Economic and Sustainability Impact Report 2023—2025

UCB Canada Inc.

Inspired by **patients.**
Driven by **science.**

UCB's mission to transform the lives of people with severe diseases is the foundation of our long-term growth.

By combining scientific excellence with a clear focus on patient needs, we are building a pipeline of innovation and a business ready to deliver enduring value – not just in the next few years, but well into the future.

We create value for patients, now and into the future.

Welcome to our 2023—2025 Economic and Sustainability Impact Report

UCB Canada's 2023—2025 Economic and Sustainability Impact Report presents our economic impact in Canada between 2023 and 2025, and reflects our commitment to sustainability, innovation, and social impact.

About this report

This is UCB Canada's first Economic and Sustainability Impact Report and reflects the evolution of UCB Canada's presence and impact across the country. The report provides an analysis of the economic value UCB Canada generated between 2023 and 2025 across Canada.[1] It also addresses each strategic pillar of our global sustainability framework, offering a comprehensive view of our actions, values, and achievements in 2025.

To consult information regarding UCB's group statutory reporting, you may refer to UCB's Integrated Annual Report.

[1] This report was prepared by Deloitte Canada's Economic Advisory team. All economic impact estimates contained in this report have been provided to UCB Canada by Deloitte, based on financial information provided by UCB. We understand these have been calculated in accordance with the methodologies set out in the Appendices. The economic impact modelling undertaken to produce the estimates in this report has undergone an extensive quality assurance process to ensure technical accuracy.

Executive Summary

Executive Summary

This report presents UCB Canada's cumulative economic contribution in Canada from 2023 to 2025, alongside our sustainability performance. Together, these perspectives provide an integrated view of the economic and societal impact we create and sustain across the country.

The economic impact presented in this report was estimated using an input–output modelling approach to assess UCB Canada's direct, indirect, and induced contributions to the Canadian economy. This methodology captures how UCB Canada's operational expenditures generate economic activity across the value chain, including supplier activity and household spending supported by employment. The model estimates impacts in terms of gross domestic product (GDP), labour income, employment (job-years), and government revenue. The analysis was modelled using inputs provided by UCB Canada, including employee salaries and benefits, as well as payments to Canadian suppliers, and was developed in accordance with established economic modelling practices. These results are based on Deloitte analysis. All figures are reported in 2025 Canadian dollars.

Accounting for the direct, indirect, and induced impacts, the cumulative estimated economic contribution at the national and provincial level of our operations between 2023 and 2025 in Canada is:

Canada		Ontario		Quebec	
GDP	$187.1M	GDP	$74.0M	GDP	$19.7M
Employment (job-years)	1,363	Employment (job-years)	492	Employment (job-years)	141
Labour Income	$139.8M	Labour Income	$59.1M	Labour Income	$15.5M
Government Revenue	$73.2M	Government Revenue	$8.3M	Government Revenue	$2.0M

Letter to our communities, our patients, and our stakeholders

Welcome to UCB Canada's first Economic and Sustainability Impact Report. This report captures an important moment in our journey and highlights what defines UCB: a clear purpose—to create value for patients, now and into the future. Between 2023 and 2025, we strengthened our contribution to Canadians. Over the past three years, our affiliate has doubled in size, a reflection of both the expansion of our footprint and the depth of our long-term commitment to Canada.

Rodrigo Reis, General Manager, UCB Canada.

From left to right: Chander Sehgal, Rishvinder Kaur, Athanasios Pastogiannis (Head, Intercontinental West), Edgar Salas, Lisa Arbuckle, Jean-Christophe Tellier (CEO, UCB Global), Rodrigo Reis (General Manager, UCB Canada), Andrea Loewendorf.

At UCB, everything begins with the needs of people living with severe diseases. In Canada, this contribution extends beyond medicines to include jobs supported, partnerships built, and the strengthening of the research ecosystem, to advance a more sustainable, inclusive, and resilient future.

The story this report tells is one of both measurable and lasting value. Between 2023 and 2025, UCB Canada contributed an estimated $187.1 million to Canada's GDP, supported 1,363 job-years, and generated $73.2 million in government revenue.

Beyond these results, our impact reflects a broader commitment to patients, scientific innovation, inclusion, and sustainable, ethical operations. As needs continue to evolve, we remain committed to listening, learning, and working collaboratively to help build a healthier future for Canadians.

Introduction

About UCB Canada

UCB Canada's ambition is to transform the lives of people living with severe diseases, allowing them to live the best life that they can – as free as possible from the challenges and uncertainty of disease. UCB's mission reflects a global purpose—creating value for patients, now and into the future—and anchors the long-standing commitment to transformative innovation, sustainable growth, and patient-centric value creation.

Operating from its headquarters in Oakville, Ontario since 2006, UCB Canada contributes meaningfully to the company's global biopharmaceutical leadership by advancing differentiated solutions across neurology and immunology, including dermatology, rheumatology, inflammatory and rare diseases.

As a mid-sized biopharmaceutical company with global reach, UCB fosters a collaborative environment where scientific insight, commercial excellence, and purpose-driven innovation converge to deliver life-changing therapies for Canadians living with severe conditions.

Across Canada, UCB works closely with patient communities, healthcare professionals, and provincial and national health partners to advance earlier diagnosis, expand access pathways, and elevate standards of care.

This includes initiatives such as FASTRAX, which was led by the University Health Network in collaboration with The Ottawa Hospital and Thunder Bay Rheumatology. FASTRAX was designed to accelerate the diagnosis of axial spondyloarthritis, and continuous engagement to support Canadian access to innovative immunology

Our value creation model

UCB's success is underpinned by a holistic approach that takes a long-term view of how we create positive impact for people living with severe diseases, our shareholders, our colleagues, and communities, while reducing our environmental footprint.

We aim to continue growing while meeting societal expectations, including embedding equitable access to medicines and our environmental impact as an integral part of how we do business. We know that challenges facing our world – from climate crisis to rising inequalities – are inextricably linked to health and wellbeing, and that every business decision we make has a possible effect on the people we serve, our communities, and the planet.

treatments, particularly for conditions like hidradenitis suppurativa and psoriatic disease.

UCB Canada's work is further strengthened by the company's global investment in scientific innovation. Worldwide, UCB reinvests nearly one quarter of its revenue into research and development, advancing a robust pipeline across neurology and immunology.

This innovation engine—reflected in major regulatory approvals, an extensive clinical development portfolio, and commitment to diversity in clinical science—extends to the Canadian market, ensuring that new treatments reach patients with scientific rigour, speed, and equity.

As part of a broader societal commitment, UCB also contributes to long-term value creation through ethical business practices, sustained engagement with health system partners, and a dedication to ensuring that Canadians living with severe diseases can access therapies that address their clinical, social, and personal needs.

UCB's purpose and strategy

Our purpose is to create value for patients, now and into the future

By combining our unique insights with a collaborative approach, we discover and develop differentiated treatments that respond to unmet patient needs and create real improvements for people living with severe diseases. We back our innovations with clear evidence of our medicines' impact on patients, families, and healthcare systems.

Our innovations advance sustainable impact for a healthier future and create value that cannot be expressed in numbers alone: moments celebrated, dreams pursued, and simple pleasures enjoyed.

A strategy that sets us apart

We uniquely understand patient biology and disease pathways, allowing us to focus our resources where differentiation beats scale. By listening to and learning from patients, caregivers, and healthcare professionals, we understand the challenges of disease and gain insights that allow us to detect unmet needs early, develop novel strategies to modulate and create new therapies to effectively target them.

By aligning every part of UCB around finding new ways to make real improvements in the ways complex conditions are treated, our strategy anchors our long-term impact. From research and development (R&D) and patient engagement to minimizing our environmental impact, it provides focus and stability. This clarity supports strategic decision-making and resource allocation amid geopolitical uncertainty, market volatility, and rapid technological change.

Our strategy also ensures that innovation goes beyond discovery. It extends to access and reach, driving investment in programs and partnerships that bring our medicines to the people who need them most. From early stakeholder engagement to tailored access, our approach strives to translate scientific progress into real-world impact.

Throughout 2025, our teams continued to work to close gaps in care by engaging directly with patients and other stakeholders. This approach helps ensure that the lived experiences of patients shape how our medicines are developed and delivered.

Across our therapeutic focus areas, we are building long-term, trust-based partnerships with patient communities, caregivers, community leaders, and local advocates to understand the barriers these groups face, such as delayed diagnosis or limited access to clinical trials. This allows us to go beyond traditional engagement models by bringing community expertise into the design of studies, access initiatives, and educational efforts.

We ensure that equitable access starts in R&D so that we can respond to unique patient needs with purposeful, evidence-based innovation. When potential treatments for groups disproportionately impacted by disease go underrepresented, health system inequities are reinforced. We aim to contribute to positive changes by designing R&D that includes these groups from the outset, so that every patient has the chance to benefit from scientific progress.

UCB Canada's leadership team

Rodrigo Reis

General Manager, UCB Canada Inc.

Rodrigo Reis is a seasoned business professional with over 25 years of diverse experience in the pharmaceutical industry, currently leading UCB Canada Inc. operations as General Manager. Over the past two decades, Rodrigo has honed his skills in Medical, Marketing, and Sales roles, gaining expertise in small molecules, biologics, vaccines, and rare diseases. Rodrigo has been leading UCB Canada Inc. since early 2023.

Andrea Loewendorf

Head of Immunology, UCB Canada Inc.

Andrea Loewendorf is an accomplished global leader with over two decades of experience in the biopharmaceutical industry. As the Head of Immunology Canada at UCB, she spearheads UCB's immunology strategy, translating vision into field execution, and driving positive impact on patients.

Lisa Arbuckle

Head of Rare and Epilepsy, UCB Canada Inc.

Lisa Arbuckle is an accomplished leader with over 20 years of experience in the biopharmaceutical industry. As the Head of Rare and Epilepsy at UCB Canada, she is dedicated to championing UCB's neurology strategy and ensuring innovative solutions are brought to life to support patients living with neurological conditions.

Chander Sehgal

Head of Access, Sustainability and External Engagement, UCB Canada Inc.

Chander Sehgal is an oncologist with nearly 20 years of experience in both private and public biopharmaceutical sectors. He has spent 15 of those years in leadership roles, specifically in Pricing and Market Access. Chander's strategic approach to improving patient access is backed by a deep understanding of patient needs and a commitment to UCB's vision of empowering individuals to lead fulfilling lives.

UCB Canada's leadership team

Rishvinder Kaur

Head of Finance and Insights, UCB Canada Inc.

As the i2i Head of Finance at UCB Canada, Rishvinder brings nearly 20 years of progressive experience in the pharmaceutical and healthcare sectors across finance, commercial operations, and enterprise transformation. With a career built on translating complex financial data into actionable insights, she is proud to support UCB's values of transforming patient lives through innovation and purpose-driven growth.

Edgar Salas

Ethics and Business Integrity Lead, UCB Canada Inc.

As the Ethics and Compliance Lead, Edgar Salas manages and evaluates the effectiveness of UCB Canada's Ethics and Compliance program. As a member of the Canada Leadership Team, Edgar's commitment to leading ethical and compliant behaviour at UCB helps deliver value to our patients, now and in the future.

Alessandra Marinello

Head of Legal, Intercontinental West (IC West)

Alessandra Marinello is an experienced and results-oriented international legal counsel, working for UCB since 2012. Based in Brazil, São Paulo, Alessandra is the Legal lead for the Americas providing legal advice for Canada and Latin America (LATAM) UCB affiliates (including Mexico and Brazil).

Our people

At UCB Canada, the workforce reflects the full breadth of expertise required to bring innovative medicines to patients and to support a resilient healthcare ecosystem. The roles span:

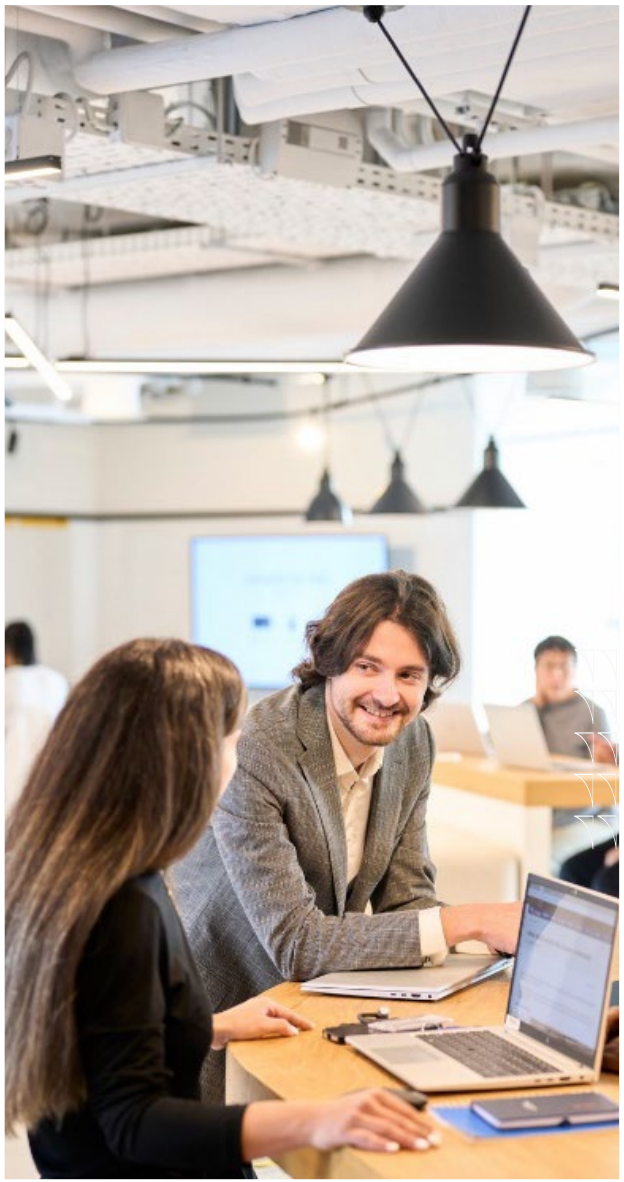
- Research & Development
- Medical & Clinical
- Quality & Patient Safety
- Market Access & External Engagement
- Pricing & Regulatory
- Sales & Marketing
- Engineering, Manufacturing & Supply Chain
- Finance, Digital, IT & Project Management
- Talent, Legal, Ethics & Business Integrity, Admin & Communications

Each contributes distinct capabilities while working in close collaboration across the medicines lifecycle. United by a shared purpose, the teams combine scientific rigour, operational excellence, and patient insight to translate innovation into meaningful, real-world impact.

Across Canada, this diversity of roles supports both global priorities and local healthcare needs. Medical, clinical, and scientific experts engage with healthcare professionals and researchers to advance evidence-based care, support education, and strengthen standards of practice.

Market access, regulatory, and policy specialists work within Canada's layered health system to navigate reimbursement pathways and help ensure timely, equitable access to innovative therapies. Commercial and operational teams translate strategy into execution, enabling sustainable growth while maintaining the highest standards of ethics, compliance, and quality. Complementing these functions, corporate and enabling roles—including finance, digital and IT, project management, legal, and talent—provide the infrastructure that allows innovation to scale responsibly.

Together, this multidisciplinary workforce illustrates UCB Canada's human footprint: a concentration of highly skilled, purpose driven roles that contribute not only to economic value, but also to the long-term strength of Canada's life sciences and healthcare ecosystem.



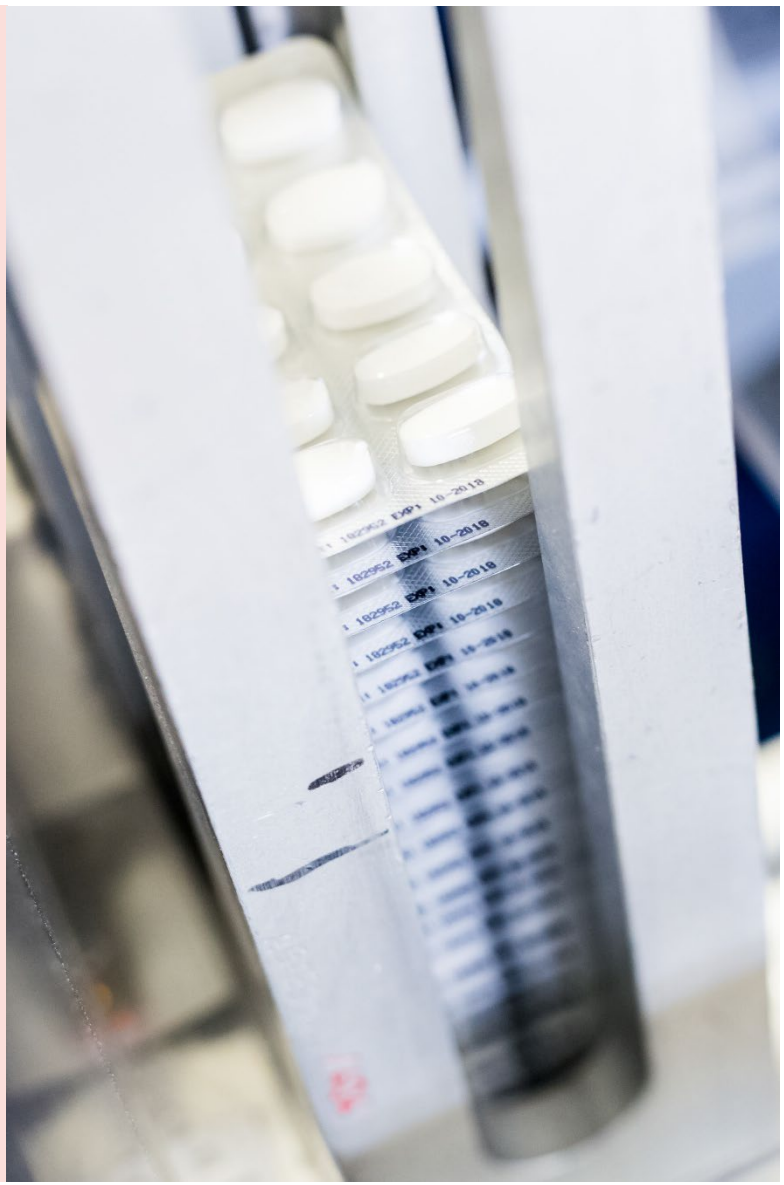
Capabilities Spotlight: Regulatory Affairs Hub

The Canadian affiliate's Regulatory Affairs "Hub" plays a crucial role in advancing both local and broader organizational priorities. It comprises 11 Global Regulatory Affairs (GRA) professionals based in Canada, spanning Intercontinental Regulatory Affairs and GRA Chemistry Manufacturing and Controls (CMC) & Devices, reflecting the depth of regulatory capability within the affiliate.

Five colleagues are part of the Intercontinental (IC) Regulatory Affairs (RA) team, including the global Head of IC GRA. For Canada, the local RA team leads local regulatory strategy and oversight across multiple products, ensuring compliance, supporting timely patient access, and aligning Canadian activities with regional and global development plans. Their work ensures that Canadian regulatory perspectives are effectively integrated into broader organizational decision-making.

In parallel, six colleagues form part of the GRA CMC & Devices team, including the global Head of GRA CMC & Devices. Although located in Canada, this team supports six global products covering development and post-marketing. They provide specialized Chemistry, Manufacturing & Controls (CMC) regulatory expertise that underpins global development programs, lifecycle management, and supply continuity. Their presence in Canada demonstrates that the skills and experience required to deliver complex global regulatory work reside within the affiliate.

Beyond operational responsibilities, the Regulatory Affairs team in Canada is actively engaged externally. Four members participate in the Canadian Association of Professionals in Regulatory Affairs (CAPRA) and hold a seat on an industry association regulatory working group. Through this involvement, the team contributes to shaping a predictable, science-based regulatory environment in Canada.



Understanding our contribution: scope

This Economic and Sustainability Impact Report provides a comprehensive assessment of UCB Canada's contribution to the Canadian economy and its wider influence on the healthcare and innovation ecosystem.

Through a structured, multidimensional analysis, the report evaluates both the quantifiable economic impact of UCB Canada's activities and the broader social and system-level benefits.

The first component of the study measures UCB's direct, indirect, and induced economic impacts across Canada, Ontario and Quebec between 2023 and 2025.

The economic contribution reported is in terms of:

- Value Added (GDP)
- Labour Income
- Government Revenues
- Employment

Beyond these measurable economic impacts, this study also examines UCB Canada's wider socioeconomic and social impact.

This second component is grounded in our global sustainable business approach, which outlines how UCB creates long-term value for patients, employees, communities, and shareholders, while reducing our environmental impact.

This approach centres on seven key focus areas that reflect the company's commitment to responsible, patient-centred, and sustainable growth:

- Scientific Innovation
- Equitable Access to Medicines
- Patient Engagement
- Health of the Planet
- Health, Safety and Wellbeing
- Inclusion
- Ethical Business Practices

These broader impacts help contextualize UCB's role not only as an economic contributor, but as a partner in building a more resilient, inclusive, and innovative healthcare system.

Creating Economic Value in Canada

Overview of the economic impact methodology

This study estimates the direct, indirect, and induced economic impact of our operations between 2023 and 2025 in terms of value-added (GDP), labour income, employment, and government revenue.

1. **Direct Impact**: Economic activity directly linked to UCB Canada's operations and expenditures, including hiring employees, purchasing goods and services, and investing in infrastructure.

2. **Indirect Impact**: Economic activity generated when UCB Canada's suppliers purchase additional goods and services to meet our demand. This captures the effect on upstream industries within the supply chain.

3. **Induced Impact**: Economic activity resulting from household spending by employees whose income is supported by direct and indirect activities—such as spending on housing, retail, and local services.

As part of this study, the economic impact was measured in terms of:

1. **Value Added (Gross Domestic Product)**: Value added to the economy.

2. **Labour Income**: Wages and salaries supported across the economy.

3. **Employment (Job-years)**: Full-time equivalent jobs supported, both directly and through multiplier effects.

4. **Government Revenue:** Federal and provincial products and production taxes such as sales taxes (GST), payroll taxes, and duties.

The economic contribution is estimated at a national level, and for the provinces of Ontario and Quebec.

CANADA

ONTARIO

QUEBEC

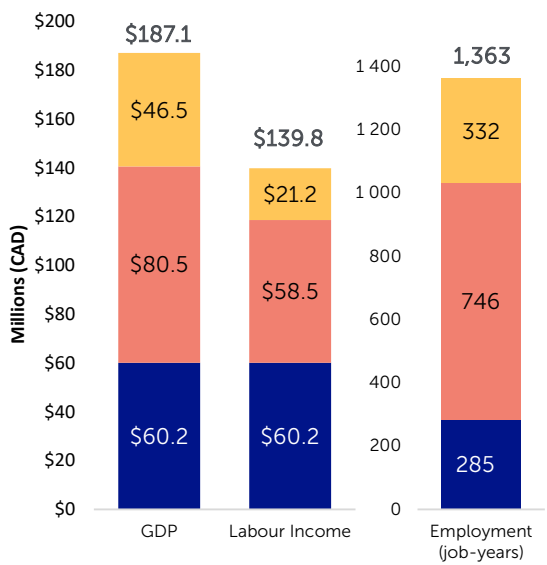
Canada: Economic contribution and employment

$187.1 million in GDP gains for Canada

We estimate that between 2023 and 2025, UCB Canada's operations made cumulative payments of $24.0 million to Canadian suppliers, contributed an estimated $187.1 million to Canada's GDP, $139.8 million in the form of labour income, and sustained 1,363 job-years over the three-year period.

We also estimate that the economic activity stimulated by UCB Canada's operations generated a cumulative $73.2 million in taxes and government revenue over the period.

Figure 1: UCB Canada's Economic Contributions to Canada, 2023—2025, cumulative



Source*: Statistics Canada; UCB Canada; Deloitte Analysis. Figures are rounded 2025 dollars.*

We estimate that approximately

8 jobs

were sustained or created in Canada for **every million dollars spent** by UCB's Canadian operations, accounting for direct, indirect, and induced impacts.

We estimate that approximately

$1.20 of GDP

was generated for the national economy for **every dollar spent** by UCB's Canadian operations between 2023 and 2025, accounting for direct, indirect, and induced impacts.

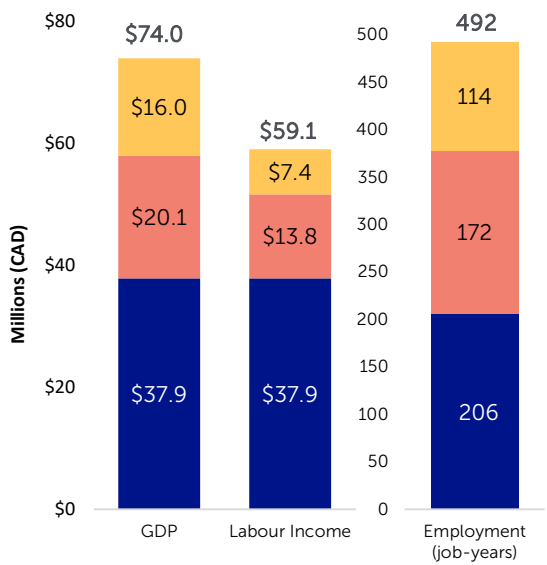
Ontario: Economic contribution and employment

$74.0 million in GDP gains for Ontario

We estimate that between 2023 and 2025, UCB Canada's operations contributed an estimated $74.0 million to Ontario's GDP, $59.1 million in the form of labour income, and sustained 492 job-years over the three year period.

We also estimate that the economic activity stimulated by UCB Canada's operations generated a cumulative $8.3 million in taxes and government revenue over the 2023—2025 period.

Figure 2: UCB Canada's Economic Contributions to Ontario, 2023—2025, cumulative



Source*: Statistics Canada; UCB Canada; Deloitte Analysis. Figures are rounded 2025 dollars.*

Quebec: Economic contribution and employment

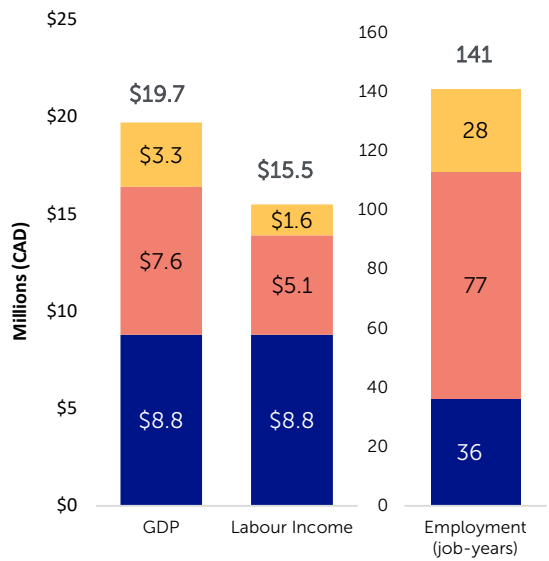
$19.7 million

in GDP gains for Quebec

We estimate that between 2023 and 2025, UCB Canada's operations contributed an estimated $19.7 million to Quebec's GDP, $15.5 million in the form of labour income, and sustained 141 job-years over the three year period.

We also estimate that the economic activity stimulated by UCB Canada's operations generated a cumulative $2.0 million in taxes and government revenue over the 2023—2025 period.

Figure 3: UCB Canada's Economic Contributions to Quebec, 2023—2025, cumulative



Source*: Statistics Canada; UCB Canada; Deloitte Analysis. Figures are rounded 2025 dollars.*

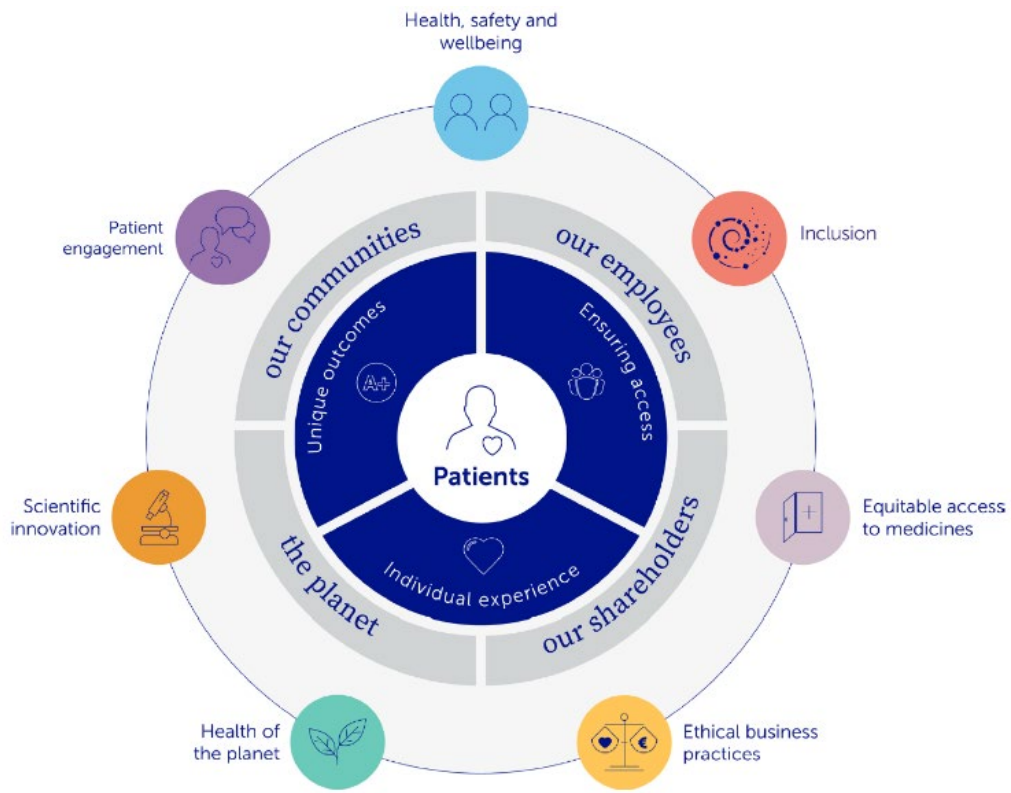
Advancing our Sustainability Impact in Canada

UCB's sustainability business approach

UCB sees sustainability as a core requirement to continue bringing differentiated solutions to people who need them. Health, social, environmental, and economic factors are deeply interconnected, and UCB's approach to sustainability reflects this reality. We adopt a holistic view of how these activities interact with society, recognizing that the long-term success of the business is inseparable from the strength and resilience of the health systems, communities, and environments in which UCB operates.

UCB's purpose is to create value for patients, now and into the future. This purpose shapes how UCB thinks about its role beyond the development and delivery of medicines. UCB strives to generate positive socioeconomic outcomes not only for people living with severe diseases, but also for the employees who discover, develop, and deliver our solutions; for the partners and communities UCB engages with; for the shareholders who invest in the company and trust its long-term strategy; and for the planet, which is our shared home.

UCB believes that sustainable growth is achieved when value creation for business and value creation for society reinforce one another over time. To translate this ambition into action, UCB has embedded sustainability into its business model, governance, and decision-making processes. UCB's sustainability priorities reflect the areas where we believe the activities intersect most strongly with societal needs and where UCB can make a meaningful contribution through its strategy, operations, and partnerships. It provides a structured lens through which UCB understands its broader impact, manages long term risks and opportunities, and aligns its actions with its purpose and values.



Within this framework, UCB's socioeconomic contribution is anchored around a set of focus areas that represent the key dimensions through which UCB engages with society and creates value across the health ecosystem:

- Scientific innovation
- Equitable access to medicines
- Patient engagement
- Health of the planet
- Health, safety, and wellbeing
- Inclusion
- Ethical business practices

Together, these focus areas define how UCB approaches sustainability in practice. They capture how UCB engages with patients and health systems, how we advance innovation responsibly, how we operate as an employer and business partner, and how the company stewards natural and social resources for the long term. They also provide a consistent structure for assessing UCB's socioeconomic contribution, moving beyond financial performance alone to reflect the broader value it seeks to create for patients, people, communities, and society over time.

Scientific innovation

Scientific innovation generates societal value not only through breakthrough discoveries, but through sustained investment in the broader research ecosystem that enables knowledge to be produced, tested, translated, and applied.[1] Health economics and policy research shows that public and private investments in health research can yield returns through improved health outcomes, increased system efficiency, and wider socioeconomic benefits, including productivity gains and innovation spillovers.[2]

However, evaluations of health research systems highlight that these benefits accrue most reliably when research activity is connected to real-world needs and embedded within functioning networks of researchers, clinicians, health systems, and industry partners.[3,4,5,6]

A recurring barrier identified across the literature is the delay between the generation of scientific evidence and its use in clinical and policy decision-making. Research utilization pathways vary significantly in whether, when, and how evidence influences practice, reinforcing the importance of intentional approaches that support uptake, adaptation, and implementation.[7,8]

Supporting the broader scientific ecosystem, including investigator-initiated research, collaborative studies, and non-registrational clinical research, plays an important role in addressing this challenge.[9]

Research conducted outside commercial approval pathways can contribute to the cumulative evidence base, inform clinical guidelines, and shape standards of care, particularly in areas of unmet need, rare diseases, and complex chronic conditions.[10] When supported and connected to broader knowledge networks, this research could strengthen the relevance, credibility, and applicability of scientific advances.

[1] Kerstin Roback, Koustuv Dalal, and Per Carlsson, "Evaluation of health research: measuring costs and socioeconomic effects," *International Journal of Preventive Medicine* 2, no. 4 (2011): 203–215.

[2] Kerstin Roback, Koustuv Dalal, and Per Carlsson, "Evaluation of health research: measuring costs and socioeconomic effects," *International Journal of Preventive Medicine* 2, no. 4 (2011): 203–215.

[3] Kerstin Roback, Koustuv Dalal, and Per Carlsson, "Evaluation of health research: measuring costs and socioeconomic effects," *International Journal of Preventive Medicine* 2, no. 4 (2011): 203–215.

[4] World Health Organization, "World Report on Knowledge for Better Health", 2004.

[5] Stephen R. Hanney, Sharon E. Straus, and Bev J. Holmes, "Saving millions of lives but some resources squandered: emerging lessons from health research system pandemic achievements and challenges," *Health Research Policy and Systems* 20 (2022): Article 99.

[6] Pulford et al., "How international research consortia can strengthen organisations' research systems and promote a conducive environment and culture," *BMJ Global Health* 8, no. 4 (2023).

[7] Nanna Kristensen, Camilla Nymann, and Hanne Konradsen, "Implementing research results in clinical practice: the experiences of healthcare professionals," *BMC Health Services Research* 16 (2016): Article 48.

[8] Emmanuel Kabengele Mpinga et al., "Scientific Evidence in Public Health Decision-Making: A Systematic Literature Review of the Past 50 Years," *International Journal of Environmental Research and Public Health* 22, no. 9 (2025): 1343.

[9] Louise Forsetlund et al., "Continuing education meetings and workshops: the effects on professional practice and healthcare outcomes", *PubMed Central; National Library of Medicine,* September 15, 2021.

[10] Louise Forsetlund et al., "Continuing education meetings and workshops: the effects on professional practice and healthcare outcomes", *PubMed Central; National Library of Medicine,* September 15, 2021.

Industry engagement in this ecosystem can amplify societal value when it extends beyond product development to include partnerships that enable high-quality research, data generation, and knowledge exchange.[11] By supporting scientific infrastructure, fostering collaboration across sectors, and helping translate evidence into practice, pharmaceutical companies contribute to a research environment where innovation is more likely to lead to tangible improvements in health outcomes and system performance.[12]

Accordingly, scientific innovation can be understood to deliver its greatest societal benefit when discovery is coupled with deliberate investment in the ecosystem that sustains research and enables its use.

Efforts by industry to support collaborative research, investigator-led studies, and mechanisms that facilitate evidence uptake are not ancillary activities, but rather core contributors to the social value of innovation.

Our organization supports the generation, dissemination, and exchange of scientific information through a combination of scientific information services and structured external funding mechanisms. Specifically, we support the broader scientific and educational ecosystem through structured external funding programs designed to advance medical and scientific knowledge.

Additionally, we provide support through Investigator-Initiated Studies (IIS) and grants. The IIS program supports unsolicited research proposals that are independently designed and conducted by external investigators. In 2025, in Canada, we awarded 24 grants across specialties, and have initiated one IIS study.

[11] Vijay Mahant, "Translational medicines 'Ecosystem'," *Journal of Translational Medicine* 18 (2020): Article 158.

[12] OECD Publishing, "Collaborative Mechanisms for Sustainable Health Innovation", 2023.

Partnering with Muscular Dystrophy Canada

UCB Canada's long-term partnership with Muscular Dystrophy Canada (MDC) has helped shape its scientific innovation and continued to elevate the voices of those living with generalized myasthenia gravis (gMG) in 2025.

Through this collaboration, UCB has integrated patient insights into the advancement process for a number of therapies for patients living with generalized myasthenia gravis. One highlight of the year was media coverage on a national broadcast media outlet, CTV News, featuring an MDC-supported patient sharing their story and insight as someone living with gMG. This impactful moment amplified patient experiences, helped drive public understanding, and supported advocacy for more equitable treatment access.

These genuine patient insights from organizations like MDC are an essential part of our patient-centric innovation. Incorporating them early into our processes helps shape healthcare access strategies.

Our ongoing collaboration with MDC shows how trusted relationships can be turned into powerful advocacy that helps secure better outcomes for gMG community across Canada.

Equitable access to medicines

Equitable access to medicines is an important determinant of health outcomes and of the effectiveness of Canada's healthcare systems.[13] Our commitment encompasses not only the development of treatments for serious diseases but also the delivery of these medicines to Canadian patients who require them, irrespective of their geographic location or personal circumstances. Timely and affordable access to essential medicines, as acknowledged by both the World Health Organization and the Public Health Agency of Canada, is a key pillar of population health and health equity.[14,15]

Recognizing and understanding the diverse experiences of patients across Canada is an important part of this work. Due to Canada's decentralized coverage, provinces and territories differ in their access timelines and reimbursement criteria, which may lead to variations in available treatment options or delays depending on a patient's place of residence.[16,17,18] By leveraging Canadian data and insights, UCB guides research, development, and distribution strategies to ensure our approach is shaped by patient needs.

Certain population groups—including seniors, newcomers, Indigenous communities, and rural residents—face additional challenges in accessing medicines.[19] We tailor our efforts to recognize and address these disparities, striving to enhance health for all Canadians.

Addressing these multi-layered gaps in access calls for coordinated action across regulators, payers, clinicians, and industry partners.

For patients with unmet medical needs who are unable to obtain treatments through clinical trials or the commercial system, we provide Early Access Programmes, including Managed Access and Post-Trial Access, prioritizing patient wellbeing and continuity of care throughout Canada.

UCB's approach is to tackle local challenges by collaborating with stakeholders across the Canadian healthcare ecosystem, aiming to bridge the gaps between regulatory approval and real-world access and treatment, thereby ensuring equitable access to medicines for all Canadians.

[13] World Health Organization, "Determinants of Health", accessed January 30, 2026.

[14] World Health Organization, "Determinants of Health", accessed January 30, 2026.

[15] Government of Canada, "Social Determinants of Health and Health Inequalities", accessed January 30, 2026.

[16] Statistics Canada, "Skipping doses and delaying filling", accessed January 30, 2026.

[17] Morgane Laverdure et al., "Can the Present Canadian Health Care System Provide Evidence-Based Pharmaceutical Care? Consideration of Two Important Cardiovascular Clinical Contexts," *Canadian Journal of Cardiology* 41, no. 1 (2025): 60–67.

[18] Marc-André Gagnon, Pharmacare and Access to Medicines in Canada; A Policy Brief, submission to the Canadian Senate Standing Committee on Social Affairs, Science and Technology, September 13, 2024.

[19] Health Canada, A Prescription for Canada: Achieving Pharmacare for All— *Final Report of the Advisory Council on the Implementation of National Pharmacare*, Government of Canada, June 2019. Accessed January 30, 2026.

UCB Canada and Equitable Access to Medicines

One of UCB's therapies achieved more than 90% availability across both public and private drug plans in Canada in 2025, meeting established population-based benchmarks for reimbursement at the provincial and insurer levels.

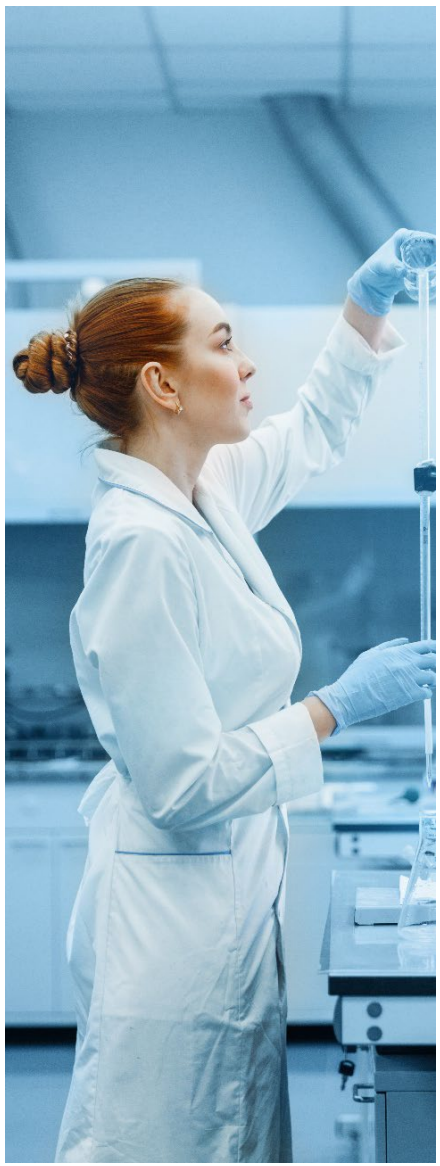
This consistent availability across jurisdictions and payers means access to treatment does not vary by province or insurance provider, supporting equitable access to medicines by ensuring patients can benefit based on clinical need rather than geography or coverage type.

FASTRAX Canada – Reducing Diagnostic Delays for axSpA

Diagnostic delay in axial spondyloarthritis (axSpA) remains a major barrier to timely and equitable care, with patients often waiting nearly nine years from symptom onset to diagnosis. To address these gaps, we partnered with the University Health Network's Schroeder Arthritis Institute and launched FASTRAX Canada, an interdisciplinary program designed to speed axSpA identification and improve access to specialty care. The model places specialty-trained physiotherapists (ACPAC clinicians) alongside rheumatologists to enhance early screening, triage, and referral for suspected axSpA.

The initiative builds on successful early-detection approaches from the UHN Spondylitis Screening Clinic, where interprofessional teams have already shown improved diagnostic performance, particularly for non-radiographic axSpA. By integrating skilled screeners closer to points of patient contact, FASTRAX aims to reduce referral bottlenecks, mitigate specialist shortages, and improve access across regions.

FASTRAX is live across the UHN, Thunder Bay, Ottawa, and Quebec City, with planned expansion to Alberta and Kingston. This underscores the program's focus on reducing disparities for both urban and underserved populations. By accelerating accurate diagnosis and improving care pathways, FASTRAX Canada supports more equitable progression into appropriate treatment and coverage options.



Patient engagement

Patient engagement is increasingly recognized as an enabler of better outcomes, safer care, and more efficient use of health system resources. When the perspectives of patients and caregivers are systematically embedded into decision-making, risks are detected earlier, care transitions are improved, and preventable harm is reduced.[20]

Across Canada, governments have committed to a people-centred approach to health system improvement. The *Common Statement of Principles on Shared Health Priorities* articulates a national commitment to improving access, integration, and system responsiveness.[21,22] Frameworks such as the *Integrated People Centred Health Systems National Standard* (CAN/HSO 76000:2021) and the *Canadian Quality & Patient Safety Framework* further embed partnership with patients and families as a core expectation for quality and safety.[23,24]

However, the Canadian health system's fragmentation amplifies these challenges. While individuals interact primarily with the health system in their province or territory, significant variation across jurisdictions – in coverage, care models, and availability of primary care – creates uneven experiences and frequent transition points. With an estimated 5.7 to 5.9 million Canadians lacking a regular primary care provider, continuity, navigation, and coordination remain persistent weaknesses.[25] These gaps heighten the importance of mechanisms that ensure patient perspectives are not only heard but meaningfully integrated.

The relevance of patient engagement extends beyond service delivery to the medicines development lifecycle. Peer-reviewed research shows that engaging patients throughout the drug development lifecycle, particularly at earlier stages, can lead to more relevant trial designs, improved recruitment and retention, and endpoints that better reflect meaningful patient outcomes.[26,27] Patient and caregiver engagement also plays a critical role in surfacing unmet needs and strengthening coherence across care pathways, from diagnosis through long-term treatment management.

Importantly, patient engagement is not a standalone activity. It functions as a cross-cutting enabler that strengthens safety and the quality of care. Beyond the engagement undertaken by providers and health systems, pharmaceutical companies have a distinct opportunity to integrate patient insights and experience across medicines lifecycle, strengthening the relevance of therapies, improving navigation and access, and ultimately supporting better outcomes for patients.

UCB Canada translates patient engagement principles into practices through a set of structured, nationally delivered Patient Support Programs (PSPs) designed to help

[20] OECD, "Patient Engagement for Patient Safety", September 15, 2023.

[21] Government of Canada, "A Common Statement of Principles on Shared Health Priorities", accessed January 28, 2026.

[22] Canadian Institute for Health Information, "Shared Health Priorities", accessed January 28, 2026.

[23] Standards Council of Canada, "CAN/HSO 76000:2021 – Integrated People-Centered Health Systems", accessed January 28, 2026.

[24] Healthcare Excellence Canada, "About the Canadian Quality and Patient Safety Framework for Health Services", accessed January 28, 2026.

[25] Canadian Medical Association, "New Survey Reveals Access to Primary Care Growing, but 5.9 Million Adults in Canada Still Lack Regular Doctor", press release, December 8, 2025.

[26] Olga Zvonareva, Constanța Cravet, and Dawn P. Richards, "Practices of patient engagement in drug development: a systematic scoping review", *Research Involvement and Engagement* 8, 29 (2022).

[27] G. Nina et al., "Better engagement, better evidence: working in partnership with patients, the public, and communities in clinical trials with involvement and good participatory practice", *The Lancet Global Health* 13, 4 (2025).

patients navigate a fragmented, multi-payer environment.

These programs reflect the diversity of needs across therapeutic areas and include UCBCares® for immunology, ONWARD® for rare diseases, and UCBConnects and RxHelp ONE for epilepsy.

This ecosystem is supported by a combined workforce that includes five UCB internal Patient Experience (PEx) team members, and approximately five additional team members across the ONWARD® and UCBConnects programs. UCBCares® is supported by many nurses and specialized operational staff delivered through Sentrex, a Canadian pharmacy and patient support services provider that supports access to and coordination of complex therapies.

To date, more than 31,000 patients have been enrolled across our Canadian PSPs, with over 15,000 Canadians currently on therapy and receiving ongoing support related to treatment navigation, reimbursement processes, clinical coordination, and adherence.

31,000

Patients enrolled in UCB Canada's PSP, supported by nurses, specialized operational staff, and team members supporting PSPs

These programs provide direct, practical assistance to patients while helping mitigate system complexity that can otherwise delay or disrupt access to care.

Our commitment to patient engagement extends beyond PSP delivery to sustained partnership with the patient community. In 2025, we provided sponsorship and capacity-building support to patient advocacy groups (PAGs) across immunology and neurology portfolios, supporting numerous active patient organizations nationwide.

Among these partners, the Canadian Organization for Rare Disorders (CORD) is a long-standing leader in Canada's rare disease community and played a key role in shaping the national rare disease strategy. Arthritis Consumer Experts (ACE) advances Truth and Reconciliation by improving care for Indigenous Peoples living with arthritis through respect, knowledge, and kindness.

The Canadian Arthritis Patient Alliance (CAPA) amplifies the voices of people living with arthritis, with a strong focus on women of childbearing age—closely aligned with one of UCB's therapies—through resources such as position papers, newsletters, and webinars.

The Take a Pain Check Foundation (TAPC), a youth-led non-profit, further strengthens this ecosystem by empowering young people living with rheumatic diseases.

This sustained investment reinforces our commitment to amplifying patient voices, strengthening community capacity, and ensuring that lived-experience insights inform decision-making across the care continuum.

ONWARD® – Addressing Complexity in Rare Disease Care

ONWARD® is UCB's global patient support program designed for individuals living with rare neurological diseases. The program was codeveloped with members of the rare disease community themselves.

In practice, the ONWARD® model addresses several systemic challenges common in rare diseases, including limited specialist availability, caregiver burden, and variability in access to financial assistance.

By combining patient informed design with practical navigation support, ONWARD® demonstrates how structured engagement approaches can be translated into operational programs that respond to the lived realities of people managing complex, long-term conditions.

Health of the planet

Communities worldwide are currently experiencing rising temperatures, more frequent and severe extreme weather, and worsening air quality, all of which undermine physical and mental wellbeing and place growing pressure on health systems.[28,29] Climate change directly affects core determinants of health, including clean air, safe water, adequate nutrition, and secure shelter, and, without accelerated mitigation and adaptation, will continue to increase heat-related illness, cardiorespiratory disease, infectious disease risk, and health emergencies.[30,31] Recent assessments document record-breaking climate-related health threats and compounding system strain, reinforcing the need to integrate health considerations into climate action.[32,33]

Within this context, the medicines lifecycle contributes to greenhouse gas (GHG) emissions and environmental contamination that shape population health.[34,35] Healthcare activities account for an estimated 4.4% of global net GHG emissions, underscoring the sector's responsibility to decarbonize operations and supply chains.[36] Pharmaceutical manufacturing and logistics are particularly energy- and resource-intensive, signaling the importance of sustained Scope 1–3 emissions reductions.[37,38] In response, industry and professional bodies increasingly recognize environmental sustainability as a core expectation of responsible healthcare.

The International Pharmaceutical Federation calls for mitigation through decarbonization and pollution prevention, alongside adaptation measures such as climate-resilient pharmacy services, positioning manufacturers and pharmacists as key actors in planetary health.[39] Complementary initiatives including, the AMR Industry Alliance's antibiotic manufacturing framework and the Pharmaceutical Supply Chain Initiative's guidance on effluent risk management, provide practical tools to reduce environmental harm, while recent WHO targets to curb antibiotic pollution address a critical driver of antimicrobial resistance.[40,41,42] Together, these efforts align sector action with the Paris Agreement and the Sustainable Development Goals, anchoring decarbonization and pollution

[28] World Health Organization, "Climate Change Fact Sheet", accessed February 02, 2026.

[29] Intergovernmental Panel on Climate Change, *Climate Change 2023: Synthesis Report*, Contribution of Working Groups I, II, and III to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change, 2023.

[30] World Health Organization, "Climate Change Fact Sheet", accessed February 02, 2026.

[31] Intergovernmental Panel on Climate Change, *Climate Change 2023: Synthesis Report*, Contribution of Working Groups I, II, and III to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change, 2023.

[32] Yale School of Medicine, "2024 Lancet Report on Climate Change Reveals Record-Breaking Health Threats Associated with Climate Inaction", November 04, 2024. Accessed February 02, 2026.

[33] United Nations News, "Climate Emergency is a Health Crisis that is Already Killing Us", June 11, 2025. Accessed February 02, 2026.

[34] International Pharmaceutical Federation, "FIP Statement of Policy: Environmental Sustainability Within Pharmacy", accessed February 02, 2026.

[35] OECD, Pharmaceutical Residues in Freshwater: Hazards and Policy Responses, *OECD Publishing*, Paris, 2019.

[36] Health Care Without Harm, Health care's climate footprint: How the health sector contributes to the global climate crisis and opportunities for action, 2019.

[37] Lotfi Belkhir, "Big Pharma emits more greenhouse gases than the automotive industry," McMaster News, May 28, 2019. Accessed February 02, 2026.

[38] Lotfi Belkhir and Ahmed Elmeligi, "Carbon footprint of the global pharmaceutical industry and relative impact of its major players," *Journal of Cleaner Production 214* (2019): 185–194. Accessed February 02, 2026.

[39] International Pharmaceutical Federation, "FIP Statement of Policy: Environmental Sustainability Within Pharmacy", accessed February 02, 2026.

[40] AMR Industry Alliance, "Common Antibiotic Manufacturing Framework", 2018. Accessed February 02, 2026.

[41] Pharmaceutical Supply Chain Initiative (PSCI), Supplier Water Quality & Pharmaceuticals in Environment (PiE), presented by Balaji Gurumurthy, PSCI PiE and AMR Team, n.d.

[42] World Health Organization, "Guidance on Wastewater and Solid Waste Management for Manufacturing Antibiotics", September 03, 2024.

prevention in internationally recognized health and development priorities.[43]

Our latest environmental data for Canada shows that the majority of our estimated emissions arise beyond direct operations, indicating that meaningful reductions depend primarily on value-chain and mobility interventions rather than facility-based measures alone.

Approximately two-thirds of our footprint is associated with purchased goods and services, reflecting emissions embedded in the wider supply chain. Business travel accounts for a further 21%, driven largely by air and rail travel to and from Canada, while fuel use from our vehicle fleet contributes an additional 8%. Supplier engagement emerges as a central decarbonization lever, particularly given that 66% of our suppliers are currently committed to the Science Based Targets initiative (SBTi).

[43] Intergovernmental Panel on Climate Change, *Climate Change 2023: Synthesis Report*, Contribution of Working Groups I, II, and III to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change, 2023.

Health, safety, and wellbeing

Psychologically healthy and safe workplaces contribute to overall public health by preventing work-related psychological harm and supporting worker wellbeing, which benefits individuals, families, and communities.[44]

In Canada, the societal case is clear. Each week, an estimated 500,000 people are unable to work due to psychological health issues—an indicator of the human toll on individuals and families.[45] Mental health problems account for about 30% of short- and long-term disability claims nationally and contribute to an overall annual burden exceeding $50 billion, pressures that reverberate through public systems and communities.[46]

Psychologically healthy and safe workplaces are associated with social outcomes that matter. Safe workplaces promote environments were employees feel respected, supported and valued, contributing to better worker wellbeing and mental health.[47] Employees who feel safe are in turn able to speak up and share their opinions, which leads to increased job satisfaction, engagement, and a sense of inclusion.[48] Also, workplaces that prioritize psychological health and safety are associated with reduced absenteeism and better overall workforce participation, which has been linked to lower burnout rates among staff.[49,50]

For organizations that depend on scientific expertise and innovation – such as those in the pharmaceutical sector – these outcomes are significant. Scientific work depends on high-trust collaboration where people can raise concerns, share learning, and challenge assumptions without fear—conditions linked in research to stronger knowledge sharing and innovative performance.[51] By embedding psychological health and safety into leadership and work practices, organizations can help prevent harm and support psychological wellbeing at work, creating conditions that serves both patients and the public.[52] In this way, employee health, safety, and wellbeing have impacts beyond the workplace, and improving these outcomes can contribute to broader societal wellbeing.[53]

UCB aims to foster a working environment where people are happy, healthy, safe, and able to thrive. We provide competitive and comprehensive health benefits, with full coverage for the majority of benefit categories, supporting employees' access to care and preventive services. Wellbeing is further supported through programs that encourage movement, recovery, and balance, including a flexible wellness allowance, and regular team-based activities such as weekly wellness walks. These initiatives are complemented by structural supports that protect time for rest and recovery, including additional "Recharge

[44] Government of Canada, "Psychological Health in the Workplace", July 14, 2016.

[45] Workplace Safety and Prevention Services, "Workplace Mental Health", October 13, 2022. Accessed February 03, 2026.

[46] Government of Canada, "Mental Health in the Workplace", accessed February 03, 2026.

[47] SafeCare BC, "Psychological Health and Safety in My Workplace", accessed February 03, 2026.

[48] Randstad, "What are the benefits of psychological safety at work?", July 25, 2023. Accessed February 03, 2026.

[49] Government of Canada, "Psychological Health in the Workplace", July 14, 2016.

[50] R. De Lisser et al., "Psychological safety is associated with better work environment and lower levels of clinician burnout," *Health Affairs Scholar* 2, no. 7 (July 2024).

[51] M. S. Jones et al., ""Facilitating psychological safety in science and research teams," *Humanities and Social Sciences Communications* 11 (2024): Article 1632.

[52] Standards Council of Canada, "Psychological health and safety in the workplace —Prevention, promotion, and guidance to staged implementation", December 31, 2012. Accessed February 03, 2026.

[53] Government of Canada, "Mental Health in the Workplace", accessed February 03, 2026.

Days," seasonal summer hours, and policies that reinforce the importance of disconnecting from work outside of working time.

Additionally, a Health and Safety Committee meets quarterly to identify and address workplace risks, while Canada-specific policies—such as the hybrid working model and Disconnecting From Work policy—help create predictable, respectful boundaries that support mental wellbeing. Looking ahead, our focus includes enabling leaders to model healthy behaviours and strengthening workload prioritization to reduce unnecessary work stress, recognizing the critical role leadership plays in shaping psychologically safe environments. Through these efforts, health, safety, and wellbeing are positioned not as isolated programs, but as interconnected enablers of organizational resilience, innovation, and societal impact.

Inclusion

Inclusion is foundational to high-quality healthcare and a resilient life sciences sector. It is a determinant of whether research, clinical evidence, and therapeutic development reflect the needs of the populations they aim to serve.[54] At a system level, research and care function more effectively when the individuals designing, studying, and delivering healthcare reflect the communities receiving it.[55,56]

Diverse teams bring broader perspectives, surface overlooked needs, and support culturally responsive engagement.[57] These benefits that are especially important in chronic and rare diseases, where lived experience can reveal insights missing from traditional data sources.[58,59] Studies show that organizations with inclusive cultures demonstrate stronger innovation capacity and produce evidence that better aligns with real-world patient needs.[60]

Inclusion within organizations also plays a foundational role in public trust, a cornerstone of effective health systems and successful therapeutic uptake.[61,62] Communities that have experienced exclusion or harms in research are less likely to participate in trials, adhere to treatment, or trust emerging evidence.[63,64] Visible commitments to equity, within organizations and within research processes, can signal accountability and respect, helping rebuild confidence and enabling more meaningful engagement across the care continuum.[65,66]

For us, inclusion has always been a foundational value. It is more than a program or initiative; it is about welcoming different perspectives, respecting every voice, background and orientation – and making sure every colleague feels valued and empowered. We support our Employee Resource Groups and inclusion councils with resources and leadership involvement. These are open to all employees and play a vital role in advancing inclusion and shaping our culture. Moreover, we continue to design studies that include participants who mirror the communities that will benefit from our medicines, while working to improve access to healthcare for all.

This commitment was also reflected in Andrea Loewendorf's participation in the *Real Time with Women Leaders in Pharma* podcast, where she discussed mentorship, sponsorship, and professional networks as important enablers of women's leadership development, reinforcing the importance of inclusion within the pharmaceutical sector.

[54] Fresh Communications and WSPS, DEI in the Workplace: Canadian Businesses Aren't Backing Down, *CEO Health & Safety Leadership Network*, April 3, 2025. Accessed January 28, 2026.

[55] Kirsten Bibbins-Domingo, Alex Helman, and Victor J. Dzau, "The Imperative for Diversity and Inclusion in Clinical Trials and Health Research Participation," *JAMA* 327, no. 23 (2022): 2283–2284.

[56] Council of Canadian Academies, *Equity, Diversity and Inclusion in the Post-Secondary Research System*, 2024.

[57] Trenell J. Mosley et al., "Intersectionality and Diversity, Equity, and Inclusion in the Healthcare and Scientific Workforces," *The Lancet Regional Health – Americas* 41 (2025): Article 100973.

[58] Heather Mah, Ruth Dobson, and Alison Thomson, "The Importance of Lived Experience: A Scoping Review on the Value of Patient and Public Involvement in Health Research," *Health Expectations* 28, no. 2, 2025.

[59] Dawn Lobban et al., "Evaluation of the Quality of Patient Involvement in a Patient-Led Analysis of the Lived Experience of a Rare Disease," *Research Involvement and Engagement* 9, Article 35, 2023.

[60] Canadian Centre for Diversity and Inclusion, "Making the Case for Diversity, Equity, and Inclusion", October 2022.

[61] CTTI, "Diversity Recommendations", May 18, 2023. Accessed February 02, 2026

[62] Rebecca Johnson, The Impact of DEI Ban on Clinical Research Ecosystem, *Applied Clinical Trials* 34, no. 2, 2025.

[63] Sarah Hyett, Stacey Marjerrison, and Chelsea Gabel, "Improving Health Research Among Indigenous Peoples in Canada," *CMAJ* 190, no. 20: E616–E621, 2018.

[64] Angela Mashford-Pringle and Kira Pavagadhi, "Using OCAP and IQ as Frameworks to Address a History of Trauma in Indigenous Health Research," *AMA Journal of Ethics* 22, no. 10: E868–E87, 2020.

[65] Chu Yang Lin et al., "Community Engagement Approaches for Indigenous Health Research: Recommendations Based on an Integrative Review," *BMJ Open* 10, no. 11: e039736, 2020.

[66] Canadian Institutes of Health Research, Government of Canada, "CIHR Strategic Plan 2021-2031", accessed February 02, 2026.

Advancing Inclusion through Women in Leadership (WiL) Canada

Inclusion at UCB Canada is advanced through the Women in Leadership (WiL) Canada Chapter, an employee-led initiative launched in 2025 to support the advancement and representation of women across the affiliate. As part of UCB's global WiL network, the chapter delivers leadership development, mentorship and sponsorship opportunities, and community-building initiatives that strengthen networks and support diverse leadership pathways. Positioned as an ongoing community rather than an event-based initiative, WiL Canada contributes to sustainable leadership development aligned with UCB's diversity, equity, and inclusion commitments.

In 2025, WiL Canada expanded its committee structure, doubling its leadership team with six new members, and delivered programming including leadership coffee chats, curated development resources, and a workshop with an external speaker on emotional intelligence. Engagement remained strong, with high participation and a 9.45 out of 10 likelihood of participants recommending WiL programming. Open to employees of all genders and career stages and supported by senior leadership sponsorship, WiL Canada reinforces shared ownership of inclusion across the organization and was recognized with UCB Canada's 2025 Advancing Company Ambition Award for strengthening inclusive culture and enterprise-wide engagement.

Ethical business practices

Ethical conduct in the pharmaceutical sector is fundamental to the protection of public health, given the central role that medicines play in shaping clinical decision-making and population-level outcomes.[67,68,69] Failures of integrity, such as biased research practices, misleading promotion, or inadequate data stewardship, can distort the evidence base, compromise patient safety, and undermine confidence in health systems.[70,71] Ethical standards therefore function not only as principles, but as safeguards for evidence quality, patient protection, and institutional legitimacy.

International norms and codes provide a coherent framework for managing these risks across the medicines lifecycle. Guidelines such as *ICH Good Clinical Practice and the CIOMS Ethical Guidelines* establish clear expectations for responsible research conduct, fair inclusion, informed consent, and credible data generation, while good pharmacovigilance practice extends these obligations beyond approval through ongoing safety monitoring and transparent benefit–risk communication.[72,73,74] Industry codes further operationalize these principles by constraining inappropriate commercial influence and setting standards for interactions with health-care professionals, scientific exchange, and transparency.[75,76]

In publicly funded systems such as Canada's, these expectations are reinforced by national and provincial research-ethics and privacy frameworks that enable legitimate data use while protecting individual rights.[77,78,79,80]

Taken together, these global, industry, and national frameworks make clear that ethical performance in the pharmaceutical sector is ultimately demonstrated at the organizational level—through governance structures, employee conduct, data stewardship, and accountability mechanisms. It is within this context that company-specific ethics governance, compliance outcomes, and culture become critical indicators of whether ethical standards are effectively embedded in practice.

At UCB, ethical conduct is closely tied to organizational purpose and the responsibility of working to improve the lives of people living with severe diseases. This responsibility is articulated through the UCB Code of Conduct, which sets out the company's commitments and aspirations, as well as the expectations for all employees

[67] Standards Council of Canada, "Integrated People-Centered Health Systems", accessed February 02, 2026.

[68] Health Standards Organization, "CAN/HSO 76000:2021 (R2025):2025 - Integrated People-Centred Health Systems (Reaffirmation)", accessed February 02, 2026.

[69] David Gayer, "Pharmaceutical Ethics and Responsible Research: Balancing Benefits and Risks," *Pharmaceutical Bioprocessing* (n.d.): Article 16670.

[70] H. Malathi, Rohini, and Laxmidhar Maharana, "Ethical Challenges in Pharmaceutical Marketing: A Multidimensional Analysis of Healthcare Industry Practices," Seminars in Medical Writing and Education 2 (2023): 119.

[71] Alexander M. Clark, Bailey J. Sousa, Chantal F. Ski, and David R. Thompson, "Honest yet unacceptable research practices: when research becomes a health risk," *BMJ Open* 15, no. 6 (2025): e097757.

[72] Council for International Organizations of Medical Science, *International Ethical Guidelines for Health-related Research Involving Humans*, 2016.

[73] European Medicines Agency, "ICH E6 Good Clinical Practice – Scientific Guideline", accessed February 02, 2026.

[74] *Health Canada, Good Pharmacovigilance Practices (GVP) Guidelines (*GUI-0102), February 11, 2013.

[75] Brendan Shaw and Paige Whitney, "Ethics and compliance in global pharmaceutical industry marketing and promotion: The role of the IFPMA and self-regulation," *Pharmaceuticals Policy and Law* 18 (2016): 199–206.

[76] Innovative Medicines Canada, *Code of Ethical Practices*, 2022.

[77] Government of Canada, Panel on Research Ethics, *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans*, 2022.

[78] Government of Ontario, "Personal Health Information Protection Act, 2004", January 28, 2016. Accessed February 02, 2026.

[79] Government of Ontario, "Personal Health Information Protection Act, 2004", January 28, 2016. Accessed February 02, 2026.

[80] Government of Alberta, "Health Information Act", accessed February 02, 2026.

acting on behalf of UCB in a highly regulated and complex industry.

While the pharmaceutical sector is governed by extensive legal, regulatory, and industry requirements, UCB's approach extends beyond formal compliance, grounding decision-making and behaviour in core ethical principles that emphasize trust built through action, unconditional integrity, transparency as a source of strength, care as a guiding value, and accountability as a driver of the company's mission.

We maintain a comprehensive ethical governance framework aligned with international standards and reinforced through strong Board oversight and global policies. This framework is operationalized through mandatory compliance training, responsible promotional practices, robust data protection systems, and transparent reporting protocols.

We further adhere to international data privacy standards and maintain rigorous pharmacovigilance practices—particularly important in Canada, where multiple provincial jurisdictions impose stringent requirements for patient privacy and safety monitoring.

Appendix

Appendix

Study Approach

This study uses an input-output methodology to measure the economic contribution of UCB Canada's operations in terms of gross domestic product (GDP), labour income, employment, and government revenue.

This methodology traces how the expenditures and revenues associated with our operations ripple through the economy, and captures not only the direct economic impacts, but also the indirect impacts (which arise from generating demand for goods and services provided by our suppliers) and the induced impacts (which arise from the spending of salaries and wages earned as a result of our operations).

Economic Contribution Analysis Methodology

This study employs an input-output methodology to estimate the economic contribution, at three levels of impact.

- Direct Contribution: Operations associated with UCB's operations. For example, this includes the employment and income of employees directly involved in our operations, as well as the economic value-added that arises from those operations.

- Indirect Contribution: Associated with the economic contribution of suppliers due to the demand for goods and services generated by our operations. For example, this includes the economic activity stimulated in the transportation and education services, among others.

- Induced Contribution: Associated with the spending of wages and salaries earned as a result of our operations and the associated stimulated activity of suppliers. For example, this includes purchases of goods and services at the household level.

The economic contribution of our global operations is measured in terms of:

- Gross domestic product (GDP) or value-added is a measure of the total unduplicated value of goods and services produced in the economic territory of a country or region during a given period; GDP includes household income from current productive activities (e.g., wages, salaries and unincorporated business income, as well as profits and other income earned by corporations.

- Labour income represents the total earnings of employees (including employees of suppliers), consisting of wages and salaries, as well as supplementary labour income (e.g., employer's contribution to pension funds, employee welfare funds).

- Employment refers to the number of jobs created or sustained as a result of our business operations and supplier expenditures; this measure represents the employment contribution associated with UCB Canada's global operations.

- Government revenue refers to taxes on products and taxes on production, such

as sales tax (GST), payroll taxes and excise duty; this study also includes royalties, corporate income taxes and person income taxes associated with our operational activities.

Definitions of economic variables

Direct contribution	Direct economic contribution represents the economic value-added directly associated with business operations. For example, this includes the employment and income of employees directly involved in the business operations, as well as the associated product, production, and income taxes paid.
Indirect contribution	Indirect economic contribution represents the economic value added resulting from the demand for materials and services that business operations generate in supplier industries. This represents, for example, economic activity generated in the manufacturing, wholesale trade, transportation and professional service sectors as a result of demand for materials and services generated by business operations.
Induced contribution	Induced contribution represents general income effects associated with the expenditure of wages earned as a result of the business operations (capturing the general income effects associated with the company's direct and indirect contribution). For example, this includes the economic activity stimulated by the purchase of goods and services at the household level.
Gross domestic product	Gross domestic product (GDP) is a measure of the total unduplicated value of goods and services produced in the economic territory of a country or region during a given period. GDP includes household income from current productive activities (e.g., wages, salaries and unincorporated business income) as well as profits and other income earned by corporations.
Employment	This study measures the employment contribution (i.e., jobs created or sustained in a given region) of business operations and supplier expenditures. At the direct level, the contribution to employment captures employees on the company's payroll. At the indirect level, the contribution captures the creation or maintenance of jobs arising from the demand for goods and services generated in supplier industries by the company's expenditures. At the indirect level, the contribution captures the creation or maintenance of jobs generated through the spending of income earned by households as a result of the company's direct and indirect contribution.

Labour income	Labour income represents the total earnings of employees (including employees of suppliers to the projects), consisting of wages and salaries, as well as supplementary labour income (e.g., employers' contributions to pension funds, employee welfare funds). Labour income is defined as the wages, salaries and supplementary income realized with respect to the geographic location of the labourers' activity (i.e., place of employment). At the direct level, the contribution to labour income captures the wages, bonuses and benefits paid by the company to its direct employees. At the indirect level, the contribution captures the wages, bonuses and benefits associated with the jobs created or maintained in supplier industries as a result of the company's expenditures. At the induced level, it captures the wages, bonuses and benefits associated with the jobs created or maintained through the spending of income earned by households as a result of the company's direct and indirect contribution.
Government revenue	This study measures all components of government revenue for the regions under analysis. The estimated government revenue contribution includes product taxes and production taxes (e.g., sales tax, payroll taxes and excise duty), as well as corporate income taxes and personal income taxes. At the direct level, the contribution to government revenue captures the tax and government payments made directly by the company. At the indirect level, the contribution captures the tax and government payments associated with the demand for goods and services generated in supplier industries by the company's expenditures. At the induced level, the contribution captures the tax and government payments associated with the spending of income earned by households as a result of the company's direct and indirect contribution.

Introduction to Input-Output Models

Input-output (I-O) models are used to simulate the economic impact of an expenditure on a given basket of goods and services or on the output of one of several industries. Input-output analysis uses data on the flow of goods and services among various sectors of the economy, and attempts to model how an expenditure, increase in demand, or investment ripples through a region's economy. This is done by mapping the production of products and services by each industry and by identifying the intermediate inputs used in the production of each final product or service used by consumers, sold as an export or purchased by governments. The model can then aggregate all of the employment and value-added impacts generated in the supply chain as commodities are produced. I-O models also consider the role of imports, which tie the supply chain to the global economy. This data is combined into a single model of the economy that can be solved to determine how much additional production is generated by a change in the demand for one or more commodities, or by a change in the output of an industry.

Assumptions and Limitations of Input-Output Models

The I-O model is subject to a number of general assumptions and limitations. The model reflects a simplified macroeconomic structure, and does not include some variables of interest for macroeconomic analysis such as interest rates, unemployment rates or income tax rates. The model assumes that the relevant economy has the capacity to produce the goods and services stimulated by the economic shock. The model is not able to forecast situations in which demand may outpace the capacity to produce the required goods and services; however, it does estimate the portion of goods and services sourced from other regions of the country and internationally. The model makes a basic underlying assumption that the number of jobs created maintains a linear relationship with short-term gross output. This approach can be considered sound if the value and quantity measures are for the same year and the analysis is focusing on the structure of the economy for that same year. When used for projecting beyond the I-O model year, the relationship between values and quantities may be impacted by price variations, and, in high-inflationary environments, may be adjusted for inflation. Location quotients – which refer to the quantification of how concentrated a particular industry is in a sub-region as compared to the country – were used to estimate the indirect and induced economic contribution to sub-regions.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