously develop their skills, capabilities and behaviours, and adapt to future needs. We continue to embed coaching skills to enhance performance and increase engagement, with 85% of employees saying they receive regular coaching to improve their contribution.

- **We cultivate an inclusive environment where individuals can authentically express themselves**
  Our Global Standard for Inclusion and Diversity sets out how we foster an inclusive and diverse workforce where everyone feels valued and respected because of their individual abilities and perspectives. In 2025, our inclusion and diversity efforts earned recognition externally. We were featured in:
  - Forbes World's Top Companies for Women
  - Forbes World's Best Employers
  - Financial Times, Diversity Leaders 2026
  - TIME World's Best Companies

- **We enable an agile organisation through intuitive tools, technology and optimised ways of working**
  We are harnessing the potential of technology, simplifying how we work and scaling our business for the future. To do this, we invest in our talent through upskilling and enabling employees to leverage technology and AI in their roles. In 2025, more than 50,000 employees participated in our Thriving in the Age of AI programme, an interactive learning experience that provides insights into the latest AI developments.

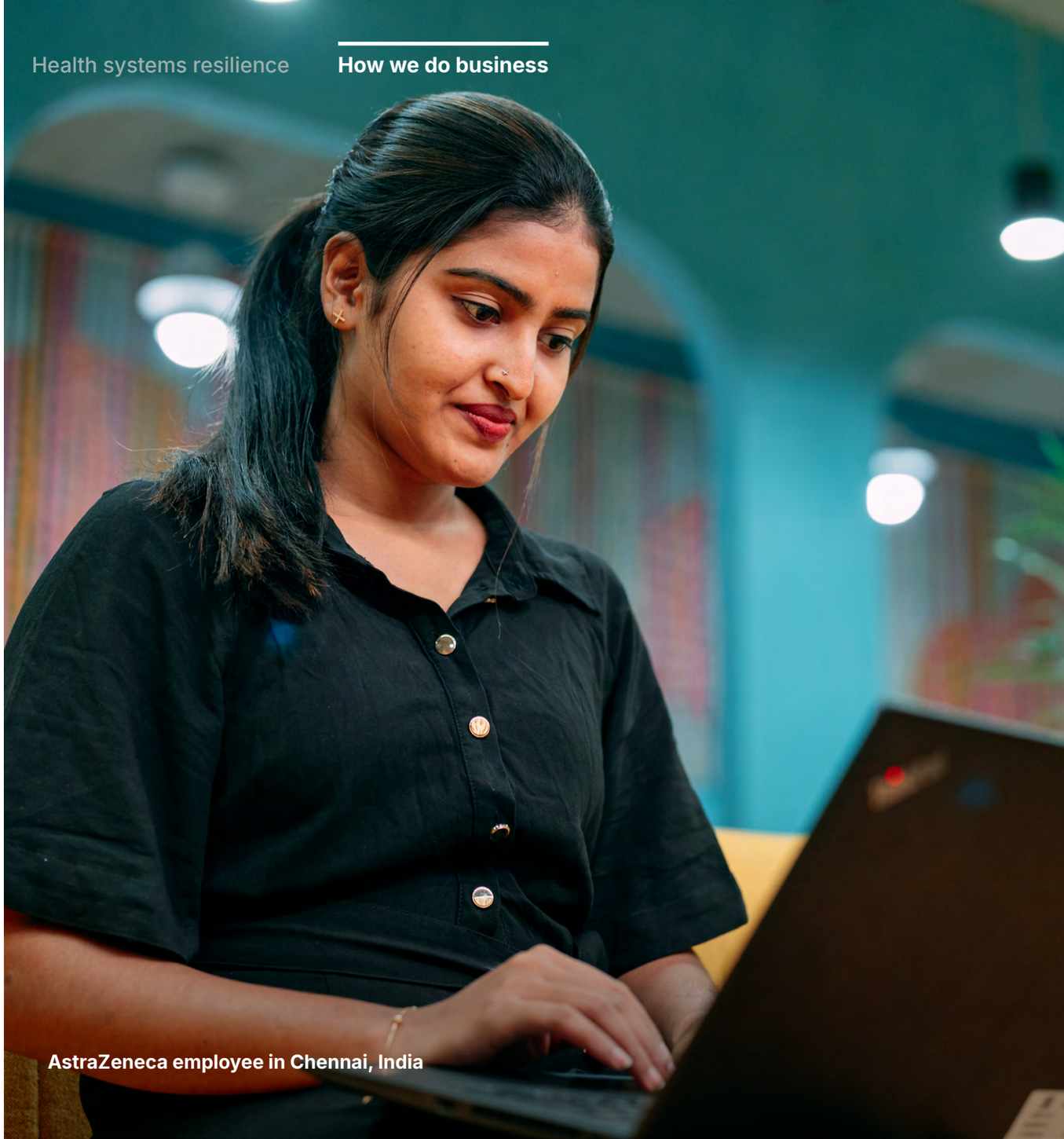
Our governance and ethics

By embedding ethical behaviour and transparent policies throughout our company activities and value chain, we strive to deliver positive impact that builds on the direct benefits of our life-changing medicines.

- **We seek to build long-term resilience and trust**
  We consistently uphold integrity, transparency and fair treatment across our organisation and value chain, enabling us to innovate and operate effectively in support of our purpose. We foster a culture where employees can speak their minds through multiple reporting channels - including the AZ Ethics helpline and website, accessible to both employees and third parties. Regular usage of these channels across markets demonstrates that individuals know how to report concerns and feel empowered to do so. Our Pulse survey enables management and the Board to monitor employee sentiment.

- **We ensure robust governance**
  Our Code of Ethics and its supporting Standards are the foundation of our global compliance programme, embodying our Values and expected behaviours. Our Anti-Bribery and Anti-Corruption (ABAC) Global Standard was updated in 2025 to strengthen our ABAC principles, complemented by robust third-party risk management and due diligence processes. We comply with all applicable ABAC legislation, including the UK Bribery Act 2010, which aligns with the United Nations Convention against Corruption.

- **We maintain high standards and accountability**
  We enforce high standards of conduct and accountability across our business and value chain, supporting partners and building capabilities. In 2025, 100% of active employees, including senior leadership, completed mandatory annual Code of Ethics Awareness training. This included four tailored pathways for field-based, desk-based, laboratory/production, and employees in support functions. The trainings provided access to enhanced content on anti-bribery, anti-corruption and fraud prevention aligned with the UK's new Failure to Prevent Fraud Offence. Complementary training modules on Modern Slavery Awareness ensure our workforce can identify and address ethical risks across our global operations.



AstraZeneca employee in Chennai, India

References

1 World Health Organization. Air pollution [Internet]. World Health Organization; 2024. Available from: https://www.who.int/health-topics/air-pollution#tab=tab_1

2 World Health Organization. Air pollution [Internet]. World Health Organization; 2024. Available from: https://www.who.int/health-topics/air-pollution#tab=tab_2

3 Romanello M, McGushin A, Di Napoli C, et al. The 2023 report of the Lancet Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms [Internet]. The Lancet; 2023. Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01859-7/fulltext

4 World Health Organization. Health workforce [Internet]. World Health Organization; n.d. Available from: https://www.who.int/health-topics/health-workforce#tab=tab_1

5 McKinsey Global Institute. Poor health reduces global GDP by 15 percent each year [Internet]. McKinsey & Company; 2020. Available from: https://www.mckinsey.com/mgi/media-center/poor-health-reduces-global-gdp-by-15-percent-each-year

6 BSI Group. First global standard for measuring environmental impact of pharmaceuticals [Internet]. Bsigroup.com. BSI; 2025. Available from: https://www.bsigroup.com/en-GB/insights-and-media/media-centre/press-releases/2025/december/first-global-standard-for-measuring-the-environmental-impact-of-pharmaceuticals-published/

7 Statista. Pharmaceutical sales by region worldwide [Internet]. Statista; 2026. Available from: https://www.statista.com/statistics/272181/world-pharmaceutical-sales-by-region/

8 World Bank. Population ages 65 and above (% of total) - Japan [Internet]. World Bank; n.d. Available from: https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=JP

9 World Health Organization. Climate change and health [Internet]. World Health Organization; 2023. Available from: https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health

10 NITI Aayog. Composite Water Management Index [Internet]. Government of India; 2023. Available from: https://www.niti.gov.in/sites/default/files/2023-03/CompositeWaterManagementIndex-CWMI.pdf

11 Government of India. Strengthening groundwater management for India's water future [Internet]. Press Information Bureau; 2026. Available from: https://www.pib.gov.in/PressReleasePage.aspx?PRID=2217195&lang=1&reg=3

12 India Water Week. Water resource report [Internet]. India Water Week; 2024. Available from: https://indiawaterweek.in/assets/pdfs/iiww2024p.pdf

13 McDonald RI, Weber K, Padowski J, Flörke M, Schneider C, Green PA, et al. Water on an urban planet: urbanization and the reach of urban water infrastructure [Internet]. Global Environmental Change; 2014. Available from: https://www.sciencedirect.com/science/article/pii/S0959378014000880

14 Nag A, et al. Human genetics uncovers MAP3K15 as an obesity-independent therapeutic target for diabetes [Internet]. Science Advances; 2022. Available from: https://doi.org/10.1126/sciadv.add5430

15 Institute for Health Metrics and Evaluation (IHME). Global Burden of Disease Study 2021 data resources [Internet]. IHME; 2021. Available from: https://ghdx.healthdata.org/gbd-2021

16 CenterWatch. INSPIRE respiratory health programme [Internet]. CenterWatch; 2024. Available from: https://www.centerwatch.com/clinical-trials/listings/NCT06673225/inspire-respiratory-health-program-in-botucatu-sao-paulo-brazil

17 The International Union Against Tuberculosis and Lung Disease. Abstract book: 42nd World Conference on Lung Health [Internet]. The Union; 2011. Available from: https://theunion.org/sites/default/files/2020-09/AbstractBook2011_Web.pdf

18 ASCIA. ASCIA 2012 Poster Abstracts [Internet]. Internal Medicine Journal; 2012. Available from: https://doi.org/10.1111/j.1445-5994.2012.02888.x

19 Vietnam News. Workshop discusses enhancing comprehensive healthcare access in the field of lung health [Internet]. Vietnam News; 2025. Available from: https://vietnamnews.vn/society/1694636/workshop-discusses-enhancing-comprehensive-healthcare-access-in-the-field-of-lung-health.html

20 Choy A, Shellington EM, Collins-Fairclough A, Strydom N, Carlsten C. Geographic differences in availability and access to care services for asthma and COPD: case study of Vancouver Coastal Health, British Columbia [Internet]. Canadian Respiratory Journal; 2024. Available from: https://doi.org/10.1155/2024/8019557

21 Canadian Institute for Health Information. COPD in Alberta: examining the characteristics and health care use of high users [Internet]. CIHI; 2017. Available from: https://www.cihi.ca/sites/default/files/document/copd-alberta-high-users-report-2017-en-web.pdf

References continued

22 Screening for Life. Lung cancer statistics Alberta [Internet]. Screening for Life; 2022. Available from: https://screeningforlife.ca/wp-content/uploads/PCP_FAQs_FINAL_v4_2022_09_26.pdf

23 Rivera MP, et al. Lung cancer screening in the United States: 2022 update [Internet]. PubMed Central; 2024. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC11165414/

24 American Cancer Society. Lung cancer key statistics [Internet]. American Cancer Society; n.d. Available from: https://www.cancer.org/cancer/types/lung-cancer/about/key-statistics.html

25 National Heart, Lung, and Blood Institute. COPD in America: the latest snapshot [Internet]. National Institutes of Health; 2022. Available from: https://www.nhlbi.nih.gov/sites/default/files/publications/COPD-inAmerica-TheLastestSnapshot508.pdf

26 Centers for Disease Control and Prevention. Chronic obstructive pulmonary disease mortality in the United States, 2023 [Internet]. CDC; 2025. Available from: https://www.cdc.gov/nchs/products/databriefs/db529.htm

27 American Journal of Managed Care. Leveraging GOLD guidance and value-based strategies in the management of COPD [Internet]. AJMC; 2023. Available from: https://www.ajmc.com/view/leveraging-gold-guidance-and-value-based-strategies-in-the-management-of-copd

28 Health Resources and Services Administration. Addressing the burden of chronic obstructive pulmonary disease in rural America [Internet]. U.S. Department of Health and Human Services; 2018. Available from: https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/rural/ruralcopd.pdf

29 TCTMD. Cardiovascular screening programme UK [Internet]. TCTMD; 2025. Available from: https://www.tctmd.com/news/cv-screening-care-uk-football-club-made-inroads-against-hf

30 Sankaranarayanan R, Hartshorne-Evans N, Mclean L, Jones J, Salla M, Chakrabarti B, et al. Early detection of cardiorespiratory diseases at Everton BEAT-Breathlessness Community Hub: how football can help save lives [Internet]. JACC: Heart Failure; 2025. Available from: https://www.sciencedirect.com/science/article/abs/pii/S2213177925000848

31 Devex. The silent growing CKD epidemic signals action is needed today [Internet]. Devex; 2025. Available from: https://www.devex.com/news/sponsored/the-silent-growing-ckd-epidemic-signals-action-is-needed-today-111553

32 Dumbuya JS, Zeng C, Deng L, Li Y, Chen X, Ahmad B, et al. The impact of rare diseases on the quality of life in paediatric patients: current status [Internet]. Frontiers in Public Health; 2025. Available from: https://doi.org/10.3389/fpubh.2025.1531583

33 Ho ML, Zitnik M, Azachi R, et al. Unifying the odyssey: artificial intelligence for rare disease diagnosis and therapy [Internet]. Health Technology; 2026. Available from: https://doi.org/10.1007/s12553-026-01057-y

34 Kingsmore SF, Wright M, Smith LD, Liang Y, Mowrey WR, Protopsaltis L, et al. Prequalification of genome-based newborn screening for severe childhood genetic diseases through federated training based on purifying hyperselection [Internet]. American Journal of Human Genetics; 2024. Available from: https://doi.org/10.1016/j.ajhg.2024.10.021

35 World Health Organization. Climate change and noncommunicable diseases: connections [Internet]. World Health Organization; 2023. Available from: https://www.who.int/news/item/02-11-2023-climate-change-and-noncommunicable-diseases-connections

36 World Economic Forum. Abu Dhabi health system resilience report [Internet]. World Economic Forum; 2025. Available from: https://reports.weforum.org/docs/WEF_PHSSR_Abu_Dhabi_2025.pdf

37 De Nicola L, Minutolo R, Grandaliano G. Reducing CKD burden in Europe: first make the elephant apparent! [Internet]. Clinical Kidney Journal; 2025. Available from: https://doi.org/10.1093/ckj/sfaf182

What science can do