

Annual Report 2025



Patient advocate Vanessa Carter battled infection and antimicrobial resistance for three years. "Antibiotics are a precious resource. We need to protect them and keep finding new ones."

When the medicine stops working

She survived antibiotic resistance. Now she helps others understand its impact.

A devastating car crash nearly killed Vanessa Carter two decades ago, shattering her bones and severely injuring her face. What followed was an even greater battle, one that couldn't be seen.

Vanessa, a mother of two now living in the UK, underwent multiple surgeries to rebuild her face and fight a stubborn infection that no antibiotic seemed able to stop. "Every single day waking up to a recurring infection was frightening," she says. "I kept looking in the mirror and seeing this infection eating away at my face and wondering, am I going to have a face in the morning? How much further damage is it going to do?"

She often thinks of the 2004 collision in Johannesburg, South Africa, when another driver veered into her lane. She lost her right eye and went through dozens of surgeries to rebuild her face and remove the infection. Each time, it returned. "They were prescribing the same type of antibiotic over and over, and it wasn't working," Vanessa recalls.

An invisible enemy

The bacteria inside her wounds had changed. They had learnt to survive. The infection – called methicillin-resistant *Staphylococcus aureus* (MRSA) infection – no longer responded to medicines that once worked. "A surgeon told me if the infection hit my bloodstream, I could die. There were nights I lay awake wondering if it would kill me. I just wanted to know why it kept coming back."

The answer, she later learnt, was antimicrobial resistance, or AMR. It happens when microbes, like bacteria, adapt so that treatments stop being effective. It is a growing global threat that puts millions of lives at risk. A study in 'The Lancet' estimates that more than 39 million people could die from drug-resistant infections between 2025 and 2050.¹

For Vanessa, recovery came through persistence. She sought help from a transplant surgeon in Boston who created a plan to remove the infection and complete her reconstruction in as few surgeries as possible. Working with South African doctors who carried out the procedures, she underwent two operations and a final course of last-resort antibiotics. Her long fight to rebuild her face finally ended.

"We often think antibiotics can cure anything, but AMR can happen to anybody. You get so used to antibiotics working and then one day they just don't," she says. "I told myself if I get out of this alive, I am going to make a difference for others."

From survivor to advocate

Driven by her experience, Vanessa speaks publicly on the need for responsible antibiotic use and the importance of early, accurate diagnosis to stop infection. She collaborates with health organisations and researchers to help others understand the patient impact of AMR. Her story is a powerful reminder that behind every statistic there are people fighting to live and that awareness can save lives.

Through her non-profit organisation, The AMR Narrative, Vanessa educates the public and healthcare workers on reducing AMR, emphasising foundational steps like hand hygiene and correct antibiotic use.

At the same time, researchers at Roche are aiming to develop a new class of antibiotics as part of a global effort to fight antimicrobial resistance and hopefully protect future generations.

"Antibiotics are a precious resource," Vanessa says. "They save so many lives, and we need to protect them and keep finding new ones."

¹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(24\)01867-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01867-1/fulltext) [accessed 21 Jan 2026]

Inside the race to stop drug-resistant infections

The future of modern medicine depends on new antibiotics. Meet Roche scientists on a personal mission to deliver the next generation of these life-saving medicines.

It's a threat that rarely makes headlines but kills millions. Antimicrobial resistance, or AMR, occurs when germs evolve to defeat the drugs meant to kill them. It's a silent pandemic linked to nearly five million deaths each year.¹

For Roche scientists, this isn't a distant problem. It's a daily battle to protect modern medicine. "Anybody could be vulnerable – when they break a leg, have a car accident or undergo surgery," says Roche scientist Emmanuelle Cottreel. She describes a world where common infections could once again become deadly.

"I have a friend who learnt the hard way," she says. Although she was given antibiotics for pneumonia, her condition worsened. The bacteria were resistant. "It took her a year and a half to get back to health."

Ken Bradley, who leads infectious diseases discovery for Roche in Basel, Switzerland, says the stakes are high. Modern medicine relies on managing infections, but "if we don't have life-saving antibiotics, the whole system is at risk," he says. It's why his team is focused on one of medicine's toughest challenges: developing a new class of antibiotics.

When science gets personal

For Roche scientist Guennaëlle Dieppois, the fight is deeply personal. She watched AMR devastate her family. "My grandad fell in his garden, suffered a fracture and got infected by very resistant bacteria," she says. "After two months of aggressive treatment, the infection prevailed and he had to undergo a leg amputation." The amputation led to a rapid decline in his health – a powerful reminder that antibiotics are essential to preserve personal dignity and quality of life.

The challenge is an enemy that has perfected survival. "Bacteria have been on the planet for over a billion years," Ken says. "They are experts at evolving. We need to stay one step ahead."

That's why simply making more of the same antibiotics won't work. "Bacteria are very clever," explains Roche scientist Séverine Louvel, who has spent a decade at Roche researching new antibiotics. If a new drug is too similar to an old one, "they will know exactly what to do and become resistant quickly. We need to develop radically new antibiotics."

Séverine is driven by this mission. She recalls an academic clinical trial expert who was excited to test her team's new drug. "He recounted how hard it was to find new molecules because no effective medication existed. For me, this was super rewarding. I dream of finding antibiotics that keep people alive."

Leading the search for solutions

Roche remains committed to the challenging work of developing new classes of antibiotics, an area from which many have exited. The company's strength lies in combining pharmaceutical R&D with leadership in diagnostics – a dual expertise crucial to targeting the right infection.

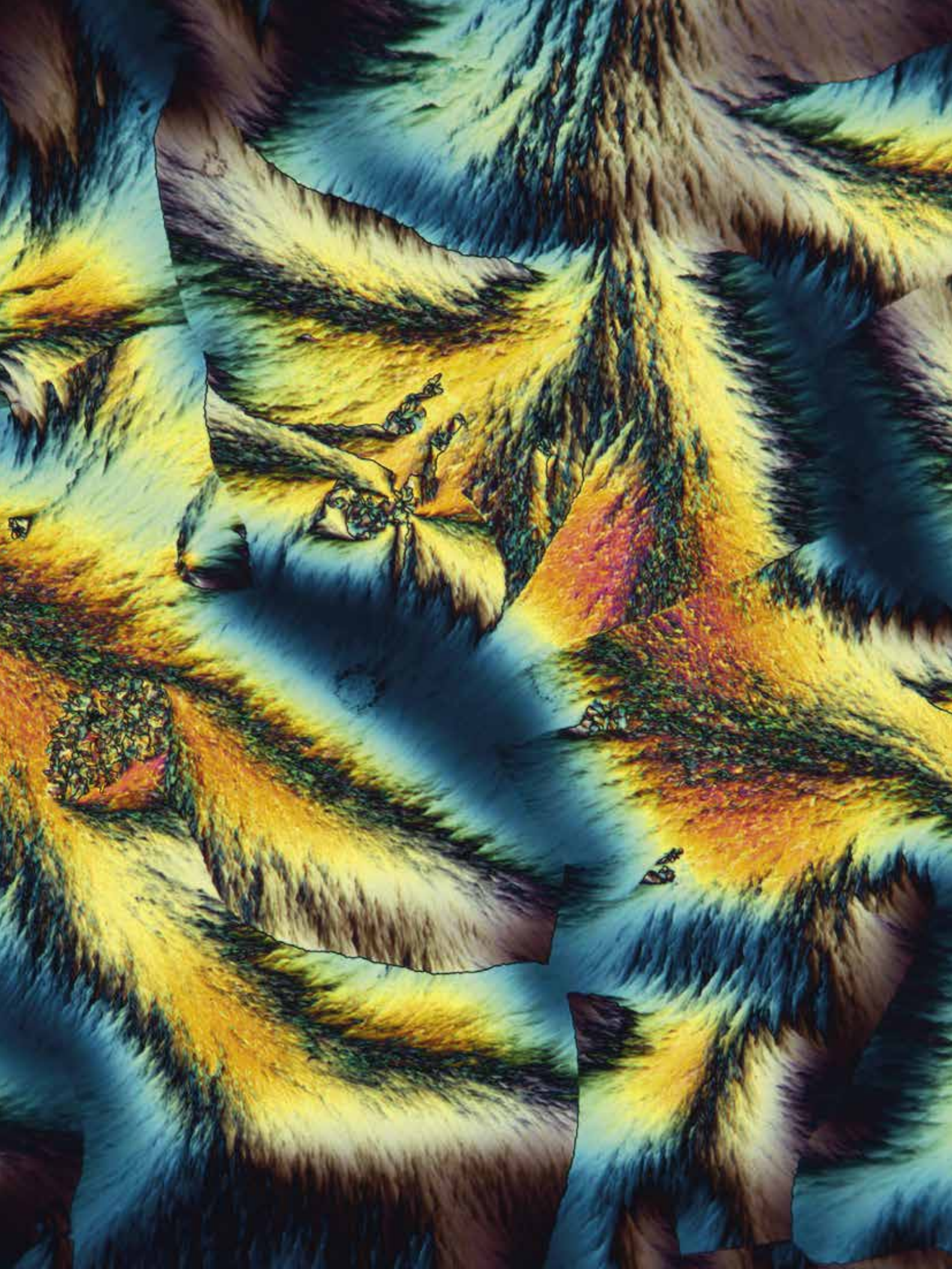
The team knows they can't succeed alone; so they collaborate with governments, industry, academia and the public to develop antibiotics. It's a race to ensure a scraped knee or minor surgery doesn't become a death sentence.

"We feel privileged to be part of a company that invests in this area," Ken says. "What drives me is ensuring we stay ahead of this evolution and deliver medicines that cure patients."

¹ <https://www.cdc.gov/antimicrobial-resistance/data-research/facts-stats/index.html> [accessed 21 Jan 2026]



Emmanuelle Cottreel (top left), Ken Bradley (top right), Séverine Louvel (bottom left) and Guennaëlle Dieppois (bottom right) are focused on one of medicine's toughest challenges: developing a new class of antibiotics.

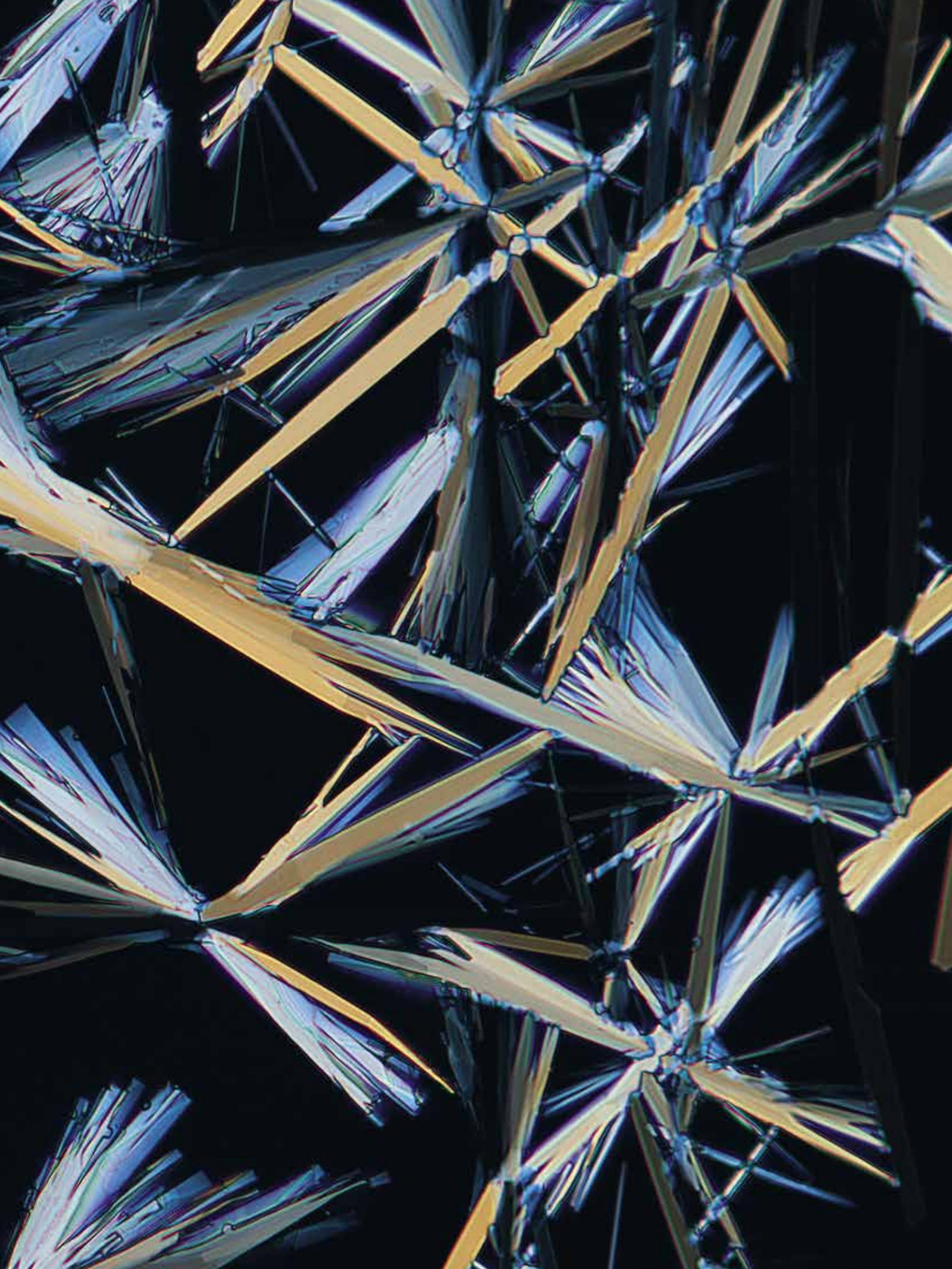


Contents

Annual Review	07	Corporate Governance	163
1. 2025 in brief	09	Remuneration Report	187
2. About Roche	21		
Sustainability Report	53		
1. Business performance	55		
2. General information	75		
3. Environment	89		
4. Social	119		
5. Governance	137		
6. Human rights	143		
7. Appendix	153		
Independent limited assurance report	156		

A recrystallised thin film of the **risdiplam** drug substance, viewed using hot-stage polarised light microscopy. The colours, shapes and thermal behaviour of these structures reveal important information about the drug's crystal form, which directly impacts its stability, processability and bioavailability.

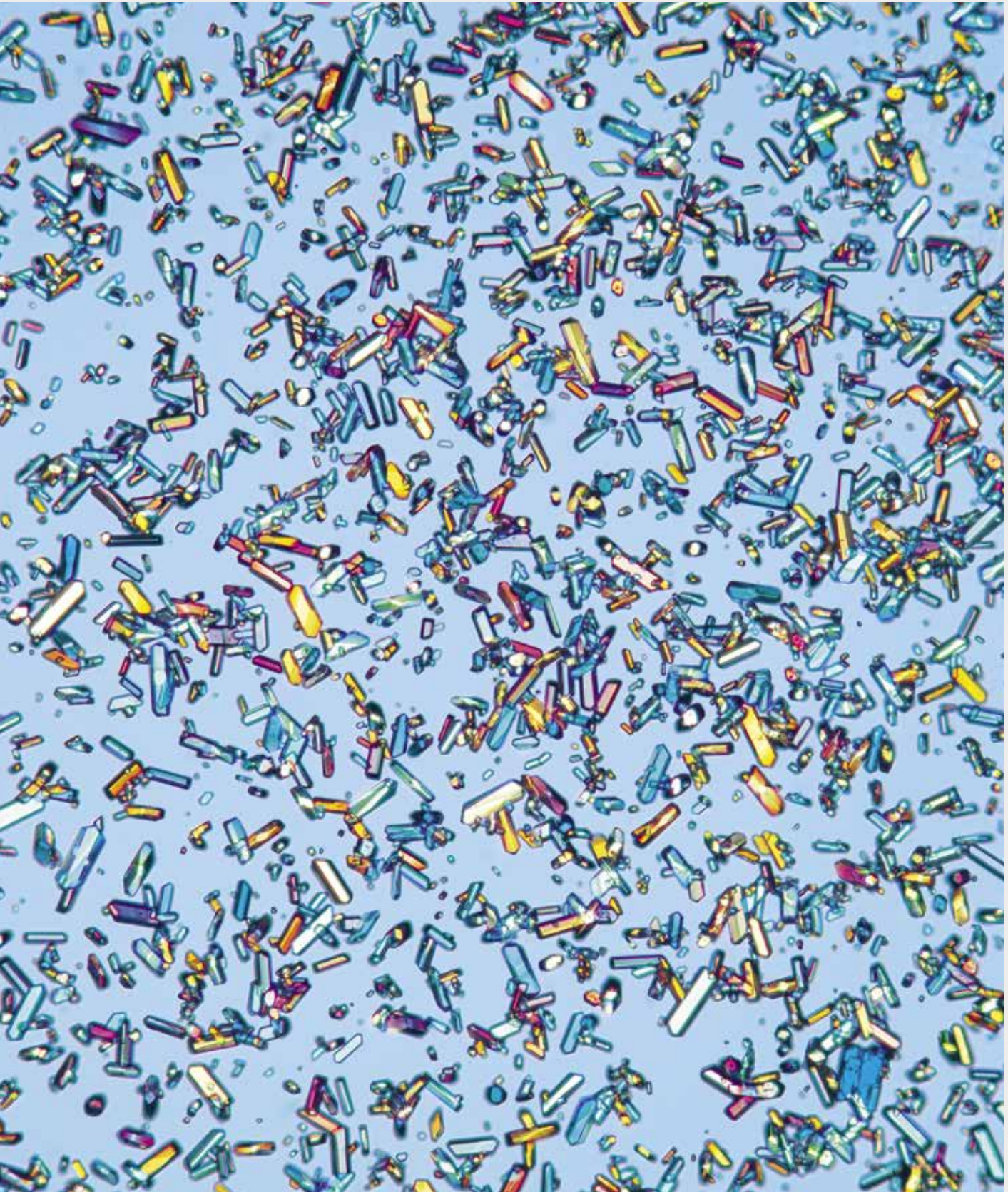
roche.com/reporting



Annual Review

1. 2025 in brief 9
2. About Roche 21

A recrystallised thin film of the **CT-996** drug substance, viewed using hot-stage polarised light microscopy. The needle-shaped, radiating crystals are known as 'acicular spherulites'. The colours, shapes and thermal behaviour of these structures reveal important information about the drug's crystal form, which directly impacts its stability, processability and bioavailability.



1. 2025 in brief

2025 was a year of meaningful progress for Roche. We made a significant positive impact on patients' lives while reducing the environmental footprint of our products and operations and contributing to strengthening resilient healthcare systems around the world.

1.1 Letter to shareholders	10
1.2 2025 highlights	16

The **zosurabalpin** drug substance recrystallising from a solution, viewed using hot-stage polarised light microscopy. The image shows hundreds of prismatic single crystals. Analysing their size, shape and growth behaviour provides critical information for drug product stability.



Dear Shareholders

2025 was marked by geopolitical tensions and economic challenges. As a Swiss company, we are dependent on open markets and stable international relations, which makes it so important for us to work together to create favourable conditions both ‘at home’ and abroad. These conditions include the protection of intellectual property, a liberal and open labour market and a clear commitment to science and innovation.

Last year, Roche once again made significant progress in an exceptionally dynamic environment. We continued on our growth path, launched important medical innovations and further strengthened our pipeline.

This dynamic is reflected in our figures – Group sales rose by 7%* at constant exchange rates to CHF 61.5 billion, with both the Pharmaceuticals and Diagnostics Divisions contributing to this result. Core operating profit increased by 13%, while core earnings per share were up 11%. In view of the strong business performance, the Board of Directors proposes a dividend of CHF 9.80 per share. This would be the 39th consecutive increase.

Our ‘R&D Excellence’ initiative, launched two years ago to accelerate our research and development, is showing strong progress. The overall value of our pipeline has increased significantly, and in 2025 – for the first time in Roche’s history – we were able

* All growth rates and year-on-year comparisons are at constant exchange rates (CER; 2024 average) and all total figures are reported in Swiss francs.

to move ten potentially life-changing medicines to the final clinical phase. These include candidates for Alzheimer's and Parkinson's disease, multiple sclerosis, obesity, hypertension, haemophilia A and various types of cancer. The pipeline also includes an antibiotic against resistant bacteria. Zosurabalpin could be the first new antibiotic in over 50 years to fight gram-negative pathogens that cause life-threatening infections such as pneumonia or blood poisoning.

We have achieved an important breakthrough in oestrogen receptor-positive breast cancer, which accounts for around 70% of all breast cancer cases. Giredestrant is an orally administered potential new medicine that specifically degrades a central growth driver of the tumour. This is the first time that a drug from this class of active ingredients has been proven to bring a significant benefit in the early stage of the disease. We are now moving ahead with the approval process so that patients can hopefully quickly gain access to a treatment that could significantly improve their chances of a cure.

The positive phase III study results for fenebrutinib represent another important medical advance. This investigational molecule has the potential to become the first oral treatment for both relapsing and primary progressive multiple sclerosis. In relapsing multiple sclerosis, disease activity in the previous phase II study decreased to such an extent that a relapse would only be expected roughly once every 17 years – a milestone for millions of patients worldwide.

In addition, Gazyva/Gazyvaro has been approved in the United States and Europe for the treatment of lupus nephritis, a potentially life-threatening autoimmune disease that attacks the kidneys and affects 1.7 million people worldwide.

Our Diagnostics Division has set a record with our next-generation sequencing technology, decoding a human genome in under four hours – which could save lives in emergencies. The system will be launched on the market later this year.

We have also reached an important milestone in the early diagnosis of Alzheimer's disease. Elecsys pTau181 is the first test that allows doctors

to reliably rule out typical Alzheimer's-related pathology by means of a simple blood test, reducing the need for stressful and expensive follow-up examinations.

Scientific advances need long-term commitment. This is why we made important investment decisions in 2025 to expand our research and manufacturing capabilities, including a USD 50 billion programme in the US. This will help to strengthen local innovation and manufacturing and make us less vulnerable to supply chain risks and tariffs.

At the end of October, we celebrated the groundbreaking of Building 12, a new research and development centre in Basel. With an investment volume of CHF 500 million, this is our clear commitment to Switzerland as a business hub.

It will be crucial for the future that politics, industry and society see health not only as a cost factor, but above all as an investment – in people, quality of life and economic stability. People can only contribute to a country's productivity and prosperity if they are in good health.

Our combined diagnostic and pharmaceutical expertise continues to hold great potential. This integrated approach is key to detecting diseases earlier, treating them more specifically and thus achieving better therapeutic outcomes. In this way, we can improve not only the lives of patients, but also the efficiency of healthcare systems worldwide.

Preventing, stopping and curing diseases – this strategy puts us in an excellent position for the future.

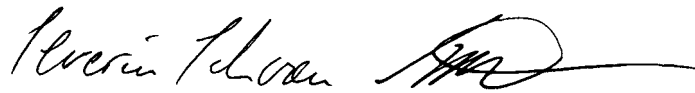
Sustainable healthcare also includes acting responsibly and sustainably. In 2025 we helped even more people to access our medicines and diagnostics, further reduced our emissions and achieved our goal of providing sustainable electricity to our Roche sites.

We believe that a company reveals its true strength in a challenging environment. And Roche demonstrated this strength in 2025. With excellent results and a promising product pipeline, our more

than 100,000 employees have helped advance our vision of a healthier future. We would like to express our sincere thanks to all our colleagues for their invaluable commitment over the past year.

And thank you, dear shareholders, for your trust.

Best regards



Dr Severin Schwan
Chairman

Dr Thomas Schinecker
CEO Roche Group



Roche Board of Directors on 31 December 2025

Dr Severin Schwan (1967), Chairman	D*, E
André Hoffmann (1958), Vice-Chairman	A*, D, E, G Representative of the shareholder group with pooled voting rights
Dr Jörg Duschmalé (1984)	B, C*, E, G Representative of the shareholder group with pooled voting rights
Dr Patrick Frost (1968)	B*, E, G
Anita Hauser (1969)	C, D, E, G
Prof. Dr Akiko Iwasaki (1970)	A, E, G
Prof. Dr Richard P. Lifton (1953)	C, E, G
Dr Jemilah Mahmood (1959)	A, E, G
Dr Mark Schneider (1965)	B, E, G
Dr Claudia Suessmuth Dyckerhoff (1967)	A, B, E, G

A Corporate Governance and Sustainability Committee | B Audit Committee | C Remuneration Committee | D Chairman's/Nomination Committee
E Non-executive director | F Executive director (currently no member) | G Independent member of the Board of Directors | * Committee chairperson



Roche Corporate Executive Committee on 31 December 2025

Dr Thomas Schinecker (1975)	CEO Roche Group
Teresa Graham (1973)	CEO Roche Pharmaceuticals
Matt Sause (1977)	CEO Roche Diagnostics
Dr Alan Hippe (1967)	Chief Financial Officer
Cristina A. Wilbur (1967)	Chief People Officer
Claudia Böckstiegel* (1964)	General Counsel
Dr Levi Garraway* (1968)	Head Global Product Development and Chief Medical Officer
Silke Hörnstein* (1975)	Head Corporate Strategy and Sustainability
Wafaa Mamilli* (1967)	Chief Digital and Technology Officer
Dr Aviv Regev* (1971)	Head Genentech Research and Early Development (gRED)
Barbara Schädler* (1962)	Head Group Communications
Boris Zaïtra* (1972)	Head Corporate Business Development

* Member of the Enlarged Corporate Executive Committee



Dr Dolores Lozano Escario, Co-Director of Pathology at Clínica Universidad de Navarra, uses digital pathology images to enable global collaboration and deliver faster patient results.

The digital path: how digital technology and AI are redefining pathology and disease detection

Pathologists are now wielding AI-powered tools to see beyond the human eye, ensuring maximum precision in disease detection and treatment.

Pathology is a powerful yet often overlooked field of medicine, where meticulous analysis of cells and tissues under a microscope unlocks crucial diagnoses and shapes treatment plans for patients. But as Dr Dolores Lozano Escario, Co-Director of Pathology at Clínica Universidad de Navarra, aptly puts it, “We are living an exciting moment – the shift to digital pathology.”

A new era of precision and speed

For decades, the pathology process was largely manual. Tissue samples, meticulously prepared on glass slides, were the pathologist’s universe. Obtaining a second opinion involved physically transporting these delicate slides, a process prone to delays and even damage. “Before digital pathology, seeking a second opinion meant physically sending the samples for consultation,” Dr Lozano explains. “There was a risk of the delicate slides being lost or damaged.”

Today, high-resolution scanners convert these physical slides into digital images, accessible instantly from anywhere. “Pathology is undergoing a fundamental transformation fuelled by digitalisation,” says Lee Lehman-Becker, Head of Healthcare Insights at Roche. “This digital transformation is fuelled by the need to provide patients across the globe with best-in-class diagnostic results, regardless of their geography and access to medical professionals and specialists.”

Breaking down barriers, building collaboration

The Clínica Universidad de Navarra in Pamplona, Spain, is one of the hospitals leading this

digital transformation. Dr Lozano attests to the immediate impact: “In our experience, digital pathology increases the pathology’s productivity. We save time.”

Beyond efficiency, digital pathology fosters unprecedented collaboration. “With digital pathology we can share cases with more expert pathologists, be more accurate and ask in some cases, especially in difficult cases, for help.” This means a patient in Pamplona can benefit from the expertise of a specialist across the globe, simply by sharing a digital image.

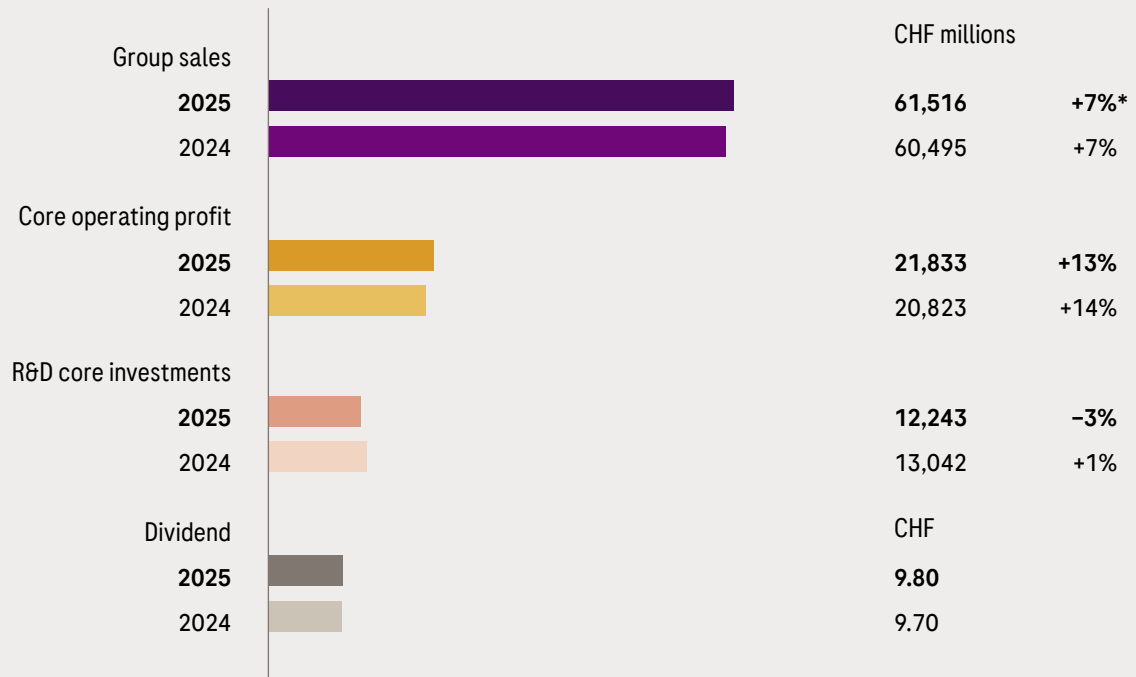
The power of AI – beyond the human eye

Perhaps the most transformative aspect is the integration of AI and image analysis algorithms. AI-based digital tools provide “more specific information that doesn’t rely anymore on the subjectivity of our eyes on the microscope,” notes Dr Lozano. AI can detect subtle patterns and anomalies that are sometimes invisible to the human eye, offering deeper insights and more precise diagnoses for patients. “I hope that in the future, digital pathology will help us predict things our eyes are unable to detect.”

This blend of human expertise and digital innovation is not just making diagnostics faster; it’s making them smarter, more accurate and globally connected. As Dr Lozano states, “Everything that helps us make a better diagnosis will improve patient care and the healthcare system overall.”

Digital pathology is paving the way for a healthier future, one precise diagnosis at a time.

1.2 2025 highlights



21 major pharmaceuticals approvals
46 of our medicines on the WHO Model List of Essential Medicines



31 billion diagnostic tests delivered to our customers
61 diagnostics launched: 2 platforms, 6 digital solutions and 53 tests

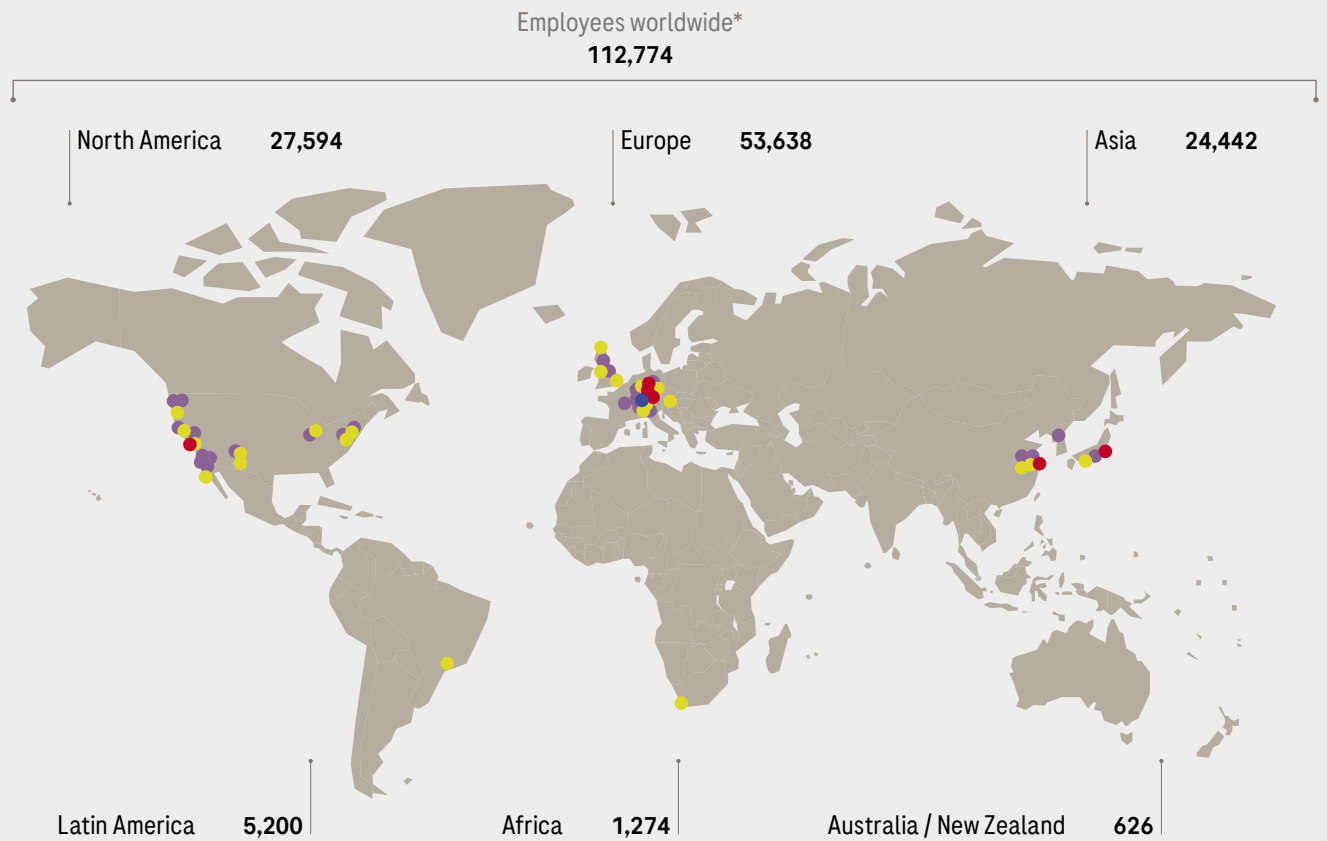


More than 39 million patients treated with our medicines
258 million lives touched with our high-medical-value diagnostics

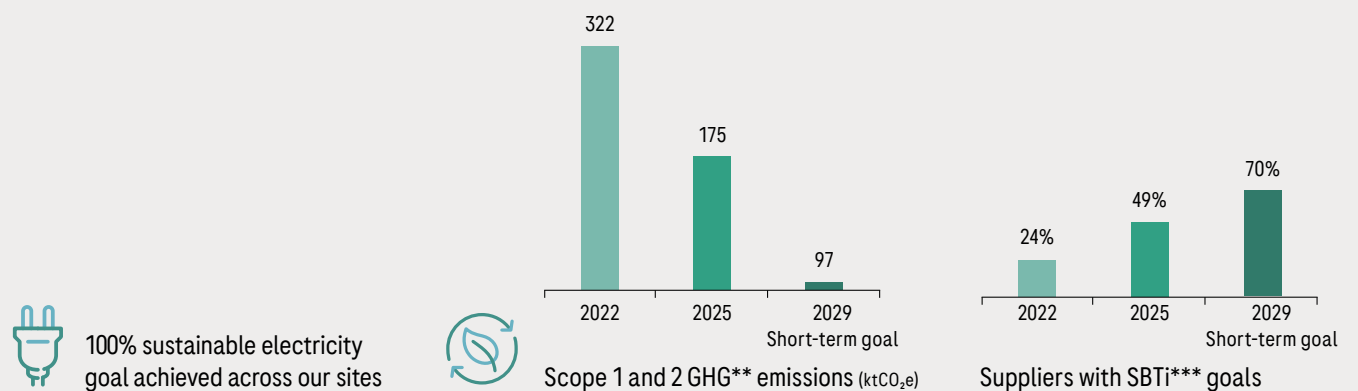


66 new molecular entities in the pipeline
10 new molecules entered phase III trials

* All growth rates and year-on-year comparisons are at constant exchange rates (CER; 2024 average) and all total figures are reported in Swiss francs.

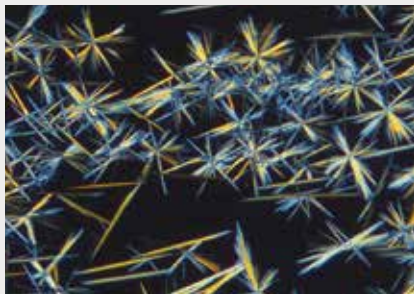


- Roche Group headquarters
- Largest sites based on number of employees
- Research and development sites in the Pharmaceuticals and Diagnostics Divisions
- Manufacturing sites in the Pharmaceuticals and Diagnostics Divisions



* Number of employees based on headcount; illustrative map of geographic scope; not exhaustive | ** Greenhouse gas | *** Science Based Targets initiative

A record-breaking year for pipeline progression at Roche, with ten new molecules entering phase III and the fast-tracking of assets in immunology, neurology and cardiovascular diseases.



We advanced three transformative diagnostic innovations: our predictive continuous glucose monitoring solution, the first fully automated mass spectrometry system and our sequencing by expansion technology.



We committed to investing USD 50 billion in the pharmaceuticals and diagnostics sectors in the United States over the next five years.



Our Elecsys pTau181 test became the only FDA-cleared blood test for use in primary care to rule out Alzheimer's-related amyloid pathology in patients with early signs of cognitive decline.

We started phase III development of zosurabalpin, a novel antibiotic that could become the first in over 50 years to tackle highly resistant gram-negative bacteria.



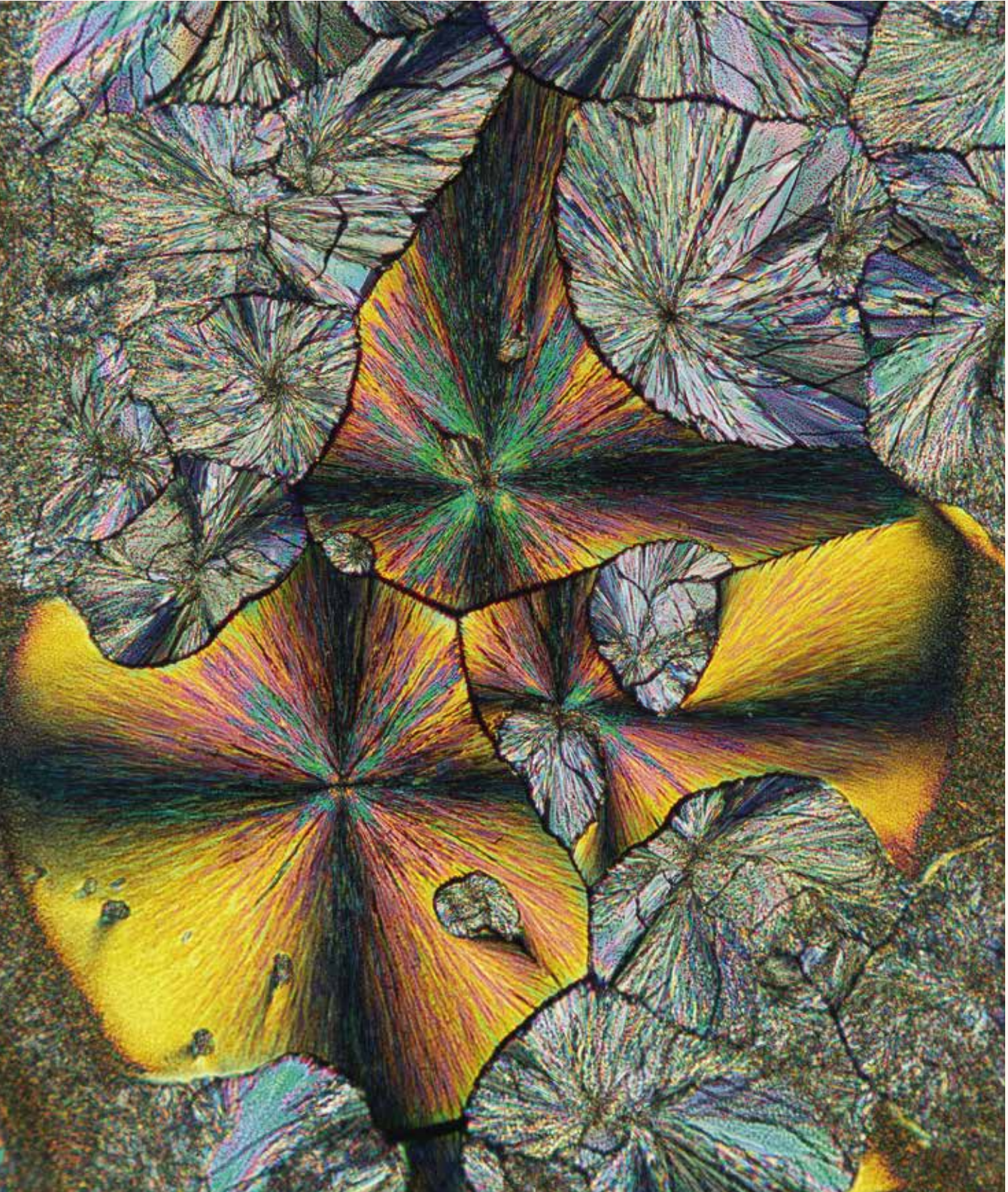
We ranked 2nd in the 2024/2025 PatientView survey of pharmaceutical company reputation among patient organisations, achieving top rankings across multiple disease areas.



Our scope 1, 2 and 3 near- and long-term GHG reduction targets have been validated by the Science Based Targets initiative.



We have reached our 100% sustainable electricity goal across our sites.



2. About Roche

For more than 125 years, we have taken on some of the most complex challenges in healthcare, listening and responding to the ever-changing needs of people around the world.

2.1 Our purpose	22
2.2 Our corporate strategy	26
2.3 Our approach to sustainability	28
2.4 Access to innovation	32
2.5 Patient partnering	40
2.6 Roche global citizenship	48

A recrystallised thin film of the **risdiplam** drug substance, viewed using hot-stage polarised light microscopy. The radiating structures with different colour patterns are known as 'spherulites'. The colours, shapes and thermal behaviour of these structures reveal important information about the drug's crystal form, which directly impacts its stability, processability and bioavailability.

2.1 Our purpose

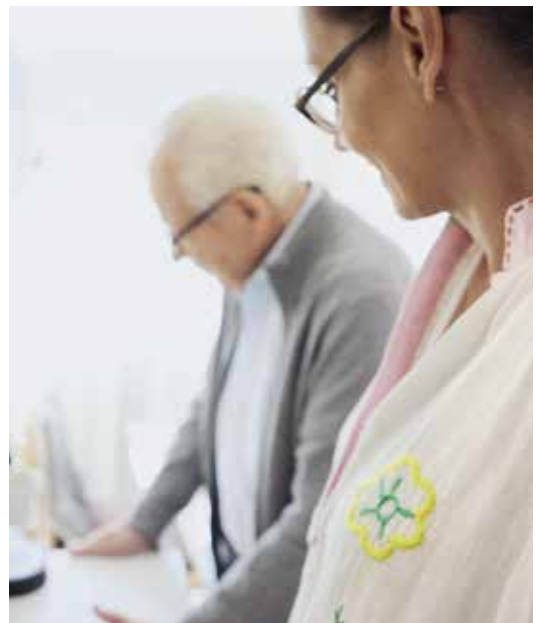
Doing now what patients need next

We believe it is urgent to deliver medical solutions right now – even as we develop innovations for the future. We are passionate about transforming patients’ lives. We are courageous in both decision and action. And we believe that good business means a better world.

That is why we come to work each day. We commit ourselves to scientific rigour, unassailable ethics and access to medical innovations for all. We do this today to build a better tomorrow.

We are proud of who we are, what we do and how we do it. We are many, working as one across functions, across companies and across the world.

We are Roche.



Since her dad's Alzheimer's diagnosis, Silvia's family makes the most of every day and hopes that innovation brings earlier detection and new medicines for everyone.

When memory fades, science brings hope

Alzheimer's takes what makes us who we are. Our science aims to protect the memories that connect us and give families more time together.

The first signs of Alzheimer's disease in Silvia's father came like whispers. A giant bag of sugar, big enough to bake 1,000 cookies and bought because it was on sale, was easy to explain away. But when he forgot the bank password he'd used for decades, it felt different.

These moments, along with a slow erosion of other habits, convinced Silvia that it was time to see the doctor. Cognitive tests and a brain scan confirmed the news she feared. Her 88-year-old dad was in the early stages of Alzheimer's. Suddenly, he wasn't just her father struggling with memory. He was one of 57 million people living with dementia, with Alzheimer's being the most common form.¹

The power of knowing

This clarity lets Silvia and her family prepare for the future. "The diagnosis showed me how fragile stability can be." It also brought her personal and professional worlds into sharp focus. At Roche, Silvia leads the global CareRing community, enabling a safe and supportive space for employees who are patients or caregivers to exchange information and find support.

Early diagnosis gave Silvia and her family time to find care should her dad's needs at some point exceed what they can manage. Silvia hopes that research and innovation will result in earlier detection and medications that slow the disease. "Alzheimer's doesn't just take memories. It can erode personality before it takes the person."

The Roche neurology team works to improve life for millions of families around the world like Silvia's. "When I think about what makes people who they are, it's their relationships, their connections, their experiences. That's what makes Alzheimer's disease so challenging, because it steals memories," says Amy VanBuskirk, Global Therapeutic Area Head for Neurology, Immunology and Infectious Diseases.

Early diagnosis can help families prepare. But what if a diagnosis did more than identify a disease? What if it could change the course of the journey and provide insight into the best way to treat or even prevent it?

This is Roche's goal for the future, where advanced testing and treatment, including new blood-based biomarker tests and medicines currently in research and development, might work together to slow, stop or even prevent progression.

"Our ultimate goal is to give people living with Alzheimer's and their families the gift of time, and early diagnosis is the key that unlocks that door," says Cristiano Tunesi, Neurology International Business Leader.

Engineering a new era of hope

To be effective, diagnosis must be connected to treatment, which requires overcoming one of medicine's greatest hurdles: the blood-brain barrier. This natural defence system protects the brain but can block medicines from reaching it, limiting impact.

The core of Roche's approach is to develop medicines that can be delivered to the brain based on pathology. Pharmaceuticals and diagnostics teams collaborate with the goal of matching patients to treatments most likely to help.

"Our scientists are moving away from simply working towards developing treatments to taking a more holistic approach across diagnostics and pharmaceuticals, so that we may chart a new course in Alzheimer's management," says Azad Bonni, Global Head of Neuroscience and Rare Diseases at Roche Pharma Research and Early Development.

For Silvia, the hope is that families one day will face this disease with more resources, more time and, above all, more hope.

¹ <https://www.who.int/news-room/fact-sheets/detail/dementia> [accessed 6 Oct 2025]

2.2 Our corporate strategy

Disease burden is rising, healthcare costs are increasing, and still half of the world's population lacks even the most basic care. The challenges are immense, and healthcare systems are calling for transformational – not incremental – improvement in patient care. With our combined strength in diagnostics and pharmaceuticals we are uniquely positioned to lead the way in addressing these challenges.

For more than 125 years, we have taken on some of the most complex challenges in healthcare. By keeping patients at the heart of everything we do and guided by our common purpose 'Doing now what patients need next', our ambition is clear: to prevent, stop and cure diseases, and by doing so improve people's health while significantly reducing costs for patients and healthcare systems worldwide.

We also want to meet patients where they are – at hospitals, in doctors' offices or at home – to enable easier access to health services and better quality of life.

Our shared priority areas across the Diagnostics and Pharmaceuticals Divisions are oncology, neurology and cardiovascular-metabolic diseases. Addressing these areas is crucial as they place a huge strain on societies and families worldwide. In about ten years, they will account for 50% of the global disease burden.

With our deep understanding of diseases, we will continue to address the most complex challenges in healthcare. We will accelerate our research and development and deliver truly transformational diagnostic solutions, digital products and medicines to better serve the needs of patients along their entire journey – from prevention and screening to diagnosis, treatment and monitoring.

We will be at the forefront of innovation, adapting to shifting societal needs and turning scientific and technological advancements into transformational solutions for patients.

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

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

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

Different backgrounds, perspectives and experiences, across the entire organisation, foster innovative solutions for the benefit of patients and healthcare systems around the world.

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

We are creating a healthier future, together.



2.3 Our approach to sustainability

Creating a healthier future

At Roche, sustainability is integral to who we are and how we operate. For more than 125 years, we have advanced science and innovation to create a healthier future for people and society. This commitment is embedded in our purpose: *Doing now what patients need next.*

Today the need is greater than ever. Progress in science is accelerating, with breakthroughs that can transform human health. Yet patients everywhere face barriers to care, while healthcare systems are under pressure from shifting demographics and changing disease patterns. At the same time, growing environmental challenges are threatening both human and planetary health.

Making a real difference to people's health depends on how we address these system-level pressures and translate science into long-term impact – so that innovation can reach patients at scale and over time. At Roche, we create value for society by expanding the impact of our medicines and diagnostics for patients and healthcare systems, by reducing the environmental impact associated with delivering them and by supporting the people who make that progress happen.

We embrace this responsibility because it is essential for our long-term success. Managing our business sustainably fuels innovation, strengthens our operations and supply chain and helps us meet the evolving expectations of patients, regulators, investors, healthcare systems, customers and employees.

To make progress, we focus on areas where we have the greatest impact: access to innovation, the environment and our people. We embed these priorities across our business – from research

and development to sourcing, manufacturing and delivery – to achieve durable outcomes for patients and society.

Access to innovation

Life-changing innovation is only meaningful if it reaches those who need it. We collaborate with governments, customers, health systems and other partners to remove barriers and advance equitable health outcomes, so patients everywhere benefit from earlier detection, targeted treatment and better outcomes. This helps us bring our diagnostics and medicines to more patients, faster.

Environment

A healthier future depends on the health of our planet. We are committed to reducing our environmental impact, working across our value chain to cut emissions, protect biodiversity and water resources and minimise the footprint of our products and operations. This strengthens the resilience of our business and contributes to more sustainable healthcare systems.

People

In an industry that is driven by innovation, our people are the key to our success. We foster a safe and inclusive workplace where people can thrive. This sparks new ideas that benefit patients and helps attract and retain the talent that drives our long-term success.

These are long-term commitments guided by clear goals and metrics and underpinned by strong governance. The path will not always be easy. But we will stay the course – because delivering for patients today, and sustaining progress for future generations, requires persistence, discipline and long-term thinking. Together, this is how we create a healthier future for people and society.





Diana Liu, General Manager of Roche in Taiwan, is a big believer in the power of collaboration across functions, networks and divisions to unlock the potential of everyone.

Everybody deserves a great leader

Diana Liu, General Manager of Roche in Taiwan, shares her leadership journey since joining Roche in 2015.

When I joined Roche as the Medical Director for Taiwan more than a decade ago, I experienced first-hand the essence of great leadership: to elevate the performance of everyone around us.

Back then, I was one of the quieter ones. In meetings, I would often let others speak first. I just preferred listening to speaking, and sometimes ended up not saying much at all. My manager noticed immediately. Every time, she would seek my gaze and encourage me to share my thoughts, showing me that my perspective truly mattered – and how important it was to hear every voice to make better decisions.

This leader had a profound impact on me, inspiring my own leadership journey. Transparent and deeply purpose-driven, she knew how to set up her team for excellence, creating an inclusive environment where everyone belonged and thrived. That's what I wanted, too.

Success by design

This didn't happen overnight though. It took me years of practice, reflection and refinement. I had to learn how to balance short-term delivery with long-term impact and to connect strategy to outcomes. Thankfully, I didn't have to figure this out all by myself. At Roche, leadership is not left to chance: it is a structured approach with a great number of development programmes. One of the simplest, yet most powerful tools is the use of our People Practices, a straightforward guide that enabled me to make decisions with confidence, foster trust and collaboration. Combined with our Leadership Commitments, they serve as a compass, nudging me to listen carefully, recognise contributions, empower others, simplify work and celebrate success.

Leadership is life-long learning

I have had the joy of completing some great leadership development programmes that have deepened my self-awareness, helped me embrace my vulnerability and lead with authenticity. I make it a priority to pause, reflect and invest in mentoring and coaching, both as a coach and as a coachee. Feedback plays a central role in how I grow. I therefore welcome our annual Global Employee Opinion Survey and quarterly pulse checks, because they keep us engaged in an ongoing conversation, creating opportunities to adjust quickly. Most importantly, I strive to foster a safe space where people feel comfortable to share and receive feedback every day.

Historically, leaders had to learn by trial and error: making and correcting their mistakes. With today's foundational training and learning platforms, we get feedback and access to practices that help us be successful. The key to success is leveraging the resources available to continuously hone our personal and professional skills.

Aligning around a shared vision

Working with global teams across Taiwan, Hong Kong and the Asia-Pacific region, I've witnessed the power of collaboration across functions, networks and divisions. When we align around a shared vision, exchange best practices and learn from different perspectives, we create stronger, more resilient systems for our people, patients and healthcare as a whole.

What motivates me most is my deep conviction that everyone deserves a great leader. This belief guides me every day as I strive to unlock the potential of others so our teams continue to thrive, today and in the future.

2.4 Access to innovation

Amidst global health challenges, ensuring patients have access to innovative, high-quality diagnostics and medicines has never been more critical and an imperative for securing healthier and stronger economies.

Across the world, many people are still unable to fully benefit from existing diagnostic and treatment options. At Roche, we focus on advancing equitable health outcomes so that even those facing significant barriers can access the diagnostic solutions, digital products, medicines and essential care they need to lead longer, healthier lives.

This means integrating a focus on equitable health outcomes across the entire product life cycle – from ideation and development to clinical study design, commercial launch and final delivery of our solutions.

Our strategic approach and goals

To advance equitable health outcomes for patients, we focus on three key aspects:

1. Inclusive research and development

We ensure that the needs of underserved patients and populations are represented in the science that shapes their care.

2. Health system strengthening

We partner with governments and healthcare organisations to develop sustainable solutions

that strengthen whole health systems, enabling the delivery of quality care.

3. Access

We identify and address the root causes of barriers to care such as availability, accessibility, affordability, disease awareness and quality of care to ensure people have access to healthcare solutions, no matter where they live. We collaborate with stakeholders at regional, national and local levels to co-create tailored, scalable initiatives that support each country's individual healthcare needs. Our approach focuses on three principles:

- **Rapid:** ensure patients can access our products when they need them the most.
- **Broad:** reach more populations for equitable access regardless of location.
- **Sustainable:** create value for patients, customers and health systems while also ensuring we are able to invest into the innovations of tomorrow.

To reinforce our commitment to increasing access to innovation, our sustainability strategy includes the following goals:

Sustainability strategy access goals

Division/Focus	Goal
Diagnostics	Reach twice as many patients (230 million lives) with high-medical-value diagnostics solutions by 2029
Pharmaceuticals	Treat three times as many patients with our strategic pharmaceuticals portfolio by 2029
	Double the number of patients receiving our core pharmaceutical therapies in low- and lower-middle-income countries (LLMICs) ¹ by 2026
	Triple the societal impact delivered with our strategic pharmaceuticals portfolio by 2029
Global health security	Roche is committed to the research and development of new antibiotics and testing solutions, and to working with external partners to make these available to healthcare systems.

¹ LLMICs covered by our access goal are Egypt, Indonesia, Morocco and Vietnam.



The cobas HPV test – a first-choice screening method for cervical cancer recommended by the WHO – is a critical diagnostic tool to support global disease elimination goals.

CASE STUDY

Affordable pricing for HPV DNA tests

Every two minutes a woman loses her life to cervical cancer², although it is a preventable and treatable disease. National screening programmes are critical to accelerate progress towards the World Health Organization's (WHO) ambition to eliminate the disease as a public health problem by 2030.³

When an additional level of price flexibility would support greater access to care in low- and lower-middle-income countries (LLMICs), Roche can apply accessible pricing models to offer its solutions more affordably. In June 2025, Roche extended accessible pricing for the cobas HPV test – a first-choice screening method for cervical cancer recommended by the WHO – to 17 additional

LLMICs. This will enable up to 50 million more women to access this critical diagnostic tool. The initiative is part of Roche's wider Global Access Program (GAP), which aims to bridge the care gap in LLMICs and support global disease elimination goals.

In total, 106 nations are now eligible for accessible pricing for Roche's cobas HPV test, covering countries with a combined population of more than 600 million women at risk of cervical cancer. The expansion reflects Roche's continued efforts to advance scientific innovation and expand equitable access to high-quality screening solutions in support of global disease elimination targets.

2 Roche. Cervical cancer. <https://www.roche.com/solutions/focus-areas/oncology/cervical-cancer> [accessed 10 Sept 2025]

3 World Health Organization. <https://www.who.int/initiatives/cervical-cancer-elimination-initiative> [accessed 10 Sept 2025]

Our performance in 2025 demonstrates our commitment to improving health outcomes and the societal value of our solutions. More than 39 million patients were treated with our medicines⁴ and more than 258 million patients were reached with our high-medical-value diagnostics solutions.⁵

Beyond individual patient benefit, our innovations help keep people healthy, productive and active in their communities – supporting economic growth and delivering societal impact. The societal impact of Hemlibra prophylaxis in Greece, Slovenia, and France was quantified through a study projecting that the treatment could avert over 40,000 bleeding episodes annually, resulting in EUR 300 million in direct and indirect healthcare savings per year. In 2025 our multiple sclerosis medicines are projected to have contributed USD 2.1 billion in Annual Social Impact to the GDP of ten countries.

We also reached our goal of doubling the number of patients receiving our core pharmaceutical therapies in low- and lower-middle-income countries (LLMICs)⁶ one year ahead of schedule, reaching 59,000 patients compared to 27,000 in 2021.

In addition, we drove significant progress against our global health security commitment, announcing the move of a novel antibiotic, zosurabalpin, into phase III development. If the phase III study is successful, zosurabalpin could become the first of a new class of antibiotics to tackle serious gram-negative infections in over 50 years. Read more about our antimicrobial resistance work on page 2.

Inclusive research and development

We believe science should serve everyone. By leveraging data insights to drive inclusive research, we ensure our clinical trials reflect the broader patient populations that experience disease. Diversifying our research helps us to develop diagnostics and medicines that are safe and effective for more people. We focus on addressing barriers to trial participation and diversifying genetic data for scientific discovery, ensuring that different demographic groups are consistently represented in our research.

Our Diagnostics Division is working to integrate inclusive research throughout the entire solution life cycle. This includes redesigning inclusion criteria, revisiting processes and embedding inclusivity into every diagnostic development decision. Guided by population-based evidence across each disease area, we adapt clinical trial enrolment and study design to reflect the true diversity of the disease burden.

For example, in 2025 Roche launched the first global clinical study programme of its kind for a Troponin T heart attack test. The study involved 13,000 participants from across China, the EU, Japan and the US to ensure the test's accuracy across diverse demographics and healthcare settings. By designing the study to represent the populations that will use the product, we ensure more people gain access to faster and more accurate diagnosis.

Health systems strengthening

Political and economic shifts can directly impact health system resources, performance and patient outcomes. These structural changes often interact with and are influenced by evolving disease patterns, such as the rising burden of non-communicable diseases, which continues to strain governments and global health systems.

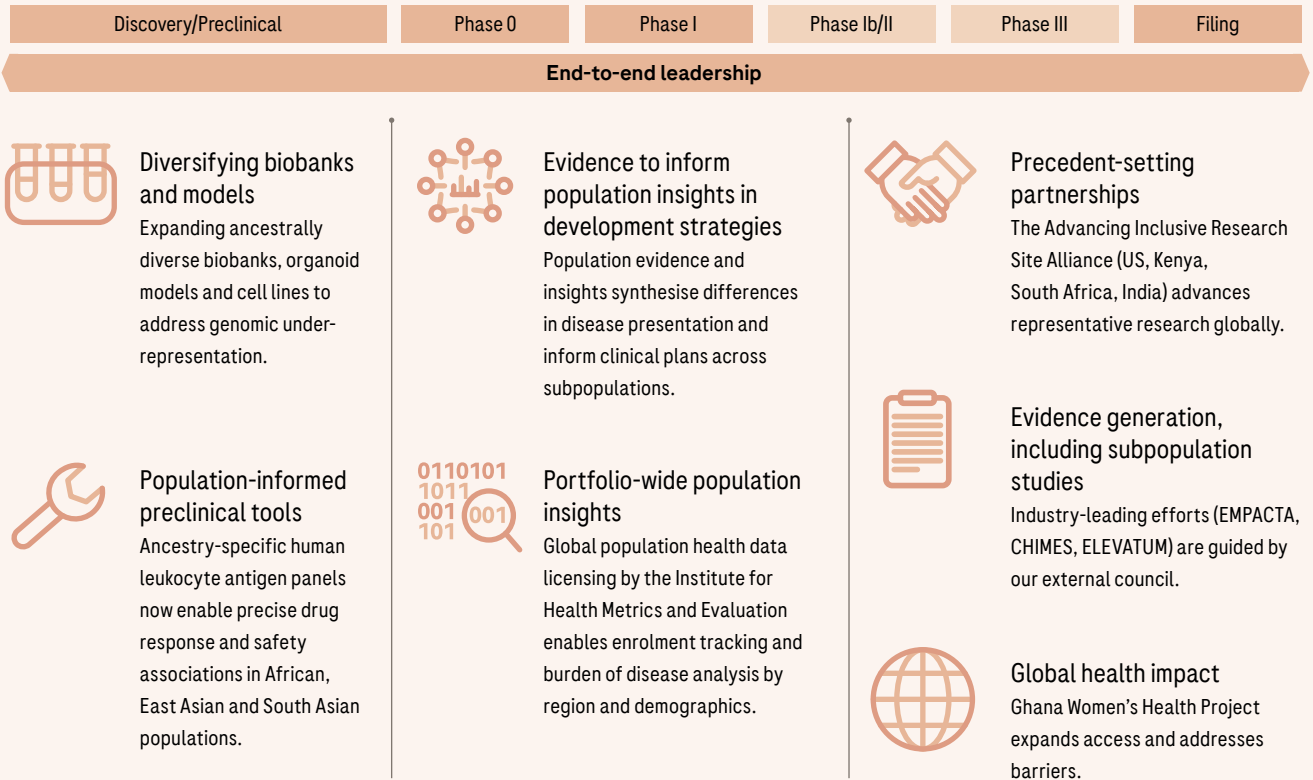
At Roche, we are committed to partnering with governments and healthcare organisations to develop sustainable solutions that strengthen whole health systems, helping them to adapt as local, regional and global contexts evolve and enabling delivery of quality care. For example:

GAP Bridge Program

Since 2014 the Roche Global Access Program (GAP) has combined innovation and expertise with long-lasting partnerships to strengthen disease elimination programmes and health systems in low- and middle-income countries (LMICs). In 2025 we introduced the Bridge Program to further strengthen Africa's health systems amidst funding uncertainty. Working closely with ministries of health and local organisations, we help identify new approaches to unlock funds, reallocate resources, safeguard sample transport and secure testing services.

⁴ Representing a 62% increase from the previous year; in addition, we registered a 28% growth in patients treated with our strategic pharmaceuticals portfolio, keeping us firmly on track to triple our reach by 2029. | ⁵ Representing a 15% increase from the previous year and outperforming our target for 2029 | ⁶ LLMICs covered by our access goal are Egypt, Indonesia, Morocco and Vietnam.

Supporting equitable health outcomes across our pharmaceuticals R&D activities





Roche's Rutas Saludables, Mujeres en Territorios initiative aims to tackle the lack of specialists in rural areas, improving access to proper diagnosis, care and oncological treatment.

CASE STUDY

Women's health solutions in remote territories

In Colombia – as in much of Latin America – healthcare is highly centralised, with most health services concentrated in cities. A lack of specialists in rural areas leaves local populations with insufficient access to proper diagnosis and care. This disproportionately affects women, who make up 70% of the rural population.

Roche's Rutas Saludables, Mujeres en Territorios initiative aims to tackle this challenge, improving access to oncological treatment. Through public, private and civil sector partnerships, we are co-creating solutions to address unmet medical needs in remote regions, including establishing integrated health service networks for timely screening and diagnosis, and decentralising care

by expanding capacities of local governments, healthcare institutions, NGOs and communities.

In 2025 the health ministry designated women's cancers as a public health priority within its territorial ten-year plan. As a result of targeted efforts to reach high-risk populations, the national breast cancer diagnosis rate rose from one to three cases per 1,000 women screened. During the same period, 280 primary care professionals received training in women's health, with an emphasis on culturally responsive care for ethnic and migrant communities.

These results demonstrate the power of collaboration and decentralisation to create more equitable and accessible healthcare systems.

Improving Access to Diabetes Management (ImpAct DM)

According to the World Health Organization (WHO), the number of people with diabetes has steadily increased over the past decades. Our ImpAct DM initiative aims to change this by supporting countries to expand access to timely diagnostics, quality care and pathways to treatment – particularly for underserved populations. This involves helping payers implement disease management programmes, addressing affordability through a structured approach. In 2025 we expanded ImpAct DM to Bangladesh, the Middle East and Peru, operating in 12 countries and reaching more than 750,000 patients.

The Global Fund

Around half of the world's population has limited access to essential diagnostics, a figure that rises to 81% in LMICs. This disparity leaves millions vulnerable to delayed treatment, misdiagnosis and preventable deaths. In 2025 we renewed our commitment to the Global Fund, the world's largest global health funder. Through our partnership, we provide technical assistance to drive comprehensive improvements across the diagnostics ecosystem, ranging from integrating testing strategies across diseases and implementing digital tools to enhancing sample transport, governance and business planning.

Expanding access through partnerships

Tackling access barriers at scale demands collaboration and innovation. Through partnerships with stakeholders across the healthcare ecosystem – including industry, government and regulators, researchers, patients and communities – we strive to bring our innovations to those who need them when they need them most. In 2025 we continued to reinforce existing partnerships and forge new ones to enhance countries' ability to deliver improved outcomes for their populations. For example:

African Breast Cancer Ambition

In Africa, breast cancer survival rates can be as low as 50%, lagging far behind high-income countries where survival can exceed 90% of women. Our ambition is to help close this gap by strengthening earlier detection, diagnosis and treatment through sustainable partnerships

at every stage of the patient journey. In Côte d'Ivoire, our awareness efforts have reached over 300,000 women, helping drive earlier screening and diagnosis. In Kenya, we partnered with local and national stakeholders to create integrated care pathways – combining physical hubs and digital referrals – enabling over 235,000 women in rural areas to access quality screening closer to their homes. In Ghana, we are supporting national workforce development by helping establish the first medical oncology residency faculty, creating a sustainable pipeline of cancer specialists. To ensure financial sustainability, we are partnering on innovative financing approaches, such as the agreement in Nigeria with the National Health Insurance Authority to ensure 1,000 women with HER2-positive breast cancer can annually access our innovative medicines via insurance.

Changing Diabetes in Children (CDiC) programme

Type 1 diabetes in children and young people often goes unnoticed, especially in LMICs. They often face insufficient access to insulin, monitoring equipment and education. Through the CDiC programme, we partner with national governments, key opinion leaders and diabetes associations to address these barriers, aiming to bring comprehensive care to 100,000 children and young adults with type 1 diabetes by 2030. As of 2025, over 67,000 children have been enrolled in the programme, over 29,000 healthcare professionals have been trained and 726 clinics have been refurbished to offer better care to patients.

Transforming access with City Cancer Challenge (C/Can)

We continue to partner with C/Can, an initiative supporting cities around the world to improve access to quality cancer care, which is formally recognised by the WHO as a key implementation partner of the Global Breast Cancer Initiative. In addition to funding, we provide technical guidance and strategic advice to strengthen local health systems. The initiative is active in 16 cities worldwide, reaching over 764,000 patients and pioneering the development of 214 unique cancer care solutions. We are currently supporting C/Can to co-create national breast cancer programmes in Indonesia's and Vietnam's largest cities.



Thomas Strube is a member of the Board of the German Multiple Sclerosis Society of Lower Saxony, Director of the Wolfenbüttel MS Contact Group and Chairman of the Advisory Board for Persons with Disabilities. Since being diagnosed with MS, he has been working to improve the patient experience.

Resilience and commitment: insights into the multiple sclerosis (MS) community

Thomas Strube found new courage following his diagnosis with MS. He became involved in the kind of self-help work that underlines the key importance of partnership between patients and Roche.

At Roche, our commitment is simple: nothing for patients without patients. This core belief is the basis for the development of therapies that meet the real needs of patients and make healthcare systems more accessible.

Back to life: Thomas's journey with MS

Thomas is the perfect embodiment of this spirit of partnership. His world changed dramatically when flu-like symptoms led to severe vision loss, resulting in an MS diagnosis in April 2018. A severe flare-up later saw him become dependent on a wheelchair.

But Thomas did not give up. "I'm not a stay-at-home kind of person," he says. He returned to work and set up an MS contact group in Wolfenbüttel, Lower Saxony, Germany. The support of two key people gave him the courage to take this step – his neurologist, who showed him the way to self-help, and his physiotherapist at the rehabilitation clinic. The turning point came when he decided he was determined to go back to work and get out of the wheelchair.

Thomas's involvement in self-help work is also based on his experience: "What really surprised me in the first few weeks, both in the hospital and at the rehabilitation clinic, was that no printed material was available." Recognising an urgent need to provide people with easy access to information, Thomas now supplies hospitals and doctors' offices with important materials from organisations such as 'trotz ms' ('despite ms').¹

Making voices heard: the 'trotz ms' campaign

Thomas's perspective is crucial for initiatives like the German 'trotz ms' campaign. He underlines

two key aspects: the free patient service 'trotz ms MEIN SERVICE'², which he describes as 'first class', and the digital resources: "You won't find anything like the information provided by Roche, in terms of both scope and depth," says Thomas, referring to the MS app Brisa, social media and the website. Under the motto 'ich bleibe ich' ('I will remain myself'), the campaign offers a lively community of 56,000 followers on social media and resources such as regular events and practical tips on MS. Thanks to the host of services available, Thomas now has the knowledge and confidence to make informed decisions together with his doctor.

The success is reflected in the numbers – Roche's patient partnership services in Germany have helped to ensure that over 70% of MS patients are actively involved in decisions concerning their treatment.

Looking forward to a simpler, networked approach

Thomas would like everyone involved – patient organisations, treatment teams and the pharmaceutical industry – to keep on breaking down barriers. He calls for simpler networking and feedback processes, and criticises the complex forms for reporting side effects: "It would be fantastic if there were an app we could use for that." He calls on healthcare professionals to proactively inform patients about new treatment options and their eligibility. Continuous and transparent partnership is the only way to really ease the burden for patients.

¹ <https://www.trotz-ms.de> [accessed 10 Nov 2025] | ² <https://www.trotz-ms.de/mein-service> [accessed 10 Nov 2025]

2.5 Patient partnering

Everything we do for patients, we do with patients as partners every step of the way.

Our ability to prevent, stop and cure diseases with the biggest burden on society hinges on deep collaboration with those most impacted by them. We partner with patients at every step of their journey to develop diagnostics and treatments that best respond to their needs. Integrating these insights into the work we do is part of everyone's role at Roche, including our global and local teams across disease areas and geographies. Working together with patient communities, we become a powerful force to help shape more equitable, accessible and resilient healthcare systems.

Patient inclusivity at the core of our approach

Inclusivity is at the heart of our approach to partnering with patients. This means engaging representative patient communities to understand and address the needs of all patients along the whole product life cycle. It means considering different patient subpopulations to tailor the healthcare they receive. And it means offering patients the resources they need, for example providing disease education and information in formats and languages patients can understand and relate to, to truly support access for all. Ensuring the communities we work with are representative of those living with disease not only improves the lives of more patients, but also enables us to develop medicines more efficiently and effectively.

Our approach to patient partnership remains focused on where we can create maximum value for our business, patients and society. Our ambition is to:

1. Drive effective translation of patient needs into actionable insights to inform end-to-end decision-making across Roche
2. Forge powerful partnerships with representative patient communities, co-create solutions that drive mutual value, advance sustainable healthcare systems and unleash maximum impact for Roche and for society
3. Actively collaborate with both internal and external stakeholders in order to establish a new standard for patient inclusivity in healthcare

Our partnerships with patient communities are rooted in four core principles:

1. Mutual value
2. Integrity and equity
3. Independence and mutual respect
4. Transparency

These principles underpin our relationships with over 1,000 patient organisation partners across the globe. We are proud to see these strong relationships once again reflected in

Ricki Fairley

Valarie Worthy



Celebrating the first-ever Genentech nurse navigation-embedded pilot in a clinical trial with Ricki Fairley and Valarie Worthy from TOUCH, The Black Breast Cancer Alliance

CASE STUDY

One-to-one care supports breast cancer patients taking part in essential clinical trials

Clinical trials are the bridge between medical research and real-world patient care. They are critical to bringing new, better and safer treatments to people who need them. But patient participation in trials can be difficult due to barriers including fear and lack of information.

In the US, Genentech¹ piloted a programme aiming to better address the needs and concerns of breast cancer patients participating in essential clinical trials to improve their experience and increase retention. The Community Oncology Patient Navigation (COPN) programme, approved across 52 US clinical trial sites, pairs trial participants with a COPN-trained breast cancer survivor to offer experience-based

care throughout. “They [Genentech] came to us and said, ‘We want to do a better job reaching patients,’” recalls Ricki Fairley, COPN-trained breast cancer survivor. “We came to this together and made something happen that didn’t exist. We’re the first and only advocacy company that’s providing nurse navigation for a clinical trial.”

COPN focuses on supporting participants’ non-medical needs, such as emotional needs, which are not addressed through traditional clinic- or hospital-based approaches. It also offers informative videos for patients and training materials for clinical trial site teams to alleviate concerns and improve the patient experience.

¹ A member of the Roche Group

PatientView global rankings for 2024 (made available in 2025)

		2024 ranking of big pharmaceuticals companies by patient organisations that worked with us		2024 ranking of all companies by patient organisations that worked with us	
Overall portfolio	(878 patient organisations*)	2nd of 15	(2023: 2nd)	6th of 45	(2023: 3rd)
Cancer (overall)	(281 patient organisations*)	1st of 15	(2023: 1st)	2nd of 28	(2023: 1st)
Breast cancer	(63 patient organisations*)	1st of 10	(2023: 1st)	1st of 13	(2023: 1st)
Blood cancer	(41 patient organisations*)	3rd of 14	(2023: 3rd)	3rd of 16	(2023: 3rd)
Lung cancer	(19 patient organisations*)	1st of 4	(2023: 1st)	1st of 4	(2023: 1st)
Ophthalmology	(32 patient organisations*)	1st of 4	(2023: 1st)	1st of 4	(2023: 1st)
Rare diseases	(185 patient organisations*)	1st of 13	(2023: 1st)	2nd of 31	(2023: 1st)
Bleeding disorders	(66 patient organisations*)	1st of 4	(2023: 1st)	2nd of 9	(2023: 1st)
Respiratory conditions (excl. lung cancer)	(43 patient organisations*)	7th of 12	(2023: not assessed)	Not assessed	(2023: not assessed)
Neurology	(126 patient organisations*)	1st of 13	(2023: 1st)	1st of 24	(2023: 1st)
Multiple sclerosis	(55 patient organisations*)	1st of 5	(2023: 1st)	1st of 8	(2023: 1st)
Neuromuscular disorders	(33 patient organisations*)	Not assessed	(2023: not assessed)	1st of 3	(2023: 1st)
Obesity	(26 patient organisations**)	Not assessed	(2023: not assessed)	5th of 8	(2023: not assessed)
Diabetes	(41 patient organisations*)	3rd of 6	(2023: not assessed)	4th of 8	(2023: not assessed)

* Number of respondent patient organisations saying that they had a working relationship with Roche

** Number of respondent patient organisations saying that they had an interest in obesity and had a working relationship with Roche

the 2024 PatientView² rankings (made available in 2025). Roche maintained a second place ranking in the reputational survey among the 15 large pharmaceutical companies included, based on feedback from 878 patient organisations from around the globe who had worked with our teams. Roche ranked top in multiple disease areas – see the table above for the full results.

Developing transformational medicines

By working with representative patient communities at every stage of our products' life cycle – from shaping disease area strategies to supporting the design of clinical trials and development programmes and to embedding a clear understanding of patient needs into our policy, access and commercialisation planning – we understand how to design solutions that work better for the people that need them.

We apply this end-to-end approach across all our disease areas so patient insights are consistently and seamlessly integrated into all levels of decision-making. This integration of the patient perspective across Roche supports more effective trial design and implementation and more timely approval and

reimbursement. Ultimately, this ensures we bring the most transformational medicines to patients to maximise value for them, their communities and wider society.

Supporting stronger health systems

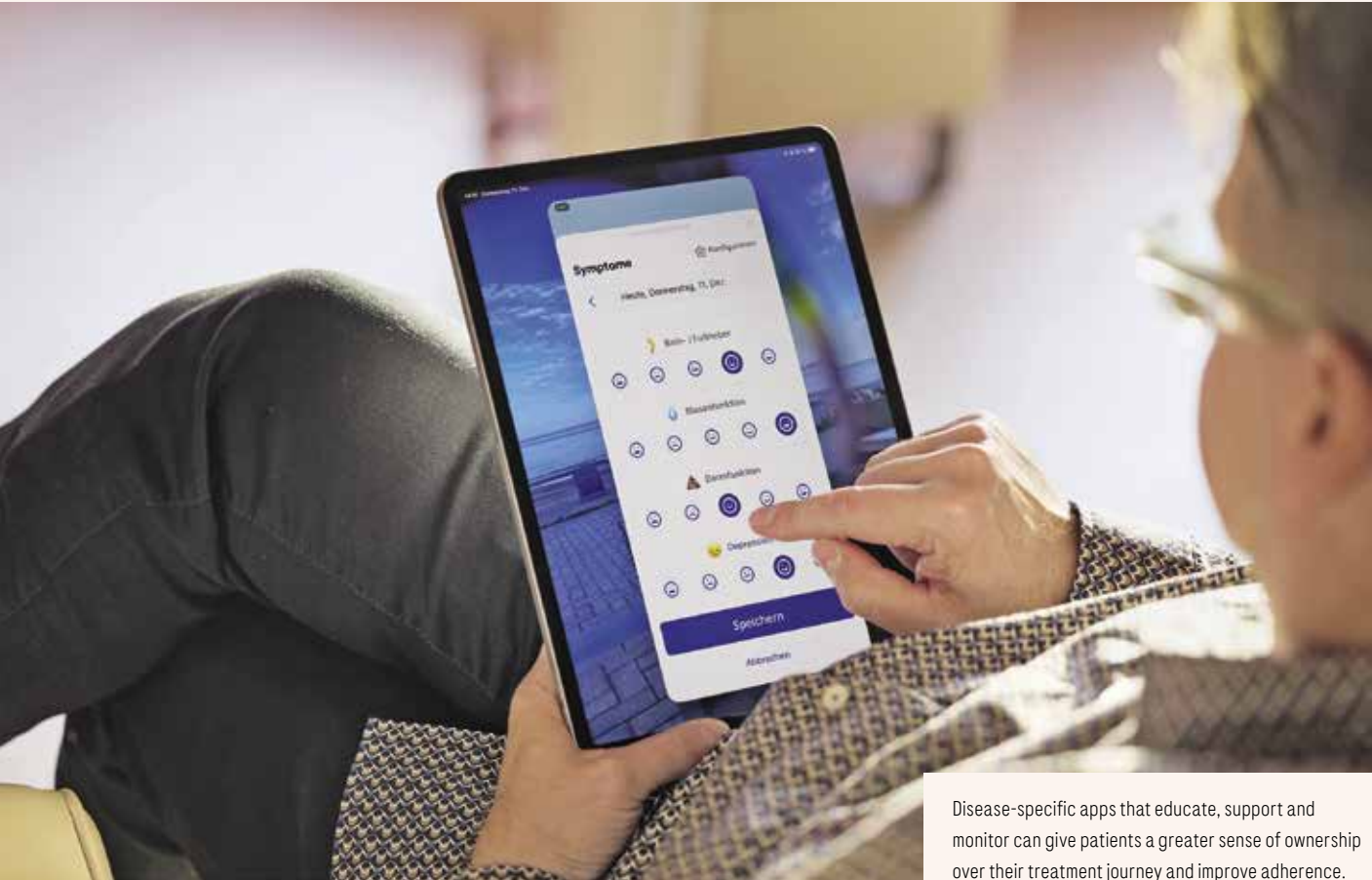
Our commitment to patient inclusivity is centred on understanding the unique challenges different patient populations face when interacting with the health system. Based on this understanding, we use our resources and wide expertise to champion a more accessible, equitable and ultimately stronger health system.

One way Roche contributes to strengthening healthcare systems is through the International Experience Exchange with Patient Organisations (IEEPO). Co-led by an independent External Advisory Committee, IEEPO is a pioneering platform designed to bring advocates together to share knowledge, build capabilities and foster collaborations that help shape healthcare systems to focus on the evolving needs of individuals and families impacted by disease. Since its inception in 2008, it has united over 1,500 patient leaders from more than 100 countries.

² PatientView is an independent, UK-based research organisation. PatientView's annual Corporate Reputation of Pharma survey gives health campaigners and patient advocacy groups an opportunity to comment on and assess the pharmaceuticals industry's performance. Companies are ranked against their peers.

Working with patient communities every step of the way





Disease-specific apps that educate, support and monitor can give patients a greater sense of ownership over their treatment journey and improve adherence.

CASE STUDY

Enabling patients to tell us what works for them means better patient outcomes and adherence

Throughout treatment, patients can face challenges that prevent them from following the ideal care plan and achieving the best possible outcomes. Involving patients in their treatment decisions helps ensure that their preferences are considered and leads to more personalised, effective care.

Digital tools and patient support programmes – such as disease-specific apps that educate, support and monitor – can give patients a greater sense of ownership over their treatment journey and improve adherence. Educational resources on websites and social media channels can also play a key role. These types of engagement mechanisms have been shown to boost adherence to the optimal treatment process while encouraging more

dialogue and shared decision-making between patients and the healthcare professionals working to support them.

One example of how Roche is implementing this is in Germany, where over 70% of multiple sclerosis (MS) patients now actively contribute to treatment decisions, with ~90% satisfaction and recommendation rates for our patient services. These offerings have led to a significant increase in patient engagement during medical consultations, improved integration of patient preferences and enhanced long-term adherence. This enables us to improve outcomes for MS patients while understanding how to modify the treatment approach to best suit their needs.

2025 marked a pivotal year for IEEPO as we actioned the programme’s ambition to ‘think globally, act locally’. While global health challenges may be shared, the unique approaches to solving them are deeply local – shaped by cultural, systemic, economic and political realities on the ground. To understand these nuances and to enable more targeted action, IEEPO is shifting from a global to a regional programme that allows for deeper exploration of local challenges and opportunities and facilitates the development

of tangible strategies tailored to each region’s needs. For example, the Latin America and Caribbean regional cluster held an event exploring decentralised care options as a potential solution to healthcare system fragmentation in their countries. Through these types of discussions, IEEPO aims to further empower patients on the ground, strengthen partnerships locally and regionally to push healthcare systems to become patient-inclusive, and unite voices globally to drive action.

CASE STUDY

Collaboration cuts travel times and brings care closer to home for haemophilia patients in Brazil

In Brazil, one of the greatest barriers to care is the distances patients must travel. When patients have to travel far for treatment, it can often mean lower adherence and ultimately worsen health outcomes. Roche’s Breves Project was born when we noticed that patients with haemophilia – a blood clotting disease that requires regular treatment for safe management – on Brazil’s Marajó Island were struggling to stick to their treatment plans. Many faced long journeys to the state’s central treatment centre. One patient had a 13-hour boat trip each way for five weeks to receive the treatment.

We worked with health system organisations and haemophilia specialists in the region to decentralise

care and bring it closer to patients. As many as 59 healthcare professionals were trained at the regional hospital to be able to provide patients with treatment in their hometowns.

The initiative has transformed the way of providing haemophilia care for those living on the island while offering a replicable model to improve the lives of patients in other therapeutic areas and regions across the country. “This new experience changed my life. Since the treatment is closer to my home, it has become much easier for me to get there,” says Antoniel Monteiro Ferreira, who lives on the island. “This is a life-changing experience, it’s a long life.”



When people thrive, innovation flourishes and patients benefit. Agnes Ho (top), Dr Huwaida Bulhan (bottom left) and Jose Hernandez (bottom right) share their experience of working at Roche.

A place of belonging

At Roche, we are proud of our culture that fosters inclusion and a sense of belonging.

Our strong inclusion index results confirm our employees' experience: our score increased by two points since the last Global Employee Opinion Survey in 2023, with all scores exceeding industry benchmarks.

Roche is committed to creating an environment that inspires people to perform at their best. We want our employees to feel valued, accepted and respected for who they are.

Everybody deserves a seat at the table

Jose Hernandez is a Senior Account Executive in Roche's Near Patient Care customer area and is based in Florida, US. He experienced first-hand how leaders at Roche model inclusion, not just through words, but through action. "I remember one of my first meetings at Roche. When I arrived, all the seats were taken. I was fine standing, but the leader paused the meeting and said, 'Let's get you a seat,' adding that everyone – literally – deserves a place at the table."

Dr Huwaida Bulhan got a seat at the table, too. Huwaida leads Roche's scientific operations for Sub-Saharan Africa. She is a founding member of the Ladies of African Descent (LOAD) group, connecting global citizens with African roots across Roche. Nearly 15,000 employees are members of such self-organised impact networks around the globe, contributing to our inclusive culture with high-visibility projects and initiatives.

The LOAD group attracted then-CEO-now-Chairman Severin Schwan's attention, who invited them to an executive meeting to discuss what Roche could do differently in Africa. "With the support of the senior leadership team, we were able to launch the Africa Site Alliance project, an upskilling initiative for healthcare workers to run clinical trials," Huwaida shares. "Today, Roche is the only global pharmaceuticals company that has run phase I and II global interventional oncology clinical trials in Sub-Saharan Africa. In

only four years, 24 trials were completed, leading to the most diverse data sets in the industry." This inclusive R&D approach ensures that our medicines benefit more and more patients worldwide.

It's all about people

Agnes Ho is the Head of Sub-Region Mature Markets in the Asia-Pacific region, where 49 nationalities work together. She also leads the regional Women's Network group advocating for an inclusive environment.

Agnes has been with Roche for more than 30 years. "At Roche, it is never just about the business, but first and foremost about people. Our culture is built on respect for each individual, encouraging everybody to be their authentic selves and share their ideas."

She is very intentional about creating a sense of belonging. "It all starts with self-acceptance, understanding who we really are. And then it's about listening to what is said, but also about sensing what else is going on in our lives. This curiosity helps us bring out the best in each other – not just for ourselves, but for patients worldwide."

Supporting each other

"For me, belonging means being able to show up as myself, without wearing a mask," Jose explains. "When I first joined Roche, I wasn't sure I'd fit in. I came from a non-traditional background, and I was early in my career. Encouraged by my manager, I committed myself fully, built relationships, learnt the business inside out. My consistency paid off – I was even recognised as a top performer for two years in a row." What mattered most to Jose was learning that his journey helped other colleagues to overcome their own doubts. "That was a full-circle moment: to go from feeling like I didn't belong to making others feel they did."

When people thrive, science thrives and patients benefit. Inviting different perspectives and insights enables us to better serve patients worldwide.

2.6 Roche global citizenship

Through our philanthropic collaborations, we support local efforts to build strong, healthy and resilient communities around the world.

We are deeply committed to improving the lives of people and communities where we live and work around the world. As a global citizen, Roche strategically partners with a range of philanthropic organisations – offering expertise, collaboration and resources – to achieve lasting impact. Through these collaborations, we help advance science and education, support humanitarian response, foster vibrant arts and culture, protect and build back the environment and enable communities to thrive. Together, our efforts help contribute to a more healthy and resilient society.

Collaborating for lasting impact

For more than 100 years, Roche has partnered with non-profit organisations to build healthier and more resilient communities. Throughout this time, we have continuously evolved our approach to these partnerships to maximise the value they bring to society. Today we take a more integrated approach than ever, aligning our local philanthropic efforts with our global strategy to maximise the collective impact of the work we do.

Evolving our strategic framework

The year 2025 marked a pivotal year in the evolution of our philanthropic approach. Building on knowledge gained from many decades of working with charitable organisations and industry best practice, we defined our new Roche Global Citizenship strategic framework, designed to support holistic, sustainable change through our philanthropic partnerships. Our strategic framework ensures that our philanthropic activities remain independent from Roche's core research and development and commercial operations, while simultaneously supporting the company's broader societal contributions. Consistent with our integrated approach, we engaged a broad range of internal leaders and external partners

to align it with our business purpose, values and direction.

The framework is guided by a unifying vision for all our impact-oriented work: empower resilient and healthy communities where we live, work and beyond. Our global engagement is guided by three core ambitions:

1. Protecting what sustains us
2. Equipping future generations
3. Sparking purposeful engagement

With this, we remain committed to creating positive impacts for communities across our four existing key pillars: humanitarian and social impact, community and environment, science and education, and arts and culture.

Protecting what sustains us

The first core ambition of our framework focuses on supporting primary healthcare systems and helping to conserve, protect and build back the nature around us so that communities worldwide can benefit from innovative healthcare solutions.

A key example of this work is our partnership with the Unjani Clinic, which equips nurses in South Africa with crucial seed funding and resources to open their own clinics – enabling them to create local jobs and offer affordable healthcare services to underserved rural communities. Unjani Clinic's powerful model builds local resilience and fosters self-sufficiency in healthcare delivery. By 2029, Roche committed to funding 25 nurse-led Unjani clinics across South Africa – expanding access to healthcare for many people who would otherwise delay their medical care or would simply go without. So far, we have made progress towards this goal by empowering a total of ten nurse entrepreneurs



Seagrass beds are crucial to the health of our ocean. They capture carbon at an extraordinary rate and they also provide food and shelter for animals and serve as important nurseries for endangered wildlife.

CASE STUDY

Building back nature with WWF

In 1961 Dr Lukas (Luc) Hoffmann, grandson of Roche founder Fritz Hoffmann-La Roche and former member of the Roche Board of Directors, co-founded WWF. For more than 60 years Roche has partnered with WWF as the leading organisation in the conservation of wildlife and endangered species to protect and improve the habitats that sustain us and our communities.

One WWF initiative we support aims to conserve Türkiye's seagrass meadows – ecosystems that are vital for biodiversity and climate change mitigation. These underwater meadows capture carbon up to 35 times faster than tropical rainforests and, despite covering only 0.2% of the ocean floor, they absorb an extraordinary 10% of the ocean's carbon each year. Keeping them healthy is critical

to the health and resiliency of our oceans and wider ecosystems as well as the communities that live alongside them. Roche has committed to protect and improve more than 4,000 hectares of seagrass meadows between 2023 and 2027 with WWF. By doing this, we aim to protect around 1.2 million tonnes of ocean carbon storage. Engaging coastal communities and government stakeholders has been and will continue to be key to lasting success.

“Partnerships like the one between Roche and WWF are critical to build a healthier, more resilient planet for everyone. Nurtured over many years, they show how targeted support, shared expertise and co-creation with local communities can protect nature,” says Dr Kirsten Schuijt, WWF Director General.

to establish their own clinics and enabling the network to provide nearly 17,000 primary healthcare consultations.

Through our long-standing partnership with the World Wide Fund for Nature (WWF) we continue to support a broad range of environmental initiatives in Türkiye, Vietnam and the Philippines to build back the nature that is vital to the health of our ecosystems and society. In Türkiye, we have committed to support a WWF initiative from 2023 to 2027 that will protect and improve more than 4,000 hectares of coastal ecosystems, specifically seagrass meadows, which are crucial for both biodiversity and climate change mitigation. Read more about the impact of this collaboration on page 49.

Equipping future generations

Global challenges require fresh minds for creative solutions. We want to help people, especially youth, develop the knowledge, emotional intelligence and creative risk-taking skills needed to shape the future. Through our ten-year partnership with the Roger Federer Foundation (RFF), Roche contributes to transformational early education programmes for children in Malawi. For example, together with the RFF we support the School Readiness Initiative to prepare vulnerable children for primary school through pre-primary education that gives children and their families the tools and systems to optimise learning and future success. As of 2025, more than 190,000 pre-primary learners have now accessed organised quality learning since the inception of the initiative. The government also increased its national budget for early childhood development by 24% – the result of the RFF partner organisations' advocacy efforts.

Looking ahead, our partnership will expand to South Africa and Switzerland, with additional projects focused on early childhood education. In South Africa, we will support the use of digital tools and artificial intelligence to strengthen the education workforce. In Switzerland, our support will continue to help develop natural school playgrounds designed as outdoor classrooms that strengthen children's connection to nature and promote physical activity.

“Our partnership with Roche, grounded in deep trust and shared purpose, is empowering communities to create nurturing environments and strong foundations for lifelong learning – giving children the tools to thrive,” says Maya Ziswiler, CEO of the Roger Federer Foundation.

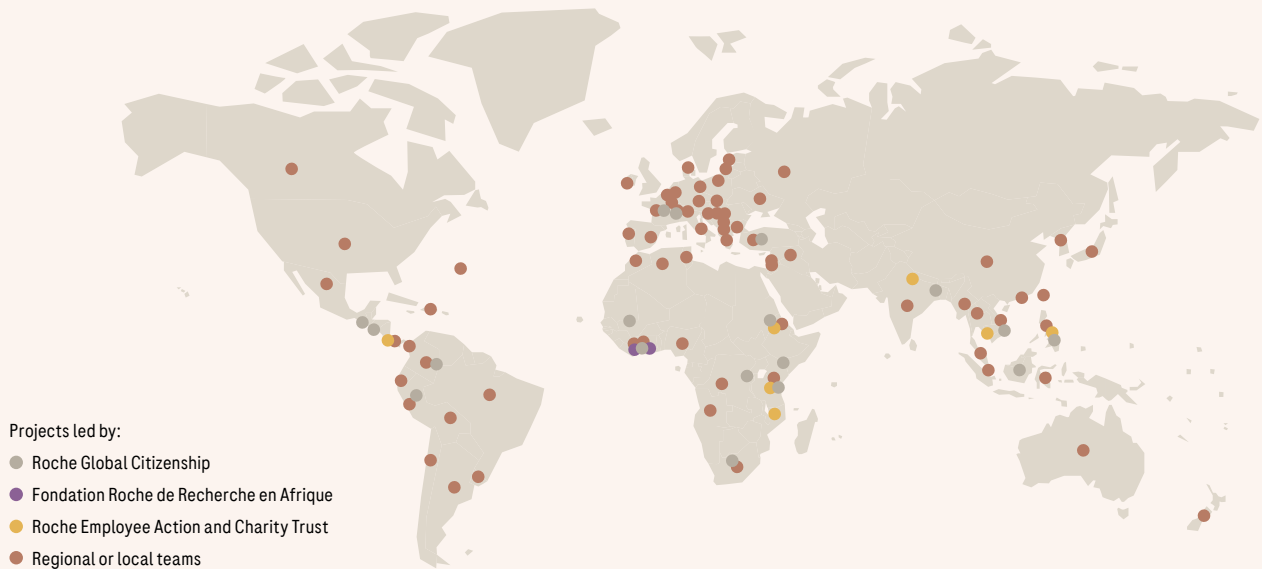
Sparking purposeful engagement

Skills-based volunteering is a valuable way to make a sustainable impact in our communities. Our aim is to create opportunities for employees to step beyond their daily routines, and connect them with communities and impactful initiatives so that they are inspired and involved in our collective contributions to society.

In 2025 we piloted a programme with Business for Health Solutions, a Swiss-based non-profit organisation, to facilitate long-term remote capacity-building projects with two local healthcare companies, Malaica and Isabella Healthcare Services. Malaica, a digital health company, offers 24/7 maternal health services in Kenya, and Isabella Healthcare Services is a prominent local medical supplies distributor in Ghana. Teams of highly experienced Roche employees worked together over several months, bringing their expertise on a pro bono basis towards sustainable solutions to challenges faced by the companies – from marketing and branding to demand forecasting and supply chain logistics.

Another key example is our annual Roche Children's Walk, which continues to be our largest employee engagement and employee-driven fundraising event, dedicated to empowering communities and transforming the future of children around the world. For more than 20 years, the event has brought together hundreds of thousands of Roche employees to recognise the importance of the work we do and collect critical funding for children's health initiatives focusing on early childhood development, education, primary healthcare and social development. The funds raised through the walk are distributed by the Roche Employee Action and Charity Trust (Re&Act, our independent global charity for employee giving) to select partner organisations in support of children's well-being.

Our philanthropic impact around the world*



Roger Federer Foundation

For ten years we have worked to strengthen early childhood care and education by expanding access to quality pre-primary education for children in Malawi. In 2025 our partnership expanded to South Africa and Switzerland to leverage digital tools and nature-based spaces for children’s learning.

In 2025 more than 22,000 children were reached through the School Readiness Initiative in Malawi.

World Wide Fund for Nature

For over 60 years we have advanced shared efforts to protect vital ecosystems, most recently helping restore seagrass meadows along Türkiye’s coastline. We have also supported climate-positive programmes in the Philippines and Vietnam.

In 2025 our partnership restored 110 hectares of peatland and scaled aquaculture models in Vietnam, increasing household income by 20% in U Minh Thuong National Park.

Unjani Clinic

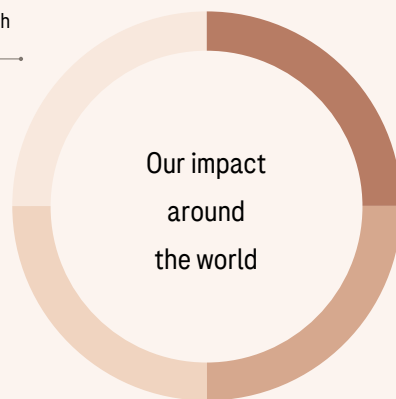
Since 2023 we have supported an innovative model that empowers nurse entrepreneurs to independently own and operate community-based clinics in South Africa, expanding access to affordable healthcare while creating jobs and strengthening local systems.

In 2025 Unjani Clinic opened another five clinics, delivering more than 17,000 patient consultations to date.

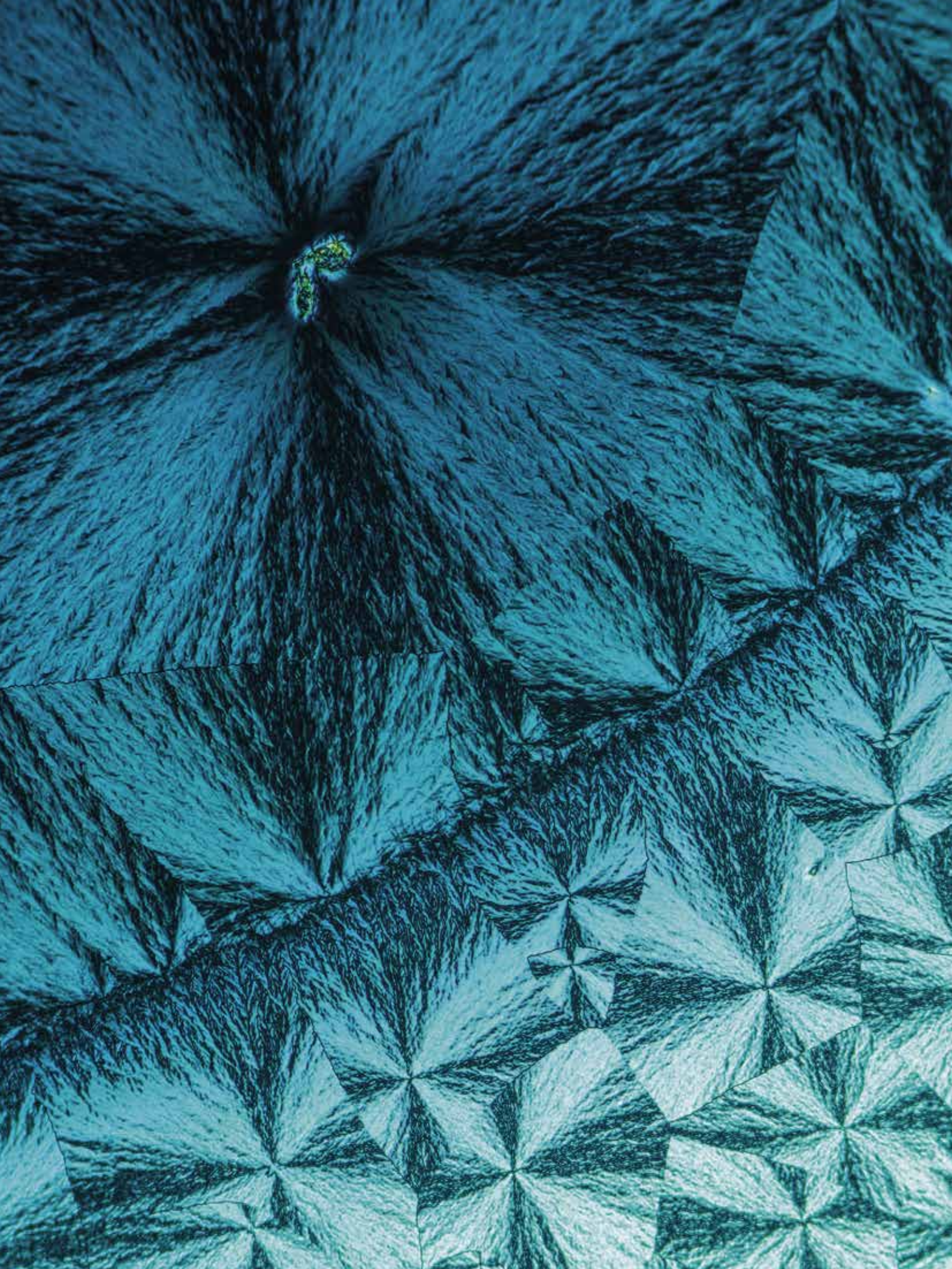
International Committee of the Red Cross (ICRC)

For more than 100 years we have supported efforts to improve living conditions for people in conflict-affected regions, including water and habitat projects that enhance access to clean water and sanitation.

In 2025 we reached more than 173,000 people in Mali through the ICRC Water Programme.



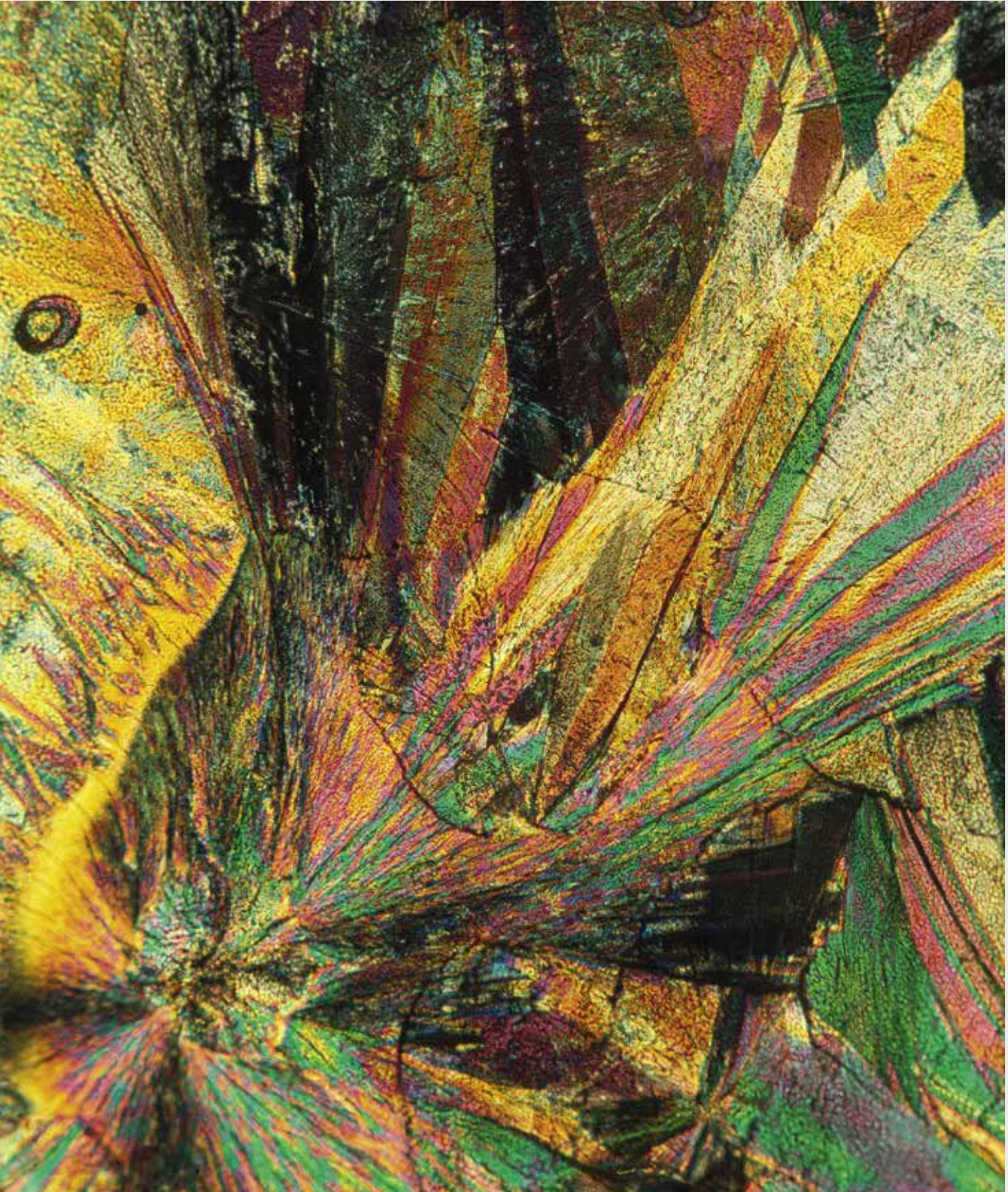
* Illustrative map of geographic scope; not exhaustive



Sustainability Report

1. Business performance	55
2. General information	75
3. Environment	89
4. Social	119
5. Governance	137
6. Human rights	143
7. Appendix	153
Independent limited assurance report	156

A recrystallised thin film of the **risdiplam** drug substance, viewed using hot-stage polarised light microscopy. The vibrant, radiating patterns are known as 'spherulites'. The colours, shapes and thermal behaviour of these structures reveal important information about the drug's crystal form, which directly impacts its stability, processability and bioavailability.



1. Business performance

In 2025, Roche once again made significant progress. We continued on our growth path, launched important medical innovations and further strengthened our pipeline. With our strong financial performance and our continued progress in innovation, we are well positioned for growth.

1.1 Roche Group	56
1.2 Diagnostics	58
1.3 Pharmaceuticals	64

A recrystallised thin film of the **risdiplam** drug substance, viewed using hot-stage polarised light microscopy. The radiating pattern at the bottom is known as a 'spherulite', while the upper part of the image shows 'bladed' polycrystalline structures. The colours, shapes and thermal behaviour of these structures reveal important information about the drug's crystal form, which directly impacts its stability, processability and bioavailability.

1.1 Roche Group

In 2025, Roche achieved sales growth of 7%* (2% in CHF) to CHF 61.5 billion due to strong demand for pharmaceutical products and diagnostic solutions.

The appreciation of the Swiss franc against most currencies, notably the US dollar, had a significant impact on the results reported in Swiss francs compared to constant exchange rates.

Core operating profit increased by 13% (5% in CHF) to CHF 21.8 billion, driven by higher sales and efficiency gains. Core earnings per share increased by 11% (4% in CHF).

IFRS net income increased by 58% (50% in CHF) to CHF 13.8 billion due to the strong operating performance in 2025 and the base effect of impairment charges in 2024.

Sales in the Pharmaceuticals Division increased by 9% (3% in CHF) to CHF 47.7 billion, with medicines for severe diseases continuing their strong growth.

The top five growth drivers – Phesgo (breast cancer), Xolair (food allergies), Ocrevus (multiple sclerosis),

Hemlibra (haemophilia A) and Vabysmo (severe eye diseases) – achieved total sales of CHF 21.4 billion, an increase of CHF 3.2 billion (CER) compared to 2024.

Sales of products with expired patents – Avastin (various types of cancer), Herceptin (breast and gastric cancer), MabThera/Rituxan (blood cancer, rheumatoid arthritis), Esbriet (lung disease), Lucentis (severe eye diseases) and Actemra/RoActemra (rheumatoid arthritis) – decreased by a combined CHF 0.7 billion (CER).

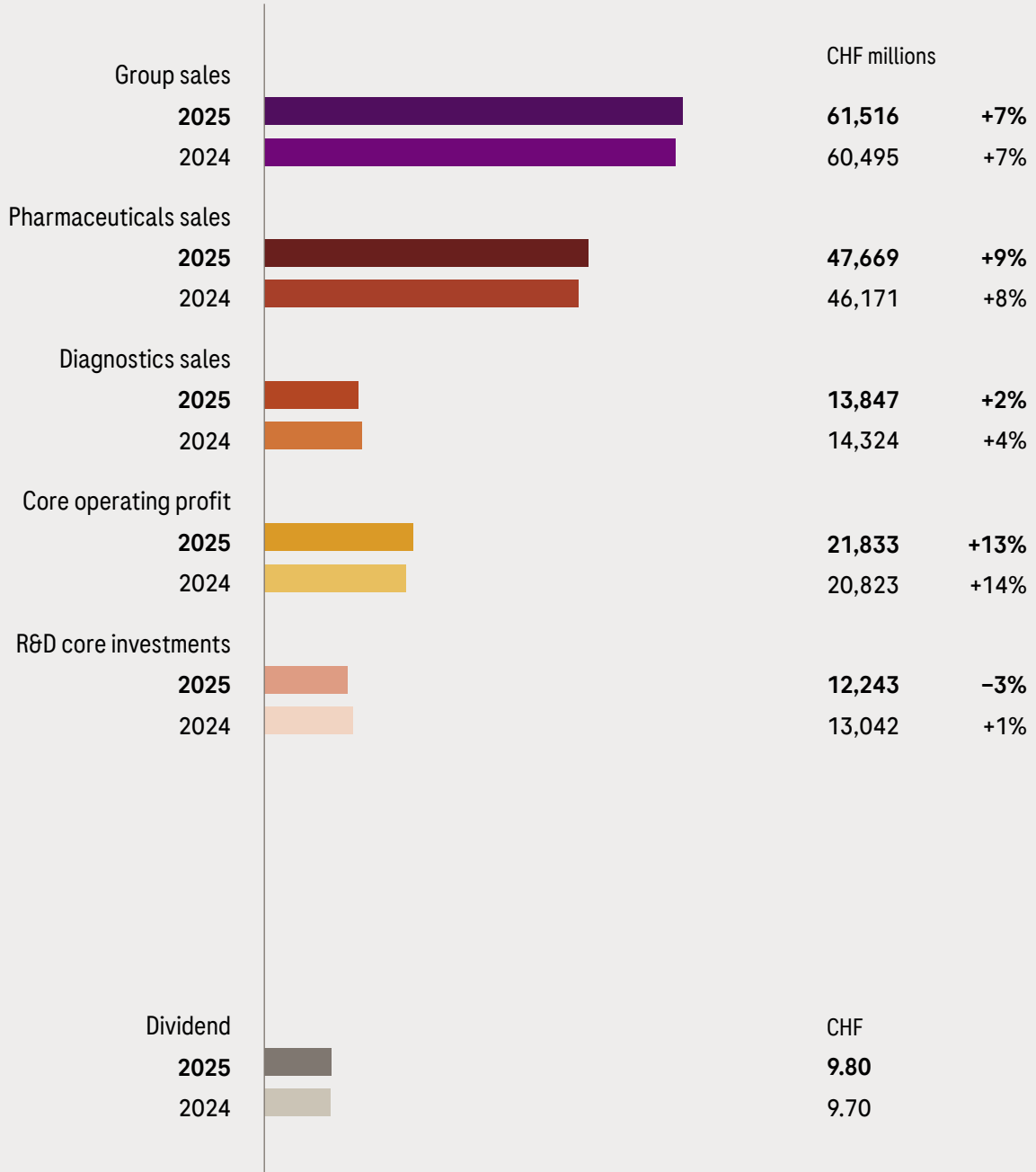
The Diagnostics Division's sales increased by 2% (-3% in CHF) to CHF 13.8 billion as growth in demand for pathology and molecular solutions more than offset the impact of healthcare pricing reforms in China.

Outlook for 2026

Roche expects an increase in Group sales in the mid single digit range (CER) for 2026. Core earnings per share are targeted to develop in the high single digit range (CER). Roche expects to further increase its dividend in Swiss francs.

* All growth rates and year-on-year comparisons are at constant exchange rates (CER; 2024 average) and all total figures are reported in Swiss francs.

Key figures 2025



1.2 Diagnostics

The Diagnostics Division's sales increased by 2%* (-3% in CHF) to CHF 13.8 billion as growth in demand for pathology and molecular solutions more than offset the impact of healthcare pricing reforms in China.

Sales in the Europe, Middle East and Africa (EMEA) region increased by 6%, driven by higher sales of clinical chemistry and immunodiagnostic products. In North America, sales increased by 9%, with growth across all customer areas. Sales in Asia-Pacific decreased by 12% due to healthcare pricing reforms in China. Latin America sales grew by 11%.

Core Lab

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

Sales remained stable, as the decline in China due to healthcare pricing reforms for products such as oncology, cardiac and thyroid tests was offset by growth in demand for immunodiagnostic and clinical chemistry products across all other regions, in particular EMEA and North America.

Molecular Lab

This customer area focuses on molecular labs and provides diagnostics solutions for the detection and monitoring of pathogens, donor screening, sexual health and genomics and includes the Foundation Medicine business.

The 4% sales increase included growth from blood screening as well as higher sales of Foundation Medicine's genomic profiling tests. This growth was partially offset by lower sales in HIV testing in Africa driven by changes in USAID funding.

Near Patient Care

This customer area provides diagnostics solutions in decentralised settings such as in emergency rooms, general practitioners' practices and directly with patients, and includes integrated personalised diabetes management solutions.

The main drivers of the 3% sales decrease were reduced lateral flow testing and lower respiratory illness-related sales as well as lower sales in blood glucose monitoring, due to competitive pressure.

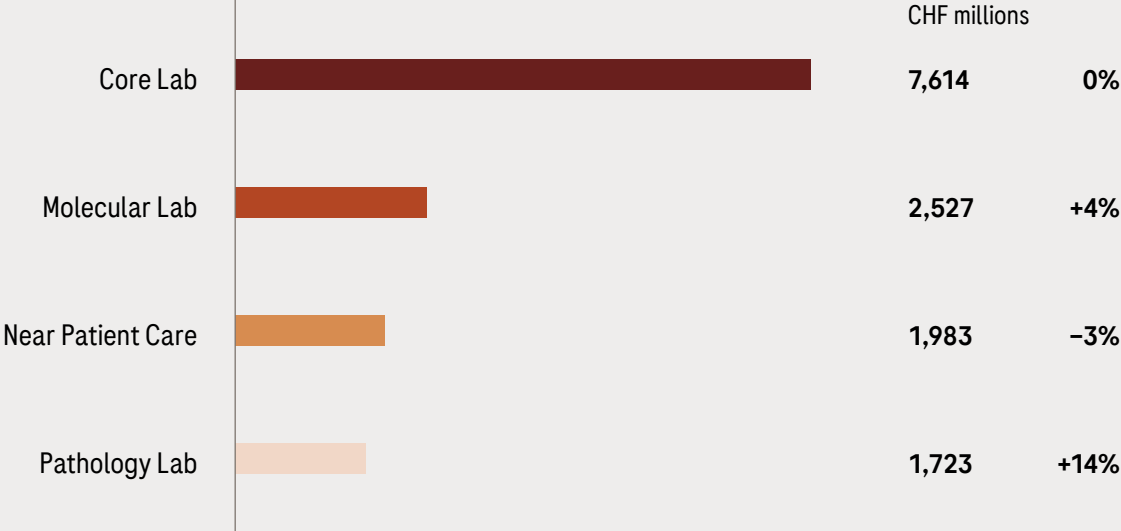
Pathology Lab

This customer area focuses on pathology labs and provides diagnostics solutions for tissue biopsies and companion diagnostics. These are targeted diagnostics to aid in the choice of specific therapies for each patient.

Sales increased by 14% across all regions due to growth in advanced staining, companion diagnostics and primary staining.

* All growth rates and year-on-year comparisons are at constant exchange rates (CER; 2024 average) and all total figures are reported in Swiss francs.

Sales by customer area in 2025



Advancing diagnostics to transform healthcare delivery

The year 2025 was marked by meaningful progress for Roche Diagnostics. Across the globe, healthcare systems continued to face immense pressure – from stretched budgets and staffing shortages to ageing populations and rising disease burdens.

In response, we advanced diagnostic solutions for better health outcomes at lower cost to society, supporting the shift towards more efficient, preventive, patient-centred care. Our work spanned both centralised and decentralised settings, introducing diagnostic devices, tests and digital health solutions enabling earlier detection, more precise diagnosis and improved treatment and monitoring across disease areas with the greatest burden for patients and healthcare systems. Together, these advances help people live longer, healthier lives while strengthening the efficiency and sustainability of healthcare delivery.

A key focus for 2025 was advancing three transformative innovations: our predictive continuous glucose monitoring (CGM) solution, the first fully automated and standardised mass spectrometry system and our sequencing by expansion (SBX) technology.

AI-enabled glucose monitoring

Launched in 2024, the Accu-Chek SmartGuide CGM solution provides greater peace of mind for people with diabetes. It is the first AI-enabled CGM system that can predict glucose levels up to two hours ahead and seven hours overnight. In 2025 we expanded its reach to more than 30 countries and secured the CE mark for its integration with mySugr, a popular diabetes management app with over six million registered accounts.

The new app function, mySugr Glucose Insights, lets users view and analyse their CGM data, patterns and predictions in one place – alongside other features like bolus calculations for accurate insulin dosing. Combining predictive capabilities with accessible digital tools helps turn complex

data into steady, actionable insights and enhances diabetes management.

Fully automated mass spectrometry

Mass spectrometry offers unmatched sensitivity, specificity and accuracy for complex diagnostic testing but has traditionally been confined to specialist labs. The cobas Mass Spec solution changes that.

Within a year of the 2024 launch, we reached another milestone: CE mark for our antibiotic drug-monitoring tests. Our platform now offers the industry's broadest in vitro diagnostic menu with 39 assays, spanning tests for steroid hormones and vitamin D metabolites, and therapeutic drug monitoring for immunosuppressants and antibiotics.

Precise antibiotic monitoring is vital for optimising therapy in critically ill patients and combatting antimicrobial resistance. Integrating this gold-standard technology into everyday lab workflows makes therapeutic drug monitoring faster, more accessible and meaningful for patient care.

Rewriting the rules of genomics

Genomic sequencing can unlock deeper biological insights and personalise medicine. In 2025 Roche unveiled SBX – a next-generation technology delivering new speed, flexibility and scalability, with longer read lengths and ultra-fast turnaround.

To develop and pilot research applications ahead of the technology's near-future launch, we established collaborations with world-leading institutions like Hartwig Medical Foundation, the Wellcome Sanger Institute and Broad Clinical Labs.

Demonstrating SBX's speed, Broad Clinical Labs with Roche Sequencing Solutions and Boston Children's Hospital set a world record for the fastest DNA sequencing technique by sequencing a human genome in under four hours. This highlights the transformative power of SBX.



Peter Berry and Deb Bunt with their book, 'Slow Puncture, Living Well with Dementia'. The sequel, 'Patching the Puncture, Continuing to Live Well with Dementia', is set to be published in February 2026.

Beyond memory – making moments that matter

CASE STUDY

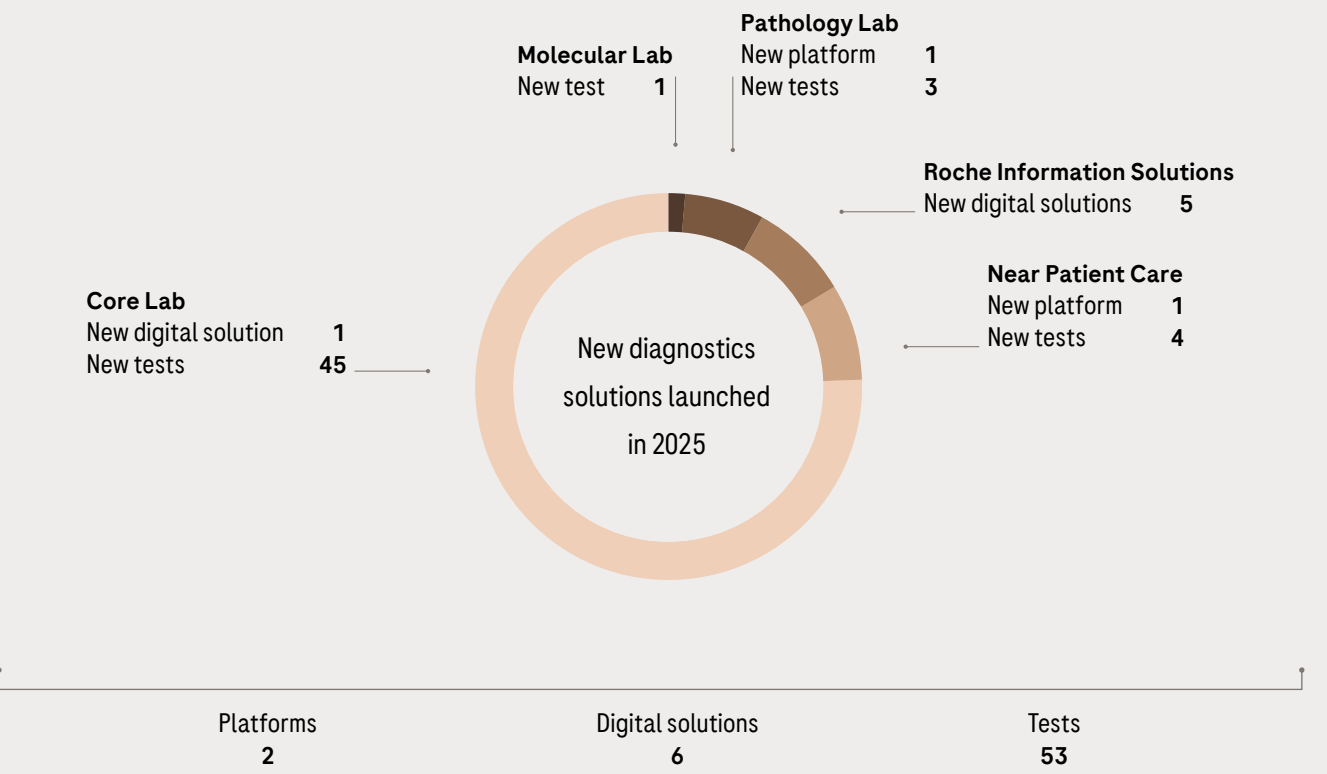
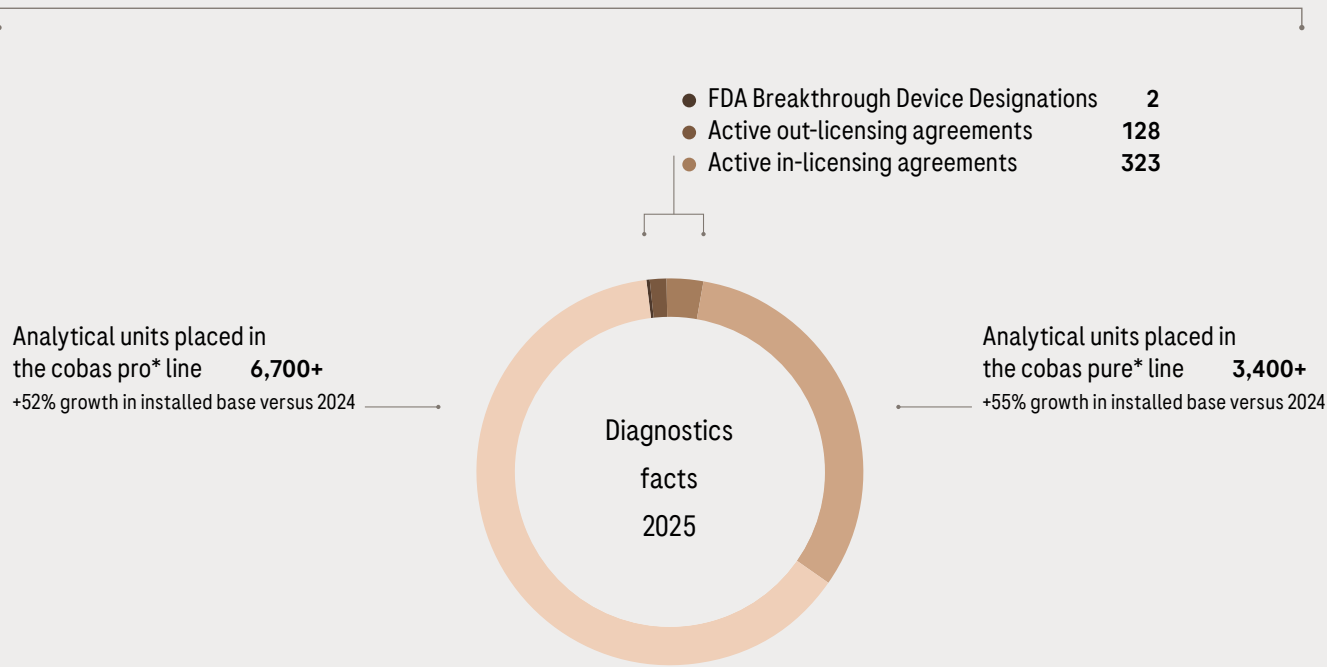
Peter Berry was 50 when his world collapsed. “Tests kept saying I was OK, until scans showed the truth.” His three-year path to an early-onset Alzheimer’s diagnosis felt “cold and fast” – a five-minute verdict landing on the whole family. “A diagnosis isn’t just for me,” Peter says. “It’s for all of us.”

Then he met Deb Bunt, who became his closest friend and external memory. “We can’t change it, but we can adapt,” she says, with measures like laminated route notes on his bike – they are both passionate cyclists – a special text tone and simple choices in cafés. Together they show life with dementia is lived, not paused. Peter sums it up: “People like me don’t need to make memories – we need to make moments.”

Purpose maintains identity. Cycling thousands of miles and answering questions instead of engaging in long talks – small redesigns let Peter remain himself. And they give hope. “Had I known sooner, I could have acted sooner,” he says. Today, new diagnostics – like Roche’s blood-based biomarker tests – can reveal Alzheimer’s-related changes earlier. These advances let families gain clarity sooner, opening doors to treatment, planning and support when most needed.

Tools alone aren’t enough. Respectful delivery, clear next steps and follow-up matter as much as results. Diagnostics can help turn a frightening unknown into a navigable road – so people can focus on living, not fearing. “I can’t stop my memory declining,” Peter says, “but with the right support I can slow it down and keep being Peter.”

Roche Diagnostics tests delivered to our customers
31 billion



* cobas pro is for our mid-high throughput and cobas pure is for our low-mid throughput Core Lab customers. These instruments are used for the measurement of over 200 parameters.

Earlier answers for Alzheimer's disease

Around 75% of people with Alzheimer's symptoms remain undiagnosed, often enduring years of uncertainty. In 2025 Roche took major steps to change that.

Our Elecsys pTau181 blood test became the first CE-marked and IVDR-certified assay to rule out Alzheimer's-related amyloid pathology with a simple blood draw, reducing costly imaging studies. Complementary data for our Elecsys pTau217 assay, a test to rule in and rule out amyloid pathology, which holds FDA Breakthrough Device Designation, demonstrated accuracy comparable to PET scans in routine laboratory settings.

Together, these advances promise earlier clarity for patients and families, lower diagnostic costs and a more efficient pathway to treatment, marking a pivotal step in making neurological diagnosis as routine as a standard blood test.

Cardiovascular, renal and metabolic care

Cardiovascular and metabolic diseases are leading causes of death, demanding faster, more precise diagnostics. Our sixth-generation Elecsys Troponin T test, CE-marked in 2025, sets a new benchmark for early and accurate detection or ruling out of heart attacks with market-leading analytical characteristics. In addition to this assay, the Chest Pain Triage algorithm, developed with Heidelberg University Hospital and available through the navify Algorithm Suite, helps clinicians make quicker, more accurate emergency decisions on who needs urgent cardiac care and who could be discharged sooner, cutting down emergency department visit times and thereby easing pressure on healthcare resources.

Beyond the heart, the Elecsys PRO-C3 test improves assessment of liver fibrosis in metabolic dysfunction-associated steatotic liver disease, enabling earlier, more targeted care.

To tackle chronic kidney disease (CKD), Roche and Klinrisk, Inc. introduced the Kidney Klinrisk Algorithm, the first CE-marked AI tool to predict kidney function decline from routine clinical data. Integrated into Roche's new CKD algorithm panel on the navify Algorithm Suite, it supports proactive,

personalised management across disease stages, and helps foresee risk before symptoms appear.

Responding to infectious diseases

Roche continued to lead in infectious-disease diagnostics with faster, more accessible solutions. Following the launch and CE-marking in 2024, the FDA granted clearance and CLIA waiver for our cobas liat molecular tests for sexually transmitted infections (CT/NG and CT/NG/MG), delivering accurate PCR-based results in 20 minutes at the point of care.

We also launched the first point-of-care PCR test to detect and differentiate Bordetella infections within 15 minutes, including whooping cough, enabling earlier intervention for vulnerable populations. In parallel, our Elecsys Dengue Ag assay, CE-marked in 2025, supports high-throughput detection amid rising global dengue cases, helping clinicians manage outbreaks more effectively.

Each of these advances underscores Roche's commitment to protecting communities through rapid, reliable diagnostic answers when they matter most.

Advancing oncology diagnosis

In oncology, diagnostics are the gateway to personalised treatment. Roche continues to lead in companion diagnostics (CDx), which match the right therapy to the right patient.

In 2025 the FDA approved an expansion of the PATHWAY HER2 (4B5) test, the first and only assay to identify patients with 'HER2-ultralow' metastatic breast cancer, opening targeted-therapy options for many patients previously classified as HER2-negative.

For lung cancer, the VENTANA MET (SP44) RxDx Assay received FDA approval to guide therapy in non-squamous non-small cell lung cancer. The FDA also granted Breakthrough Device Designation for the VENTANA TROP2 (EPR20043) RxDx Device, making it the first AI-powered computational pathology CDx to receive this designation.

Our Elecsys Pepsinogen I/II tests enable screening and triage for patients at high risk of atrophic gastritis in China, providing a non-invasive, rapid testing option for a disease with high medical burden and increased risk of gastric cancer.

1.3 Pharmaceuticals

Sales in the Pharmaceuticals Division increased by 9%* (3% in CHF) to CHF 47.7 billion, with medicines for severe diseases continuing their strong growth. The top five growth drivers – Phesgo (breast cancer), Xolair (food allergies), Ocrevus (multiple sclerosis), Hemlibra (haemophilia A) and Vabysmo (severe eye diseases) – achieved total sales of CHF 21.4 billion, an increase of CHF 3.2 billion (CER) compared to 2024.

Sales of products with expired patents – Avastin (various types of cancer), Herceptin (breast and gastric cancer), MabThera/Rituxan (blood cancer, rheumatoid arthritis), Esbriet (lung disease), Lucentis (severe eye diseases) and Actemra/RoActemra (rheumatoid arthritis) – decreased by a combined CHF 0.7 billion (CER).

In the United States, sales rose by 8% due to continued growth of Xolair and continuing uptake of Ocrevus, Phesgo, Hemlibra and Polivy (blood cancer). This growth more than compensated for the decline in sales of medicines with expired patents.

Sales in Europe grew 5% as strong demand for Ocrevus and Vabysmo and the continuing uptake of Polivy, Hemlibra and Phesgo more than compensated for the lower sales of Perjeta (breast cancer) due to the ongoing conversion of patients to Phesgo, and the impact of biosimilar competition on Actemra/RoActemra sales.

In Japan, sales increased by 5%, mainly due to the strong uptake of Phesgo, Vabysmo, Hemlibra, Enspryng (acute inflammation of optic nerve and spinal cord) and PiaSky (paroxysmal nocturnal haemoglobinuria). Sales growth was partially offset by the decline in sales of Avastin because of biosimilar erosion and Perjeta due to the continued conversion of patients to Phesgo.

Sales in the International region rose by 14%, led by Phesgo, Xofluza (influenza), Hemlibra, Vabysmo, Elevidys (Duchenne muscular dystrophy) and Polivy. In China, sales rose by 10%, driven by the uptake of Phesgo due to the inclusion in the National

Reimbursement Drug List, strong sales of Xofluza and the continued roll-out of Vabysmo and Polivy.

Ocrevus (CHF 7.0 billion, +9%)
For multiple sclerosis.

Sales grew across all regions driven by continuous and increasing demand from both new and existing patients. The recently launched subcutaneous formulation has driven the growth in the European markets and in the US. Ocrevus remains a market leader in the treatment of multiple sclerosis.

Hemlibra (CHF 4.8 billion, +11%)
For haemophilia A.

Sales grew across all regions as the medicine is being increasingly established as the standard of care in the treatment of haemophilia A. The US remains the largest market for Hemlibra, and sales there grew by 6%. The growth in the International region was driven by higher demand, resulting from expanded access as more patients switched from existing treatments.

Vabysmo (CHF 4.1 billion, +12%)
For neovascular or ‘wet’ age-related macular degeneration (nAMD), diabetic macular oedema (DME) and macular oedema following retinal vein occlusion (RVO).

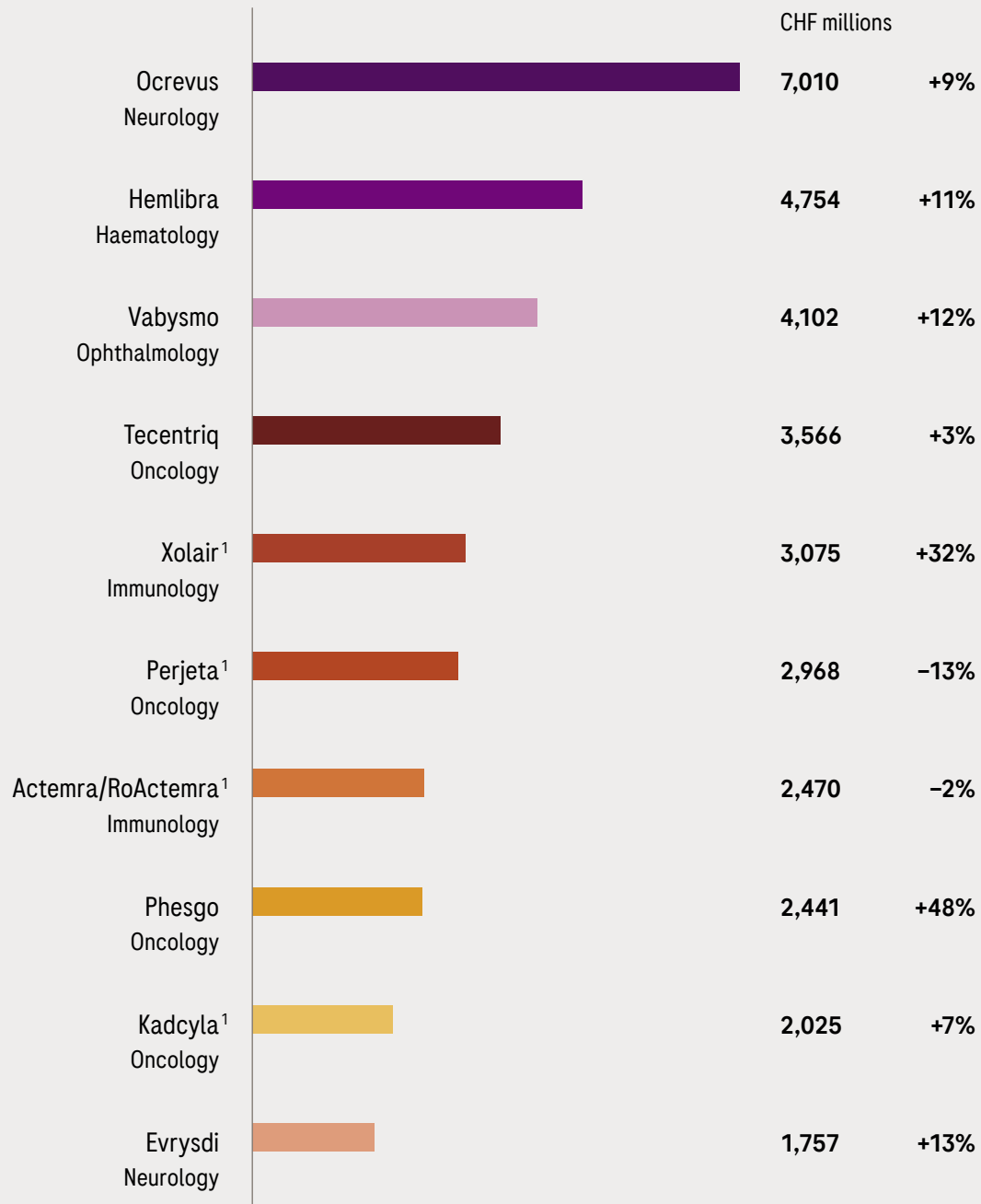
Vabysmo continued to be a key growth driver in 2025. The US remained the largest market for Vabysmo as the most prescribed FDA-approved drug in nAMD treatment, with the overall growth rate reduced by the contraction of the branded market. The roll-out of Vabysmo in Europe continued. Sales also increased in the International region driven by China following the inclusion of the medicine in the National Reimbursement Drug List in 2025.

Tecentriq (CHF 3.6 billion, +3%)
Cancer immunotherapy for various types of cancer.

Sales increased by 3%, driven by growth in the International region, notably China. This growth

* All growth rates and year-on-year comparisons are at constant exchange rates (CER; 2024 average) and all total figures are reported in Swiss francs.

Top-selling pharmaceuticals in 2025



¹ Products launched before 2015

was partially offset by the decline in the US and Japan due to competitive pressure in the hepatocellular carcinoma and non-small cell lung cancer indications.

Xolair (CHF 3.1 billion, +32%)

Asthma, food allergies, chronic spontaneous urticaria.

Sales increased by 32% driven by the recent launch of the medicine in the food allergy indication and the growth in the chronic spontaneous urticaria indication. Xolair is the only biologic medicine approved for chronic spontaneous urticaria and food allergies and remains a market leader in the larger allergic asthma indication.

Delivering on our ambition

The year 2025 was a very successful year in which we made significant progress on achieving our Pharmaceuticals Division's ambition, through a rigorous approach to science and discipline in the business, enabling us to bring life-changing medicines to people who need them all over the globe.

A year on from unveiling our updated strategy, which includes bringing 20 transformative medicines to patients across diseases with the highest societal burden by 2029, we are seeing increased clarity and focus across the enterprise. Underpinning this strategy is our focus on five therapeutic areas encompassing our prioritised end-to-end disease areas, which account for 60% of the total worldwide disease burden. In 2025 we established tailored strategies for each of our focus areas, which were subsequently embedded and activated across the organisation. In addition, our strategy outlines our ambitions, ensuring that 80% of our pipeline offers best-in-disease potential, to increase pipeline peak sales by 40% and to treat three times as many patients as we did when we adopted the strategy. At the end of 2025, we were halfway there with ten transformative medicines having been brought to patients and 66% of our late-stage portfolio having best-in-disease potential. We made incredible progress, delivering over and above what we set out to achieve: the total value of our pipeline is now almost 50% higher than at the end of 2023, and the expected peak sales per project have increased by 60%.

We are particularly proud of having advanced ten assets into phase III in 2025 – breaking our previous record of six assets in a single year – which is a testament not only to the potential of our future portfolio but also to our consistent application of the Bar, our decision framework for ensuring successful development of innovative and transformative medicines. With up to 19 new molecular entities that could potentially launch by 2030, we are well on track to achieve our goal. Our on-market portfolio, consisting of 16 blockbusters, also performed very well.

In Oncology/Haematology (6% growth), our industry-leading HER2 franchise was a significant growth driver, and with the global approval of Itovebi and positive giredestrant data presented at the San Antonio Breast Cancer Symposium 2025, we were confidently expanding into the segment of hormone receptor-positive cancer. We continued to have one of the most successful and established portfolios for the treatment of non-Hodgkin lymphoma, poised for more growth with entering into earlier lines of treatment and with the potential of further bispecific antibodies. Haemophilia A remained an area of strong growth and focus with our established product Hemlibra and our next-generation investigational bispecific antibody NXT007.

In Neurology (11% growth), we continued to strengthen our position in multiple sclerosis with Ocrevus, driven by the strong uptake of the subcutaneous formulation, and were especially



Thanks to receiving treatment for haemophilia A through the WFH Humanitarian Aid Program, Ream Rithy can now attend school regularly and work towards his dream of becoming a teacher of Khmer literature.

CASE STUDY

Giving people with haemophilia A their lives back

Around the world, many people with the blood-clotting disorder haemophilia A still have no access to treatment – which restricts their daily lives and reduces life expectancy. For children with severe, untreated haemophilia A, reaching adulthood can too often feel out of reach.

Through our partnership with the World Federation of Hemophilia (WFH) Humanitarian Aid Program, we're working to change that. Together, we bring our prophylactic treatment Hemlibra to people in regions with little to no access to haemophilia care. The WFH is ensuring that the local physicians are well-trained in the use of the therapy and organise the distribution of the product to ensure the treatment reaches those who need it most. The partnership, originally

formed by Roche and the WFH in February 2019, has been extended to the end of 2028. This long-term commitment enables continued preventive treatment for people living with haemophilia A. Today, more than 1,240 people across 36 developing countries are benefitting from Roche's donations through this global collaboration.

For Ream Rithy from Cambodia, accessing Hemlibra through the WFH programme has been life-changing. Before starting treatment at the age of 15, frequent hospital stays made school – and a normal childhood – almost impossible. With preventive therapy, his physical and mental health has strengthened, he attends school regularly and his ambition to become a teacher of Khmer literature is now within reach.

encouraged by the positive results for fenebrutinib in both relapsing multiple sclerosis (RMS) and primary progressive multiple sclerosis (PPMS). Evrysdi, our medicine to treat spinal muscular atrophy (SMA), continued to grow across key markets.

In Immunology (12% growth), we saw very strong momentum and growth of Xolair in food allergies, and the approval by the FDA for Gazyva/Gazyvaro in lupus nephritis as well as in systemic lupus erythematosus.

In Ophthalmology (10% growth), we have one of the most diverse portfolios in the industry, with Vabysmo, which continued to reinforce its efficacy, safety and durability across multiple retinal conditions, and Susvimo, which provides optionality through its convenient route of administration.

We are very pleased with the progress we made in 2025 and the difference we made to more than 39 million patients who were treated with one of our medicines globally. We are confident that the steps we are taking to deliver on our strategy position us well to reach our ambition by 2030, bringing even more transformative medicines to the people who need them most.

Business development

In 2025 Roche entered into several notable strategic partnership agreements aligned to our strategy, supporting our commitment to delivering on our Pharmaceuticals Division's ambition. Over the year, we established 51 new partnerships covering assets and technologies across all development stages within the therapeutic areas defined in our strategy. The acquisitions and partnerships, particularly within our core Cardiovascular/Renal/Metabolism therapeutic area, underscore our focus on advancing science, driving innovation and enhancing patient outcomes.

A key highlight of the year was our exclusive collaboration and licensing agreement with Zealand Pharma to co-develop and co-commercialise petrelintide, a potential foundational therapy for people with obesity. The partnership could bring a range of potentially best-in-class treatment options for patients, including therapy options as monotherapy and combination with Roche's

lead incretin asset CT-388. Obesity is a complex, heterogeneous disease associated with more than 200 comorbidities, including cardiovascular and metabolic diseases, and is projected to affect over four billion people globally by 2035. Together, we aim to develop best-in-class therapies that address this growing global health challenge.

Another significant achievement in 2025 was our entering into a definitive merger agreement to acquire 89bio, expanding our Cardiovascular/Renal/Metabolism portfolio with its phase III fibroblast growth factor 21 (FGF21) analogue for the treatment of metabolic dysfunction-associated steatohepatitis (MASH). 89bio's molecule, pegozafermin, has the potential to become a best-in-disease treatment for patients with moderate to severe MASH – one of the most prevalent and serious comorbidities associated with obesity.

Through these strategic developments, Roche continues to strengthen its leadership in addressing diseases with significant societal burden, advancing our mission to bring transformative therapies to patients worldwide.

Regulatory milestones

In 2025 we celebrated numerous significant approvals that marked a leap forward in treating a variety of serious health conditions for patients around the world.

Fighting cancer

- Itovebi received EU approval for ER-positive, HER2-negative advanced breast cancer with a PIK3CA mutation. This approval was based on data from the INAVO120 study, showing that the combination regimen with Itovebi more than doubled progression-free survival (compared with palbociclib and fulvestrant alone), making it the first PI3K-targeted therapy to significantly extend survival in this setting and underscoring the need for biomarker testing.
- Similarly, the EU approved the Columvi combination for people with relapsed or refractory (R/R) diffuse large B-cell lymphoma, an aggressive cancer. The phase III STARGLO study demonstrated a 41% reduction in the risk of death (compared to MabThera/Rituxan

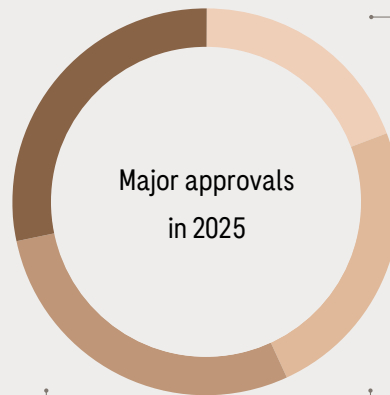
Major approvals
21

US 6

- Lunsumio SC
Follicular lymphoma, third-line treatment
- Tecentriq + lurbinectedin
Small cell lung cancer, first-line maintenance treatment
- Gazyva/Gazyvaro
Lupus nephritis
- TNKase
Stroke
- Susvimo
Diabetic macular oedema
- Susvimo
Diabetic retinopathy

China 4

- Columvi + chemotherapy
Diffuse large B-cell lymphoma, second-line treatment
- Itovebi + palbociclib + fulvestrant
Hormone receptor-positive, PIK3CA-mutated, metastatic breast cancer, first-line treatment
- Lunsumio
Follicular lymphoma, third-line treatment
- Ocrevus
Relapsing multiple sclerosis and primary progressive multiple sclerosis



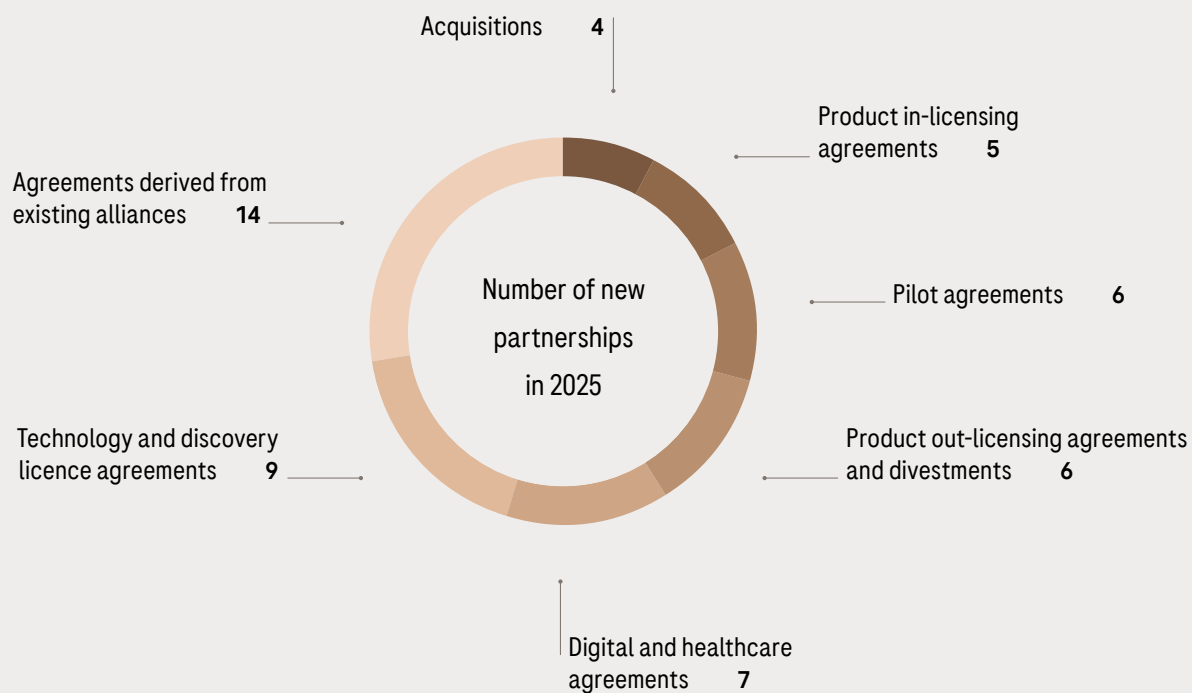
Japan - Chugai 6

- Tecentriq
Alveolar soft part sarcoma
- Tecentriq
Extranodal natural killer/T-cell lymphoma
- Tecentriq
Unresectable thymic carcinoma
- CellCept
Refractory nephrotic syndrome
- Elevidys
Duchenne muscular dystrophy (ambulatory)
- Vabysmo
Angioid streaks

Europe 5

- Columvi + chemotherapy
Diffuse large B-cell lymphoma, second-line treatment
- Itovebi + palbociclib + fulvestrant
Hormone receptor-positive, PIK3CA-mutated, metastatic breast cancer, first-line treatment
- Lunsumio SC
Follicular lymphoma, third-line treatment
- Gazyva/Gazyvaro
Lupus nephritis
- Xofluza
Influenza, paediatric (0-1 years)

New partnerships
51



plus chemotherapy), offering a much-needed off-the-shelf and fixed-duration treatment option for patients ineligible for transplant.

- Phesgo, for the treatment of HER2-positive breast cancer, received an EU label update to allow for administration at home, which has the potential to substantially reduce treatment administration costs by up to 80% in Western Europe, with 85% of patients preferring the subcutaneous over intravenous administration. This label update is based on clinical, real-world and bioequivalence data supporting feasibility and safety of the administration outside clinical settings.
- The subcutaneous formulation of Lunsumio for R/R follicular lymphoma received a recommendation by the Committee for Human Medicinal Products (CHMP) for approval. Lunsumio provides high and long-lasting response rates, with approximately two-thirds of patients with a complete response in remission after four years. The subcutaneous formulation could significantly reduce administration time (injection of approximately one minute versus intravenous infusion of 2–4 hours) and would be the first fixed-duration, subcutaneously administered treatment available for patients who have gone through two or more lines of systemic therapy.
- The FDA approved Tecentriq plus lurbinectedin as the first and only combination therapy for first-line maintenance treatment of extensive-stage small cell lung cancer. The approval was based on phase III IMforte data showing a 46% reduction in the risk of disease progression or death, and a 27% reduction in the risk of death.
- Beyond approvals, two key assets advanced in their development: cevostamab moved into phase III development for R/R multiple myeloma, and the highly selective, brain-penetrant HER2 tyrosine kinase inhibitor, ZN-1041/RG6596, entered pivotal phase II/III development for HER2-positive breast cancer.

Addressing diseases of the nervous system

- The FDA approved a new tablet formulation of Evrysdi for the treatment of SMA. Already

established as the only non-invasive, disease-modifying SMA treatment approved in over 100 countries, Evrysdi now offers a new tablet formulation that provides patients with the same demonstrated efficacy and safety profile as the oral solution, but allows for greater freedom and independence due to its simplified, room-temperature dose administration.

- Furthermore, our pipeline saw significant advancement with prasinezumab for early-stage Parkinson's disease moving into phase III development. Trontinemab for Alzheimer's disease also moved into phase III development.

Improving eye care

- Susvimo received FDA approval for diabetic macular oedema (DME) and diabetic retinopathy. This approval is particularly notable as Susvimo is the first and only continuous-delivery treatment, offering an alternative to regular eye injections to help people with DME maintain their vision. This marks the third indication for Susvimo, building upon its success in neovascular or 'wet' age-related macular degeneration.

Driving progress in Immunology and tackling infectious diseases

- The FDA approved Gazyva/Gazyvaro for the treatment of adult patients with active lupus nephritis who are receiving standard therapy, as well as a shorter 90-minute infusion time after the first infusion, for eligible patients.
- Zosurabalpin moved into phase III for multidrug-resistant bacterial infections, underscoring our commitment to addressing high unmet needs in infectious diseases.

Treating blood disorders

- NXT007 advanced into phase III development for haemophilia A, including a head-to-head study against Hemlibra.

Data achievements

In 2025 our pipeline continued to advance, achieving pivotal phase III read-outs representing significant progress in addressing diseases with the highest societal burden, aligned with our Pharmaceuticals Division's ambition. Beyond those mentioned in the section above, key highlights include:

Progress in multiple sclerosis

- Data from the high-dose Ocrevus studies MUNETTE and GAVOTTE in RMS and PPMS underscore our commitment to improving long-term outcomes for people living with these debilitating chronic conditions.
- Fenebrutinib showed unprecedented phase III results with the first of two pivotal RMS studies, FENhance 2, meeting its primary endpoint, showing investigational fenebrutinib significantly reduced relapses compared to teriflunomide. In the FENTrepid study, fenebrutinib in PPMS slowed disability progression at least as effectively as Ocrevus, the only approved therapy in PPMS.

Advancing immunotherapy in bladder cancer

- Results from the IMvigor011 study showed that Tecentriq as an adjuvant treatment in muscle-invasive bladder cancer represents a step forward in managing a high-risk, aggressive form of this disease.

Expanding breast cancer care

- The pivotal giredestrant study evERA in ER-positive advanced breast cancer offered new data, focusing on improved, endocrine-based treatment for this prevalent cancer type. The evERA study data showed that giredestrant significantly improved progression-free survival in people with ER-positive advanced breast cancer. Results from the second pivotal study for giredestrant, lidERA, were also positive, making giredestrant the first oral SERD to demonstrate superior invasive disease-free survival in early breast cancer.

Addressing chronic respiratory disease

- The astegolimab pivotal phase IIb ALIENTO study met its primary endpoint; however, the phase III ARNASA study did not meet its primary endpoint. The results were generally consistent across secondary endpoints in both studies.

Transforming lymphoma care

- Results from the Lunsumio and Polivy combination study SUNMO in R/R large B-cell lymphoma demonstrated the potential for new, fixed-duration treatment regimens in this aggressive cancer, offering a critical alternative for patients.

New options for lung cancer

- The Tecentriq and lurbinectedin combination study IMforte provided important data for the first-line treatment of extensive-stage small cell lung cancer, a disease with a critical need for improved long-term survival and quality of life.

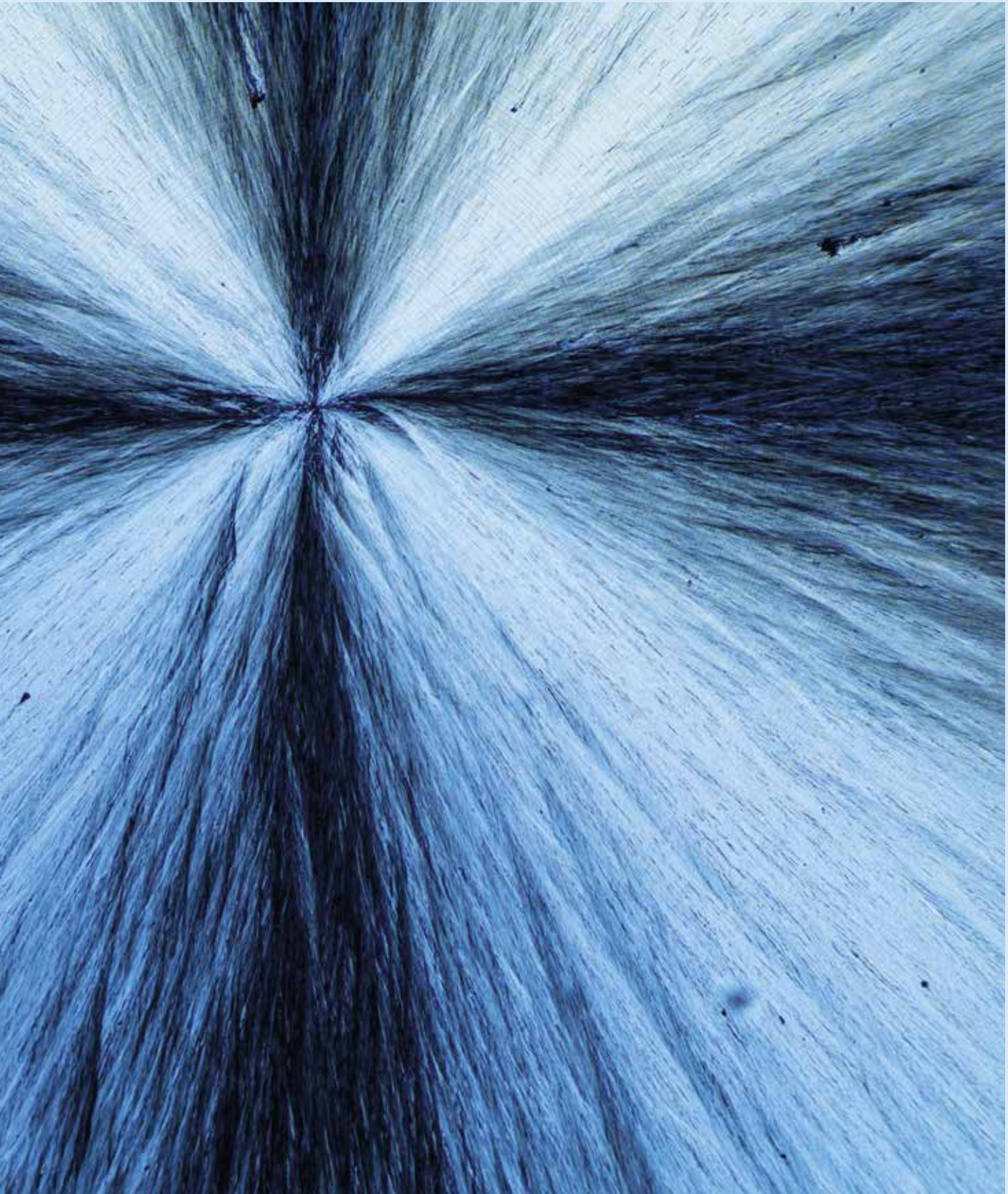
Further important read-outs and data presentations

- Positive phase III data for Roche's Gazyva/Gazyvaro showed significant reduction in disease activity for systemic lupus erythematosus.
- Trontinemab data from the phase Ib/IIa Brainshuttle Alzheimer's disease study showed a rapid and deep, dose-dependent reduction of amyloid plaques.
- NXT007 demonstrated the potential to provide haemostatic normalisation in people with haemophilia A.
- A phase III study of Xolair for food allergies showed that it may be more effective with fewer side effects than oral immunotherapy.
- Ten-year APHINITY data showed that the regimen based on Perjeta reduced the risk of death by 17% in people with HER2-positive early-stage breast cancer.
- Tecentriq demonstrated significant overall and disease-free survival benefits in bladder cancer with ctDNA-guided treatment.

Pharmaceuticals clinical pipeline

	Phase I	Phase II	Phase III	Registration
Oncology/Haematology	22	3	1	1
Immunology	7	2	3	
Neurology	5	4	3	
Ophthalmology	3	2	1	
Cardiovascular/Renal/Metabolism		4	2	
Others	3			

Our pipeline of 66 new molecular entities covers a broad range of diseases, and highly innovative technologies are applied to create and produce the active molecules.



2. General information

Roche has prepared this Sustainability Report in accordance with the Swiss Code of Obligations and with reference to the European Sustainability Reporting Standards. This reflects our commitment to transparency, ensuring that essential sustainability information across environmental, social, governance and human rights aspects is fully integrated into our reporting.

2.1 Basis of preparation	76
2.2 Sustainability governance	77
2.3 Strategy, business model and value chain	80
2.4 Double materiality assessment	84

A recrystallised thin film of the **fenebrutinib** drug substance, viewed using hot-stage polarised light microscopy. The vibrant, radiating pattern is known as 'spherulite'. The colours, shapes and thermal behaviour of this structure reveals important information about the drug's crystal form, which directly impacts its stability, processability and bioavailability.

2.1 Basis of preparation

General basis of preparation of the Sustainability Report

The Roche Sustainability Report ('Sustainability Report') forms part of the Roche Annual Report and discloses our sustainability information for the financial year 2025. The report includes mandatory disclosures based on our double materiality assessment. In addition to these, we include certain information on a voluntary basis on topics that have not been identified as material.

In accordance with the Swiss Code of Obligations (CO), Roche publishes this Sustainability Report to fulfil the non-financial reporting requirements set out in Article 964b CO.

For climate-related information, Roche prepares its disclosures in line with the recommendations of the Task Force on Climate-related Financial Disclosures (TCFD), as foreseen by the Swiss Ordinance on Climate Disclosures.

The CO also requires companies to comply with due diligence obligations relating to child labour and to minerals and metals from conflict-affected areas. These obligations are further specified in the Swiss Ordinance on Due Diligence and Transparency in relation to Minerals and Metals from Conflict-Affected Areas and Child Labour (DDTrO). Roche is out of scope of the due diligence and reporting requirements on minerals and metals from conflict-affected and high-risk areas. Being in scope of the DDTrO on child labour, Roche performed a risk-based due diligence in accordance with Articles 964j-l CO and the corresponding Ordinance requirements.

The Sustainability Report has been prepared with reference to the European Sustainability Reporting Standards (ESRS), in preparation for the mandatory reporting under the Corporate Sustainability Reporting Directive (CSRD). Data on greenhouse gas emissions (scopes 1, 2 and 3)

follows the Greenhouse Gas Protocol, and our reduction targets are validated by the Science Based Targets initiative (SBTi).

Scope

This Sustainability Report covers Roche Holding Ltd, a company registered in Switzerland, and its subsidiaries ('the Group'), consistent with the reporting boundaries applied for the Roche Group Consolidated Financial Statements, unless otherwise stated. Certain entities are excluded based on materiality considerations.

The reporting period is from 1 January to 31 December 2025. Newly acquired entities are included in the scope of sustainability reporting as soon as reasonably practicable. This integration occurs once the relevant data collection and reporting processes are operationally implemented, enabling reliable and consistent reporting. Divested entities are excluded from the date on which control ceases.

In this report, Chugai Pharmaceutical Co., Ltd. ('Chugai') is excluded from certain policies¹, metrics and the Roche Group speak-up channel. LITE companies² are excluded from selected metrics. These have a different human resources system from the one used across the wider Group. The integration of these entities into Group sustainability reporting is being addressed progressively as systems and processes are harmonised over time.

The Sustainability Report covers upstream activities, own operations and selected downstream activities.

Time horizons

Where this report references time horizons, we apply the following definitions in alignment with ESRS 1:

- Short-term (ST): within 1 year
- Medium-term (MT): 1 to 5 years
- Long-term (LT): beyond 5 years

¹ Risk Management Policy, Data Protection and Information Security, Group Directive: Business Partner Management, Roche Directive on Adequate Handling and Reporting of Business Ethics Incidents (BEI Directive), Directive on Mandatory Global Behaviour in Business e-Learning Programs

² Foundation Medicine, Inc., Flatiron Health, Inc., Flatiron Health UK Ltd, Flatiron Health GmbH, Flatiron Health K.K., Spark Therapeutics, Inc., Spark Therapeutics UK Ltd, Foundation Medicine GmbH, RoX Health GmbH, Roche mtm Laboratories AG

For specific topics that materialise over longer periods, such as our climate resilience analysis or our science-based targets, we use topic-specific time horizons.

Disclosures in relation to specific circumstances

Data collection and estimation

We use primary data from our operations whenever feasible. For certain metrics – particularly in the value chain – proxies, estimates or extrapolated data are applied when direct measurement is not possible or full-year data are not yet available. Estimates are based on documented judgements and assumptions and take into account historical trends, industry benchmarks and comparable data. Extrapolation is used only where patterns are considered stable over time.

Quality and consistency checks are applied across reporting entities and progressively integrated into our internal control processes. Due to inherent limitations associated with data collection, estimation and consolidation process, sustainability information may be subject to uncertainties, and

immaterial inaccuracies may remain undetected despite the application of reasonable processes and controls. Improving data quality, including greater reliance on primary data from third parties, remains an ongoing priority. We also contribute to selected industry and scientific collaborations, such as the Value Balancing Alliance, which aim to enhance the consistency and comparability of sustainability data across value chains.

Details of the applied methodology, including topic-specific assumptions and estimation methods, are provided in sections 3. Environment, 4. Social, 5. Governance and 6. Human rights of this report.

Comparative information

For environmental metrics, comparative information from the preceding year is included where relevant, available and appropriate to support meaningful interpretation. For social and governance metrics, the comparative information is not included in the first year of reporting as certain methodologies were newly introduced or revised. Comparatives for these metrics will be included in future reporting once data availability and methodological consistency allow.

2.2 Sustainability governance

Sustainability governance model

As sustainability is built into our business strategy, a shared commitment from all business areas and senior management is reflected in our sustainability governance structure.

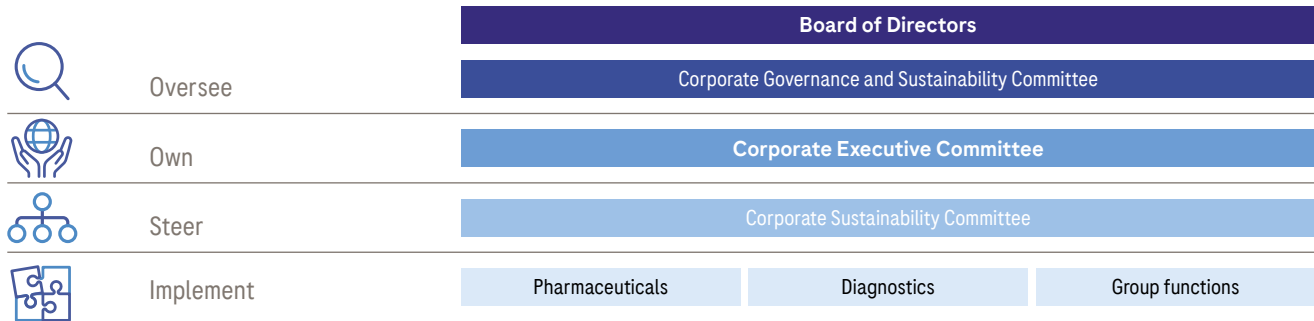
Oversight of sustainability at Roche

The Board of Directors is ultimately responsible for the overall management of the company and the supervision thereof including the related topics pertaining to sustainability. In accordance with the Bylaws, the Board has established the Corporate Governance and Sustainability

Committee, which supports and manages the oversight and governance of sustainability at Roche.

The Corporate Governance and Sustainability Committee assists in an advisory and preparatory role to the Board of Directors in fulfilling its ultimate responsibility and accountability for corporate governance, sustainability and non-financial reporting at Roche. Within that framework, the Corporate Governance and Sustainability Committee monitors and approves the governance and management of sustainability matters at Roche.

Sustainability governance model



In 2025 all the members of the Board of Directors, except for the Chairman, were independent directors. The Board comprised five nationalities, with 60% of positions held by men and 40% by women. There are no employee representatives, as the Board is elected solely by shareholders.

Ownership of sustainability at Roche

The Corporate Executive Committee has operational responsibility for sustainability at Roche, including the implementation of the sustainability strategy. The Head of Corporate Strategy and Sustainability, supported by the Chief Sustainability Officer, is responsible for establishing, managing and coordinating the implementation of the sustainability strategy.

In 2025 the Corporate Executive Committee comprised four nationalities, with 60% of positions held by men and 40% by women.

The Corporate Sustainability Committee, chaired by the Head of Corporate Strategy and Sustainability, steers sustainability at Roche

through strategic advice and guidance. It reviews progress on sustainability ambition and targets and facilitates the removal of potential barriers. The Corporate Sustainability Committee reports regularly to the Corporate Executive Committee and the Corporate Governance and Sustainability Committee.

Implementation of sustainability at Roche

Implementation is integrated in the Pharmaceuticals and Diagnostics Divisions and in Group functions. The divisions and Group functions set specific sustainability targets, as well as define and implement actions to deliver on these targets. These divisions and functions also assign business owners who are accountable for reaching the ambition and goals, ensuring collaboration across the Group and fostering a unified approach to sustainability.

Integration of sustainability-related performance in incentive schemes

Environmental and social targets are integrated into our annual variable bonus. Further information can be found in the Remuneration Report.

Statement on due diligence

Our due diligence framework is based on the UN Guiding Principles on Business and Human

Rights and the OECD Guidelines for Multinational Enterprises on Responsible Business Conduct. It applies across our value chain and covers the main aspects as described in the table below.

Sustainability due diligence

Core elements of due diligence	Details	References in the report
Embedding due diligence in governance, strategy and business model	Responsibility for due diligence is embedded in our governance structure. The Board of Directors, the Corporate Executive Committee and the Corporate Sustainability Committee oversee the integration of impacts into strategy and decision-making, supported by internal controls and reporting lines.	2.2 Sustainability governance 2.3 Strategy, business model and value chain 3.1 Climate change 5.1 Corporate culture and business ethics and integrity 6.1 Human rights
Engaging with affected stakeholders in all key steps of the due diligence process	We regularly engage stakeholders to inform our due diligence processes. This includes input gathered through the double materiality assessment and dialogue with employees, suppliers, industry initiatives and civil society organisations. Relevant external indices such as the Global Slavery Index and UNICEF's Children's Rights in the Workplace Index also support risk identification and prioritisation.	2.3 Strategy, business model and value chain 2.4 Double materiality assessment 3.1 Climate change 3.2 Pollution 3.3 Water 3.4 Biodiversity 3.5 Product sustainability 4.1 Our people 4.2 Workers in the value chain 4.3 Consumers and end users 5.1 Corporate culture and business ethics and integrity 6.1 Human rights
Identifying and assessing negative impacts on people and the environment	Impacts are identified and assessed through our double materiality assessment, complemented by internal compliance processes, site assessments, supplier audits and human rights risk assessments.	2.4 Double materiality assessment 3.1 Climate change 3.2 Pollution
Taking action to address adverse impacts	Group-wide policies guide the mitigation of identified negative impacts. We set measurable targets to drive sustainability performance and define action plans that mitigate negative impacts and deliver on our targets.	3.3 Water 3.4 Biodiversity 3.5 Product sustainability 4.1 Our people 4.2 Workers in the value chain 4.3 Consumers and end users 5.1 Corporate culture and business ethics and integrity 6.1 Human rights
Tracking the effectiveness of these efforts and communicating	We monitor effectiveness through regular reporting to the Corporate Executive Committee and function heads, supported by established internal controls and oversight processes. Reporting is coordinated through the Corporate Sustainability Committee, which consolidates progress updates for the Corporate Executive Committee and the Corporate Governance and Sustainability Committee. Concerns can be raised confidentially via our grievance mechanisms including the Roche Group speak-up channel, which are accessible to employees and external stakeholders. Severe supplier violations are managed through corrective action plans or, if unresolved, may lead to termination of the relationship.	2.2 Sustainability governance 3.1 Climate change 3.2 Pollution 3.3 Water 3.4 Biodiversity 3.5 Product sustainability 4.1 Our people 4.2 Workers in the value chain 4.3 Consumers and end users 5.1 Corporate culture and business ethics and integrity 6.1 Human rights

Further details on due diligence processes for environmental, social and employee-related matters, respect for human rights and combatting corruption, including topic-specific impacts, risks, opportunities and actions, are presented in sections 3. Environment, 4. Social, 5. Governance and 6. Human rights of this report.

Risk management and internal controls over sustainability reporting

In 2025 we started the implementation of Roche's Internal Control over Sustainability Reporting (ICSR) framework, which follows the principles of our established Internal Controls over Financial Reporting framework. Following our transition to sustainability reporting with reference to ESRS, the ICSR framework is being implemented in a phased approach. The framework includes a comprehensive risk assessment and thorough evaluation of our underlying data collection and reporting processes,

supplemented by development of internal controls to mitigate key risks in sustainability reporting. Currently, it primarily focuses on material risks and key controls to ensure the complete and accurate reporting of selected metrics.

Key risks in sustainability reporting are related to the completeness, availability and integrity of data, as well as the usage of estimated, extrapolated and proxy data. To mitigate these risks, data collection and reporting processes are formally designed and documented. Internal controls over sustainability reporting are implemented for data consolidation, review and validation processes. The Corporate Executive Committee and the Audit Committee are updated about the internal control framework and assurance reviews as part of the regular governance cycle. Furthermore, selected sustainability information in the Sustainability Report is also subject to limited assurance procedures performed by independent external auditors.

2.3 Strategy, business model and value chain

Business model and value chain

At Roche, our combined strengths of the Pharmaceuticals and Diagnostics Divisions enable us to improve health outcomes for patients throughout the entire patient care pathway – from prevention and screening to diagnosis, treatment and monitoring. By bringing together deep scientific expertise and global reach, we deliver innovative solutions to improve patient outcomes and strengthen healthcare systems.

Business model

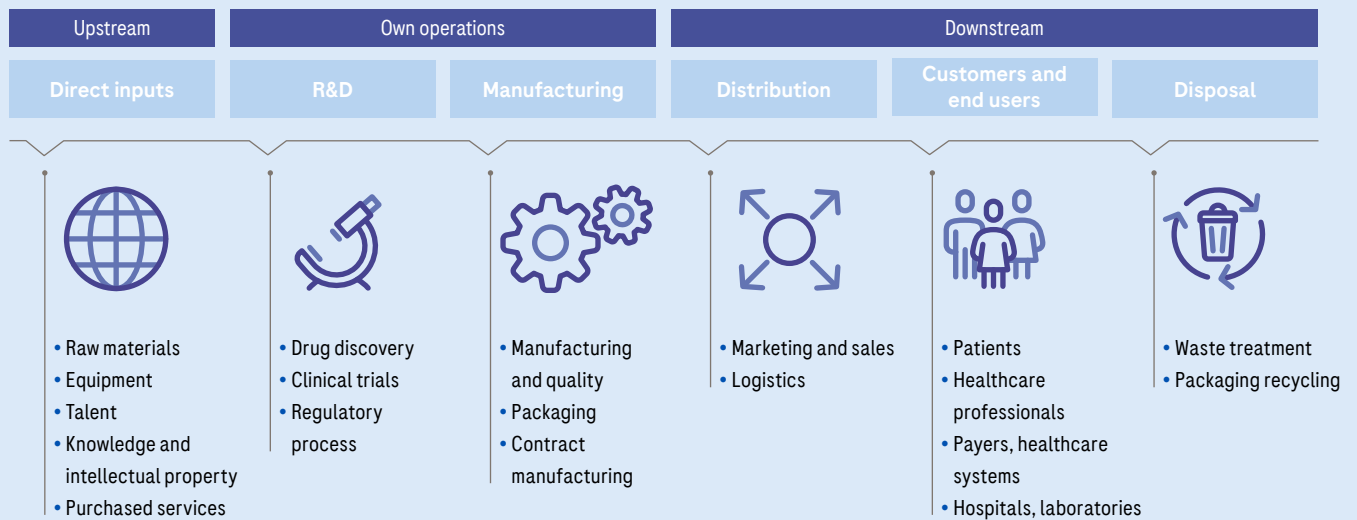
Our Pharmaceuticals Division researches, develops, manufactures and commercialises innovative medicines in therapeutic areas including Oncology/Haematology, Neurology, Immunology, Ophthalmology and Cardiovascular/Renal/Metabolism. The Diagnostics Division provides laboratory systems, point-of-care devices and

digital solutions for early detection, diagnosis and monitoring of diseases as well as digital health activities which focus on laboratory insights, clinical decision support, workflow optimisation and remote patient monitoring.

We serve patients and healthcare professionals worldwide, working closely with payers and healthcare systems to secure access and reimbursement, and with authorities and regulators to meet safety and compliance requirements. Our operations span major and emerging healthcare markets worldwide, supported by a global network of affiliates and business partners.

As a healthcare company, Roche is positioned in the pharmaceutical sector, distinct from the agrochemical sector. Any chemical production is part of pharmaceutical manufacturing only.

Our value chain



Our value chain

The main inputs, operations and outputs of our value chain are illustrated in the diagram above. For our Pharmaceuticals Division, inputs include chemical and biological materials, such as active pharmaceutical ingredients, excipients and packaging. For the Diagnostics Division, inputs include electronic components for instruments and chemical and biological materials for reagents. Together with our business partners, we transform these inputs through research and development, manufacturing and commercialisation activities into medicines and diagnostic solutions for customers.

Through our activities along the value chain, we generate economic and socio-economic value by delivering innovative medicines and diagnostic solutions to patients and healthcare systems. These activities contribute to employment, income generation and improved health outcomes, thereby supporting productivity and economic development.

At the same time, our operations and value chain have environmental impacts through emissions, waste and the consumption of energy and natural resources. These impacts and the actions we take to address them are described in sections 3. Environment, 4. Social, 5. Governance and 6. Human rights of this report.

Material impacts, risks and opportunities and the resilience of our strategy and business model

Integration with strategy and business model

We address complex healthcare challenges by investing in research and development to deliver innovative medicines and diagnostic solutions. Our goal is to serve patients throughout their care pathway, from prevention and screening to diagnosis, treatment and monitoring, by translating scientific advancements into solutions.

Sustainability is integral to who we are and how we operate. We focus where we have the greatest impact and have identified sustainability priorities related to access to innovation, people and the environment. These priorities are embedded across our value chain, from research and development to sourcing, manufacturing and commercialisation.

- **Access to innovation.** Advance equitable health outcomes so patients benefit from earlier detection, targeted treatment and better outcomes and provide new ways to bring our medicines and diagnostic solutions to more patients, faster.
- **Work environment.** Foster a safe and inclusive workplace where people can thrive.
- **Environment.** Reduce our environmental impact, work across our value chain to cut emissions, conserve water and protect biodiversity, and minimise the footprint of our products and processes.

These are long-term commitments guided by targets and metrics, and underpinned by established governance, as described in sections 3. Environment, 4. Social, 5. Governance and 6. Human rights of this report.

Risk and opportunity management

Our risk and opportunity management process is embedded at all levels of the Group and formally anchored in the Risk Management Policy. Divisions and Group functions conduct structured risk and opportunity assessments at least annually and develop response plans for their most material risks and opportunities. This is performed in parallel with business planning. Identified risks and opportunities are consolidated into a Group risk report, which is reviewed by the Corporate Executive Committee and the Board of Directors. Effectiveness is monitored by the Group Risk Advisory team. The overall process is reviewed by the Audit Committee and, where appropriate, through external review.

Complementary to the risk and opportunity management process, Group Risk Advisory is

responsible for identifying and assessing social, environmental, economic and governance trends that could impact our business. This is achieved through our annual business environment trend analysis. Every year, the most relevant trends are integrated into the risk and opportunity management process and considered in the development of our sustainability strategy.

Resilience of our strategy and business model

We integrate sustainability-related impacts, risks and opportunities into strategic planning and core business processes to strengthen the long-term resilience of our business model. Scenario analyses are conducted for physical and transition climate risks in line with TCFD recommendations, considering short-, medium- and long-term horizons. More detail about our approach to risk and opportunity assessment for specific sustainability topics can be found in the respective sections of this report.

Interests and views of stakeholders

Establishing an open and constructive dialogue with internal and external stakeholders is essential for creating sustainable value and building long-term trust. By actively listening to stakeholder feedback, we gain insights that help shape our strategy and inform risk management. Engagement is conducted regularly through formal meetings, consultations and surveys as well as via channels such as websites and publications.

The resulting insights inform every stage of our products' life cycle – from early design and research and development to manufacturing, distribution and end-of-life considerations. Stakeholder input also guides our global business operations and supports our collaboration with patient communities, healthcare professionals and governments to strengthen healthcare systems and improve access to care.

Stakeholder engagement

Stakeholder groups	Purpose of the engagement	Main engagement channels	How we reflect stakeholders' interests in our work
Patients	To understand patient needs and expectations, in line with our purpose of 'Doing now what patients need next' and to ensure that our medicines and diagnostic solutions address real-world healthcare challenges	The International Experience Exchange with Patient Organisations and other collaborations with patient organisations and advocacy groups	Insights from patient engagement inform disease area strategies, the design of clinical trials and the development of products and services. They also shape our policy dialogue, access approaches and commercialisation planning.
Employees	To foster an inclusive and safe workplace that enables our people to thrive and develop their professional growth	Global Employee Opinion Survey, town halls, focus groups, performance reviews and works councils such as the Roche Europe Forum	Feedback from our employees is used to enhance employee experience, well-being initiatives and development programmes, and is integrated into leadership and organisational decisions.
Regulatory and industry bodies	To contribute to policy and regulatory discussions that sustain innovation and improve access to healthcare	Regular dialogue with the authorities, participation in industry associations and contribution to consultations and health technology assessments	Stakeholder perspectives influence Roche's positions on regulatory changes and healthcare policies and guide our collaborative efforts to strengthen healthcare systems.
Healthcare professionals	To ensure appropriate use of our medicines and diagnostic solutions and to gather feedback that enhances patient care	Scientific congresses, advisory boards, clinical trial steering committees	Insights from healthcare professionals inform product profiles, development plans and disease awareness activities, supporting responsible prescribing and improved patient care.
Suppliers	To promote responsible business conduct, environmental stewardship and resilience across our supply chain	Supplier audits, sustainability assurance visits, training workshops and collaborative initiatives such as the Pharmaceutical Supply Chain Initiative	Partnership with our suppliers supports improvements in supplier practices, drives decarbonisation efforts and strengthens compliance with the Roche Supplier Code of Conduct.
Communities and NGOs	To support local development, advance equitable health outcomes and strengthen social impact	Collaboration with NGOs, employee volunteering, donations and community projects, as well as long-standing initiatives in science, education, arts, culture and the environment	Engagement with communities and NGOs ensures that our contributions respond to local needs and create lasting value in health, education and the environment areas.
Investors	To ensure transparency on our strategy, performance and sustainability progress, and to maintain long-term trust	Annual General Meeting, investor briefings and the Roche Annual Report	Feedback from investors informs our disclosure priorities and reinforces Roche's focus on innovation, performance and long-term value creation.

2.4 Double materiality assessment

Methodology and processes

Our double materiality assessment (DMA) was carried out with reference to the ESRS. The methodology combines an inside-out perspective, which considers our impacts on people and the environment, with an outside-in perspective, which assesses how sustainability matters affect our business model and financial performance.

We focused the assessment on our own operations and on upstream activities covering first-tier suppliers, while including selected downstream activities. This focus reflects where we currently have the greatest influence and most reliable data. We plan to expand downstream coverage as systems and data quality improve, as we are transitioning to be fully compliant with the ESRS.

Our assessment followed a bottom-up approach, leveraging insights from subject-matter experts across both divisions and Group functions. This internal expertise was validated and enriched through the integration of external benchmarks and industry analyses. The alignment between DMA outcomes and sustainability priorities is an ongoing process as sustainability becomes further embedded across the Group.

For environmental topics, we applied impact valuation methods to assess the scale and scope of impacts. Using these methods, we first assessed the impact in physical units, such as tonnes of greenhouse gas emissions, which was then converted into monetary equivalents.

All identified impacts were evaluated against defined criteria: scale, scope, remediability

(for negative impacts) and likelihood. Financial materiality was assessed separately, considering the potential magnitude and probability of financial impacts.

To determine the material impacts, risks and opportunities (IROs) and subtopics, we applied a scoring-based prioritisation method, which ranks the IROs by their environmental, social or economic impact and their financial materiality. Subject-matter experts validated the results, and the process and conclusions were endorsed by the Corporate Governance and Sustainability Committee, the Chief Sustainability Officer and by the relevant business owners.

Potential IROs have been identified across the short-term (ST), medium-term (MT) and long-term (LT) horizons, as described in section 2.1 Basis of preparation. The management of these IROs, along with their expected timeframes, is detailed in the respective topical sections of this report.

Outcomes of the DMA

The DMA identified 14 material sustainability subtopics, which form the basis of our Sustainability Report. In addition to these subtopics, we report on other matters which are part of our sustainability strategy. These include biodiversity and product sustainability, which were not identified as material in our 2025 DMA, as both fell below the threshold of our assessment methodology. While currently not material, these topics are becoming increasingly relevant for our business and stakeholders and are therefore included in section 3. Environment of this report.

14 material sustainability subtopics

Environment	E1 Climate change adaptation	E1 Energy	E3 Water
	E1 Climate change mitigation	E2 Pollution of air	
Social	S1 Working conditions (own operations)	S2 Working conditions (value chain)	S4 Personal safety of consumers and end users
	S1 Equal treatment and opportunities for all (own operations)	S4 Information-related impacts for consumers and end users	S4 Social inclusion of consumers and end users
	S1 Other work-related rights (own operations)		
Governance	G1 Corporate culture		
	G1 Corruption and bribery		

Overarching policies regulating sustainability topics

At Roche, we manage our material IROs through a set of enterprise-wide policies and directives (collectively referred to as policies) that guide ethical conduct, environmental stewardship, respect for human rights and responsible business practices. These establish uniform minimum standards across the Roche Group and provide a framework for implementation with our business partners where applicable. Together, they form the foundation for managing material IROs and provide a consistent framework to ensure compliance with international regulations and meet stakeholder expectations.

Roche Group Code of Conduct

The Roche Group Code of Conduct defines our standards for ethical and responsible business conduct across the company. It sets clear expectations for employee behaviour and establishes how we operate with integrity, comply with laws and regulations and uphold high ethical standards.

The Roche Group Code of Conduct reinforces our dedication to product and service quality and safety, ethical conduct, honesty, transparency and accountability. It commits Roche to a respectful and inclusive workplace culture and affirms no acceptance of discrimination and harassment. Employees can raise compliance concerns in good

faith without fear of adverse consequences. The Roche Group Code of Conduct recognises privacy as a fundamental human right and requires the processing of personal data in line with applicable laws and regulations like the EU General Data Protection Regulation (GDPR) and the US Health Insurance Portability and Accountability Act.

The Roche Group Code of Conduct applies international good practice standards, including Good Clinical Practice, Good Pharmacovigilance Practice, Good Laboratory Practice and Good Manufacturing Practice. It aligns with international frameworks such as the UN Guiding Principles on Business and Human Rights, the UN Global Compact, the Universal Declaration of Human Rights, and the International Labour Organization's (ILO) Fundamental Principles and Rights at Work.

All Roche Group employees, and anyone acting on Roche's behalf, must adhere to the Roche Group Code of Conduct as a condition of employment and collaboration with Roche. As an overarching policy, it underpins our approach across all sustainability topics.

Roche Supplier Code of Conduct

The Roche Supplier Code of Conduct sets minimum standards for ethical, sustainable and responsible business practices across our suppliers. It outlines our commitment to integrity, respect for human rights, environmental stewardship and fair working conditions. It requires suppliers to uphold the same level of responsibility in relation to compliance and sustainability.

It applies to all suppliers working with the Roche Group and requires them to comply with applicable laws and to extend equivalent standards throughout their supply chains. Non-compliance may lead to corrective action, exclusion from future opportunities or termination of the business relationship.

The Roche Supplier Code of Conduct details our expectations with regard to ethics, human rights and labour, health and safety, environment and management systems. It states that suppliers shall not use child labour, forced labour and discrimination; shall provide safe and healthy workplaces; and shall respect freedom of association and ensure fair remuneration.

Environmental standards include efficient use of resources, emissions management, mitigation of climate change, waste reduction and responsible chemical handling. Ethical conduct requires strict prohibitions on corruption, bribery and conflicts of interest and the protection of confidential information and intellectual property.

The Roche Supplier Code of Conduct aligns with internationally recognised standards, including the UN Guiding Principles on Business and Human Rights, the OECD Due Diligence Guidance for Responsible Business Conduct, ISO 26000, ILO Core Conventions, and the Pharmaceutical Supply Chain Initiative Principles. Implementation is supported by Roche's procurement processes, supplier audits and engagement programmes such as the Supplier Sustainability Assurance Visit.

Roche Policy on Third Party Spend

The Roche Policy on Third Party Spend defines the rules and criteria for procuring goods and services, embedding sustainable practices within our procurement activities. The policy outlines key procurement management practices to manage sustainability performance and ensure suppliers meet our standards throughout the supplier life cycle, as described in the Roche Supplier Code of Conduct. These practices include risk management, supplier due diligence, performance monitoring and procedures for managing non-compliance.

Roche Directive on the Protection of Personal Data

The Roche Directive on the Protection of Personal Data safeguards the privacy rights of employees, patients, clinical trial participants and suppliers. It applies globally across all Roche companies and functions and sets uniform minimum standards for handling personal data. Third-party data processors must apply comparable measures.

The Roche Directive on the Protection of Personal Data requires that personal data are processed lawfully, fairly and securely. Actions must be supported by training programmes such as the Global Information Security Awareness Training and the Data Privacy Awareness course. It aligns with international data protection laws, including the EU GDPR.

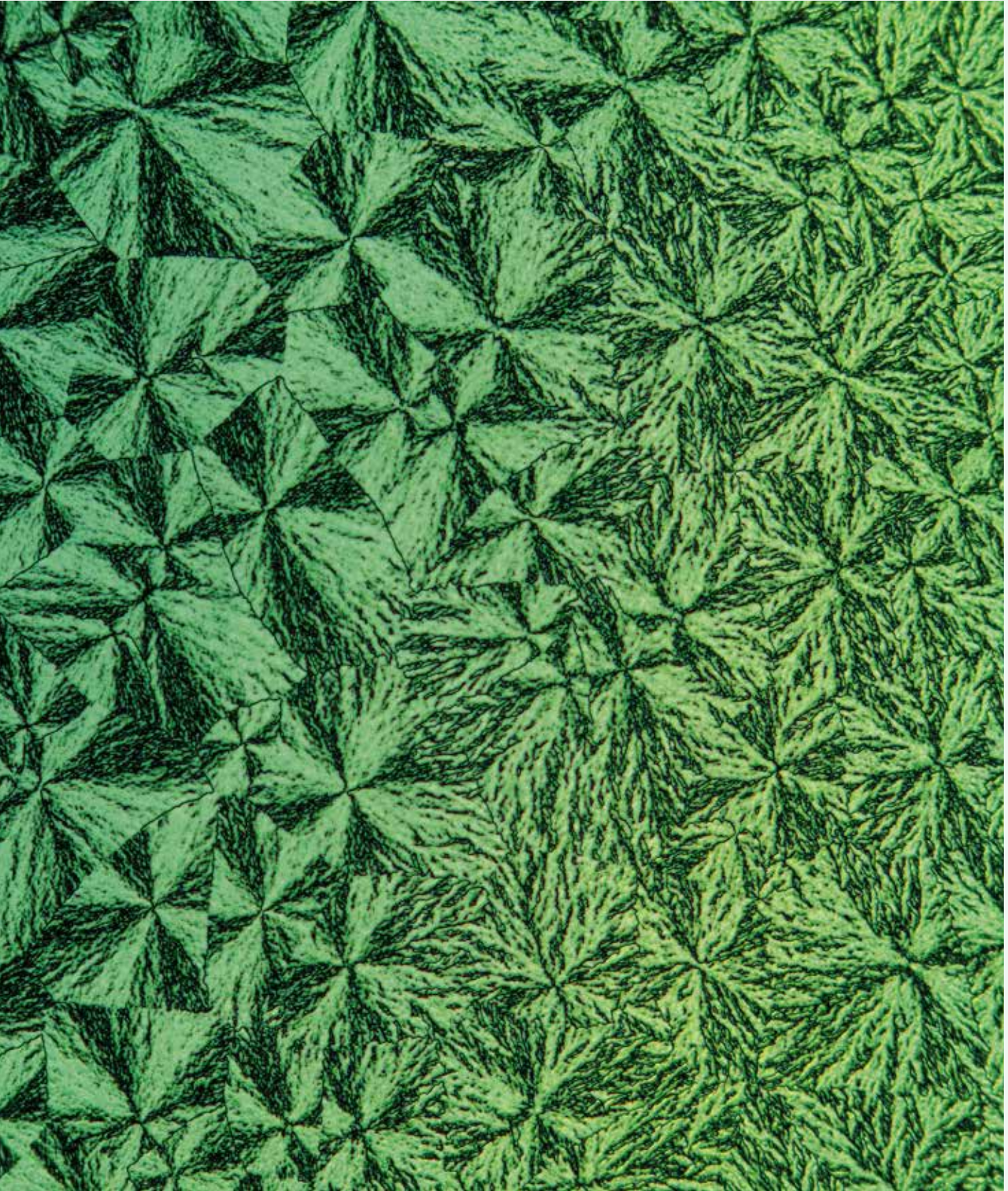
Safety, Security, Health and Environmental Protection (SHE) Policy

The Safety, Security, Health and Environmental Protection (SHE) Policy sets out Group-wide commitments to safe and healthy workplaces,

secure operations, environmental stewardship and sustainable products. SHE matters are addressed with the same priority as quality, productivity and cost efficiency, with prevention embedded as a guiding principle.

This policy applies to all Roche companies and employees. We expect suppliers to apply comparable standards. Employees are required to report violations to managers or SHE representatives. No employee will be disadvantaged if they report a violation or demand the application of this policy.

The Safety, Security, Health and Environmental Protection (SHE) Policy aligns with recognised frameworks, including the International Chamber of Commerce Business Charter for Sustainable Development, relevant international conventions, ISO standards and the UN Sustainable Development Goals. Performance is monitored through defined indicators and objectives to drive continuous improvement in safety, security, health and environmental protection.



3. Environment

Respect for the environment has always been a priority for Roche. We are accelerating our efforts to address our impacts across the company and are actively collaborating within our value chain and industry to make a positive contribution to the health of people and our planet.

3.1 Climate change	90
3.2 Pollution	104
3.3 Water	107
3.4 Biodiversity	111
3.5 Product sustainability	114

A recrystallised thin film of the **risdiplam** drug substance, viewed using hot-stage polarised light microscopy. The vibrant, radiating patterns are known as 'spherulites'. The colours, shapes and thermal behaviour of these structures reveal important information about the drug's crystal form, which directly impacts its stability, processability and bioavailability.

3.1 Climate change

At Roche, we recognise climate change as one of the defining challenges of our time, with profound implications for both planetary and human health. Rising temperatures, shifting disease patterns and extreme weather events affect the resilience of healthcare systems and the well-being of the communities we serve.

Our approach focuses on both climate change mitigation – by reducing greenhouse gas (GHG)

emissions and improving energy performance – and climate change adaptation by strengthening resilience across our operations and value chain. We embed environmental considerations into decision-making, guided by collaboration, such as our participation in the Sustainable Markets Initiative’s Health Systems Task Force (SMI HSTF), and a commitment to sustainable healthcare.

Material impacts, risks and opportunities (IROs)

Subtopic	IRO description	Type	Value chain	Time horizon
Climate change adaptation	Insufficient adaptation to physical climate risks across sites and the value chain may negatively influence financial performance and reputation.	Physical risk	Upstream, own operations, downstream	ST-MT-LT
Climate change mitigation	GHG emissions across operations and the value chain contribute to climate change.	Actual negative impact	Upstream, own operations, downstream	ST-MT-LT
	Climate-related investments misaligned with strategy or customer needs may underperform and negatively affect financial performance and reputation.	Transition risk	Own operations	ST-MT-LT
	Active employee engagement on climate action strengthens our sustainability culture and supports our reputation as a responsible healthcare company.	Transition opportunity	Own operations	ST-MT
Energy	Energy consumption generates emissions and pressures local grids, reducing reliable energy access for communities.	Actual negative impact	Own operations	ST-MT
	Supplier and transport energy use generates emissions that contribute to climate change.	Actual negative impact	Upstream, downstream	ST-MT
	Infrastructure constraints and growing energy demand may cause shortages affecting financial performance.	Transition risk	Own operations	MT
	Expanding renewable energy capacity and efficiency reduces reliance on fossil fuels and strengthens reputation.	Transition opportunity	Own operations	MT-LT

Interaction of material impacts, risks and opportunities with strategy and business model

Our primary climate impact stems from GHG emissions across our value chain. In line with recommendations of the Task Force on Climate-related Financial Disclosures (TCFD) and requirements of the European Sustainability Reporting Standards (ESRS), we systematically identify and assess the resulting physical and transition climate-related risks and opportunities, including their interaction with our business model. This assessment process is integrated into our broader enterprise risk management system and directly supports strategic planning and investment decisions.

Climate-related risks are embedded in the way we manage risks across our organisation. The Corporate Governance and Sustainability Committee and the Corporate Executive Committee regularly discuss identified risks, opportunities and mitigation measures. Our sustainability governance is further described in section 2. General information of this report.

Resilience analysis

Since 2023 we have conducted resilience analyses of our strategy under multiple climate scenarios. In 2025 we enhanced our methodology by broadening the physical risk assessment to include additional sites and climate hazards and by introducing quantitative modelling for transition risks. The results will support site-level adaptation planning, business continuity management and

the integration of climate considerations into our investment decisions.

Climate scenarios

Roche's climate risk assessments are based on three Shared Socioeconomic Pathways (SSPs), consistent with guidance from the Intergovernmental Panel on Climate Change (IPCC). These scenarios were selected to reflect a range of plausible global future pathways and to assess resilience across multiple time horizons. The physical risk assessment was performed for three time horizons covering the current, 2030 and 2060 time horizons. For transition risks, time horizons reflect our science-based targets and our transition plan covering 2029, 2045 and 2050.

- **Low-emissions scenario (Paris-aligned)**
SSP 1-1.9, projecting global warming to be limited to around 1.5°C by 2100 compared to pre-industrial levels, with net-zero CO₂ emissions reached by mid-century.
- **Medium-emissions scenario**
SSP 2-4.5, forecasting global warming between 2.0°C and 3.0°C compared to pre-industrial levels by 2100.
- **High-emissions scenario**
SSP 5-8.5, forecasting global warming above 4.0°C compared to pre-industrial levels by 2100.

These scenarios support our analysis of acute and chronic physical hazards and also provide a consistent basis for evaluating transition risks and opportunities across different emission pathways.

Physical risks

In 2024 we prioritised Roche’s key production sites, assessing them against nine different climate hazards: flooding, precipitation, wind, hail, thunderstorms, drought, heat, wildfires and cold. The assessment included a site-level evaluation for each hazard, considering the local environment and infrastructure. The results indicated that the assessed hazards can lead to infrastructure damage and/or disruption of operations. The assessment of these sites confirmed that existing preparations, such as emergency response and business continuity management plans, are sufficient to manage these events. The identified physical climate risks are mitigated for the current, 2030 and 2060 time horizons.

Based on the 2024 results and insights, we evolved our scope and focus in 2025 and performed a company-wide climate hazard exposure assessment for a total of 228 sites. The assessment examined exposure to acute hazards such as drought, flooding, windstorms

and wildfires and to chronic hazards such as heat stress and temperature shifts.

We used a methodology provided by our insurance provider, which ingests our site geolocation data and integrates it with climate and hazard data sets. This methodology first determined the specific exposure level for each of our 228 sites (e.g. low, medium, high or very high) based on defined physical metrics for each hazard that classify the potential intensity, duration or frequency of the hazard. Using the SSP 2–4.5 (medium emissions) and SSP 5–8.5 (high emissions) climate scenarios, we then projected this exposure for the current, 2030 and 2060 time horizons.

The table below shows the resulting percentage of our sites that meet the high or very high exposure threshold for the respective climate hazards, corresponding to the medium- and high-emission scenarios. These quantitative findings have been consolidated to represent different percentage ranges of sites impacted.

Percentage of sites with high or very high exposure to climate hazards

Risk category	Climate hazard	Current	2030	2060
Acute	Drought	●	●	●
	Flood (fluvial and pluvial)	●	●	●
	Hail	●	●	●
	Extreme precipitation	●	●	●
	Storm surge	●	●	●
	Tornado	●	●	●
	Wildfire	●	●	●
	Wind	●	●	●
Chronic	Frost days	●	●	●
	Hot days	●	●	●

% of sites: ● (0%–10%) ● (11%–30%) ● (31%–50%) ● (51%–70%)

In future assessments, we plan to quantify gross physical risks for all major sites with high or very high exposure. Subsequently, we will perform a net risk assessment calculating the residual risk after adaptation and mitigation measures.

Our risk assessments continue to inform the development of our site-level adaptation planning, including prioritised infrastructure improvements and targeted adaptation measures.

Transition risks

Our previous analysis identified transition risks and opportunities relevant to the Group, stemming from policy and legal, technology, market and reputation changes. Building on that work, we assessed the potential financial implications of these climate transition risks, which included expected future carbon pricing, energy market volatility and evolving regulation. The quantitative analysis focused on the implications of different forward-looking scenarios for carbon and energy costs. The results are not forecasts, but rather exploratory views of potential future risks related to our emission pathways and different climate scenarios.

The 2025 assessment covered our own operations (scope 1 and 2 emissions and energy costs) and our value chain (for relevant categories of our scope 3 emissions), evaluating potential financial impacts across the Group. We compared two pathways: i) a business-as-usual (BAU) trajectory with ii) our transition plan, which is anchored in our science-based net-zero targets and our scope 1 and 2 absolute zero ambition. The BAU trajectory, used as a baseline emission pathway to assess gross risks, assumes continued energy consumption and emissions growth with no further progress towards sustainability targets beyond current levels. We then compared this to a scenario reflecting our transition plan, enabling us to estimate potential net risks. Impacts from transition risks were modelled for both pathways using multiple climate scenarios developed by the Network for Greening the Financial System (NGFS) and the International Energy Agency (IEA), with an emphasis on scenarios

that are comparable to the low-emissions (Paris-aligned) scenario.

According to the outcomes of our analysis, executing our transition plan materially reduces our projected financial exposure to energy price volatility and carbon pricing risks.

By driving the shift towards electrification, renewable energy and energy efficiency improvements, our analysis of direct energy costs indicates that the transition plan pathway may result in lower long-term energy costs compared to the BAU trajectory. This quantitative analysis provides us with the necessary foresight into future price scenarios based on various energy efficiency assumptions, improving decision-making to effectively manage energy costs.

Regarding carbon costs, the modelling indicates our transition plan pathway avoids the majority of carbon costs by 2050, with costs from our own operations (scopes 1 and 2) being eliminated through the achievement of our 2050 absolute zero target for those scopes. This positive financial impact extends to our value chain (scope 3). The following tables provide a detailed overview of the projected impacts for our own emissions as well as emissions from procuring products and services, quantifying the scale of this cost avoidance. The tables display key metrics from our quantitative analysis based on Paris-aligned scenarios developed by the NGFS and the IEA, reflecting the full range of outcomes for direct emissions and a median-based threshold for supplier emissions.

Carbon costs levied on scope 1 and 2 emissions (in millions of CHF)

	Pathway	2029	2045	2050
Carbon costs for scopes 1 and 2	Business as usual (gross)	5-75	80-335	95-550
	Transition plan (net)	0-25	5-30	0

Carbon costs levied on products and services (in millions of CHF)

	Pathway	2029	2045	2050
Carbon costs for products and services sourced from suppliers	Business as usual (gross)	<700	>1,000	>1,000
	Transition plan (net)	<700	<300	<300

Our ongoing work is focused on further developing these models and integrating the insights into our core business processes, such as strategic planning, risk management and supplier engagement.

Opportunities

We continuously monitor climate-related risks and opportunities. For an overview of identified opportunities, refer to the summary provided in the material climate impacts, risks and opportunities table.

Policies

Our approach to climate change is guided by policies designed to address material climate-related impacts, risks and opportunities.

These policies apply across our operations and set minimum standards for managing GHG emissions, energy use and climate-related risks. They support our response to risks such as energy market volatility and reputational exposure, and they create opportunities to strengthen efficiency and lead to innovation. They align with international frameworks, including the Paris Climate Agreement, the Greenhouse Gas Protocol and our science-based targets validated by the Science Based Targets initiative (SBTi).

Our most significant climate policies include the Roche Position on Greenhouse Gases / Climate Change, the Group Directive K18: Energy and our Risk Management Policy, together with the Roche Supplier Code of Conduct, which defines climate- and environment-related expectations for suppliers. A detailed description of the Supplier Code of Conduct is provided in section 2. General information of this report.

Roche Position on Greenhouse Gases / Climate Change

The Roche Position on Greenhouse Gases / Climate Change sets out our commitment to mitigate climate change and transition to a low-carbon future. It also outlines our approach to managing the risk of climate impacts on our business through scenario analysis.

The policy requires prevention and emissions reductions at source for operations and energy-consuming processes under our direct control. It outlines our commitment to achieving our scope 1 and 2 GHG emission long-term targets by 2050 fully through mitigation rather than compensation or offsetting measures.

We prepare and report our GHG inventory in line with the Greenhouse Gas Protocol.

Group Directive K18: Energy

The Group Directive K18: Energy sets a global minimum standard for energy management across all our sites. It requires sites to implement energy optimisation plans, design energy-consuming items for maximum efficiency and integrate energy efficiency into daily operations and investment decisions.

It is consistent with the emission pathways described by the IPCC (special report on global warming of 1.5°C). The policy supports the Paris Climate Agreement and follows the Greenhouse Gas Protocol for GHG accounting and performance tracking.

Risk Management Policy

The Risk Management Policy sets out our approach to identifying, assessing and managing risks with the same diligence as quality, compliance and business performance. It applies systematically across the Group and is aligned with recognised external frameworks such as COSO ERM (2017) and ISO 31000:2018.

We require risks to be systematically reported, assessed and addressed. Performance against targets is reviewed regularly with internal KPIs, and our approach evolves in line with emerging regulations and stakeholder expectations.

Targets and actions related to climate change

We have set GHG reduction targets for the Group, covering scopes 1, 2 and 3. A specific set of the near-term (2029) and long-term (2045) targets were validated by the SBTi. All climate change targets

disclosed below apply the same organisational boundary as SBTi-validated GHG targets; in line with this boundary, Chugai is excluded from all targets in this section as it maintains its own climate strategy, targets and transition plan and has a separate SBTi validation.

- Scope 1 and 2 GHG emissions decreased from 266,859 tonnes in 2024 to 175,051 tonnes in 2025, a reduction of 34%. This reduction was driven by the implementation of site-level CO₂ reduction and efficiency projects, increased electrification of the European fleet and achieving 100% sustainable electricity coverage across our sites.

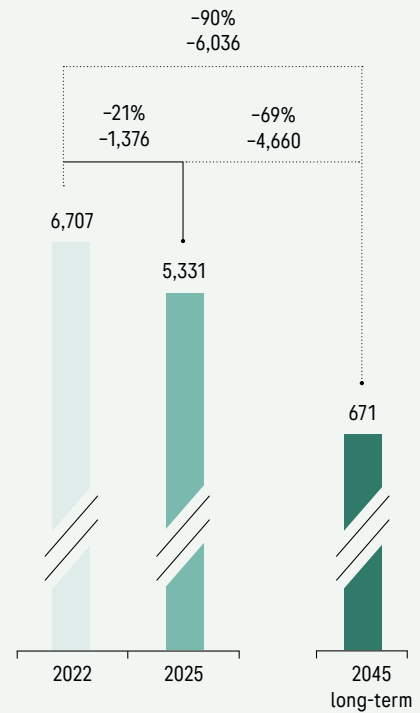
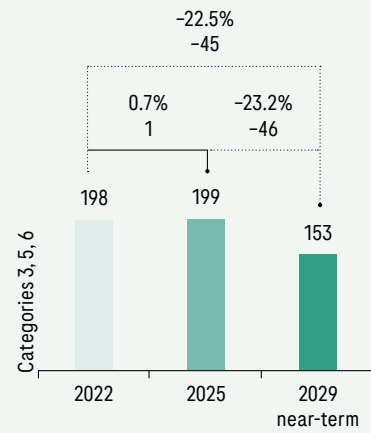
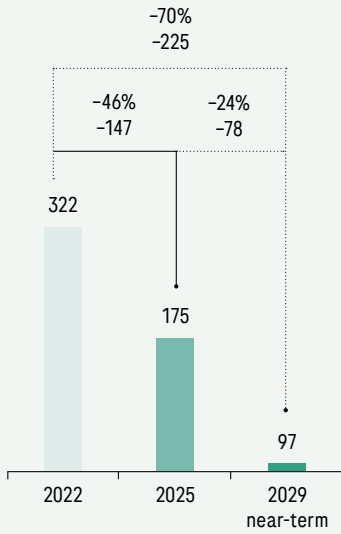
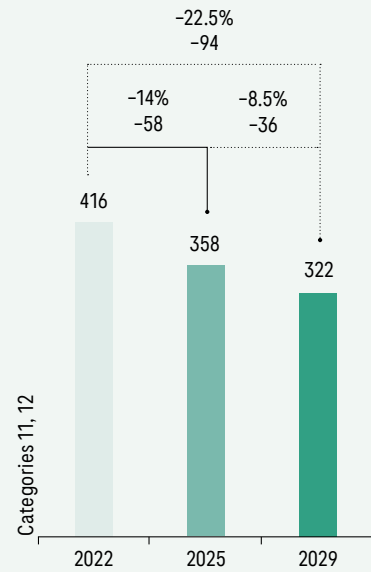
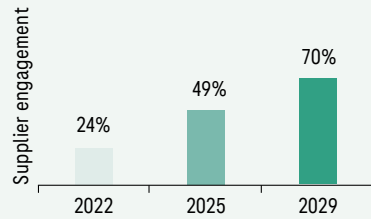
- Scope 3 GHG emissions decreased from 5,363,038 tonnes in 2024 to 5,156,886 tonnes in 2025, reflecting a reduction of 4%. This mainly reflects shifts in spend profile, including lower capital project spend versus 2024. Downstream impact of our diagnostics instruments decreased, mainly due to an increasing proportion of electricity generated by renewable sources in customer energy grids. Our share of upstream supply chain emissions covered by suppliers with science-based targets increased to 49%.

Mitigation targets are summarised below, alongside key actions and the supporting levers identified in the transition plan.

Targets and actions related to climate change

Target	Target baseline	Actions
Reduce scope 1 and 2 GHG emissions by 70% by 2029	2022	Sustainable sources: transitioning to renewable electricity for example through on-site generation of solar energy and power purchase agreements Efficiency: implementing building and technology upgrades, such as optimising heating, ventilation and air conditioning systems and improving low-temperature heat processes
Reduce delivered energy consumption per employee (scopes 1 and 2) by 5% by 2029	2025	Efficiency: reducing energy use by monitoring site-level consumption and implementing low-energy infrastructure upgrades
Reduce fleet-related emissions by 85% by 2029	2022	Efficiency: accelerating fleet electrification and expanding employee electric vehicle programmes in key locations
Power all sites with 100% sustainable electricity throughout the goal period (2025–2029)	–	Sustainable sources: sourcing certified green electricity and expanding site-based renewable energy generation
Reduce absolute scope 3 GHG emissions from fuel- and energy-related activities, waste generated in operations and business travel by 22.5% by 2029	2022	Circularity: reducing waste and diverting materials from landfill Efficiency: scaling lower-carbon travel modes and increasing use of digital collaboration Sustainable sources: transitioning logistics to cleaner fuels
Reduce absolute scope 3 GHG emissions from use of sold products and end-of-life treatment of sold products by 22.5% by 2029	2022	Circularity: embedding eco-design and recyclability improvements across the product life cycle Efficiency: increasing energy efficiency in diagnostic equipment during the use phase
Ensure 70% of suppliers by GHG emissions for purchased goods and services, capital goods and upstream transportation and distribution have science-based targets by 2029	2022	Supplier engagement: advancing supplier decarbonisation and enabling scope 3 reductions by scaling science-based target adoption campaigns, onboarding partners to the Energize programme and supporting joint renewable initiatives
Reduce scope 1, 2 and 3 GHG emissions by 90% by 2045	2022	All levers: deploying the decarbonisation roadmap including site-level transitions, supplier decarbonisation, sustainable sourcing and product circularity

Progress on our science-based targets



Scope 1 and 2 GHG emissions (ktCO₂e)

Scope 3 GHG emissions (ktCO₂e)

Scope 1, 2 and 3 long-term goal (ktCO₂e)

Transition plan implementation

Roche's transition plan translates the 2045 net-zero ambition into decarbonisation levers applied across the value chain:

- Efficiency involves reducing energy demand and improving performance through facility upgrades, product design, digitalisation and mobility strategies.
- Sustainable sources focus on adopting renewable electricity, electrifying heating and transport and sourcing fossil-free alternatives.
- Supplier engagement involves partnering with suppliers to help them set science-based targets and improve data transparency and access to renewable energy.
- Circularity means applying eco-design, packaging optimisation, recycling and waste reduction to cut embedded emissions.

Responsibility for progress against our scope 1 and 2 targets sits with the Head of Group Safety, Security, Health and Environmental Protection (SHE).

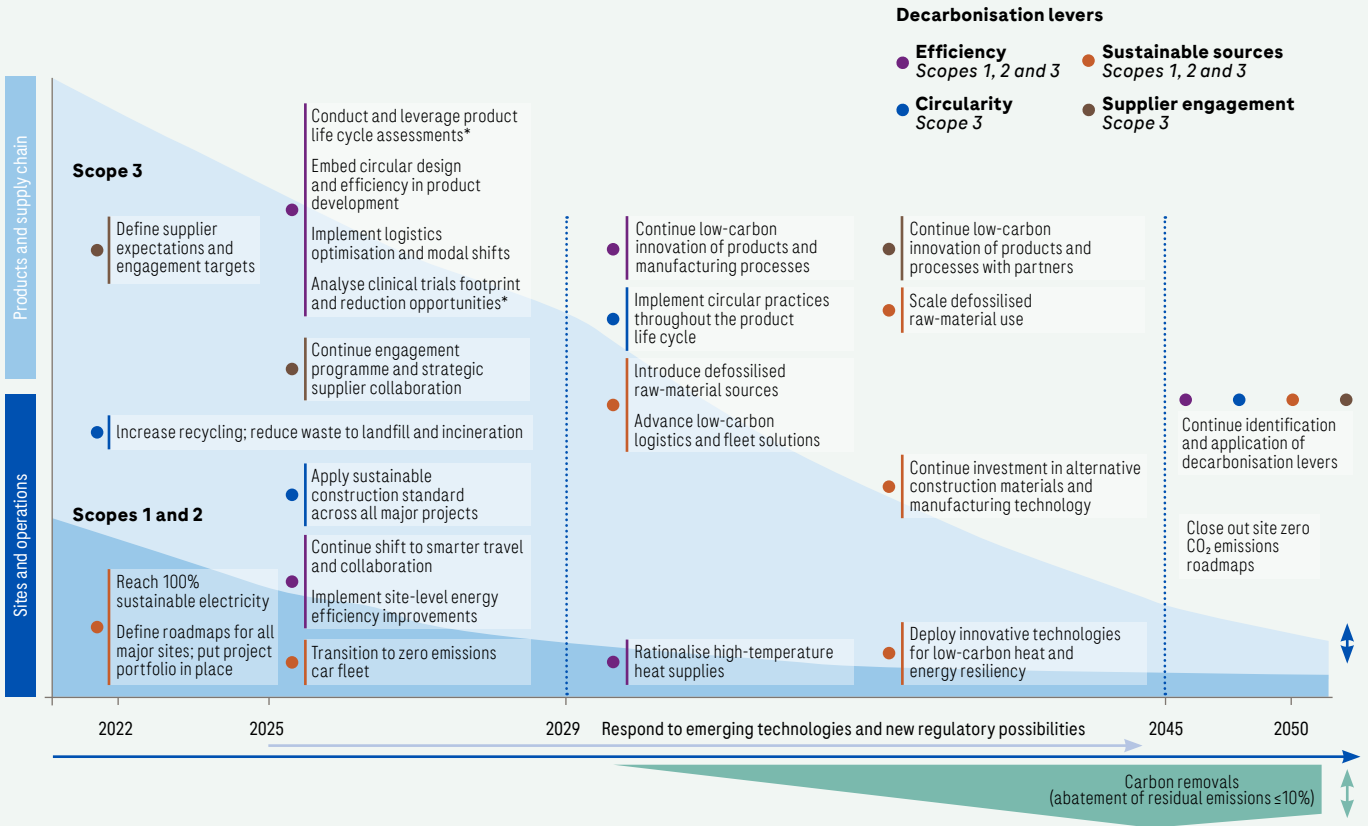
The overarching strategy and associated investments are defined and coordinated centrally, while all major sites must implement their own local zero GHG roadmaps to meet the Group targets.

Responsibility for progress against our scope 3 targets rests with the relevant business and Group functions. Delivery of the transition plan and decarbonisation targets is coordinated and supported by the Scope 3 Decarbonisation Centre of Excellence.

Progress is reviewed regularly against absolute emissions reductions (scopes 1, 2 and 3) and related metrics, including renewable-electricity coverage and levels of supplier engagement.

Oversight of the transition plan follows the sustainability governance described in section 2. General information of this report.

Our roadmap to net zero 2045



Emissions across scopes are not illustrated to scale. Timeline is indicative of phasing of decarbonisation strategies and does not denote a specific year of implementation.

This roadmap is a living document and will evolve over time to respond to business change and emerging opportunities and technology.

* Approach includes industry peer collaboration through Sustainable Markets Initiative.

Energy consumption and mix	Unit	2025	2024
Total energy consumption	MWh	2,219,696	2,358,895
Fossil sources	MWh	1,048,277	1,353,440
Share of fossil sources in total energy consumption	%	47	57
· Crude oil and petroleum products	MWh	183,581	188,948
· Natural gas	MWh	812,388	976,847
· Other fossil fuels	MWh	0	0
· Consumption of purchased or acquired electricity, heat, steam or cooling from fossil sources	MWh	52,308	187,645
Renewable sources ¹	MWh	1,171,419	1,005,455
Share of renewable sources in total energy consumption	%	53	43

1 Includes self-generated renewable energy consumption of 34,824 MWh (2024: 41,137 MWh).

Scope 1, 2 and 3 GHG emissions (in tonnes CO ₂ e)	2025	2024
Scope 1	211,962	245,832
Scope 2 market-based	8,529	69,198
Scope 2 location-based	292,543	-
Scope 3 ²		
· Category 1: Purchased goods and services ³	3,824,588	3,900,865
· Category 2: Capital goods ³	465,796	531,996
· Category 3: Fuel- and energy-related activities	69,600	79,790
· Category 4: Upstream transportation and distribution ⁴	234,012	240,168
· Category 5: Waste generated in operations	38,436	40,408
· Category 6: Business travel ⁵	109,402	112,607
· Category 7: Employee commuting ⁶	44,647	46,246
· Category 9: Downstream transportation and distribution ⁷	2,448	3,193
· Category 11: Use of sold products	187,801	200,753
· Category 12: End-of-life treatment of sold products ⁸	170,147	169,947
· Category 15: Investments	28,237	56,457
Biogenic emissions scope 1	386	-
Biogenic emissions scope 2	0	-
Biogenic emissions scope 3	289	-

2 Scope 3 categories 8, 10, 13, 14 have been assessed and confirmed to have no material impact.

3 Purchased goods and services and capital goods emissions have been restated for 2024 to reflect spend corrections made following year-end and corrections of activity-based emissions factors.

4 Upstream transportation and distribution figures have been restated following a migration to a new calculation and reporting platform. Distribution locations previously reported using estimates are now included within the activity-based measurement boundary. Data for 2022-2024 have been adjusted.

5 Business travel emissions factors have been updated in line with latest UK-Government-published data. COVID-19-impacted load factors previously used for passenger kilometre data in 2023-2024 have been updated to reflect normal loading, with figures restated. COVID-19-impacted load factors were applied for 2022.

6 Inclusion criteria for non-permanent employees have been revised and prior-year values have been restated on a consistent basis.

7 Downstream transportation and distribution figures have been restated for 2022-2024. The product weight used in the calculation has been adjusted to reflect improved data following the transition of distribution locations from estimates to the activity-based measurement boundary.

8 End-of-life treatment of sold products emissions have been restated for 2024 to reflect the corrections of activity-based emissions factors.



Roche prioritises supplier engagement and works with industry peers to drive collective action towards its climate goals.

CASE STUDY

Partnering with suppliers to achieve our near- and long-term targets

Achieving ambitious climate goals requires collective action across the entire supply chain. With more than 80% of our emissions embedded in the supply chain, partnering with suppliers is critical for us to achieve our climate targets.

We have designed our Sustainability Supplier Engagement Programme considering the supplier's sustainability maturity, size and scale of business with Roche. The expectations we set for our suppliers have been published⁹ and we actively support suppliers by offering capability-building webinars and enabling access to renewable energy solutions. A cross-functional

team is working on scaling the programme beyond carbon emissions (e.g. to cover water stewardship) to foster an even more resilient and sustainable supply chain for the future.

Beyond our Sustainability Supplier Engagement Programme, Roche participates in industry-wide initiatives such as the Sustainable Markets Initiative (SMI), helping to create an updated version of the SMI supplier targets in September 2025. We are also an active member of the Pharmaceutical Supply Chain Initiative, which hosted a decarbonisation summit to accelerate the pharmaceutical industry's progress to a low-carbon future.

⁹ <https://suppliers.roche.com/sustainability>

Reporting methodology

All GHG emissions are calculated in accordance with the Greenhouse Gas Protocol and Roche's internal standards for entities within the financial control boundary.

Scope 1 GHG emissions

These are direct emissions from sources that are owned or controlled by the Group, such as stationary combustion (e.g. boilers), mobile sources (e.g. company vehicles), process emissions and fugitive emissions including losses from halogenated refrigerants. Activity data is collected at site level and converted into carbon dioxide equivalents (CO₂e) using internationally recognised emission factors, including those from the IEA and national inventories. Emission factors are reviewed periodically to reflect the latest scientific and regulatory guidance. Where direct measurement is not feasible, we apply standardised estimation methods and assumptions in line with our internal standards.

Scope 2 market-based GHG emissions

To account for our indirect emissions from purchased electricity, contractual instruments are used. These include bundled sources such as power purchase agreements and sustainable electricity supply contracts, which are prioritised where available. Where bundled sourcing is not feasible, unbundled energy attribute certificates, including guarantees of origin and international renewable energy certificates, are used. These instruments are centrally managed to ensure quality, traceability and alignment with reporting standards. At Roche Group level, the share of unbundled certificates is limited to a maximum of 10% of total renewable electricity claims.

Scope 2 location-based GHG emissions

These emissions reflect the average carbon intensity of the electricity grids for purchased or acquired electricity, steam, heat and cooling. The calculation uses site-level energy consumption data multiplied by corresponding grid-average emission factors. These factors are drawn from recognised

international and regional sources, including the IEA, the eGRID database for the United States and the Association of Issuing Bodies for Europe.

Scope 3 GHG emissions

These emissions are attributed to business activities from entities within our financial control. Emission methods vary by category depending on data availability and quality, using activity-based, hybrid or spend-based approaches. Emissions factors are obtained from internationally recognised sources including those published by ecoinvent, the UK's Department for Energy Security and Net Zero, WifOR Institute and the IEA. Primary data is used when available.

Category 1¹⁰:

Purchased goods and services

Upstream emissions associated with acquired goods and services are determined using a hybrid activity-based approach. Procurement data are mapped to activity-based emissions factors where available, including supplier- and material-specific data. Where such data are not available, emission factors from environmentally extended input-output models are applied based on procurement category.

Category 2¹⁰:

Capital goods

Emissions from capital goods, such as equipment and construction, are calculated using the hybrid activity-based approach described for category 1.

Category 3:

Fuel- and energy-related activities

Emissions related to the production and distribution of fuels and energy consumed by the Group are calculated based on Roche's scope 1 and 2 energy use, applying standard well-to-tank and transmission and distribution loss factors.

Category 4¹⁰:

Upstream transportation and distribution

Emissions from inbound transport, inter-company transport, and outbound logistics purchased by the Group are calculated based on an activity-based approach using shipment and transport mode data.

¹⁰ Excluding Chugai

Category 5:***Waste generated in operations***

These emissions are calculated using waste volume data reported by sites. Waste streams are disaggregated by treatment type (e.g. incineration, landfill, recycling) and matched with corresponding emission factors to estimate total emissions.

Category 6:***Business travel***

Emissions from business travel are estimated using actual travel booking data. Flight distances and travel class are matched to relevant activity-based emissions factors.

Category 7¹¹:***Employee commuting***

Emissions from the transportation of employees between home and work sites are determined with an average data estimation method based on secondary data for the number of employees, their location and a country-specific average travel profile.

Category 9¹¹:***Downstream transportation and distribution***

Emissions from transportation and distribution of products sold in the reporting period in vehicles and facilities not owned or controlled by the Group are determined with an average data estimation method based on the sold weight of products and average journey assumption for product distribution.

Category 11¹¹:***Use of sold products***

Emissions from the energy consumed during the use phase of diagnostic instruments sold or leased to customers are calculated based on the installed instrument base, estimated power consumption by model type and country-specific grid emission factors.

Category 12¹¹:***End-of-life treatment of sold products***

End-of-life emissions are estimated using product composition data and assumptions on disposal methods. Emission factors are applied for treatment pathways such as landfill, incineration or recycling, based on typical end-of-life scenarios in Roche's key markets.

Category 15¹¹:***Investments***

Financed emissions from the Group equity investments are estimated using an economic activity-based emissions factor approach in line with Partnership for Carbon Accounting Financials guidance.

Remaining scope 3 categories have been assessed and confirmed to have no material impact. Exclusions were based on factors such as inclusion under other scopes, immaterial contribution to total emissions or non-applicability to the company's business model.

Biogenic emissions

These emissions are derived from the combustion or degradation of biomass-based fuels (e.g. wood, biogas, bioethanol) that are compliant with our Group Directive K18: Energy. Site-level reporting includes the quantity and type of bio-based fuel used. Emissions are then calculated centrally using fuel-specific calorific values and emission factors aligned with internationally recognised sources such as the IPCC guidelines. Only fuels meeting our sustainability criteria are included, and biogenic CO₂ is not counted towards net GHG totals.

11 Excluding Chugai



Roche sources 100% of the electricity used to power our operations from sustainable sources, prioritising dedicated supply contracts or on-site installations where possible.

Achieving our goal of 100% sustainable electricity

CASE STUDY

In 2025 we successfully achieved our target of sourcing 100% of our electricity from sustainable sources across our operations. This milestone reflects our ongoing commitment to reducing our environmental footprint and represents a significant step towards our longer-term sustainability goals.

By transitioning fully to renewable electricity, we are advancing our decarbonisation roadmap, strengthening resilience against energy market volatility and supporting the development of

renewable energy infrastructure in the regions where we operate. To this end, Roche requires sustainable electricity to be sourced within the same grid as our operations wherever possible.

Globally, we strive to purchase sustainable electricity through dedicated supply contracts or on-site installations, limiting the purchase of unbundled green electricity certificates to a maximum of 10% of Roche's electricity consumption.

3.2 Pollution

Air pollution is one of the leading environmental risks to human health, with direct links to respiratory and cardiovascular diseases.

Our approach prioritises prevention, minimising environmental releases and aligning site-level

practices with scientific and regulatory frameworks. This approach extends to our value chain: we address pollution-related risks through our supplier due diligence, and our science-based targets further contribute by reducing non-GHG air pollutants.

Material impacts, risks and opportunities (IROs)

Subtopic	IRO description	Type	Value chain	Time horizon
Air pollution	Pollution from supplier manufacturing and logistics, including non-GHG pollutants, degrades the environment and poses health risks to communities.	Actual negative impact	Upstream, downstream	ST-MT-LT
	Emission of hazardous pollutants during manufacturing may impair air quality, degrading the environment and posing health risks to communities.	Potential negative impact	Own operations	ST-MT
	Pollution incidents or non-compliance with environmental standards in the value chain may disrupt manufacturing and distribution and negatively affect financial performance and reputation.	Risk	Upstream, downstream	ST-MT

Policies

Our approach to pollution prevention is guided by policies that set expectations for management of emissions and pollutants across our operations. These policies underpin our environmental targets for minimising releases, protecting human health and complying with regulations. The implementation of these policies at site level ensures the adequate management of negative impacts.

The Stationary Source – Air Emission Guidance addresses pollutants other than GHG. In addition, the Roche Position on Greenhouse Gases / Climate Change (see section 3.1 Climate change) supports our air quality targets, as measures designed for GHG reduction also lower non-GHG pollutants due to the phase-out of fossil fuels.

Stationary Source – Air Emission Guidance

This policy establishes prevention as a guiding principle and commits us to prevent pollution

and manage emissions from stationary sources with the same priority as quality and cost efficiency. It applies to all our sites with manufacturing or utility operations and defines minimum standards for managing nitrogen oxides, sulphur oxides, particulates and hydrocarbons. Pollutants covered by the Group Directive K18: Energy (CO₂) are excluded.

Roche sites must apply recognised methodologies and continuous improvement programmes for monitoring and reducing emission.

The policy aligns with internationally recognised frameworks, including the eco-balance method referenced by the Swiss Federal Office for the Environment and the air pollutant emission inventory guidebook by the European Environment Agency.

Targets and actions related to pollution

We have defined targets to address material pollution-related impacts and risks across our operations and value chain. These voluntary targets include reducing direct emissions and

addressing pollution-related risks in our value chain through supplier due diligence. Our decarbonisation targets for scopes 1, 2 and 3 (see section 3.1 Climate change) further support the reduction of non-GHG air pollutants across the value chain.

Targets and actions related to pollution

Target	Baseline	Actions
Reduce nitrogen oxide emissions from on-site energy production by 50% by 2029	2025	Transitioning to low nitrogen oxide energy systems at major sites Implementing Group-wide decarbonisation levers
Assess 95% of high-risk business partners by 2029	-	Integrating high-risk business partners into business continuity planning Conducting audits and inspections for high-risk business partners

Transitioning to low nitrogen oxide energy systems at major sites

We are phasing out fossil fuel-based systems at major production and research sites, replacing them with cleaner alternatives. Examples include high-efficiency boilers with emission controls and, where feasible, electrified or low-carbon heating. Technology choices depend on local site conditions, regulation and integration with the transition plan.

Implementing Group-wide decarbonisation levers

Our decarbonisation levers (efficiency, sustainable sources, circularity and supplier engagement) support both climate and air quality objectives. Site-level roadmaps, supported by Group functions, translate the transition plan into local action. Though primarily designed for GHG reductions, these measures also reduce non-GHG pollutants due to the phase-out of fossil fuels. Further details on the decarbonisation levers are available in section 3.1 Climate change of this report.

Integrating high-risk business partners into business continuity planning

Business partners identified as presenting high health, safety and environmental risks are included in our business continuity planning. This helps safeguard product compliance and availability in the event of environmental non-compliance, supply interruptions or pollution-related risks.

Conducting audits and inspections for high-risk business partners

We audit and inspect business partners with exposure to high safety, health and environmental risks, including chemical producers, waste vendors and critical equipment manufacturers. These assessments verify compliance with our standards and regulatory requirements. Audits may be conducted directly by the Group or through third parties.



The new high-efficiency boilers at our Genentech campus avoid an estimated 5,000 tonnes of CO₂ emissions and almost half a tonne of nitrogen oxide emissions annually, compared to the previous versions.

CASE STUDY

Optimising boiler capacity to reduce emissions at our Genentech campus

Replacing two boiler burners at our Genentech campus in South San Francisco is part of our commitment to reduce operational emissions and contributes to cleaner air for the communities in which we operate. It also supports our goal to reduce our nitrogen oxide emissions from on-site energy production by 50% by 2029.

When we decommissioned three manufacturing buildings at the campus, steam and hot water demand dropped significantly. The site services teams reassessed the existing boiler plant and installed two smaller burners with higher efficiency

to align capacity with actual demand. This avoided excess steam, wasted fuel and unnecessary nitrogen oxide emissions.

The new burners have a minimum output of less than half that of the previous equipment, enabling more stable and efficient operation while preventing an estimated 5,000 tonnes of CO₂ emissions and almost half a tonne of nitrogen oxide emissions per year. The burner replacement project demonstrates how adjusting our energy supply to on-site needs reduces wasted energy and improves local air quality.

Air pollution

In 2025 we continued to monitor air emissions as part of our global environmental management system. We report annually on key air pollutants, such as nitrogen oxides, sulphur dioxide, non-methane volatile organic compounds and particulates, in accordance with applicable local and regional regulations. In 2025 all our facilities worldwide remained below their respective regulatory reporting thresholds for these pollutants.

Total nitrogen oxide emissions increased from 112 tonnes in 2024 to 159 tonnes in 2025. This

increase is primarily attributed to a methodological update at one of our manufacturing sites, where we transitioned from using default values to a more representative emission factor based on actual fuel consumption.

Excluding this adjustment, nitrogen oxide emissions decreased in line with our absolute scope 1 GHG emissions reductions. This trend demonstrates that our scope 1 mitigation measures are effective and directly improve air quality.

Emissions to air (in tonnes)	2025	2024
Nitrogen oxides	159	112
Sulphur dioxide	4	3
Non-methane volatile organic compounds	70	75
Particulates	15	16

Reporting methodology

Emissions to air

Pollutant emissions to air – including nitrogen oxides, sulphur dioxide, non-methane volatile organic compounds and particulates – are directly measured where technically and economically

feasible. Where required or permitted by authorities, emissions may be calculated using site-specific emission factors or modelled from substance use and process data. We prioritise recognised regulatory and industry-standard methods, aligned with our internal standards.

3.3 Water

Access to a clean and reliable water supply is a fundamental human right and is crucial for producing our medicines and diagnostic solutions. We acknowledge that effective water stewardship is vital for our operations and to manage potential negative impacts on local communities and the environment.

Our approach focuses on reducing water consumption, preventing pollution and protecting ecosystems.

The Roche water programme includes managing phosphorus and nitrogen in wastewater discharges, lowering consumption in high-risk areas and ensuring that wastewater treatment meets stringent standards. We align our approach with recognised frameworks such as the Science Based Targets Network (SBTN) and the Alliance for Water Stewardship (AWS).

Material impacts, risks and opportunities (IROs)

Subtopic	IRO description	Type	Value chain	Time horizon
Water	Responsible water management practices improve quality and availability of water resources to affected communities and ecosystems.	Actual positive impact	Own operations	ST
	Supplier and customer water use reduces availability for communities and ecosystems, creating competition for resources and environmental degradation.	Actual negative impact	Upstream, downstream	ST-MT
	Discharge of insufficiently treated wastewater degrades water quality, damaging ecosystems and reducing the usability or safety of water.	Actual negative impact	Upstream, downstream	ST-MT
	Operations in water-stressed regions may face supply disruptions, which may affect continuity of manufacturing and commercial activities.	Risk	Upstream, own operations	MT-LT

Policies

Our approach to water stewardship is guided by policies that reduce water-related impacts, improve water quality and support sustainable use across our operations and value chain.

Two key policies govern our activities: the Roche Position on Water, which specifies water-related standards and defines our commitments on responsible use and stewardship, and the Roche Supplier Code of Conduct for our suppliers (described in more detail in section 2. General information of this report). Together, these policies provide a consistent framework for addressing water risks and contributing to global water security.

Roche Position on Water

The Roche Position on Water defines our approach to water stewardship, recognising access to

clean water, sanitation and hygiene as a human right. The policy applies to the Group, covering direct water use, wastewater and pharmaceuticals in the environment. We expect third-party manufacturers and instrument users to align with our position on responsible water management. Delivery is achieved through site-level assessments, conservation measures and stringent discharge requirements along with responsible water management.

Targets and actions related to water

We have defined a set of water-related targets to guide our response to material impacts and risks across the value chain. Targets span near- and long-term horizons and are informed by guidance from the SBTN and the AWS frameworks. These voluntary targets reflect leading practices in corporate water stewardship.

Targets and actions related to water

Target	Baseline	Actions
Reduce phosphorus emissions to wastewater by 64% by 2029	2025	Minimising polluting nutrient discharges to receiving waters
Reduce Roche's risk-weighted water consumption by 5% by 2029	2025	Implementing site-specific water efficiency projects
Get certified for biodiversity and water stewardship at relevant Roche sites through their projects by 2030	-	Defining high-risk sites and suppliers guided by the SBTN methodology Pursuing water stewardship certification
Incorporate true cost of water and natural commodities into business decisions by 2045	-	Developing methodologies and gathering baseline data

Minimising polluting nutrient discharges to receiving waters

We minimise nutrient discharges through both the reduction of phosphorus-containing chemicals used in our processes and the enhancing of wastewater treatment across relevant sites. For wastewater containing certain active pharmaceutical ingredients, we implement additional measures such as pretreatment or chemical neutralisation before it enters treatment plants, applying strict wastewater management protocols.

Implementing site-specific water efficiency projects

We implement tailored measures at our sites to improve water efficiency. These include water recycling, closed-loop systems and efficiency upgrades. For example, at our Basel and Kaiseraugst sites, energy systems draw water from the Rhine river and reuse it before discharging it back into the Rhine.

Defining high-risk sites and suppliers guided by the SBTN methodology

To identify high-risk sites and suppliers in water-stressed regions, we utilise an assessment informed

by guidance from the SBTN. Assessment tools include the WWF Water Risk Filter, the World Resources Institute's Aqueduct database, the WWF Biodiversity Risk Filter and climate hazard data. This analysis guides how we prioritise sites and suppliers for stewardship certification.

Pursuing water stewardship certification

Where sites and suppliers are identified as high-risk or key by our water and biodiversity risk analysis, we pursue globally recognised water stewardship certification. This ensures the sites and suppliers collaborate with stakeholders and local communities to address local challenges such as water scarcity, pollution and biodiversity loss.

Developing methodologies and gathering baseline data

We develop methodologies to capture the real cost of water- and nature-related dependencies. This work builds on analyses such as value chain water footprints and will inform future strategic decisions.

Water consumption

In 2025 we reduced water consumption in our operations by 11%. This reflects the cumulative

effect of long-term investments in water efficiency and infrastructure upgrades as part of the Roche water programme.

Water metrics (in m ³)	2025	2024
Water consumption	2,320,840	2,594,838
Water consumption in areas at high and very high water stress	551,365	-
Water withdrawal	14,403,225	15,516,484
Water discharge	12,082,385	12,921,646
Water storage	31,106	31,635

Reporting methodology

Water consumption

Water consumption is defined as the difference between the volume of water withdrawn from all sources (including surface water, groundwater, municipal supply, rainwater and wastewater from third parties) and the volume of water discharged to receiving freshwater bodies.

Water consumption in areas at high and very high water stress

This consumption is defined as the sum of water consumption from sites located in high or very high water stress locations. To define sites located in high or very high water stress locations we use external tools such as the Aqueduct Water Risk Atlas.

Water withdrawal

Water withdrawal is defined as the total volume of water withdrawn from external sources

for operational use. It includes surface water, groundwater, municipal supply, rainwater and third-party wastewater. All inputs are measured or estimated according to our internal policies.

Water discharge

Water discharge is defined as the aggregate volume of water released from a Roche site to a receiving water body or a third party. It includes water sent to destinations such as freshwater bodies, groundwater, salt water and municipal wastewater treatment plants, regardless of whether it has undergone on-site wastewater treatment. Wastewater sent for incineration is excluded.

Water storage

Water storage is defined as the total volume of water retained on site (e.g. tanks, reservoirs) at the end of the reporting period. Values are measured directly or estimated based on capacity and historical trends.

3.4 Biodiversity

Biodiversity underpins the natural systems that support human health, from clean air and water to the raw materials we use in the discovery and development of new medicines. Protecting and restoring biodiversity helps ensure the long-term availability of essential resources, strengthens supply chain resilience and supports healthy ecosystems.

At Roche we include biodiversity as part of our sustainability strategy, particularly for its importance in areas such as the responsible use of genetic resources, raw-material sourcing, water security and site-level environmental management. While it has not been identified as a material topic in our double materiality assessment (DMA), we recognise its growing importance to our business and our stakeholders. We apply an ecosystem perspective that recognises the interconnection between biodiversity, water and climate, especially in ecologically sensitive regions or areas facing high water stress.

Impacts, risks and opportunities

Guided by recognised frameworks and databases such as the Taskforce on Nature-related Financial Disclosures (TNFD), SBTN and ENCORE tool, we assessed the healthcare sector's dependencies on nature. Water supply, water purification, flow regulation and use of genetic resources and raw materials are the highest dependencies for Roche, both upstream and in our own operations. These dependencies may impact biodiversity due to

water use, water pollution and land use affecting the availability of natural resources in the locations and communities where we and our suppliers operate.

Dependencies on natural resources create business risks in the healthcare sector, such as declining water quality and availability impacting manufacturing continuity. These risks also include transition risks from evolving regulations like the EU deforestation-free products standard.

We are developing internal capabilities to assess location-specific risks, dependencies and impacts. This includes working closely with internal and external stakeholders, such as suppliers and local stakeholders, to integrate ecosystem considerations into our site and supplier management practices.

Policies

We commit to protecting biodiversity and minimising ecological impact across our operations and value chain. This commitment is reflected in the Roche Position on Biodiversity and the Roche Position on Pharmaceuticals in the Environment (PIE). Both policies define a precautionary, science-based approach to environmental stewardship. We support the core objectives of the Convention on Biological Diversity and the Nagoya Protocol and comply with access and benefit-sharing requirements when using genetic resources or traditional knowledge. Internal guidance and training help ensure legal and ethical sourcing of natural materials.

Recognising that active pharmaceutical ingredients can enter the environment, our manufacturing processes apply strict wastewater management and adopt risk-based design controls and pretreatment technologies to ensure that, as far as practicable, they are not discharged into the wastewater. For externally manufactured products, we require equivalent standards and verify compliance through supplier audits (see information on the Roche Supplier Code of Conduct in section 2. General information of this report). We also support PREMIER, a project of the Innovative Health Initiative to identify and address the environmental risks of medicines, and the AMR Industry Alliance to combat the global threat of antimicrobial resistance.

Further measures include patient education, product take-back programmes to prevent improper disposal and industry collaboration to improve risk assessment methods. Expanding the share of biopharmaceuticals in our portfolio also reduces environmental risk due to their favourable degradation profiles.

Targets and actions related to biodiversity

Our biodiversity targets are guided by long-term goals informed by frameworks such as the one provided by the SBTN.

Targets and actions related to biodiversity

Target	Actions
Get certified for biodiversity and water stewardship at relevant Roche sites through their projects by 2030	Defining high-risk sites and suppliers guided by using the SBTN-aligned methodology (for more information see section 3.3 Water)
Procure key natural commodities (e.g. agricultural and forestry-derived inputs) from credible, certified sources by 2030	Defining our key natural commodities through an assessment guided by SBTN and TNFD frameworks Identifying high-impact materials and evaluating available certification schemes Developing a procurement roadmap
Incorporate true cost of water and natural commodities into business decisions by 2045	Developing methodologies and gathering baseline data (for more information see section 3.3 Water)



Roche is working together with local and regional authorities and other organisations to support the restoration of the valuable Kirnbergmoor peatland ecosystem near our Penzberg site.

Protecting and enhancing biodiversity at our Penzberg site expansion

CASE STUDY

As part of the expansion of our Penzberg site in Germany, initiated in October 2022, we are executing a comprehensive plan to mitigate the biodiversity impacts of the expansion while enhancing local biodiversity. To compensate for the 14 hectares of forest removed for the site expansion, we established 7 hectares of new woodland and improved the ecological quality of a further 7 hectares of existing forest near the expansion area. These efforts were guided by ecological assessments to create and strengthen habitats for local biodiversity.

Our commitment to protect biodiversity and water resources goes beyond compensation measures. In addition to the project at our Penzberg site,

we are working together with local and regional authorities and other organisations to support the restoration of the valuable Kirnbergmoor peatland ecosystem near our Penzberg site. Restoring this area will enhance local habitats and contribute to climate mitigation, adaptation and freshwater management. Detailed studies of the moor's flora, fauna and hydrology inform targeted restoration actions, including removal of invasive species and reintroduction of peat mosses. By supporting this project, we further increase the biodiversity benefits of our site expansion project.

These ongoing measures contribute to strengthening regional biodiversity and preserving this unique habitat for future generations.

3.5 Product sustainability

Product-related environmental performance has become a business imperative, shaping market access, procurement decisions and stakeholder trust. This growing importance is driven by increasing demands from customers, regulators and healthcare systems. While product sustainability was not identified as one of our material topics in the DMA, advancing product sustainability is a core part of our sustainability strategy and supports our efforts on climate action, responsible resource use and the transition to a circular economy.

Our approach is designed to minimise resource use, emissions and waste across the entire value chain while strictly maintaining patient safety and product efficacy. We integrate life cycle thinking into our decision-making, treating sustainability as a core factor alongside traditional metrics like cost, speed and quality. This means environmental impacts are assessed across the product life cycle – from early design and manufacturing to packaging, distribution, use and end-of-life disposal.

Impacts, risks and opportunities

Guided by life cycle thinking and supported by internal expertise in eco-design and green chemistry, we assess the environmental footprint of our products across all stages of the life cycle, from raw-material sourcing to end of life.

Product sustainability risks and opportunities are identified through life cycle assessments, product stewardship reviews and regulatory horizon scanning. These processes consider impacts and

trade-offs (e.g. development, manufacturing, packaging, distribution, use and disposal) and are informed by evolving market expectations and legislative trends such as the EU Packaging and Packaging Waste Regulation.

We work closely with internal stakeholders across research and development, manufacturing, procurement and regulatory affairs, as well as with suppliers, customers and industry associations, to understand emerging requirements and innovation opportunities. This collaboration allows us to anticipate regulatory changes, align with customer expectations and identify ways to enhance resource efficiency and circularity in the healthcare value chain.

Policies

Product sustainability is anchored in the Roche Position on Product Stewardship, which is guided by the principle that all involved stakeholders are responsible for minimising the negative impacts on people and the environment. The policy requires us to integrate green chemistry and eco-design into product development through internal training, guidance and expert workshops. Products undergo sustainability performance checks, including life cycle assessments, so that their environmental profile can be evaluated and improved.

We also provide consumers and end users with information on appropriate disposal and, in some regions, operate take-back programmes that support circular-economy principles.

Targets and actions related to product sustainability

Our targets are based on long-term goals aligned with our environmental commitments and science-based targets.

Targets and actions related to product sustainability

Target	Baseline	Actions
Reduce GHG emissions from product use and end-of-life treatment by 22.5% by 2029	2022	Embedding eco-design and recyclability improvements across the product life cycle Increasing energy efficiency in diagnostic equipment during the use phase
Reduce overall product environmental impact by 50% by 2029 – measured by the Product Sustainability Performance (PSP) tool	2020	Training stakeholders on product sustainability topics Measuring progress with subset of products that represent product portfolio (pharmaceutical products spanning modalities, diagnostics instruments, assays and near-patient products) Defining broad sustainability criteria for all Roche products
Have sustainability criteria integrated in all product-related decision-making processes across the product life cycle by 2028	-	Further refining sustainability criteria by product family Embedding product sustainability criteria into product design processes Integrating PSP scoring into product governance Expanding the application of life cycle assessment methodologies
Have all products meet sustainability criteria of their product family by 2045	-	Expanding the application of product sustainability criteria to all products Establishing improvement targets by product family

The PSP tool evaluates environmental performance across development, manufacturing, packaging, product use and end of life. The scores can then inform decisions in design, manufacturing and procurement for further product development, redesign or new products.

To deliver on these goals, Roche embeds sustainability criteria into product design, applies

life cycle assessment methodologies and integrates PSP scoring into product governance. The following graphic illustrates the sustainability levers used to implement these actions, highlighting our approach across product development, manufacturing, packaging, distribution, use and disposal.



CASE STUDY

Improving access while eliminating 90% of plastic waste

In our Pharmaceuticals Division we received approval for a new oral tablet formulation of Evrysdi, serving an unmet need of patients living with spinal muscular atrophy. The tablet can be swallowed whole or taken as suspension by patients who have difficulty swallowing. The regulatory approval not only benefits patients, it also substantially simplifies the material and storage conditions required to

maintain product safety and quality. Unlike the previous oral solution, the tablet does not require a dosing device. It also eliminates the need for cold storage.

In addition, these simplifications reduce the size of the overall product for distribution. Savings in material add up to a reduction of plastic waste by more than 90% (by weight).



Our updated cobas liat system kit qualifies for an ACT Ecolabel. It uses 25% less packaging material than the previous system, reducing CO₂ emissions per package by 30%.

Driving resource efficiency across the cobas liat life cycle

CASE STUDY

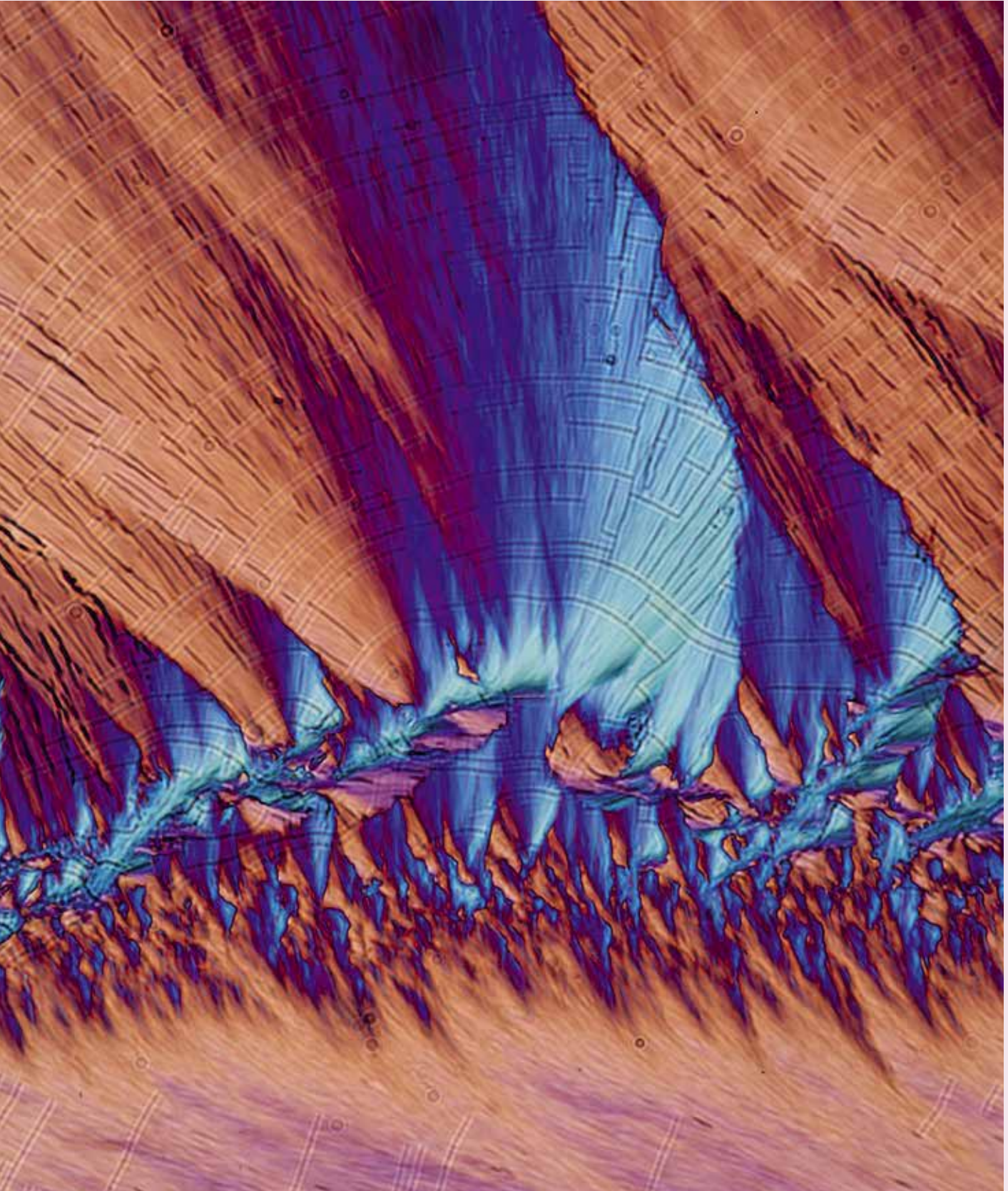
In our Diagnostics Division we updated the cobas liat system to reduce its environmental impact. The system is designed to deliver PCR testing at the point of care, offering a compact, user-friendly and rapid solution.

Continuous improvements in the use of consumables and packaging have reduced product weight and improved resource efficiency. We now use 25% less packaging material, reducing CO₂ emissions per package by 30%. This improvement also positively

impacts the distribution phase, as twice as many cobas liat systems can now be packed on a pallet.

Reformatting the usage instructions into a foldable format will save 13.4 metric tonnes of paper per year.

Following these improvements, the cobas liat system reagent kits qualify for an ACT Ecolabel, the leading eco-nutrition label for laboratory products, including consumables, chemicals and equipment.



4. Social

We are committed to advancing equitable health outcomes by maximising access to our innovative solutions for patients worldwide. We also foster a thriving work environment where our people are valued, safe and empowered to consistently deliver their best work.

4.1 Our people	120
4.2 Workers in the value chain	129
4.3 Consumers and end users	132

A recrystallised thin film of the **fenebrutinib** drug substance, viewed using hot-stage polarised light microscopy. The distinct bands of colour and the 'brushed' textures of different size and direction show the growth of crystals with different kinetics at different temperatures. The colours, shapes and thermal behaviour of these structures reveal important information about the drug's crystal form, which directly impacts its stability, processability and bioavailability.

4.1 Our people

At Roche, our people are at the core of our work to advance science and improve patient outcomes. Organisational health is fundamental to our long-term success, linking employee well-being and performance directly to sustainable growth.

Our approach centres on fostering engagement, inclusion and professional growth, with focus on safe and healthy workplaces. People & Culture

teams strive to attract and retain talent, design competitive compensation and benefits and enable a high-performance environment. Leadership is a further priority, with a focus on how leaders shape employee experience and outcomes. Insights from the Global Employee Opinion Survey (GEOS) are used to enhance employee experiences, thereby strengthening the overall workplace environment and improving organisational effectiveness.

Material impacts, risks and opportunities (IROs)

Subtopic	IRO description	Type	Value chain	Time horizon
Equal treatment and opportunities for all	Fostering an inclusive culture provides equal opportunities, ensures fair treatment and pay and creates a workplace that values and empowers employees while enhancing their well-being.	Actual positive impact	Own operations	ST-MT-LT
	Continuous learning and career development enhance employee well-being, engagement and employability.	Actual positive impact	Own operations	MT-LT
	Failure to uphold a commitment to equal employment opportunity and non-discrimination in hiring, promotion and retention practices may result in unfair treatment and reduced employee trust.	Potential negative impact	Own operations	ST-MT-LT
Other work-related rights	Breaches in data privacy and IT security controls may jeopardise data confidentiality, compromising personal rights.	Potential negative impact	Own operations	MT-LT
	Non-compliance and IT vulnerabilities may increase regulatory costs and complaints, which may affect financial performance.	Risk	Own operations	ST
Working conditions	Secure employment, fair wages and safe working conditions enable employees to thrive, enhancing their well-being.	Actual positive impact	Own operations	ST-MT-LT
	Rapid business changes may affect well-being, work-life balance and mental health, reducing employee engagement and productivity if not effectively managed.	Potential negative impact	Own operations	ST-MT-LT
	Exposure to inherent operational health and safety hazards may lead to accidents involving employees.	Potential negative impact	Own operations	ST-MT-LT

Policies

Our approach to working conditions and employee rights is anchored in corporate policies covering fair employment, health and safety, equitable remuneration and data protection. These policies mitigate risks such as discrimination and unsafe working practices and also support our due diligence obligations under Swiss law.

Implementation is embedded in our People & Culture processes, supported by local policies and training programmes, to support consistent application across the Group. The framework also includes Roche Group policies on data protection and information security, which safeguard personal data and information across the Group. The following section introduces the most relevant employment-related policies, while overarching enterprise

policies such as the Roche Group Code of Conduct are presented in section 2. General information of this report.

Roche Group Employment Policy

The Roche Group Employment Policy mandates minimum global standards for fair, inclusive and responsible employment practices. It covers recruitment, retention, training and development, remuneration and safe and respectful workplaces. The policy also requires compliance with all locally applicable regulations on working hours and employee programmes supporting physical and mental well-being. We respect human rights and prohibit forced and child labour, human trafficking, discrimination and harassment. Freedom of association and collective bargaining are upheld. Flexible working arrangements are supported within local legal frameworks, with on-site presence expected to enable and nurture collaboration and innovation. Working time is managed in line with local rules and regulations.

Our People & Culture processes are designed to uphold the employment practices outlined in the policy, including transparent performance management, fair treatment and equal opportunity. Employees may raise concerns through established channels (line managers, People & Culture contacts or the Roche Group speak-up channel). We implement principles to ensure fair and equitable pay in alignment with the Roche Group Remuneration Policy.

The policy is aligned with the UN Guiding Principles on Business and Human Rights and ISO 26000. The policy also adheres to all human and labour rights as enshrined in the International Labour Organization (ILO) Declaration on Fundamental Principles and Rights at Work and its Follow-up.

Roche Group Remuneration Policy

The Roche Group Remuneration Policy is designed to attract, motivate and retain employees globally, while reinforcing a high-performance culture aligned with long-term value creation and sustainability.

As a core element of our employment strategy, the policy ensures that compensation is fair, competitive and aligned with both individual performance and our overall success. It is guided by key principles of value creation, sustainability, fairness, market competitiveness and a balanced approach between short- and long-term rewards.

The policy applies across the Roche Group and encompasses base pay, variable compensation, equity participation and locally relevant employee benefits.

Roche Group Benefits Policy

The Roche Group Benefits Policy sets out our commitment to providing attractive and locally competitive benefit programmes that support employee health and well-being, provide protection for life events, help employees plan for retirement and support the diverse needs of employees.

The policy applies across the Group and outlines the guiding principles for the design, funding, governance and communication of employee benefits.

Our employee benefit programmes are an important component of our employment and remuneration policies and play a key role in attracting, motivating and retaining a healthy and engaged workforce. We aim to be locally competitive with the local median practice and trends and strive to provide the same benefits programmes within the same country. Benefits must be compliant with local legislation, coordinated with social security systems and transparent in design and communication.

Data protection and information security

We safeguard the confidentiality, integrity and availability of personal and business information through a comprehensive framework of policies and directives. This framework includes the Roche Information Security Policy, the Information Security Management Directive, the Information Security Incident Response Plan, the Informatics Policy HIPAA Security and the Roche Directive on the Protection of Personal Data.

The framework establishes uniform minimum standards for the Group and defines requirements for risk management, incident response and regulatory compliance. It ensures compliance with international regulations such as the EU General Data Protection Regulation, ISO/IEC 27001/27701 and the US Health Insurance Portability and Accountability Act. It sets expectations for employees covering administrative, physical and technical safeguards, and mandates training programmes to strengthen awareness and accountability.

Engagement with our people and employee representatives

At Roche, engaging with employees and their representatives is essential to fostering an inclusive workplace culture and aligning our people strategy with business priorities.

We primarily gather feedback through the annual GEOS, which invites all employees (excluding temporary employees) to provide feedback and share their experiences of and thoughts about their workplace. We use the GEOS results to inform leadership and guide follow-up actions at team and organisational levels. We run pulse surveys throughout the year as needed to complement the yearly GEOS.

We maintain an open dialogue with employees through town halls, focus group discussions and company-wide events such as the Senior Leaders Dialogue. These forums enable two-way communication, connecting employees directly with senior leadership and providing management with insights for management consideration and action.

We respect the right to freedom of association and collective bargaining. Employee representatives are engaged in major projects affecting employee

interests through mechanisms such as the Roche Europe Forum, which serves as our European Works Council. It is our key platform for structured dialogue and information exchange between our management and employee representatives, which informs management's decision-making on relevant matters. All our Roche entities in the European Union and Switzerland are represented in the Roche Europe Forum.

Remediation and grievance mechanisms

We maintain grievance mechanisms to enable employees to raise concerns in a confidential and retaliation-free manner. Employees may report potential issues of unethical behaviour, misconduct or violations of the Roche Group Code of Conduct to Compliance Officers or through the Roche Group speak-up channel.

The Roche Group speak-up channel operates in 104 countries, supports 42 languages and allows anonymous reporting with follow-up capability. Reports submitted through the Roche Group speak-up channel are reviewed and investigated by the Compliance or People & Culture functions. Outcomes are monitored and corrective actions are taken as appropriate. Substantial violations and subsequent corrective actions are regularly reported to the Corporate Governance and Sustainability Committee and the Audit Committee.

Non-retaliation is a core principle of our grievance processes. Oversight of grievance mechanisms rests with the Chief Compliance Officer (CCO), supported by local Compliance Officers. The CCO provides regular updates to senior management. Our Roche Group Code of Conduct underpins these mechanisms, providing the foundation for compliance-related training and communication and reinforcing our commitment to ethical conduct and regulatory integrity.

Targets and actions

Our People & Culture strategy includes targets for fair remuneration, inclusion and belonging and data protection. These commitments respond to material workforce impacts, risks and opportunities.

We measure progress through regular remuneration analysis, review of GEOS results and tracking completion rates of cybersecurity awareness training and certifications. The table below summarises our key targets and the actions we take to achieve them.

Targets and actions related to our workforce

Target	Actions
Annually verify that employee pay aligns with local laws and market competitiveness	Conducting annual compensation reviews Conducting regular analysis on equity and living wage
Increase Inclusion Index score in GEOS to ≥ 80 by 2029 ¹	Implementing global inclusion and belonging strategy Monitoring and analysing the Inclusion Index
Achieve zero significant data breaches and $\geq 90\%$ completion of mandatory data protection and IT security training ¹	Maintaining and monitoring compliance with data protection laws and regulations Delivering cybersecurity training and certification

¹ Excluding Chugai and LITE companies

Conducting annual compensation reviews

We conduct annual reviews of compensation practices against local market benchmarks and regulatory requirements to ensure that base pay and overall compensation remain competitive and compliant with legal standards.

Conducting regular analysis on equity and living wage

We regularly analyse our remuneration practices to ensure similar pay for similar work across employee groups, in accordance with our Roche Group Remuneration Policy. In 2025 we established a living-wage analysis as a new process based on independent external data. We aim to conduct this analysis annually to uphold our commitment to fair remuneration.

Implementing global inclusion and belonging strategy

We embed inclusion across all our People & Culture processes, for example by integrating inclusion practices into talent and leadership development. To strengthen a sense of belonging, we implement initiatives that enable full digital accessibility to ensure content is understandable for everyone, and we support the grassroots employee-initiated impact networks dedicated to furthering our inclusion and belonging strategy.

Monitoring and analysing the Inclusion Index

Embedded in our GEOS, the Inclusion Index enables us to measure and track progress on employee inclusion and belonging across the Group. The results are analysed annually and at organisational levels to identify strengths and gaps, guiding further actions towards our targets.

Maintaining and monitoring compliance with data protection laws and regulations

We have comprehensive technical and organisational measures in place to ensure compliance with applicable laws and regulations. Dedicated teams manage and respond to any data breaches and other security incidents to ensure timely and compliant resolution.

Delivering cybersecurity training and certification

We require employees and contractors to complete mandatory e-learning on data protection and IT security. We reinforce this learning through ongoing awareness programmes and by maintaining key certifications such as ISO 27001, ISO 27701, SOC 2 Type 2 and Cyber Essentials+.

Metrics

In 2025 our global workforce totalled 112,774 employees based on headcounts (HC) (2024: 103,249 based on full-time equivalents, FTE). The change reflects the shift from FTE to HC and the broader reporting scope aligned with European Sustainability Reporting Standards (ESRS), which now includes additional employee categories such as apprentices, interns and individuals on unpaid leave. On a comparable basis, the underlying

workforce remained broadly unchanged from 2024. The number of employees is distributed across the Group as follows: Roche Pharmaceuticals (46,289), Diagnostics (43,102), Chugai (7,965) and Corporate (15,418).

The following table provides a detailed breakdown of our workforce by gender, age group and selected countries, reflecting the composition of our global employee base as at 31 December 2025.

Workforce by gender, age group and selected countries

Data point	Unit	Total
Total number of employees by gender	HC	112,774
Female	HC	56,435
Male	HC	56,202
Other / not reported	HC	137
Total number of employees by selected countries	HC	112,774
Germany	HC	18,768
Switzerland	HC	17,752
Others	HC	76,254
Total number of employees by age range	HC	112,774
Under 30 years old	HC	13,333
Between 30 and 50 years old	HC	71,225
Over 50 years old	HC	28,216
Total distribution by age group	%	100
Under 30 years old	%	12
Between 30 and 50 years old	%	63
Over 50 years old	%	25

In 2025 the global employee turnover rate was 7.8% (2024: 8.0%), with 7,928 employees leaving the organisation. The year-on-year change reflects normal workforce dynamics, including retirements, voluntary resignations and restructuring measures. While turnover varies across geographies and business areas, we continue to focus on maintaining a healthy level of movement by fostering inclusion, supporting employee growth and ensuring fair treatment, as measured through annual engagement surveys.

We assess remuneration at least annually against applicable market benchmarks, and, where applicable, we ensure alignment to collective bargaining agreements, statutory minimum wages or recognised living wage where available. Our assessment confirms that our remuneration levels meet or exceed adequate wage benchmarks in all countries of operation, upholding our commitment to fair pay.

Top management composition

Data point	Unit	Total	Male	Female	Other / not reported
Total number of employees in top management roles	HC	477	308	168	1
Gender top management distribution	%	100	65	35	0

Reporting methodology

Employee headcount, gender, age, country and turnover

Headcount refers to the total number of employees recorded on 31 December each year, based on legally binding employment contracts. Data are reported at Group level and disaggregated by gender, age and geography.

In 2025 we updated our methodology for reporting employee figures to be based on headcount, in line with ESRS requirements (until 2024, we reported employee figures as FTEs where part-time employees were counted proportionally to their contracted hours). Under the new method, each employee with an active employment contract is counted as one, regardless of working hours. As part of the methodology update, the reporting perimeter was also aligned with the ESRS, resulting in inclusion of categories such as apprentices, interns and employees on unpaid leave that were not previously reported.

Number of leavers²

The number of leavers reflects permanent employees whose employment was terminated on a voluntary or involuntary basis during the reporting period. Temporary contracts ending at their expected date are excluded.

Employee turnover²

Turnover is calculated as the ratio of permanent employee departures during the reporting period to the average permanent headcount for the same period. Departures include both voluntary and involuntary exits.

Age distribution

The age distribution metric categorises year-end headcount into three defined groups (<30, 30–50, >50) and presents each group as a percentage of the total workforce.

Adequate wage³

Adequate wage is determined by comparing guaranteed employee pay at 100% FTE with applicable benchmarks. Benchmarks are applied hierarchically, starting with collective-bargaining agreements, followed by statutory minimum wages and if none of those exists, where available, living wage benchmarks. This calculation excludes interns and apprentices, whose remuneration is often determined by educational institutions or national regulations and whose roles are primarily learning-focused. In addition, employees on long-term leave with zero payment are also excluded.

Top management and gender distribution³

Top management is defined as senior executive positions, including members of the Corporate Executive Committee and the Enlarged Corporate Executive Committee. Gender distribution is presented as the percentage of men and women in these roles.

² Excluding LITE companies | ³ Excluding Chugai and LITE companies

4.1.1 Health and safety

At Roche, protecting the health, safety and well-being of our people is foundational for creating sustainable value for patients, our business and society. Our approach is guided by three ambitions: keeping our people safe and healthy, strengthening business resilience through simplified safety and health practices and continuously advancing workplace safety and well-being in line with recognised standards. As part of our safety and health strategy, we address the main challenges to employee health and safety – workplace accidents, psychosocial risks and disruptive events.

Our approach combines compliance with laws and standards, proactive prevention and initiatives to support well-being and is supported by digital tools and a comprehensive emergency management framework.

Policies

Our health and safety practices are guided by the Roche Group Safety, Security, Health and Environmental Protection (SHE) Policy. The policy establishes uniform minimum health and safety standards for the Group. More information regarding this policy is provided in section 2. General information.

Targets and actions

In 2025 the Corporate Executive Committee approved the health and safety targets for 2029, which are aligned across the Group and focus on employee well-being, prevention of injuries and illnesses, as well as emergency management.

Targets and actions related to health and safety

Target	Actions
Achieve a Health and Well-being Index of >75 by 2029 ⁴	Advancing global mental health and well-being strategy Monitoring and analysing the Health and Well-being Index
Reduce Lost Time Injury & Illness Rate (LTIR) to below 1.0 by 2029	Improving SHE programmes and fostering an advanced safety culture to prevent incidents Enhancing monitoring and investigation of SHE events
Ensure all Roche sites have a local emergency plan in place, tested annually, by 2029	Rolling out a global emergency management programme

⁴ Excluding Chugai and LITE companies

Advancing global mental health and well-being strategy

Our mental health and well-being efforts are structured around the three pillars of protection, promotion and support. This ensures employees have awareness of and access to mental health and well-being resources to support and strengthen personal well-being and resilience, and leaders are educated on how to support and boost their team's well-being. The execution of the strategy is achieved through the combination of global and local affiliate initiatives, resources and support.

Monitoring and analysing the Health and Well-being Index

Embedded in GEOS, the Health and Well-being Index enables us to measure and track progress in the areas of employee well-being and resilience. Results are analysed annually to identify strengths and gaps, guiding further actions towards our targets.

Improving SHE programmes and fostering an advanced safety culture to prevent incidents

To further develop our SHE programmes, we are revising our SHE management system across the Roche Group. Based on the international



Roche Diagnostics Vietnam offered employees vital activities to pause, reflect and learn about four health practices: recharging by short breaks, scientific breathing for stress management, disease awareness and engaging in the company's sports clubs.

Promoting mental health and well-being through LiveWell@Roche

CASE STUDY

Roche's Live Well programme reinforces our commitment to creating a work environment where people can thrive. Dedicated to promoting mental health and well-being among employees, the global initiative is supported by our 250 Live Well Champions, who help spread awareness and drive impact throughout the year.

Each year our sites organise two Live Well Weeks to promote healthier lifestyles. In 2025, guided by the theme 'Be Well to Do Well', the events focused on the importance of mental health and well-being as the foundation for sustained high performance and a healthy lifestyle.

Roche employees were invited to reflect on and implement practical lifestyle changes to support them to thrive. For example, participants in our 'Working smarter, not harder' session learnt how to swap the stress of multitasking for focused attention.

In 2025 we engaged more than 7,700 people through over 50 events, including 'Be Well to Do Well' challenges, talks and articles on our intranet. According to a survey, 91% of respondents said the initiative motivated them to focus more on their well-being.

ISO standards 14001 and 45001, we are developing global standard processes that apply across the Group, providing global guidance and tools for sites to manage occupational health and safety. They cover prevention, risk assessment and employee well-being and support consistent implementation of the SHE policy.

Enhancing monitoring and investigation of SHE events

Learning from incidents is crucial to prevent recurrence or avoid similar incidents. We are continuously optimising our processes to identify unsafe conditions, to monitor SHE events and to share insights and learnings from incidents across the Group.

Rolling out a global emergency management programme

Each Roche site maintains a documented local emergency plan, which is tested annually. Plans

are tailored to site-specific risks and aligned with international best practices. The programme is supported by incident response plans, training and regular drills, with oversight from Group SHE.

Metrics

In 2025 we had 442 work-related accidents leading to injuries. No fatalities were reported.

The majority of reported work-related accidents occurred in manufacturing facilities, and the dominant mechanisms of injuries were slips, trips and falls as well as cuts or lacerations. Incident reporting is supported by our Roche Group health and safety online reporting system, which is accessible year-round to employees and contractors across our Roche sites.

Health and safety

Data point	Unit	Employees
Workforce covered by health and safety management system	%	100
Fatalities as result of work-related injuries and work-related ill health	Number	0
Number of recordable work-related accidents	Number	442

CASE STUDY

Promoting data-driven safety at Genentech Oceanside

At our Genentech Oceanside campus, we prioritise employee well-being and sustained high performance so our people can continue the essential work of manufacturing innovative medicines.

We take a disciplined, data-driven approach to safety, ensuring we not only address immediate incidents but also proactively prevent recurring accidents. Using robust safety incident data, we conduct deep data analysis to identify trends and inform our risk-based approach to mitigation.

Genentech Oceanside has a systematic process for performing root cause analysis (RCA), which is essential to establish effective mitigation strategies, and is developing an AI-powered RCA tool to further increase efficiency and reinforce skilful investigation. By understanding the underlying issues, we can allocate resources where they will have the greatest impact on reducing high-risk, recurring safety events. This strategy enables us to reduce incidents to progress towards the Roche Group goal of reducing our LTIR to below 1.0 by 2029.

Reporting methodology

Workforce covered by health and safety management system

Coverage is defined as the percentage of the Roche sites covered by health and safety management systems. It is determined based on legal requirements and recognised international standards.

Fatalities as result of work-related injuries and work-related ill health

The number of fatalities at Roche sites includes all incidents that are deemed work-related under

Roche's Global Incident Management Standard. Classification follows internationally recognised occupational health definitions.

Number of recordable work-related accidents

Recordable work-related accidents are defined as fatalities, lost-time injuries and illness, restricted and/or modified duty cases or medical treatment beyond first aid. Data is reported through the Group SHE reporting system and consolidated in line with Roche's Global Incident Management Standard.

4.2 Workers in the value chain

Our suppliers and business partners are essential for Roche to deliver medicines and diagnostic solutions to patients worldwide. The well-being of workers in this value chain underpins the resilience of our operations and trust with patients, communities and stakeholders. Global supply chains face challenges, including compliance with labour laws and human rights standards, as well as maintenance of grievance mechanisms for affected workers.

Our approach combines policies, supplier due diligence and proactive engagement setting expectations to suppliers and business partners in regard to business ethics, human rights, labour rights and health and safety standards for workers in the value chain.

Material impacts, risks and opportunities (IROs)

Subtopic	IRO description	Type	Value chain	Time horizon
Working conditions	Inadequate working conditions and health and safety practices in the value chain may undermine worker well-being.	Potential negative impact	Upstream, downstream	ST-MT-LT
	Failure to ensure supplier adherence to wage regulations and fair remuneration principles may negatively affect financial performance and reputation.	Risk	Upstream	ST-MT-LT

Policies

We employ a range of policies and procedures to govern our business conduct and to safeguard the well-being, working conditions and health and safety of workers throughout our value chain.

Our policies apply to suppliers and business partners, setting minimum standards for labour rights, health and safety and human rights across geographies and industries. These expectations mitigate risks of regulatory non-compliance, forced or child labour and unsafe working environments, while supporting operational resilience and enabling responsible innovation.

The Roche Supplier Code of Conduct (described in section 2. General information of this report) sets expectations about working conditions in the supply chain. It is supported by two additional policies providing further specific guidance on these issues: the Roche Directive on Human Rights Due Diligence for Business partners and the Group Directive: Business Partner Management.

Roche Directive on Human Rights Due Diligence for Business partners

The Roche Directive on Human Rights Due Diligence for Business partners establishes the framework to protect human rights across the Group value chain. It applies to Roche Group employees, contractors, external workers and business partners engaging with us along the value chain. The policy covers both upstream activities (direct materials, products and indirect goods and services) and downstream activities (distribution of products and services).

It sets out principles for human rights due diligence, including identification and assessment of high-risk operations, stakeholder engagement to understand potential concerns, and the design of effective responses. It integrates human rights risk management into the Group due diligence processes and establishes ownership and accountability for implementation.

The policy is anchored in internationally recognised frameworks, including the UN Guiding Principles on Business and Human Rights, the Ten Principles of

the UN Global Compact, the Universal Declaration of Human Rights and the Fundamental Principles and Rights at Work stipulated by the International Labour Organization (ILO) (specifically Conventions No. 138 and 182, and the ILO-IOE Child Labour Guidance Tool for Business).

Group Directive: Business Partner Management

The Group Directive: Business Partner Management defines Roche's framework for managing business partner relationships, requiring business partners to uphold sustainability, integrity and compliance with the Group's high ethical and quality standards. It applies to Roche's Pharmaceuticals and Diagnostics Divisions. Minimum expectations cover responsible conduct, risk mitigation and consistent application across the business partner life cycle.

The policy sets out structured processes for partner onboarding, monitoring and review, with the goal of mitigating risks and providing assurance that our business partners are managed responsibly. It links business partner management to the Group sustainability and compliance objectives.

Engagement with supply chain workers

Engaging with suppliers is essential to manage labour rights risks and maintain business resilience. Our approach is anchored in the Roche Supplier Code of Conduct.

We engage suppliers through structured initiatives, such as the Supplier Sustainability Assurance Visit (SSAV) programme to identify risks and implement corrective actions. In addition, we participate in the Pharmaceuticals Supply Chain Initiative (PSCI) to share knowledge and build partner capabilities. We complement these activities with targeted supplier dialogues, such as Supplier Day, and dedicated training modules to strengthen awareness of labour rights and workplace standards. External indices, such as the Global Slavery Index and UNICEF's Children's Rights in the Workplace Index, support our process to identify and prioritise suppliers for engagement based on the regions and industries with the highest labour rights risks.

Remediation and grievance mechanisms

We maintain grievance and remediation mechanisms to address potential health, safety and human rights violations in the value chain through a multilingual, confidential global speak-up channel. Reports are independently assessed, investigated and resolved with non-retaliation safeguards, and findings are escalated to senior management up to the Board of Directors.

In line with the Roche Supplier Code of Conduct, suppliers are expected to establish their own accessible and retaliation-free grievance mechanisms for employees and external stakeholders. Where severe violations are identified, Roche requires corrective action plans and may support suppliers in remediation, including through PSCI platforms and capacity-building programmes.

CASE STUDY

Strengthening compliance and labour practices through supplier audits

We collaborate closely with our suppliers to drive continuous improvement in their business conduct. Following a Roche audit that identified non-compliances at their facilities, one supplier took swift action to achieve compliance and improve their labour practices.

Our partner implemented a comprehensive corrective action plan that included:

- initiating a system to monitor compliance with labour laws, including annual accreditation by local labour authorities;
- establishing a comprehensive supply chain risk assessment process to promote responsible business practices, including the roll-out of a responsible procurement policy, a supplier code of conduct and an update to their human rights policy;

- implementing ISO 14001 and ISO 45001 standards to establish robust environmental, health and safety management systems;
- updating job postings and collaborating with external labour agencies to ensure non-discriminatory recruitment practices;
- installing physical machinery guards for all conveyor belts at their facilities to improve safety.

To share their learnings and drive progress beyond their own operations, the supplier hosted an event in Bangkok, bringing together regional stakeholders for workshops on human rights, value chain collaboration and sustainability. Their journey demonstrates how genuine partnership can help build a stronger, more ethical supply chain.

Targets and actions

We recognise the importance of protecting human rights and fair working conditions for workers

in the value chain. We have defined targets to address labour practices, workplace safety and more effective grievance mechanisms across our value chain.

Targets and actions related to workers in the value chain

Target	Actions
Assess 95% of high-risk business partners by 2029	Delivering supplier training and capacity building Collaborating and taking part in industry initiatives Conducting audits and inspections for high-risk business partners

Delivering supplier training and capacity building

We deliver structured training and e-learning for suppliers on the principles of the Roche Supplier Code of Conduct. Suppliers are also made aware of PSCI training materials to further support their understanding and implementation of responsible business practices. These programmes strengthen supplier capacity to uphold ethical conduct, fair working conditions, health and safety standards, and support proactive prevention of non-compliance.

Collaborating and taking part in industry initiatives

As a founding member of the PSCI, we actively contribute to audit protocols, management

systems and sector projects, such as decarbonisation initiatives. This engagement strengthens supplier oversight, creates industry alignment and reinforces our commitment to responsible sourcing.

Conducting audits and inspections for high-risk business partners

We audit and inspect business partners with significant labour, safety and human-rights exposure, prioritising high-risk suppliers based on their industry, location or past behaviour related to human rights and compliance with the Roche Supplier Code of Conduct. These assessments verify compliance with our standards and regulatory requirements. Audits may be conducted directly by the Group or through third parties.

4.3 Consumers and end users

Access to safe and effective medicines and diagnostic solutions is essential to improve health outcomes. Any diagnostic or pharmaceutical product may cause unintended consequences or side effects in some patients. At Roche, our priority is to make sure the therapeutic benefits outweigh the risks. Clinical trials evaluate the benefits and risks of all our products before approval from health authorities is sought. Following regulatory approval, we deepen our understanding through post-launch clinical

studies and by continuously monitoring patient safety in real-world settings.

Access to high-quality patient data is essential to our goal of developing the medicines and diagnostic solutions that help people live longer and better lives. We deploy robust processes to manage information, ensuring we protect data privacy, security and integrity, while maintaining the ability to use the information to derive new insights and accelerate health innovation.

Ensuring patients have access to innovative diagnostics and medicines is an imperative for securing healthier economies. We are committed to advancing equitable health outcomes: we partner with governments and healthcare organisations

to develop sustainable solutions that strengthen health systems, and we identify access solutions that respond to affordability and health systems capacity concerns.

Material impacts, risks and opportunities (IROs)

Subtopic	IRO description	Type	Value chain	Time horizon
Personal safety	Failure to monitor and evaluate product benefit-risk profiles may expose patients to adverse effects, which may undermine health outcomes and trust.	Potential negative impact	Downstream	ST-MT-LT
	Clinical trials not conducted safely, transparently and in alignment with best practices and regulations may adversely impact patients' health and well-being.	Potential negative impact	Own operations, downstream	MT-LT
Information-related impacts	Failure to comply with data privacy regulations, or breaches of patient data, may negatively affect financial performance and reputation.	Risk	Downstream	ST-MT-LT
Social inclusion	Fiscal constraints, demographic pressures and ageing population may delay reimbursement, limit market access or reduce healthcare budgets, which may restrict uptake of our medicines and diagnostic solutions and negatively affect our financial performance.	Risk	Downstream	ST-MT-LT
	Strategic commitment to broadening patient access to innovative medicines and diagnostics solutions – through value-based pricing models and partnerships with healthcare systems – may strengthen business growth.	Opportunity	Downstream	MT-LT

Policies

Our practices are guided by policies that ensure patient safety, respect for privacy and compliance with applicable laws, regulation and international standards. These policies provide a framework for minimising risks and safeguarding the benefit-risk profile of our products throughout the life cycle – from research and development to post-market monitoring. They establish minimum standards for pharmacovigilance and data protection, compliant with global regulations and expectations. Risks addressed include potential side effects, breaches of data privacy and insufficient transparency in clinical activities. By anchoring our work in clear standards, we strengthen trust with patients, healthcare professionals and regulators. Our Global Pharmacovigilance Policy as well as access and patient partnering policies are presented below, while the Roche Group Code of Conduct and the Roche Directive on the Protection of Personal Data are described in section 2. General information of this report.

Global Pharmacovigilance Policy

Our Global Pharmacovigilance Policy defines our commitment to maintaining the benefit-risk profile of our medicines and medical devices via pharmacovigilance activities. It ensures compliance with pharmacovigilance requirements under global, regional and local regulations. The policy emphasises proactive safety monitoring, transparent communication and continuous improvement, protecting patients and strengthening confidence in our products.

The policy applies across the Group and our business partners. All employees and business partners are responsible for reporting adverse events associated with Roche products to their local safety unit within one business day. The policy covers activities with pharmacovigilance implications throughout the entire product life cycle – from first entry into human use to licence withdrawal or divestment.

Pharmacovigilance processes and activities are supported by our quality management system. This includes global quality manuals for Good Pharmacovigilance Practice (GVP) and for Good Clinical Practice (GCP) which monitor and manage patient safety in pre-approval clinical studies and post-marketing settings.

Overall activities across GVP and GCP include regular review and evaluation of safety data, proactive risk identification and minimisation, and communication of safety information to patients, healthcare professionals and regulators. Systematic audits and quality assurance processes verify compliance with GCP, GVP and other applicable areas (e.g. Medical Device Regulations and aspects of Good Manufacturing Practice that relate to the monitoring of product quality or complaints that could be relevant to patient safety). Quality events trigger corrective and preventive actions, including root cause analysis, to ensure lessons learnt and continuous improvement.

We track progress through defined pharmacovigilance, safety and quality indicators, with regular reporting to management and regulators.

Access and patient partnering policies

Our long-standing approach to equitable access is anchored in the Roche Group Code of Conduct, Roche's Position on Partnering with Patient Communities and the Roche Directive on Collaborating with Patient Groups and Patients. These frameworks embody our commitment to mutual value and respect, integrity, equity, independence and transparency.

Employees must ensure that access programmes comply with relevant laws, regulations and industry codes and that they engage transparently and responsibly with various stakeholders to facilitate access to our products and services. Our policies

offer guidance on ethical collaboration with a range of stakeholder groups, including patients and patient organisations, healthcare professionals, healthcare organisations and government officials. They are based on and include elements of training offered by organisations such as Patient-Focused Medicines Development and the European Patients Academy on Therapeutic Innovation. They also serve as the foundations of our training programme for all employees who may interact with patients.

Engagement with consumers and end users

Engaging with consumers and end users is central to understanding patient needs, improving benefit-risk profiles and ensuring transparency of our medicines and diagnostic products. Our approach is guided by the Roche Group Code of Conduct, which defines standards for interactions with patients, caregivers, healthcare professionals and healthcare organisations. We engage with consumers and end users through structured initiatives, including collaborations with patient organisations and advisory boards and participation in clinical trial and diagnostic study design. We also gather insights through the interaction with patients, which provides accessible and balanced information on diseases, clinical studies and trial results in local languages. Our interactions with healthcare professionals are guided by ethical, legal and regulatory principles, ensuring all engagements serve legitimate purposes and prioritise patient well-being.

We collaborate with health systems, organisations and governments to understand and overcome barriers to healthcare and to Roche innovations for the people who need them. In 2025 we continued to work with partners both locally and globally to provide sustainable patient access to quality and affordable healthcare.

Remediation and channels to raise concerns with consumers and end users

We maintain structured grievance and remediation mechanisms to address potential product- or service-related concerns from patients, consumers and healthcare stakeholders. Clear and accessible channels are available to report adverse events, product quality issues or other concerns, including e-mail, telephone, dedicated webpages and Roche entities. Reports are handled by trained medical information and pharmacovigilance teams who ensure timely assessment, transparent communication and compliance with regulatory requirements. Our global Roche Group speak-up

channel provides an additional way for reporting potential human rights or compliance risks, with confidentiality safeguards and protection against retaliation.

Targets and actions related to consumers and end users

In line with our access-to-innovation strategy, we have defined goals to address our impacts on consumers and end users by addressing access barriers to high-medical-value diagnostics solutions and medicines. Progress in 2025 is described through actions implemented.

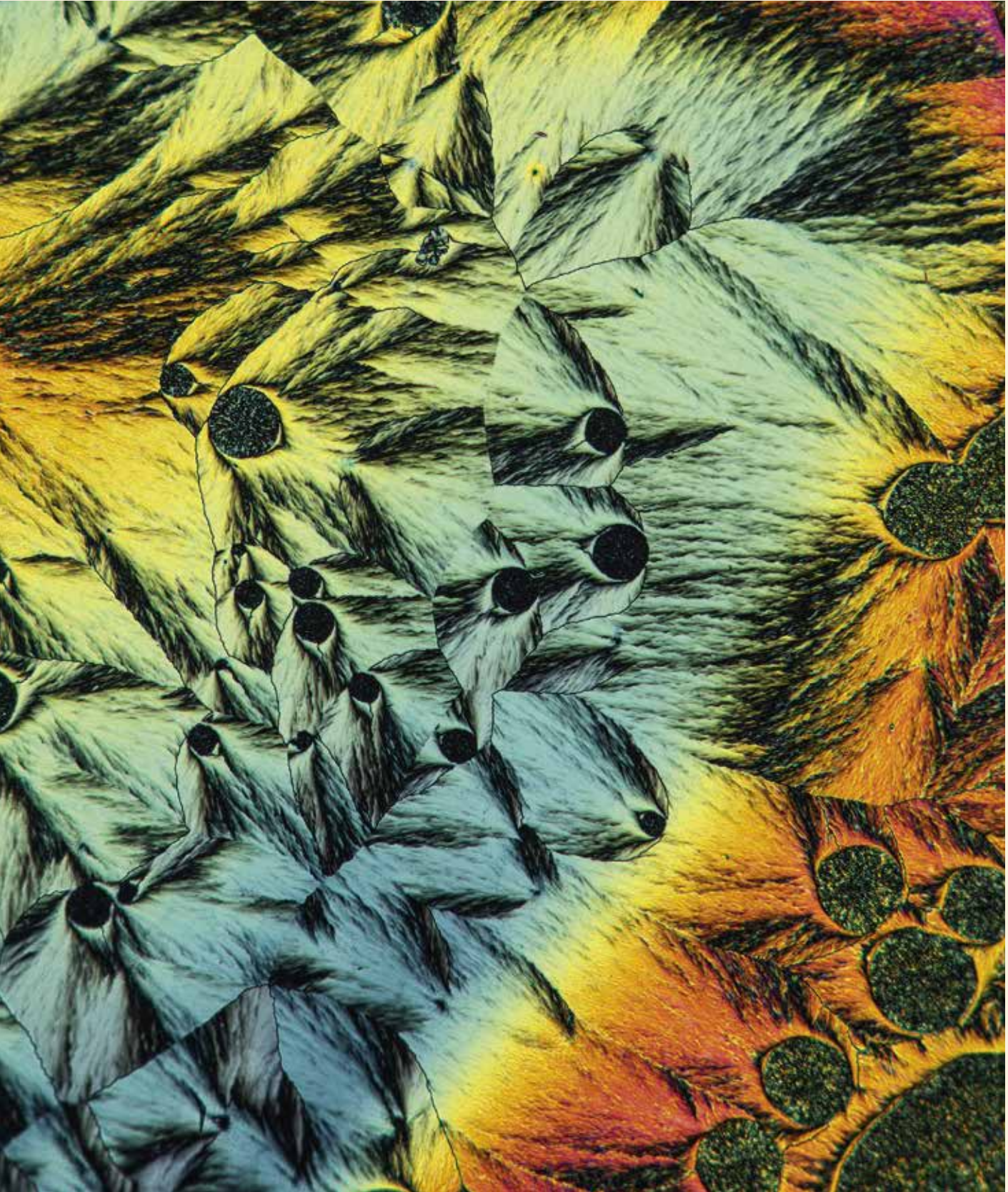
Targets and actions related to consumers and end users

Target	Baseline	Actions and progress
Diagnostics Reach twice as many patients (~230 million lives) with high-medical-value diagnostics solutions by 2029	2020	Reached 258 million patients with our high-medical-value diagnostics solutions in 2025. ⁵ Strengthened health-system partnerships and local laboratory capacity to increase reach and reliability. Integrated inclusive research and redesigned study criteria to ensure diagnostic solutions serve diverse populations.
Pharmaceuticals Treat three times as many patients with our strategic pharmaceuticals portfolio by 2029	2023	Treated more than 39 million patients with our medicines in 2025. ⁶
Pharmaceuticals Double the number of patients receiving our core pharmaceutical therapies in low- and lower-middle-income countries (LLMICs) ⁷ by 2026	2021	Achieved our goal one year ahead of schedule (2025), reaching over 59,000 patients in LLMICs with our core pharmaceutical therapies compared to 27,000 in 2021.
Pharmaceuticals Triple the societal impact delivered with our strategic pharmaceuticals portfolio by 2029	2023	The societal impact of Hemlibra prophylaxis in Greece, Slovenia, and France was quantified through a study projecting that the treatment could avert over 40,000 bleeding episodes annually, resulting in EUR 300 million in direct and indirect healthcare savings per year. In 2025 our multiple sclerosis medicines are projected to have contributed USD 2.1 billion in Annual Social Impact to the GDP of ten countries.
Global health security Advance R&D of new antibiotics and testing solutions with partners	–	Progressed zosurabalpin, a novel antibiotic, into phase III development. Renewed our commitment to the Global Fund to drive comprehensive improvements across the diagnostics ecosystem.

⁵ Representing a 15% increase from the previous year and outperforming our target for 2029

⁶ Representing a 62% increase from the previous year; in addition, we registered a 28% growth in patients treated with our strategic pharmaceuticals portfolio, keeping us firmly on track to triple our reach by 2029.

⁷ LLMICs covered by our access goal are Egypt, Indonesia, Morocco and Vietnam.



5. Governance

Our governance processes uphold high standards of business ethics and integrity, ensuring a strong foundation for our strategic priorities. This includes diligently managing risks and enabling transparent reporting on our sustainability progress.

5.1 Corporate culture and business ethics and integrity 138

A recrystallised thin film of the **risdiplam** drug substance, viewed using hot-stage polarised light microscopy. The vibrant, radiating patterns are known as 'spherulites'. The colours, shapes and thermal behaviour of these structures reveal important information about the drug's crystal form, which directly impacts its stability, processability and bioavailability.

5.1 Corporate culture and business ethics and integrity

At Roche, integrity and ethical conduct form the foundation of our corporate culture. Upholding high standards of business ethics across our value chain is essential to maintaining trust and sustainable performance.

We achieve this through a comprehensive compliance management programme that includes training, risk management, anti-corruption policies, due diligence

and systems for reporting and investigating issues, all while protecting individuals who report concerns in good faith.

The effectiveness of our compliance management depends on how accessible and embedded it is across the organisation, so we continue to integrate our culture of integrity into daily operations and decision-making.

Material impacts, risks and opportunities (IROs)

Subtopic	IRO description	Type	Value chain	Time horizon
Corporate culture	We cultivate a culture of integrity, transparency and ethical decision-making among our employees and workers throughout the value chain.	Actual positive impact	Upstream, own operations	ST-MT-LT
Corruption and bribery	Failure to comply with anti-corruption, anti-bribery or competition laws may result in financial penalties, reputational damage and increased compliance costs.	Risk	Own operations	ST-MT-LT

Policies

Our business conduct is guided by a set of policies that define ethical standards and compliance expectations across the Roche Group. These policies help prevent misconduct, safeguard integrity and mitigate risks such as corruption, antitrust violations and reputational harm. Overarching enterprise policies, such as the Roche Group Code of Conduct and the Roche Supplier Code of Conduct, are presented in section 2. General information of this report. In addition, we have complementary policies that strengthen our governance practices related to business ethics and integrity, which include:

Directive on Compliance Risk & Opportunity Assessment and Management for the Roche Group

This policy establishes a harmonised framework for identifying, assessing and managing compliance

risks and opportunities across the Roche Group. It supports effective governance by strengthening transparency, consistency and accountability. The policy applies to all fully owned Roche entities, excluding Spark Therapeutics, Inc., Foundation Medicine, Inc., Flatiron Health, Inc., and GenMark Diagnostics, Inc.

Each entity must perform a comprehensive risk and opportunity assessment at least every three years, with annual reviews for significant events. Roche entities identify risks, assign risk owners and develop mitigation or remediation plans. All processes are documented in a centralised risk management tool, which enables consistent tracking, transparency and continuous improvement. The policy integrates risk and opportunity management into core business practices and supports compliance resilience.

Behaviour in Competition – Directive on Competition Law

This policy sets out our principles on fair competition and compliance with national and international antitrust regulations. It establishes clear standards to prevent anti-competitive behaviour and to foster transparent and ethical commercial practices across the Roche Group.

The policy applies globally to all employees. Compliance is mandatory regardless of function, geography or seniority to safeguard integrity in every market across the Roche Group.

The policy prohibits agreements or coordinated practices with competitors – whether horizontal or vertical – that could prevent, restrict or distort competition, such as price-fixing, market allocation or exclusivity. It also forbids the abuse of a dominant market position, including discriminatory sales conditions, predatory pricing or improper bundling. Furthermore, the policy establishes standards for ethical conduct in tenders and merger processes. We expect employees to understand these rules, seek legal advice in case of doubt and use the Roche Group speak-up channel to report suspected violations. Non-compliance is never acceptable.

The policy implements requirements, among others, from EU competition law, notably Articles 101 and 102 of the Treaty on the Functioning of the European Union, and from US antitrust statutes, including the Sherman Act, the Clayton Act, the Federal Trade Commission Act and the Robinson-Patman Act.

Roche Directive on Adequate Handling and Reporting of Business Ethics Incidents (BEI Directive)

The BEI Directive defines how we handle and report business ethics incidents across the Roche Group.

It outlines principles for categorising incidents, investigating cases and applying corrective measures and sanctions. The policy covers employees and relevant business partners.

Reporting of suspected incidents is mandatory, and all individuals raising concerns are protected from retaliation. The policy requires clear reporting channels, assigns responsibilities for investigations and provides for corrective measures where misconduct is confirmed. We provide regular training for employees and relevant partners to build awareness of corruption, bribery and other ethics risks.

The policy aligns with industry standards for ethical business conduct, such as those issued by the International Federation of Pharmaceutical Manufacturers and Associations, the European Federation of Pharmaceutical Industries and Associations, MedTech Europe and the Advanced Medical Technology Association.

Directive on Mandatory Global Behaviour in Business e-Learning Programs

This policy defines the framework for Roche's compulsory compliance training programmes. It ensures that employees, business-critical contractors and consultants understand the Roche Group's core values and standards of conduct as outlined in the Roche Group Code of Conduct. The policy sets uniform expectations, strengthens awareness of compliance risks and reinforces Roche's ethical culture across the Roche Group.

It applies globally to all our employees and business-critical contractors and consultants. The policy sets minimum timelines for course completion, defines accountability at both local and Group levels and requires systematic progress monitoring.

The role of the administrative, management and supervisory bodies related to business ethics and integrity

The Chief Compliance Officer (CCO) is responsible for the global compliance framework. The CCO reports directly to the General Counsel, a member of the Enlarged Corporate Executive Committee, and provides regular updates to the Corporate Governance and Sustainability Committee and, when required, to the Audit Committee.

The CCO is supported by more than 150 local Compliance Officers across the Roche Group. Local Compliance Officers foster a culture of integrity by providing guidance, delivering training, monitoring adherence to compliance standards and documenting and addressing ethical concerns. They also contribute to risk management and encourage employees to raise potential misconduct through established channels. In addition, they

are responsible for identifying human rights risks, particularly in the supply chain.

Prevention and detection of corruption and bribery

We maintain a zero-tolerance policy towards corruption and bribery. Our global framework addresses unethical behaviour including bribery, improper advantages, theft, fraud, embezzlement and misuse of company assets.

We require all our employees and anyone acting on our behalf to complete global mandatory training on the Roche Group Code of Conduct. This training covers bribery and corruption risks, conflicts of interest, gifts and entertainment, discrimination and harassment, use of digital communication and engagement with business partners and the supply chain.

Roche Behaviour in Business (RoBiB) training	Unit	Employees
Employees within the scope of this policy	%	100
Functions at risk	%	100
Training completion rate	%	99.4

Anti-corruption and anti-bribery actions

To address material impacts related to corruption and bribery, we implement a range of targeted actions that strengthen compliance and reinforce ethical business conduct:

Mandatory training

We deliver compulsory training on the Roche Group Code of Conduct through the Roche Behaviour in Business (RoBiB) programme.

All employees complete this training when they join Roche, at regular intervals during their career with Roche and whenever the policy is updated.

Continuous education

Dedicated compliance sessions provide a forum for local Compliance Officers to discuss case management and emerging risks. These sessions promote consistent practice across the Roche Group and support early identification of concerns.

Engagement with public officials

We apply a global framework that governs professional interactions with government officials. Engagement is guided by honesty, integrity and compliance with applicable laws. The Roche Group does not tolerate any form of corruption or improper influence.

Business partner management tool

To uphold ethical standards across our value chain, we currently rely on a directive and a self-assessment checklist, the business partner management tool. It digitises the comprehensive life cycle approach to managing partner relationships, integrating ethical and compliance standards seamlessly from the initial market assessment and onboarding phase through the contract renewal or termination.

Reporting methodology

Percentage of functions at risk covered by training programmes¹

Completion of the mandatory Roche Behaviour in Business (RoBiB) compliance training is required for all employees, with 100% of functions included in scope. The completion rate is determined by dividing the number of employees who have completed the training by the total number of employees at year end. Local management is responsible for monitoring completion rates to ensure consistent compliance across the Group. Calculation excludes employees on leave and those who joined shortly before the reporting period.

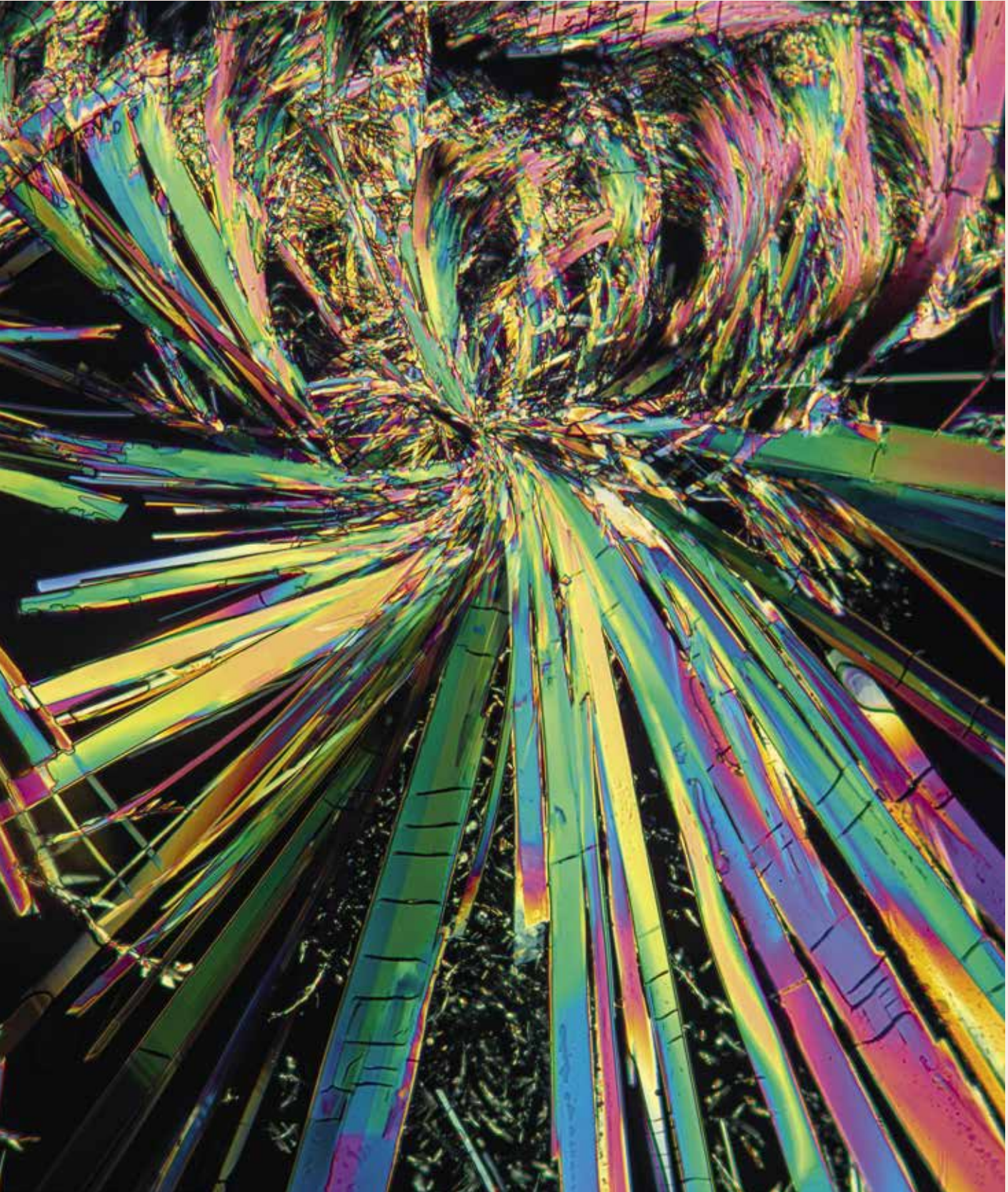
Enabling ethical decisions through AI

As part of our commitment to integrity and our focus on simplifying compliance governance, we launched the Compliance MindMap – an AI-powered tool that transforms how employees access compliance information. The platform empowers Roche Group employees to make informed, ethical decisions in their day-to-day work by providing them instant answers to compliance-related queries, complete with direct links to relevant global and local policies. This replaces manual searches for answers to compliance questions, ensuring critical information is readily accessible to support responsible decision-making across the Group.

The Compliance MindMap was co-developed by our compliance and IT teams, incorporating valuable user feedback from the pilot phase ahead of its 2025 launch. The Compliance MindMap is designed to be scaled across the Roche Group, with Roche entities able to upload country-specific policies to ensure relevance to everyone at the Roche Group.

This initiative reinforces our strategic priority to advance digitalisation and AI, while strengthening our global compliance programme – creating a unified approach to ethical decision-making across the Roche Group.

¹ Excluding Chugai and LITE companies



6. Human rights

We respect and proactively support human rights. We are committed to upholding human rights across our corporate strategy, governance and daily operations as well as throughout our value chain.

6.1 Human rights

144

A recrystallised thin film of the **HER2 tyrosine kinase inhibitor**, viewed using hot-stage polarised light microscopy. Long, blade-like crystals erupt from a central point where the first nucleus originated. The colours, shapes and thermal behaviour of these structures reveal important information about the drug's crystal form, which directly impacts its stability, processability and bioavailability.

6.1 Human rights

Respecting and promoting human rights is fundamental, both within our operations and across the value chain. By embedding human rights due diligence into our business practices, we help safeguard patients, employees and communities while strengthening trust and long-term business resilience.

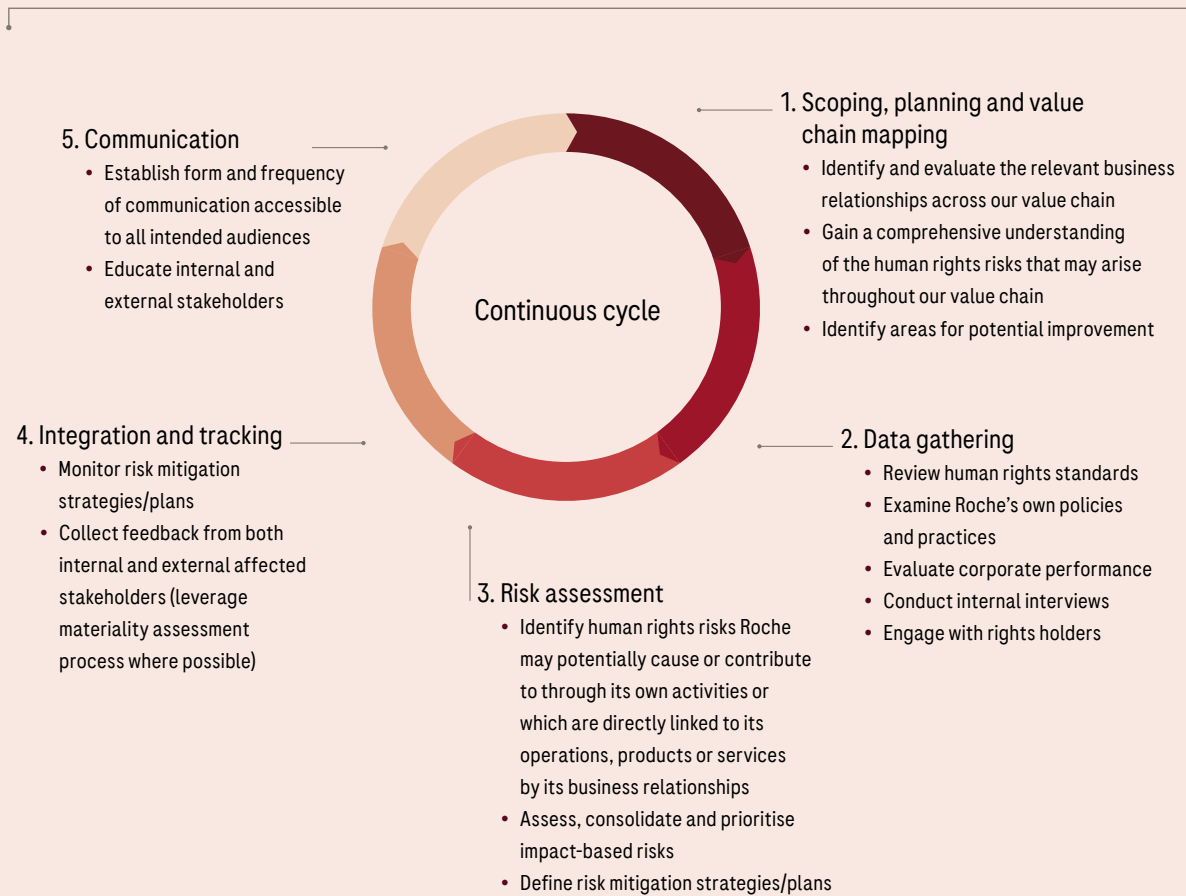
At Roche, we are committed to upholding human rights across our corporate strategy, governance and daily operations as well as throughout our value chain. Our approach is grounded in existing legislation and internationally recognised frameworks, including the UN Guiding Principles on Business and Human Rights, the Universal Declaration of Human Rights, the Ten Principles of the UN Global Compact, the UN Sustainable Development Goals (SDGs), the International Labour Organization's (ILO) Declaration on Fundamental Principles and Rights at Work, the Convention on the Rights of the Child (prohibition of child labour) and the Pharmaceutical Supply Chain Initiative (PSCI).

Human rights risk management and due diligence

We are committed to continuously improving human rights practices through our policies, processes, risk management and mitigation. We monitor, investigate and address any deviations from our human rights commitments and collaborate with business partners to prevent misconduct. We apply internal policies and a systematic risk management process for child labour and broader human rights violations across our operations and supply chain, evaluating risks like health and safety and adequate wages.

We conduct Group human rights risk assessments every three years with annual reviews. These assessments identify and evaluate potential negative human rights impacts arising from our activities and business relationships, which allows us to prioritise risks according to their potential impact and develop tailored mitigation strategies.

Roche Group human rights due diligence
Three-year cycle, review and update



Our human rights risk assessment 2023 cycle, reviewed and reconfirmed in 2025, identified the following key focus areas to human rights and societal well-being, with respective commitments and actions.

Focus areas for human rights risks – own operations

Focus areas	Background and commitments	Prevention and mitigation
Data privacy	<p>Data is a critical enabler of innovative treatments and diagnostic solutions for patients and a key driver of business excellence.</p> <p>We aim to be a trusted and preferred partner to all individuals and groups who share data with us, including employees, patients and healthcare stakeholders.</p> <p>We are committed to collecting and using data in a lawful, fair, legitimate and ethical manner, consistently upholding individual privacy to earn and maintain trust.</p>	<p>We collect data in full compliance with relevant laws, such as the Swiss Federal Act on Data Protection, the EU General Data Protection Regulation and the US Health Insurance Portability and Accountability Act. Comparable adherence is expected from our service providers and collaboration partners.</p> <p>We implement a comprehensive risk assessment and mitigation process to ensure data privacy. Other governance and protective measures are in place, led by the Chief Privacy Officer and the Global Privacy Office, in coordination with other functions.</p>
Access to healthcare	<p>As a healthcare company committed to advancing global health and achieving the UN SDG 3, ensuring healthy lives and promoting well-being for all at all ages, we leverage our expertise in pharmaceuticals and diagnostics to make a significant impact on people and health systems.</p> <p>We strive to ensure that patients can benefit from our medicines and diagnostic solutions in a fast, broad and sustainable fashion, working on products that meet patients' needs wherever they live.</p> <p>Our strategic ambition is to double the number of patients treated with innovative therapies in low- and lower-middle-income countries (LLMICs) by 2026, and to double global patient access to high-medical-value diagnostics by 2029.</p>	<p>We forge trusted global, regional and national partnerships to address critical access gaps and ensure continuous investment in healthcare innovation and services. We collaboratively develop and implement initiatives that advance the prevention, treatment and management of diseases with the highest societal burden. These include non-communicable diseases such as cancer, diabetes and cardiovascular diseases, as well as infectious diseases like HPV and HIV infection, tuberculosis and hepatitis C.</p> <p>We support countries in tailoring people-centric access initiatives to address their unique healthcare challenges, especially LLMICs, which, according to the World Bank, are home to 75% of the world's population.</p> <p>Through our Global Access Program in the Diagnostics Division, we combine world-class expertise and innovation to expand access to reliable diagnostics, which is critical for controlling and advancing progress towards the World Health Organization's infectious disease elimination goals.</p>

Focus areas for human rights risks – own operations (continued)

Focus areas	Background and commitments	Prevention and mitigation
Fair and safe work environment	<p>We are committed to fair working conditions and respecting human rights, which is reflected in the Roche Group Code of Conduct and the Roche Group Employment Policy. We condemn all forms of child, forced or compulsory labour. The employment of juveniles is only permitted when legally compliant and under conditions that fully protect their well-being.</p> <p>We do not tolerate:</p> <ul style="list-style-type: none"> any form of psychological, physical or sexual harassment or any other violation of the dignity and respect of employees in the workplace; any form of workplace discrimination based on gender, age, ethnicity, national origin, religion, disability, sexual orientation, HIV/AIDS status, citizenship, genetic information or any other relevant characteristics protected under applicable law. <p>Prevention is the key driver for all SHE-related activities, decisions and measures at Roche. Our comprehensive approach to well-being thoughtfully integrates both organisational and individual perspectives.</p>	<p>We aim to prevent non-compliant behaviour by fostering a culture of openness, providing designated contacts to address questions and uncertainties about the Roche Group Code of Conduct.</p> <p>Roche Group companies are committed to properly implementing the Roche Group Employment Policy. Local policies are developed and communicated to meet the minimum standards.</p> <p>We observe all regulations in the SHE area in respect of all our employees and of anyone else potentially affected by our activities. Workplace risk assessments with mitigation plans are performed by every affiliate.</p> <p>A management system approach is in place to identify and control safety, security, health and environmental risks. Occupational health hazards are prevented or controlled through documented workplace health risk assessments, health surveillance, information and training for employees.</p>

Focus areas for human rights risks – supply chain

Focus areas	Background and commitments	Prevention and mitigation
Working conditions	Suppliers shall adhere to applicable wage laws, including minimum wages, overtime hours and mandated benefits, and consider remuneration in accordance with the skills, performance and experience of their workers based on local competitive conditions. Overtime work shall be voluntary and suppliers are responsible for ensuring work schedules and hours comply with national and international standards.	<p>We require our suppliers to explicitly acknowledge and adhere to the principles of the Roche Supplier Code of Conduct. Suppliers shall ensure compliance with these principles along their own supply chains.</p> <p>Suppliers shall allow Roche to verify compliance with the Roche Supplier Code of Conduct through our PSCI-based Supplier Sustainability Assurance Visit (SSAV) programme. Suppliers at higher risk for human rights violations are included in a list of business partner auditable entities and scheduled for PSCI-based audits.</p>
Healthy working environment	Suppliers are expected to be committed to protecting human health, to understanding relevant workplace hazards and to effectively communicating such hazards and related protection to all potentially impacted workers.	Suppliers failing to meet Roche Supplier Code of Conduct expectations risk disqualification from working with Roche. Current suppliers not meeting expectations will have a mitigation plan; non-compliance may lead to termination.
Fair treatment and non-discrimination	Suppliers are expected to be committed to ensuring a workplace free of harsh and inhumane treatment, harassment and discrimination. This is especially important for migrant workers due to factors like national origin.	

Respecting human rights in our supply chain

Roche upholds our suppliers to high performance standards for human rights, anticipating their proactive assessment and management of risks with their partners, which enhances transparency within Roche’s sphere of influence. Our commitment is underpinned by the PSCI Principles, which are incorporated into all contractual agreements and integrated with the Roche Supplier Code of Conduct. The code addresses critical areas such as freely chosen labour, child labour and young workers, fair treatment and non-discrimination, wages, benefits and working hours, forced or compulsory labour, and responsible sourcing of minerals and metals. We systematically embed these principles into a risk-based human rights due diligence framework for our suppliers, which encompasses three-year cycle risk assessments with annual reviews, continuous monitoring and active stakeholder engagement.

Our human rights due diligence approach for protecting human rights with suppliers encompasses the following principles:

- Actual and potential risks are identified, weighted and prioritised according to their severity and likelihood. We provide mechanisms for our employees and business partners to

raise concerns so that corrective and remedial measures can be implemented if needed.

- Continuous risk identification, impact assessment and active risk management processes involve all stakeholders.
- Due diligence documentation is stored according to Roche’s corporate records management requirements and applicable laws. Human rights-related activities and metrics are reported and maintained for transparency.

To address identified actual material negative impacts, we have implemented several remedial actions:

Pre-contract

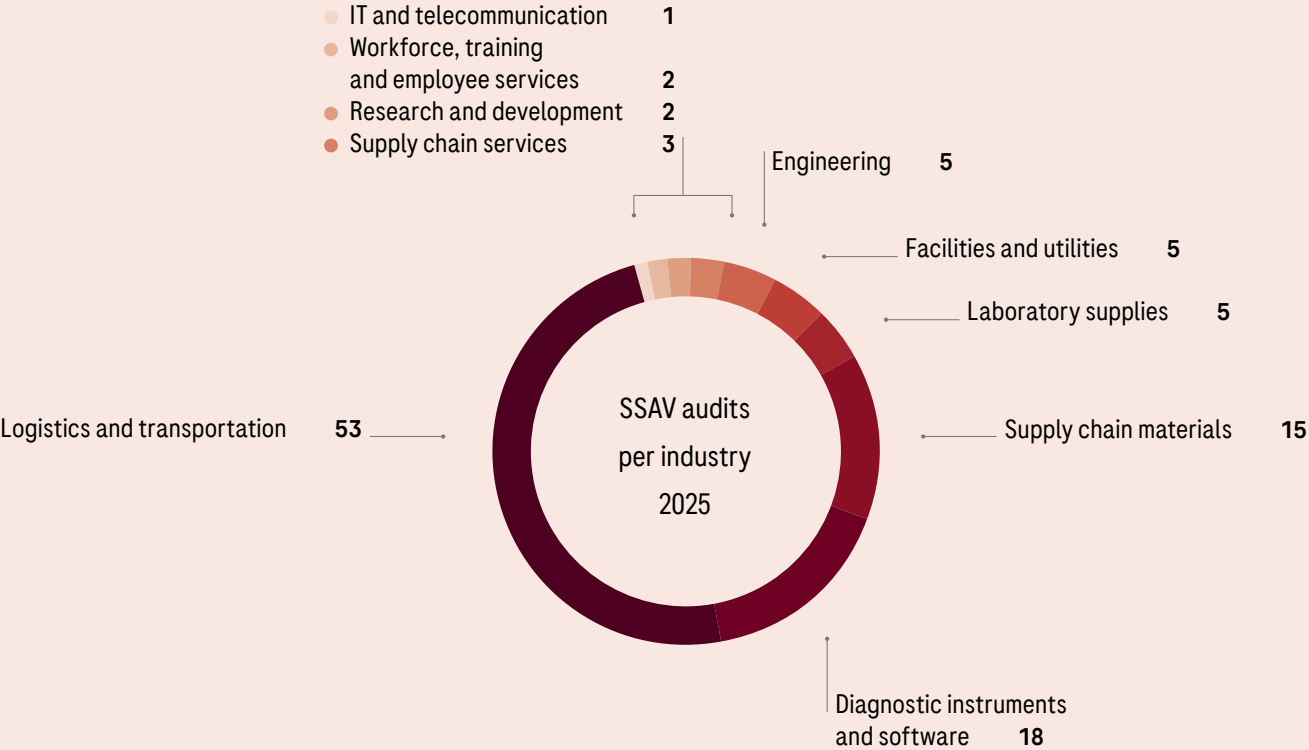
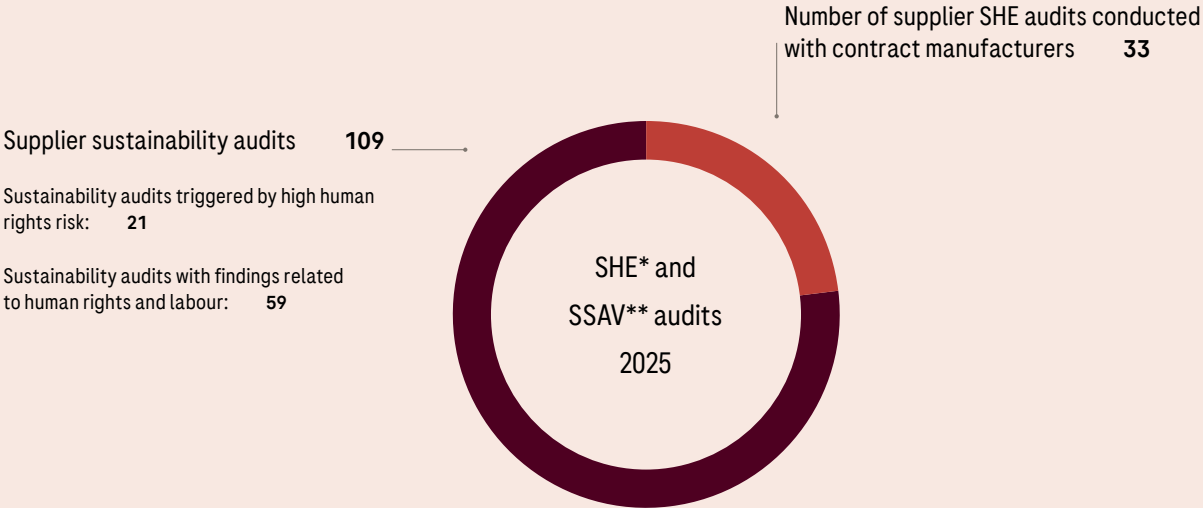
We conduct human rights due diligence for all new suppliers. We use the due diligence process to assess suppliers’ human rights violation risks. No supplier can be engaged without this assessment.

Ongoing risk assessment (human rights audit and SSAV programme)

We regularly assess and monitor our suppliers for human rights compliance against the Roche Supplier Code of Conduct. We achieve this through two pathways: human rights risk assessment and the Supplier Sustainability Assurance Visit (SSAV) programme.

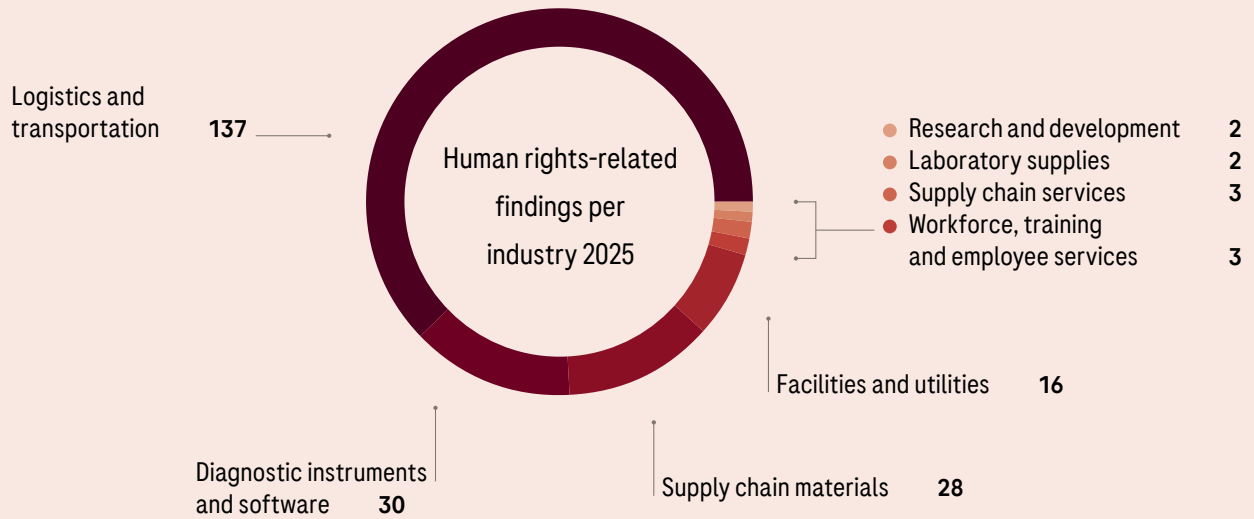
Ongoing human rights risk management

Identification of suppliers subject to human rights audit	Supplier Sustainability Assurance Visit (SSAV) programme
<p>We have a formal, annual process and methodology to assess suppliers in order to identify those at higher risk for human rights violations. High-risk suppliers are subject to formal audits which assess their industry types (likely to employ vulnerable populations), region, association with government, media or internal reports of alleged behaviour or operations that indicate real or potential non-compliance with the Roche Supplier Code of Conduct.</p> <p>We consider four main external indexes in our human rights risk assessment: UNICEF’s Children’s Rights at the Workplace Index, Global Slavery Index, OECD Participants’ Country Risk Classification and Global Rights Index. The assessment utilises suppliers’ data such as industry, product or service, location, potential risks identified from their external reports, and concerns raised about a particular supplier, region or industry.</p> <p>High-risk suppliers are included in a list of suppliers auditable entities and are scheduled for PSCI-based audits as part of our SSAV programme.</p>	<p>Depending on the circumstances, further risk-based due diligence actions may be undertaken to ensure that issues such as human rights violations (including child labour) are detected and addressed, as per the principles of the OECD Due Diligence Guidance for Responsible Business Conduct as 2018. We conduct on-site audits at high-risk suppliers to directly evaluate their human rights compliance against our Roche Supplier Code of Conduct, using our PSCI-based SSAV. The SSAV audits also assess human rights and labour compliance of sub-tier suppliers working at our suppliers’ sites during the time of the audits, to the extent possible.</p> <p>In case of non-compliance, we collaborate with the suppliers to demand immediate corrective action, or where immediate corrective action is not possible, a proposal to correct issues with a concrete timeline. As a last resort, we will terminate business relationships with the suppliers and disqualify them from future opportunities.</p>



* Safety, security, health and environmental protection

** Supplier Sustainability Assurance Visit



A	Number of findings regarding child labour and young workers	11
B	Number of findings regarding freely chosen employment	33
C	Number of findings regarding overtime payments	75
D	Total of all findings with any human rights impacts (including A to C)	221

In 2025, 34% of human rights and labour-related findings pertained to unverified voluntary overtime. Regarding child labour and young workers, all findings were restricted to improper implementation of policies and governing guidelines; no active violations of child or young workers' rights were identified during the reporting period.

Grievance mechanism

Details of grievance mechanisms can be found in section 4. Social, while information on the role of the administrative, management and supervisory bodies related to business ethics and integrity is provided in section 5. Governance.

Incident reporting

In 2025, 10 substantiated incidents of human rights violations occurred which led to contract terminations. 9 incidents were linked to discrimination and harassment and 1 to data privacy, with 8 involving our employees and 2 our contractors; no incidents involved a business partner directly.

Reporting methodology

Supplier Sustainability Assurance Visits (SSAVs)¹

Defined as the number of formal SSAV audits performed in the reporting period.

Safety, security, health and environmental protection (SHE) audits¹

Defined as the number of formal SHE audits performed in the reporting period.

SSAV audits per industry¹

Defined as the number of formal SSAV audits performed in the reporting period categorised by the industry sector.

Human rights-related findings per industry¹

Defined as the number and type of human rights violations identified during SSAV audits within a specific industry.

Findings regarding child labour and young workers¹

Defined as the number of findings related to child labour or young workers identified in SSAV audits conducted in the reporting period.

Findings regarding freely chosen employment¹

Defined as the number of findings related to freely chosen employment identified in SSAV audits conducted in the reporting period.

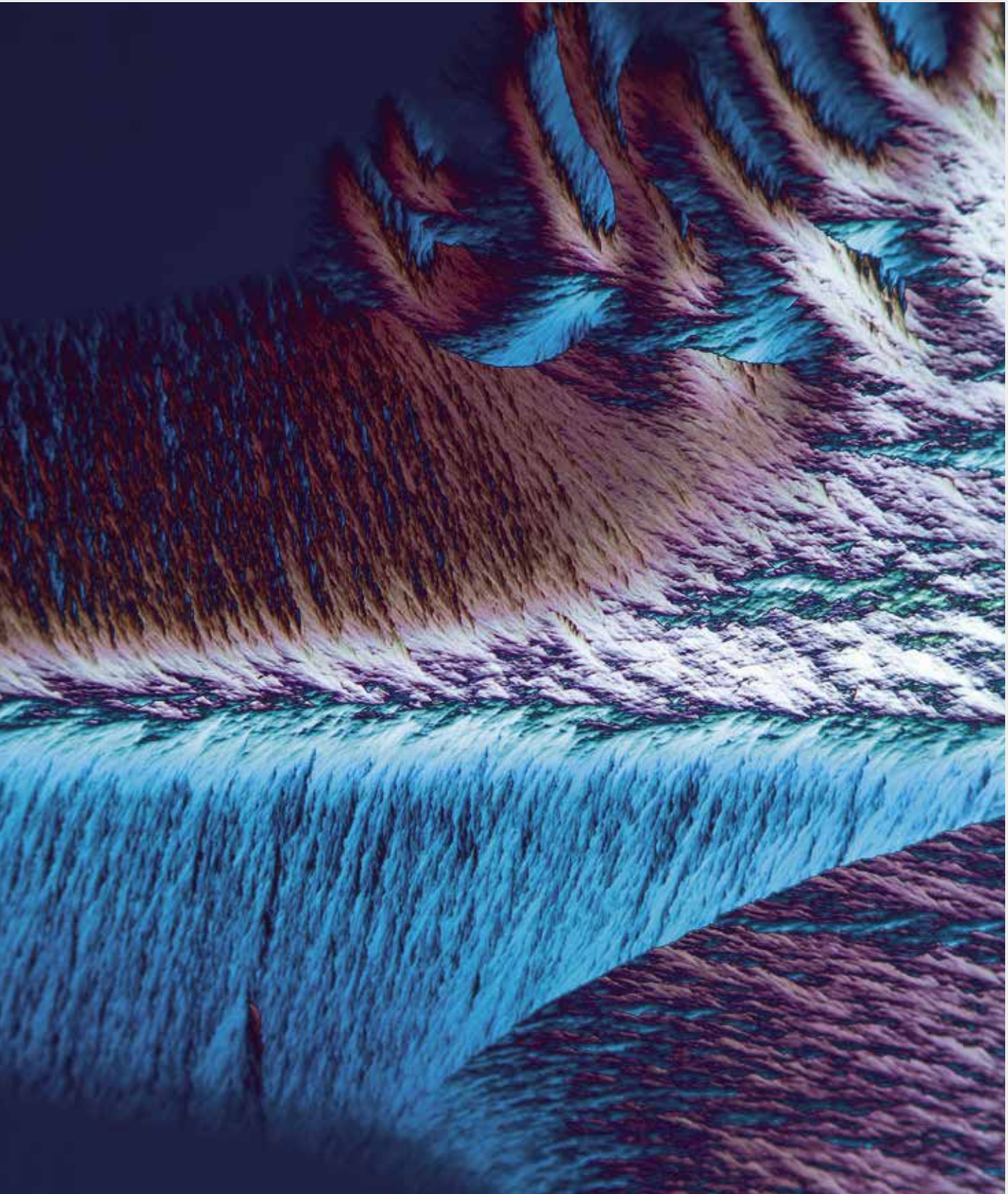
Findings regarding overtime payments¹

Defined as the number of findings related to overtime payments identified in SSAV audits conducted in the reporting period.

Substantiated incidents related to human rights violations which triggered termination of contracts¹

Defined as the number of contracts that were terminated as a direct consequence of substantiated incidents involving human rights violations.

¹ Excluding Chugai and LITE companies



7. Appendix

7.1 Reference table	154
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A recrystallised thin film of the **risdiplam** drug substance, viewed using hot-stage polarised light microscopy. The distinct bands of colour and the 'brushed' textures show the growth of crystals in an amorphous phase. The colours, shapes and thermal behaviour of these structures reveal important information about the drug's crystal form, which directly impacts its stability, processability and bioavailability.

7.1 Reference table

ESRS disclosures referenced in the Sustainability Report

ESRS reference	Disclosures	Sustainability Report section	Page
ESRS 2	General disclosures	2. General information	75
BP-1	General basis for preparation of sustainability statements	2.1 Basis of preparation	76
BP-2	Disclosures in relation to specific circumstances		
GOV-1	The role of the administrative, management and supervisory bodies	2.2 Sustainability governance	77
GOV-2	Information provided to and sustainability matters addressed by the undertaking's administrative, management and supervisory bodies		
GOV-3	Integration of sustainability-related performance in incentive schemes		
GOV-4	Statement on due diligence		
GOV-5	Risk management and internal controls over sustainability reporting		
SBM-1	Strategy, business model and value chain	2.3 Strategy, business model and value chain	80
SBM-2	Interests and views of stakeholders		
SBM-3	Material IROs and their interaction with strategy and business model		
IRO-1	Description of the process to identify and assess material impacts, risks and opportunities (IROs)	2.4 Double materiality assessment	84
IRO-2	Disclosure requirements in ESRS covered by the undertaking's sustainability statement	7.1 Reference table	154
ESRS E1	Climate change	3.1 Climate change	90
ESRS 2 SBM-3	Material IROs and their interaction with strategy and business model		
ESRS 2 IRO-1	Description of the processes to identify and assess material climate-related IROs		
E1-1	Transition plan for climate change mitigation		
E1-2	Policies related to climate change mitigation and adaptation		
E1-3	Actions and resources in relation to climate change policies		
E1-4	Targets related to climate change mitigation and adaptation		
E1-5	Energy consumption and mix		
E1-6	Gross scopes 1, 2, 3 and Total GHG emissions		
ESRS E2	Pollution	3.2 Pollution	104
ESRS 2 SBM-3	Material IROs and their interaction with strategy and business model		
E2-1	Policies related to pollution		
E2-2	Actions and resources related to pollution		
E2-3	Targets related to pollution		
E2-4	Pollution of air, water and soil		
ESRS E3	Water and marine resources	3.3 Water	107
ESRS 2 SBM-3	Material IROs and their interaction with strategy and business model		
E3-1	Policies related to water and marine resources		
E3-2	Actions and resources related to water and marine resources		
E3-3	Targets related to water and marine resources		
E3-4	Water consumption		

ESRS disclosures referenced in the Sustainability Report (continued)

ESRS reference	Disclosures	Sustainability Report section	Page
ESRS E4	Biodiversity and ecosystems	3.4 Biodiversity	111
ESRS 2 IRO-1	Description of processes to identify and assess material biodiversity and ecosystem-related impacts, risks and opportunities		
E4-2	Policies related to biodiversity and ecosystems		
E4-3	Actions and resources related to biodiversity and ecosystems		
E4-4	Targets related to biodiversity and ecosystems		
ESRS E5	Resource use and circular economy	3.5 Product sustainability	114
ESRS 2 IRO-1	Description of the processes to identify and assess material resource use and circular economy-related impacts, risks and opportunities		
E5-1	Policies related to resource use and circular economy		
E5-2	Actions and resources related to resource use and circular economy		
E5-3	Targets related to resource use and circular economy		
ESRS S1	Own workforce	4.1 Our people	120
ESRS 2 SBM-3	Material IROs and their interaction with strategy and business model		
S1-1	Policies related to own workforce		
S1-2	Processes for engaging with own workforce and workers' representatives about impacts		
S1-3	Processes to remediate negative impacts and channels for own workforce to raise concern		
S1-4	Taking action on material impacts on own workforce, and approaches to managing material risks and pursuing material opportunities related to own workforce, and effectiveness of those actions		
S1-5	Targets related to managing material negative impacts, advancing positive impacts, and managing material risks and opportunities		
S1-6	Characteristics of the undertaking's employees		
S1-9	Diversity metrics		
S1-10	Adequate wages		
S1-14	Health and safety metrics		
ESRS S2	Workers in the value chain	4.2 Workers in the value chain	129
ESRS 2 SBM-3	Material IROs and their interaction with strategy and business model		
S2-1	Policies related to value chain workers		
S2-2	Processes for engaging with value chain workers about impact		
S2-3	Processes to remediate negative impacts and channels for value chain workers to raise concerns		
S2-4	Taking action on material impacts on value chain workers, and approaches to managing material risks and pursuing material opportunities related to value chain workers, and effectiveness of those actions		
ESRS S4	Consumers and end users	4.3 Consumers and end users	132
ESRS 2 SBM-3	Material IROs and their interaction with strategy and business model		
S4-1	Policies related to consumers and end-users		
S4-2	Processes for engaging with consumers and end-users about impacts		
S4-3	Processes to remediate negative impacts and channels for consumers and end-users to raise concerns		
ESRS G1	Business conduct	5. Governance	137
ESRS 2 GOV-1	The role of the administrative, supervisory and management bodies	5.1 Corporate culture and business ethics and integrity	138
ESRS 2 SBM-3	Material IROs and their interaction with strategy and business model		
G1-1	Business conduct policies and corporate culture		
G1-3	Prevention and detection of corruption and bribery		



Independent limited assurance report on selected Sustainability Information of Roche Holding Ltd

To the Corporate Governance and Sustainability Committee of Roche Holding Ltd, Basel

We have undertaken a limited assurance engagement on Roche Holding Ltd's (hereinafter "Roche") and its subsidiaries (the Group) following selected Sustainability Information in the Sustainability Report for the year 2025 (hereinafter "Sustainability Information"), which are listed in detail in the appendix "Assurance Scope 2025" of this report.

Our Limited Assurance Conclusion

Based on the procedures we have performed as described under the '*Summary of the work we performed as the basis for our assurance conclusion*' and the evidence we have obtained, nothing has come to our attention that causes us to believe that the selected Sustainability Information is not prepared, in all material respects, in accordance with the criteria detailed in the appendix of this report.

Our assurance report and our assurance conclusion on the selected Sustainability Information do not extend to any other information in respect of earlier periods or forward-looking information that accompanies or contains the Sustainability Information.

We believe that the evidence we have obtained is sufficient and appropriate to provide a basis for our conclusion.

Understanding how Roche Holding Ltd has Prepared the Sustainability Information

The European Sustainability Reporting Standards (ESRS) as published in the Official Journal of the European Union on 22 December 2023 have been used as criteria references for the disclosures of the detailed KPIs and disclosures listed in the appendix. Consequently, the Sustainability Information needs to be read and understood

together with the criteria detailed in the appendix of this report.

Inherent Limitations in Preparing the Sustainability Information

Due to the inherent limitations of any internal control structure, as well as an inherent uncertainty in the quantification of greenhouse gases, it is possible that errors or irregularities may occur in disclosures of the Sustainability Information and not be detected. Our engagement is not designed to detect all internal control weaknesses in the preparation of the Sustainability Information because the engagement was not performed on a continuous basis throughout the period and the audit procedures performed were on a test basis.

Corporate Governance and Sustainability Committee's Responsibilities

The Corporate Governance and Sustainability Committee of Roche is responsible for:

- selecting or establishing suitable criteria for preparing the Sustainability Information, taking into account applicable law and regulations related to reporting the Sustainability Information;
- preparing the Sustainability Information in accordance with the criteria; and
- designing, implementing and maintaining internal control over information relevant to the preparation of the Sustainability Information that is free from material misstatement, whether due to fraud or error.

Our Responsibilities

We are responsible for:

- planning and performing the engagement to obtain limited assurance about whether the Sustainability Information is free from material misstatement, due to fraud or error;

- forming an independent conclusion, based on the procedures we have performed and the evidence we have obtained; and
- reporting our independent conclusion to the Corporate Governance and Sustainability Committee of Roche Holding Ltd.

As we are engaged to form an independent conclusion on the Sustainability Information as prepared by the Corporate Governance and Sustainability Committee, we are not permitted to be involved in the preparation of the Sustainability Information as doing so may compromise our independence.

Professional Standards Applied

We performed a limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (*Revised*) *Assurance Engagements other than Audits or Reviews of Historical Financial Information (ISAE 3000)* and in respect of greenhouse gas emissions, with the International Standard on Assurance Engagements 3410 *Assurance Engagements on Greenhouse Gas Statements (ISAE 3410)*, issued by the International Auditing and Assurance Standards Board (IAASB).

Our Independence and Quality Control

We have complied with the independence and other ethical requirements of the International Code of Ethics for Professional Accountants (including International Independence Standards) of the International Ethics Standards Board for Accountants (IESBA Code), which is founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behavior.

Our firm applies ISQM 1, which requires the firm to design, implement and operate a system of quality management including policies or procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements. Our work was carried out by an independent and multidisciplinary team including assurance practitioners and sustainability experts. We remain solely responsible for our assurance conclusion.

Summary of the Work we Performed as the Basis for our Assurance Conclusion

We are required to plan and perform our work to address the areas where we have identified that a material misstatement of the Sustainability Information is likely to arise. The procedures we performed were based on our professional judgment. Carrying out our limited assurance engagement on the Sustainability Information included, among others:

- evaluation of the design and implementation of systems and processes for the collection, processing, monitoring and validation of the Sustainability Information included in the scope of this engagement, including the consolidation of data;
- (virtual) site visits (5 selected sites) and inquiries of group-level personnel who are responsible for determining and consolidating disclosures and for performing internal controls, including the explanatory notes;
- inspection of selected internal and external documents; and
- analytical procedures for the evaluation of data and trends of the quantitative disclosures as reported at group level by all sites.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement. Consequently, the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had we performed a reasonable assurance engagement.

KPMG AG



Silvan Jurt
Licensed Audit Expert



Paul Nichols

Zurich, 27 January 2026

Appendix: Assurance Scope 2025

Appendix: Assurance Scope 2025

Topic	Criteria	Datapoint	Datapoint Name	Page	Explanation/ Limitation
General disclosures	ESRS 2 GOV-1	21 d	Percentage of members of administrative, management and supervisory bodies by gender and other aspects of diversity	78	See third paragraph in section <i>Oversight of sustainability at Roche</i> and second paragraph in section <i>Ownership of sustainability at Roche</i> . Datapoint is reported for BOD and CEC.
	ESRS 2 GOV-1	21 d	Board's gender diversity ratio	78	See third paragraph in section <i>Oversight of sustainability at Roche</i>
	ESRS 2 GOV-1	21 e	Percentage of independent board members	78	See third paragraph in section <i>Oversight of sustainability at Roche</i>
Climate change	ESRS E1.SBM-3	19 b	Disclosure of when resilience analysis has been conducted	91	See <i>Resilience analysis</i>
	ESRS E1-3	29 b	Achieved GHG emission reductions	96	The data point is calculated at consolidated level following the consolidation scope for the SBTi submission, i.e. Chugai is excluded from GHG targets.
	ESRS E1-3	29 b	Expected GHG emission reductions	96	
	ESRS E1-4	34 a, 34 b	Tables: Multiple Dimensions (baseline year and targets; GHG Types, Scope 3 Categories, Decarbonisation levers, entity-specific denominators for intensity value)	98	See <i>Our roadmap to net zero 2045</i> . The data point is calculated at consolidated level following the consolidation scope for the SBTi submission, i.e. Chugai is excluded from GHG targets. This is applicable for all E1-4 datapoints in this table.
	ESRS E1-4	34 a, 34 b	Absolute value of total Greenhouse gas emissions reduction	96	The data point is calculated at consolidated level following the consolidation scope for the SBTi submission, i.e. Chugai is excluded from GHG targets. This is applicable for all E1-4 datapoints in this table.
	ESRS E1-4	34 a, 34 b	Percentage of total Greenhouse gas emissions reduction (as of emissions of base year)	96	
	ESRS E1-4	34 a, 34 b	Absolute value of Scope 1 Greenhouse gas emissions reduction	96	Market-based calculation approach is applied.
	ESRS E1-4	34 a, 34 b	Percentage of Scope 1 Greenhouse gas emissions reduction (as of emissions of base year)	96	
	ESRS E1-4	34 a, 34 b	Absolute value of Scope 2 Greenhouse gas emissions reduction	96	Market-based calculation approach is applied.
	ESRS E1-4	34 a, 34 b	Percentage of Scope 2 Greenhouse gas emissions reduction (as of emissions of base year)	96	
	ESRS E1-4	34 a, 34 b	Absolute value of Scope 3 Greenhouse gas emissions reduction	96	Market-based calculation approach is applied.
	ESRS E1-4	34 a, 34 b	Percentage of Scope 3 Greenhouse gas emissions reduction (as of emissions of base year)	96	
	ESRS E1-5	37	Total energy consumption related to own operations	99	Market-based calculation approach is applied.
	ESRS E1-5	37 a	Total energy consumption from fossil sources	99	
	ESRS E1-5	37 c	Total energy consumption from renewable sources	99	
ESRS E1-5	38 b	Fuel consumption from crude oil and petroleum products	99		
ESRS E1-5	38 c	Fuel consumption from natural gas	99		
ESRS E1-5	38 d	Fuel consumption from other fossil sources	99		

Appendix: Assurance Scope 2025 (continued)

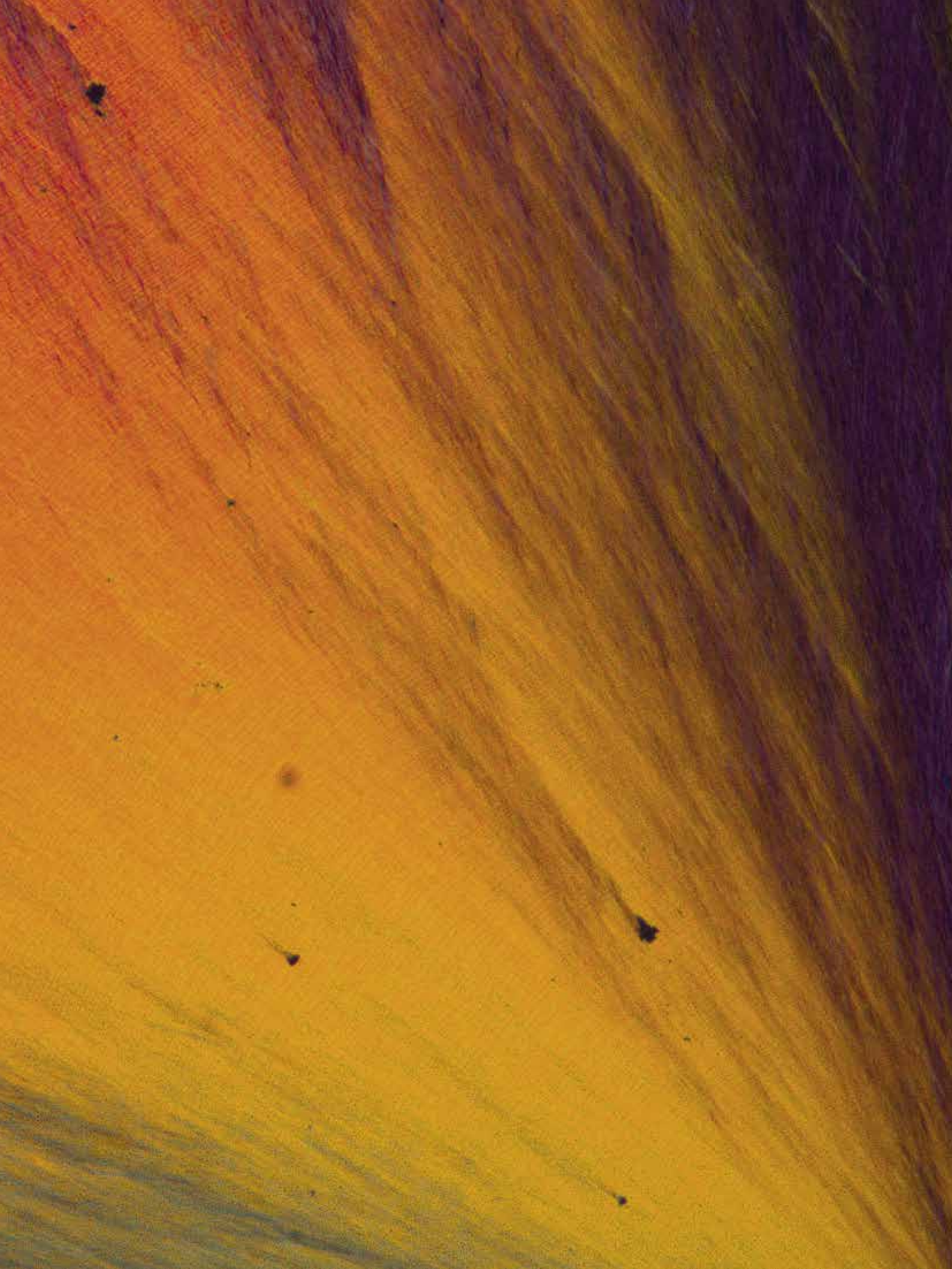
Topic	Criteria	Datapoint	Datapoint Name	Page	Explanation/ Limitation
Climate change	ESRS E1-5	39	Renewable energy production	99	
	ESRS E1-6	44	Gross Scopes 1, 2, 3 and Total GHG emissions – GHG emissions per scope [table]	95, 99	Total gross Scope 3 emissions (excl. Chugai) – see third paragraph in section <i>Targets and actions related to climate change</i> .
	ESRS E1-6	50	Gross Scopes 1, 2 and Total GHG emissions – financial and operational control [table]	96, 99	The financial control approach is applied. However, for the entities in scope emissions were allocated to Scope 1 and 2 instead of Scope 3 cat. 8 (as prescribed by the operational control approach).
	ESRS E1-6	AR 46 d	Gross Scopes 1, 2, 3 and Total GHG emissions – Scope 3 GHG emissions (GHG Protocol) [table]	96, 99	For Scope 3: Categories 1, 2, 4, 7, 9, 11, 12 and 15 do not include Chugai.
	ESRS E1-6	48 a	Gross Scope 1 greenhouse gas emissions	99	
	ESRS E1-6	49 a	Gross location-based Scope 2 greenhouse gas emissions	99	
	ESRS E1-6	49 b, 52 b	Gross market-based Scope 2 greenhouse gas emissions	96, 99	For ESRS E1-6 52 b: See <i>Scope 1, 2 and 3 long-term goal</i> in section <i>Progress on our science-based targets</i> ; the calculation of total greenhouse gas emissions is based on Scope 2 emissions, which are measured using the market-based method.
	ESRS E1-6	51	Gross Scope 3 greenhouse gas emissions	96	Categories 1, 2, 4, 7, 9, 11, 12 and 15 do not include Chugai. Category 3: Upstream emissions of renewable energies are not considered. Total gross Scope 3 emissions (excl. Chugai) – see third paragraph in section <i>Targets and actions related to climate change</i> .
	ESRS E1-6	AR 43 c	Biogenic emissions of CO ₂ from the combustion or bio-degradation of biomass not included in Scope 1 GHG emissions	99	
	ESRS E1-6	AR 45 e	Biogenic emissions of CO ₂ from combustion or bio-degradation of biomass not included in Scope 2 GHG emissions	99	
	ESRS E1-6	AR 46 j	Biogenic emissions of CO ₂ from combustion or bio-degradation of biomass that occur in value chain not included in Scope 3 GHG emissions	99	

Appendix: Assurance Scope 2025 (continued)

Topic	Criteria	Datapoint	Datapoint Name	Page	Explanation/ Limitation
Pollution	ESRS E2-4	28 a	Emissions to air by pollutant	107	
Water	ESRS E3-4	AR 32	Total water withdrawal	110	
	ESRS E3-4	AR 32	Total water discharges	110	
	ESRS E3-4	28 a	Total water consumption	110	
	ESRS E3-4	28 b	Total water consumption in areas at water risk, including areas of high-water stress	110	
	ESRS E3-4	28 d	Total water stored	110	
Own workforce	ESRS S1-6	50 a	Characteristics of undertaking's employees - number of employees by gender [table]	124	
	ESRS S1-6	50 a	Number of employees (head count)	124	
	ESRS S1-6	50 a	Characteristics of undertaking's employees - number of employees in countries with 50 or more employees representing at least 10% of total number of employees [table]	124	
	ESRS S1-6	50 a	Number of employees in countries with 50 or more employees representing at least 10% of total number of employees	124	
	ESRS S1-6	50 c	Number of employees who have left undertaking	124	See third paragraph in section <i>Metrics</i> .
	ESRS S1-6	50 c	Percentage of employee turnover	124	Scope: Roche Group excl. LITE companies
	ESRS S1-9	66 a	Gender distribution in number of employees (head count) at top management level	125	Scope: Roche Group excl. Chugai and LITE companies
	ESRS S1-9	66 a	Gender distribution in percentage of employees at top management level	125	
	ESRS S1-9	66 b	Distribution of employees (head count) under 30 years old	124	
	ESRS S1-9	66 b	Distribution of employees (head count) between 30 and 50 years old	124	
	ESRS S1-9	66 b	Distribution of employees (head count) over 50 years old	124	
	ESRS S1-10	70	Countries where employees earn below the applicable adequate wage benchmark [table]	124	See fourth paragraph in section <i>Metrics</i> .
	ESRS S1-10	70	Percentage of employees paid below the applicable adequate wage benchmark	124	Scope: Roche Group excl. Chugai and LITE companies

Appendix: Assurance Scope 2025 (continued)

Topic	Criteria	Datapoint	Datapoint Name	Page	Explanation/ Limitation
Health and Safety	ESRS S1-14	88 a	Percentage of people in its own workforce who are covered by health and safety management system based on legal requirements and (or) recognized standards or guidelines	128	
	ESRS S1-14	88 b	Number of fatalities in own workforce as result of work-related injuries and work-related ill health	128	
	ESRS S1-14	88 c	Number of recordable work-related accidents for own workforce	128	
Governance	ESRS G1-3	21 b	Percentage of functions-at-risk covered by training programmes	140	Scope: Roche Group excl. Chugai and LITE companies



Corporate Governance

Principles	164
Board of Directors	166
Corporate Executive Committee	170
Group structure and shareholders	172
Capital structure	174
Board of Directors and Corporate Executive Committee	175
Remuneration, shareholdings and loans	180
Participatory rights of shareholders	181
Change of control and defensive measures	181
Relationship to the statutory auditors	182
Relationship to the independent proxy	183
Information policy	184
Chief Compliance Officer and Compliance Officers network	184
Non-applicability / negative disclosure	185

A recrystallised thin film of the **fenebrutinib** drug substance, viewed using hot-stage polarised light microscopy. The vibrant, radiating pattern is known as 'spherulite'.

Principles

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

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

In the past, Roche was consistently one of the most sustainable healthcare companies in the pharmaceuticals index of the Dow Jones Sustainability Indices (DJSI). This recognition was based on an in-depth analysis of economic, social and environmental performance. Sustainability is at the core of our business practices.

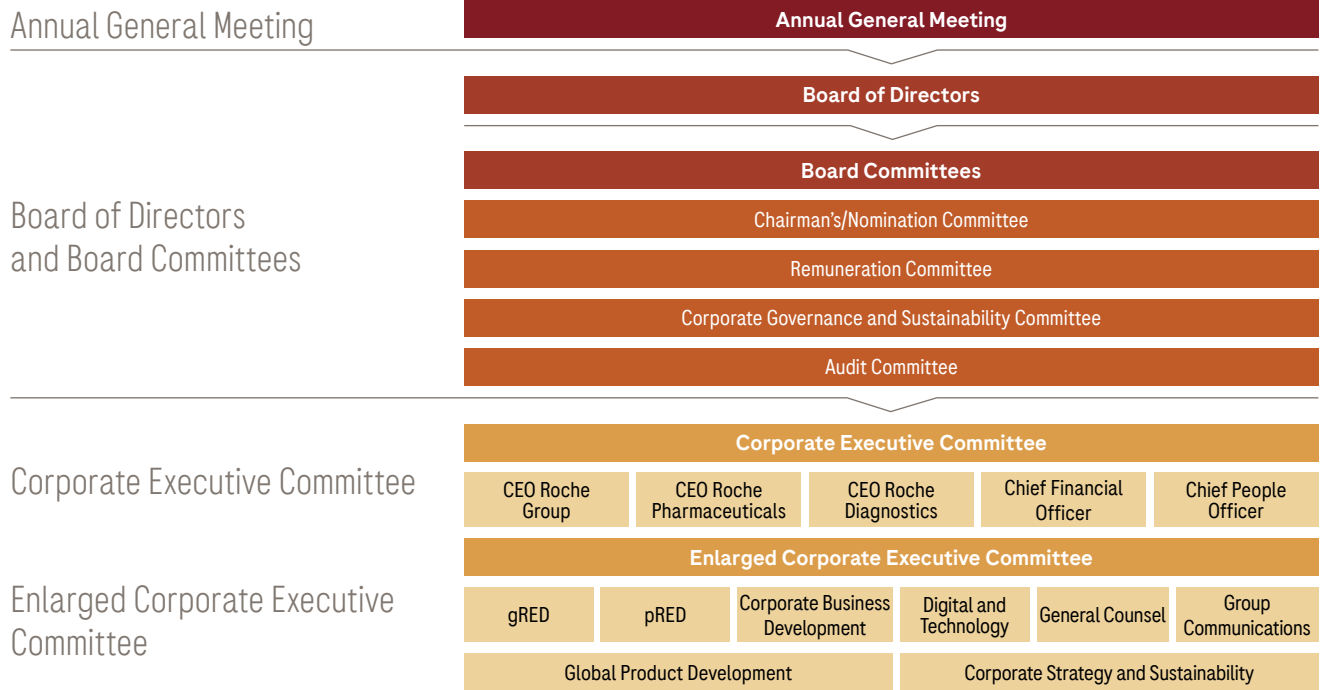
Roche is committed to running its business in a way that is ethical and responsible and to creating long-term value for society. Upcoming reporting regulations, specifically in the EU, will require organisations to expand their disclosures on sustainability. In response, Roche is shifting its focus to address these new requirements, which will help provide an elevated level of transparency and comparability among companies. Roche decided to change its participation in the DJSI to an evaluation based on publicly available information. This means Roche will remain part of the DJSI assessment of the pharmaceuticals sector and continue to be evaluated by Standard & Poor's. This decision is based on the fact that investors rely more and more on publicly available information

and multiple third-party data providers when making their in-house assessments of companies on sustainability.

This Corporate Governance Report sets out the structures, processes and rules which Roche takes as the basis for well-functioning corporate governance. In doing so, Roche complies with all relevant corporate governance requirements, in particular with all applicable laws, the Swiss stock exchange (SIX Swiss Exchange) directives and the Swiss Code of Best Practice for Corporate Governance promulgated by the Swiss business federation 'economiesuisse'. The company's internal governance framework, particularly its Articles of Incorporation and Bylaws, embodies all the principles needed to ensure that the company's businesses are managed and supervised in a manner consistent with good corporate governance, including the necessary checks and balances.¹

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

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



Board of Directors

Review Annual General Meeting 2025

Under the chair of Roche's Chairman, Dr Severin Schwan, the 107th ordinary Annual General Meeting of Roche Holding Ltd was held on 25 March 2025.

Shareholders re-elected Dr Severin Schwan as a member of the Board of Directors and as the Chairman of the Board of Directors for a term of one year.

Furthermore, the Annual General Meeting 2025 re-elected the current members of the Board of Directors standing for election André Hoffmann, Dr Jörg Duschmalé, Dr Patrick Frost, Anita Hauser, Prof. Dr Akiko Iwasaki, Prof. Dr Richard P. Lifton, Dr Jemilah Mahmood, Dr Mark Schneider and Dr Claudia Suessmuth Dyckerhoff as members of the Board of Directors for a term of one year.

In addition, the Annual General Meeting re-elected Dr Jörg Duschmalé, Anita Hauser and Prof. Dr Richard P. Lifton as members of the Remuneration Committee for a term of one year.

The Annual General Meeting 2025 elected Testaris AG as independent proxy for the period from 2025 until the conclusion of the 2026 ordinary Annual General Meeting of shareholders and confirmed KPMG AG as statutory auditors for the financial year 2025.

Review of reporting year

At its organising meeting immediately following the Annual General Meeting, the Board of Directors

determined the structure and composition of its remaining committees as shown on page 168 (see also page 12 and page 175 'Board of Directors and Corporate Executive Committee').

Outlook Annual General Meeting 2026

On 10 March 2026 at the forthcoming Annual General Meeting, the Board of Directors nominates Dr Severin Schwan as a member of the Board of Directors and as its Chairman for re-election.

As announced on 3 October 2025, Dr Claudia Suessmuth Dyckerhoff, who has served on the Board of Directors since March 2016, decided not to stand for re-election as a member of the Roche Board of Directors at the Annual General Meeting 2026.

The Board of Directors proposes all other remaining members of the Board of Directors for re-election.

In addition, the Board of Directors proposes Lubomira Rochet, Executive Vice President and member of the Group Executive Committee of Societe Generale, for election to the Board of Directors at the Annual General Meeting 2026.

Moreover, the Board of Directors nominates Dr Jörg Duschmalé, Anita Hauser and Prof. Dr Richard P. Lifton for re-election to the Remuneration Committee at the Annual General Meeting 2026.

Furthermore, the Board of Directors has decided to propose a modernisation of the capital structure of Roche Holding Ltd to the shareholders for approval at the Annual General Meeting 2026.

The proposal includes the exchange of the existing non-voting equity securities (*Genussscheine*) for participation certificates with a nominal value of CHF 0.001 each. To ensure equal treatment of the participation certificates and the bearer shares in accordance with the Articles of Incorporation of Roche Holding Ltd, shareholders will be asked to approve a reduction of the nominal value of the bearer shares from CHF 1.00 to CHF 0.001 per share. Subject to shareholder approval, holders of bearer shares will receive, by way of a repayment of nominal value, CHF 0.999 in cash per bearer share, resulting in a total repayment of CHF 106,584,309.

Following the exchange, the participation certificates replacing the non-voting equity securities will be listed on the SIX Swiss Exchange and have the same dividend entitlement as well as the same entitlement to any liquidation proceeds as the bearer shares. Subject to approval by the shareholders at the 2026 Annual General Meeting, the exchange will be implemented shortly after the 2026 Annual General Meeting.

After payment of the dividend for the financial year 2025, the repayment of the nominal value reduction amount of the bearer shares and the exchange of the non-voting equity securities for participation certificates, there will be no remaining unused printed dividend vouchers. Roche will cease issuing printed dividend vouchers. Home custodians are urged to submit their printed certificates, representing Roche equity securities, together with the remaining dividend vouchers, to a depository bank for conversion into intermediated securities.

The Board of Directors nominates Testaris AG for election by the Annual General Meeting 2026 as the independent proxy for the period from 2026 until the conclusion of the 2027 ordinary Annual General Meeting of shareholders.

In addition, the Board of Directors proposes the election of KPMG AG as statutory auditors at the Annual General Meeting of Roche Holding Ltd on 10 March 2026.

Composition as at 31.12.2025	Name (year of birth)	Nationality	Committee membership/ chair*	(Non- executive/ (In-)dependent member	Function	First elected
Board of Directors	Dr Severin Schwan (1967)	CH, AT, DE	D*	E	Chairman	2013 (as a member) 2023 (as Chairman)
	André Hoffmann (1958) (representative of the shareholder group with pooled voting rights)	CH	A*, D	E, G	Vice-Chairman	1996
	Dr Jörg Duschmalé (1984) (representative of the shareholder group with pooled voting rights)	CH	B, C*	E, G	Member	2020
	Dr Patrick Frost (1968)	CH	B*	E, G	Member	2020
	Anita Hauser (1969)	CH	C, D	E, G	Member	2017
	Prof. Dr Akiko Iwasaki (1970)	US	A	E, G	Member	2023
	Prof. Dr Richard P. Lifton (1953)	US	C	E, G	Member	2015
	Dr Jemilah Mahmood (1959)	MY	A	E, G	Member	2022
	Dr Mark Schneider (1965)	US, DE	B	E, G	Member	2023
	Dr Claudia Suessmuth Dyckerhoff (1967)	CH, DE	A, B	E, G	Member	2016
Secretary to the Board of Directors	Per-Olof Attinger (1960)					

- A Corporate Governance and Sustainability Committee
- B Audit Committee
- C Remuneration Committee
- D Chairman's/Nomination Committee
- E Non-executive director
- F Executive director - *currently no member*
- G Independent member of the Board of Directors
- * Committee chairperson

Roche's Board of Directors' independence definition is based on the definition in the Swiss Code of Best Practice for Corporate Governance of 'economiesuisse' (see https://backend-api.economiesuisse.ch/sites/default/files/2025-09/swisscode_e_web_0.pdf) and is complemented by specific preceding criteria (see <https://www.roche.com/about/governance/board-of-directors>).

Members of the Board of Directors: CVs and mandates

Detailed information is available as follows:

- a) Current members: <https://www.roche.com/about/governance/board-of-directors>
- b) Former members (at least of the last ten years): <https://www.roche.com/about/governance/ec-bod-former>
- c) Information at the reporting date on 31 December of each year (at least of the last ten years): <https://www.roche.com/about/governance/archiv-former-cvs>

Information of the members of the Board of Directors shown is in accordance with the Directive on Information relating to Corporate Governance (<https://www.ser-ag.com/dam/downloads/regulation/listing/directives/dcg-en.pdf>) and also specifically includes mandates in accordance with article 734e and article 626 para. 2 point 1 of the Federal Act on the Amendment of the Swiss Civil Code (Part Five: The Code of Obligations [CO]) that may be carried out in comparable positions in other undertakings with commercial objects.

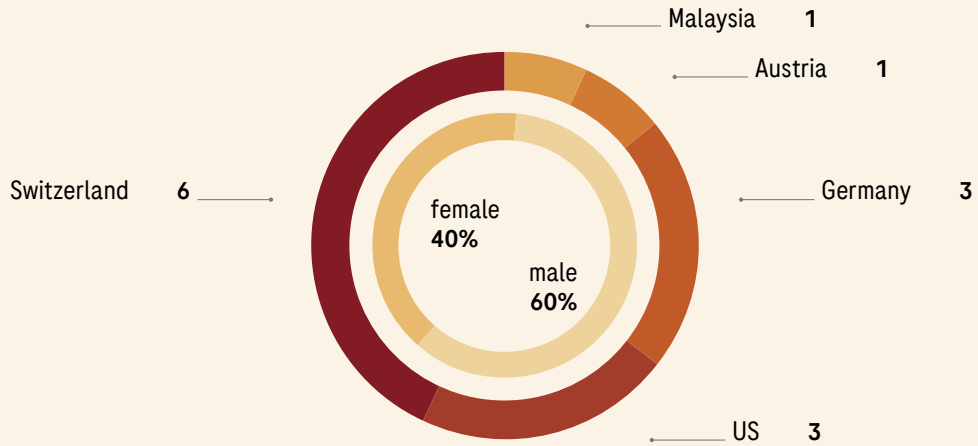
Rules on mandates applying for members of the Board of Directors and the Corporate Executive Committee are in accordance with § 22.4 of the Articles of Incorporation of Roche Holding Ltd (<https://assets.cwp.roche.com/f/126832/x/bb7e156602/roche-statuten-2023-en.pdf>) and are explained on page 175.

Board of Directors Committees	A Corporate Governance and Sustainability Committee	B Audit Committee	C Remuneration Committee	D Chairman's/Nomination Committee
(Composition since March 2025)	André Hoffmann (Chair) Prof. Dr Akiko Iwasaki Dr Jemilah Mahmood Dr Claudia Suessmuth Dyckerhoff	Dr Patrick Frost (Chair) Dr Jörg Duschmalé Dr Mark Schneider Dr Claudia Suessmuth Dyckerhoff	Dr Jörg Duschmalé (Chair) Anita Hauser Prof. Dr Richard P. Lifton	Dr Severin Schwan (Chair) André Hoffmann Anita Hauser

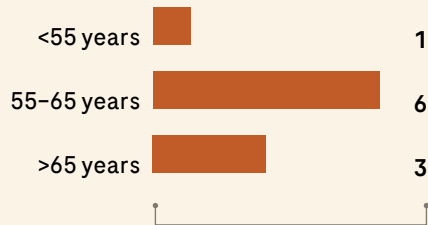
Board of Directors

10 members

Nationality*



Age



Tenure**



Average tenure (years) 9.5

Board of Directors and Board Committees



* Incl. 2× dual citizen and 1× triple citizen | ** Calculated from year of first election to 2026

Corporate Executive Committee

In 2025, the composition of the Corporate Executive Committee remained unchanged. The Enlarged Corporate Executive Committee changed as follows.

Effective 10 February 2025, Wafaa Mamilli joined Roche in a new role as Chief Digital and Technology Officer (CDTO). As a new member of the Enlarged Corporate Executive Committee, Wafaa Mamilli is reporting to the Group CEO, Dr Thomas Schinecker.

Prof. Dr Hans Clevers, Head of Roche Pharma Research and Early Development (pRED) and member of the Enlarged Corporate Executive Committee since 2022, retired from his role at Roche at the end of August 2025.

Barbara Schädler, Head of Group Communications and a member of the Enlarged Corporate Executive Committee since 2019, retires from the company at the end of January 2026.

Effective 1 February 2026, Dr Nina Schwab-Hautzinger joins Roche as Head of Group Communications and as a member of the Enlarged Corporate Executive Committee, reporting to the Group CEO, Dr Thomas Schinecker.

Information on each member of the Corporate Executive Committee and of the Enlarged Corporate Executive Committee is listed below (see also page 13 and page 175 'Board of Directors and Corporate Executive Committee').

Composition as at 31.12.2025	Name (year of birth)	Nationality	Position	Since
Corporate Executive Committee (CEC)	Dr Thomas Schinecker (1975)	AT, DE	CEO Roche Group	2019 (as a member) 2023 (as CEO)
	Teresa Graham (1973)	US	CEO Roche Pharmaceuticals	2023
	Matt Sause (1977)	US	CEO Roche Diagnostics	2023
	Dr Alan Hippe (1967)	CH, DE	Chief Financial Officer	2011
	Cristina A. Wilbur (1967)	US	Chief People Officer	2016
Enlarged Corporate Executive Committee	Claudia Böckstiegel (1964)	CH, DE	General Counsel	2020
	Dr Levi Garraway (1968)	US	Head Global Product Development and Chief Medical Officer	2023
	Silke Hörnstein (1975)	DE	Head Corporate Strategy and Sustainability	2023
	Wafaa Mamilli (1967)	FR, MA, US	Chief Digital and Technology Officer	2025
	Dr Aviv Regev (1971)	IL, US	Head Genentech Research and Early Development (gRED)	2020
	Barbara Schädler (1962)	DE	Head Group Communications	2019
	Boris Zaitra (1972)	FR	Head Corporate Business Development	2024
Retired as of 31.08.2025	Prof. Dr Hans Clevers (1957)	NL	Head Roche Pharma Research and Early Development (pRED)	2022 (until 31.08.2025)
Secretary to the CEC	Silke Hörnstein (1975)	DE		2023
Statutory auditors of Roche Holding Ltd	KPMG Klynveld Peat Marwick Goerdeler SA (reporting years 2004–2008) KPMG AG (since 2009) Auditor in charge: John A. Morris (2004–2010), Ian Starkey (2011–2017) Mark Baillache (2018–2021), François Rouiller (since 2022)			
Chief Compliance Officer	Pascale Schmidt (1973)			2020

Members of the Corporate Executive Committee: CVs and mandates

Detailed information is available as follows:

- a) Current members: <https://www.roche.com/about/governance/executive-committee>
- b) Former members (at least ten years back): <https://www.roche.com/about/governance/ec-bod-former>
- c) Information at the reporting date on 31 December of each year (at least of the last ten years): <https://www.roche.com/about/governance/archiv-former-cvs>

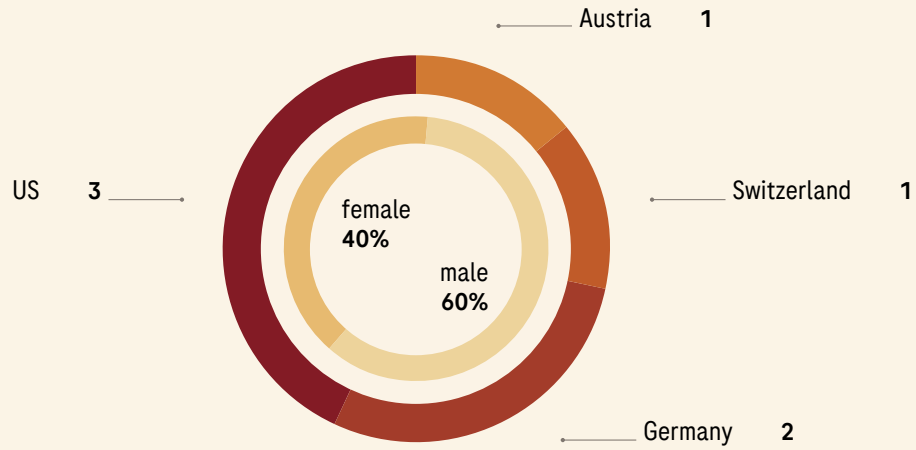
Information of the members of the Corporate Executive Committee shown is in accordance with the Directive on Information relating to Corporate Governance (<https://www.ser-ag.com/dam/downloads/regulation/listing/directives/dcg-en.pdf>) and also specifically includes mandates in accordance with article 734e and article 626 para. 2 point 1 of the Federal Act on the Amendment of the Swiss Civil Code (Part Five: The Code of Obligations [CO]) that may be carried out in comparable positions in other undertakings with commercial objects.

Rules on mandates applying for members of the Board of Directors and the Corporate Executive Committee are in accordance with § 22.4 of the Articles of Incorporation of Roche Holding Ltd (<https://assets.cwp.roche.com/f/126832/x/bb7e156602/roche-statuten-2023-en.pdf>) and are explained on page 175.

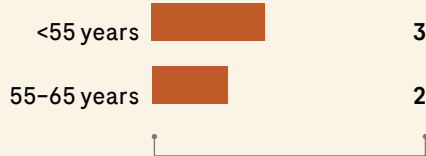
Corporate Executive Committee

5 members

Nationality*



Age



Tenure**



Average tenure (years) 7.6

Corporate Executive Committee

Enlarged Corporate Executive Committee



* Incl. 2× dual citizen | ** Calculated from first year of membership in the Corporate Executive Committee to 2026

Group structure and shareholders

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

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

Sales of the Diagnostics Division are reported in the following customer areas: Core Lab, Molecular Lab, Near Patient Care, Pathology Lab (for details see Finance Report, pages 27–29).

Business activities are carried out through Group subsidiaries and associated companies. Detailed information on Roche Holding Ltd and on significant subsidiaries and associated companies (including company name, listing information, domicile, share capital and equity interest) is listed in the Finance Report, Note 33 to the Roche Group Consolidated Financial Statements (‘List of subsidiaries and associates’, page 144).

Significant shareholders are listed in the Finance Report, Notes 22 and 32 to the Roche Group Consolidated Financial Statements (‘Equity attributable to Roche shareholders’ and ‘Related parties’, pages 104 and 142), and in Note 4 to the Financial Statements of Roche Holding Ltd (‘Significant shareholders’, page 187). In addition, significant shareholders are published on the relevant webpage (see link below*) of the disclosure office of SIX Exchange Regulation.

André Hoffmann (Vice-Chairman of the Board of Directors, Chairman of the Board’s Corporate Governance and Sustainability Committee and member of the Board’s Chairman’s/Nomination Committee) and Dr Jörg Duschmalé (member of the Board of Directors, Chairman of the Board’s Remuneration Committee and member of the Audit Committee) serve in their respective capacities on the Board and its committees as representatives of the shareholder group with pooled voting rights and receive the remuneration set forth in

Pharmaceuticals	Roche Pharmaceuticals (incl. Genentech)
	Chugai
Diagnostics	Core Lab
	Molecular Lab
	Near Patient Care
	Pathology Lab

Composition as at 31.12.2025

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

André Hoffmann (above), Vice-Chairman of the Board of Directors, Chairman of the Board's Corporate Governance and Sustainability Committee and member of the Board's Chairman's/Nomination Committee, and Dr Jörg Duschmalé (below), member of the Board of Directors, Chairman of the Board's Remuneration Committee and member of the Audit Committee

the Remuneration Report on page 200 and in the Finance Report, Note 32 to the Roche Group Consolidated Financial Statements ('Related parties', page 142). No other relationships exist with the shareholders with pooled voting rights.

There are no cross-shareholdings.



Capital structure

Information on Roche's capital structure is provided in the Finance Report, Notes to the Financial Statements of Roche Holding Ltd (page 184). Additional details are contained in the Articles of Incorporation of Roche Holding Ltd.²

Movement in recognised amounts during the last two financial years are detailed in the Finance Report, Notes to the Financial Statements of Roche Holding Ltd (page 186).

The company has a share capital of CHF 106,691,000, divided into 106,691,000 fully paid bearer shares with a nominal value of CHF 1.00 each. There are no restrictions on the exercise of the voting rights of these bearer shares.

There is no authorised or conditional capital.

In addition, 702,562,700 non-voting equity securities have been issued in bearer form. They do not form part of the share capital and confer no voting rights. Each non-voting equity security confers the same rights as one share to participate in available earnings and in any liquidation proceeds following repayment of the share capital. Roche's non-voting equity securities and the rights pertaining thereto (including the

provisions protecting the interests of non-voting equity securities holders) are described in § 4 of the Articles of Incorporation of Roche Holding Ltd.

Information on debt instruments which have been issued and on outstanding bonds is provided in the Finance Report, Note 21 to the Roche Group Consolidated Financial Statements ('Debt', page 98).

Information on employee stock options is provided in the Finance Report, Note 27 to the Roche Group Consolidated Financial Statements ('Equity compensation plans', page 119), including detailed information on the Stock-settled Stock Appreciation Rights (S-SARs) Plan, the Restricted Stock Units (RSUs) Plan, Roche Connect and the Roche Option Plan.

Roche has issued no options apart from employee stock options as described in the Finance Report, Note 27 to the Roche Group Consolidated Financial Statements ('Equity compensation plans', page 119), and options issued in connection with debt instruments.

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

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

Board of Directors and Corporate Executive Committee

Information on each member of the Board of Directors and on each member of the Corporate Executive Committee is listed on pages 168 and 170. Members of the Board of Directors have no age limit or restriction on their term of office.

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

Rules pursuant to article 626 para. 2 point 1 of the Federal Act on the Amendment of the Swiss Civil Code (Part Five: The Code of Obligations [CO]) on the number of permitted activities of the Board of Directors and the Corporate Executive Committee members are outlined in § 22.4 of the Articles of Incorporation of Roche Holding Ltd.⁴

- *No member of the Board of Directors may assume more than 10 additional mandates, of which no more than 4 may be in publicly listed companies.*
- *No member of the Corporate Executive Committee may assume more than 5 additional mandates, of which no more than 1 may be in a publicly listed company.*

These restrictions do not apply to:

- a. Mandates at companies controlled by the company or which control it.
- b. Mandates which a member of the Board of Directors or of the Corporate Executive Committee assumes by order of the company or by order of companies controlled by the company.
- c. Mandates at associations, foundations, family foundations and employee welfare foundations.

Mandates shall mean mandates in comparable functions at other companies with an economic purpose. Mandates in different legal entities that are under joint control or same beneficial ownership are deemed as a single mandate.

Since 2014, the Annual General Meeting has elected all members of the Board of Directors, the Chairman of the Board of Directors and the members of the Remuneration Committee on an annual basis in elections in which each nominee is voted on separately (see § 18 of the Articles of Incorporation of Roche Holding Ltd⁴ and the minutes of the 107th ordinary Annual General Meeting of Roche Holding Ltd, held on 25 March 2025⁵).

With the exception of Dr Severin Schwan, none of the members of the Board of Directors in office at the end of 2025 was a member of Roche's Corporate Executive Committee or served in an executive capacity at any Group subsidiary during the three financial years preceding the current reporting period and they are for lack of existing business connections with the Group or any Group subsidiary independent. Roche's Board of Directors' independence definition is based on the definition in the Swiss Code of Best Practice for Corporate Governance of 'economiesuisse' (see https://backend-api.economiesuisse.ch/sites/default/files/2025-09/swisscode_e_web_0.pdf) and is complemented by specific preceding criteria (see <https://www.roche.com/about/governance/board-of-directors>).

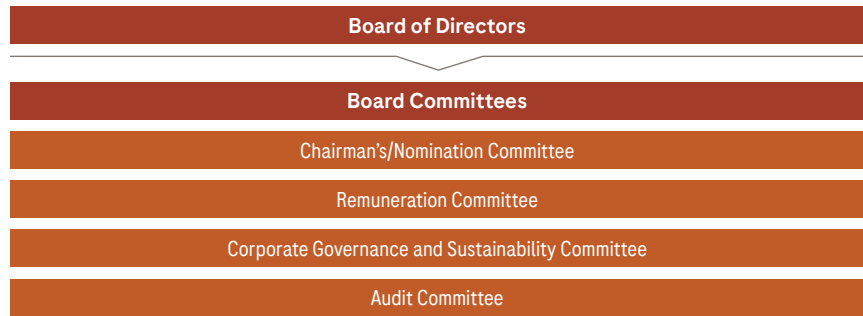
The principles of governance (principles of delegation and competence, reservation of powers and management of a group of companies) of the executive bodies of the company include economic, environmental and social topics. The

³ <https://www.roche.com/about/governance/board-of-directors> and <https://www.roche.com/about/governance/executive-committee>, in addition see pages 168, 170 and 189.

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

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

Board of Directors and Board Committees



Corporate Executive Committee



principles together with the internal organisation of the Board of Directors, the division of authority and responsibilities between the Board and management, the remits of the Board Committees, and the information and control mechanisms available to the Board in its dealings with corporate management, are governed by the Bylaws.⁶

The Board of Directors of Roche Holding Ltd is organised to ensure that the Group conducts its businesses responsibly and with a focus on long-term value creation. To this end, the Roche Board has delegated certain responsibilities to several committees.⁷ Their composition and chairpersons as at 31 December 2025 are described on pages 12 and 168. Each committee’s authorities and responsibilities are defined in detail in the Bylaws of the Board of Directors.⁸

Except for the Chairman’s/Nomination Committee, all the committees are chaired by independent directors.

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

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

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

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

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

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

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

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

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

- System of internal controls over financial reporting (see page 162 of the Finance Report)
- Internal audit
Group Audit reports to the Audit Committee, has direct access and gives regular briefings to the Audit Committee, to the Corporate Governance and Sustainability Committee and to the Chairman of the Board of Directors about ongoing activities and audit reports. The Chief Audit & Risk Advisory Executive attends the Audit Committee and partly the Corporate Governance and Sustainability Committee meetings, as do the external auditors. Group Audit complies with the Global Internal Audit Standards and is periodically audited whether it fulfils the standards. It is an independent appraisal function which evaluates and reviews the Group's activities as a service to the Board of Directors and to management. The annual audit plan with yearly defined focus areas is validated by senior management and approved by the Audit Committee. The Roche Group is committed to maintaining a high standard of internal control throughout its worldwide operations. Management is responsible for assessing the business risks in all aspects of its operation and for implementing effective and efficient processes and controls whilst ensuring compliance with internal and external rules and regulations.
By conducting audits, Group Audit determines management's response to the risks surrounding business processes and systems, and evaluates

the appropriateness, completeness and efficiency of the processes and controls. Action plans to implement necessary changes and enhancements are developed together with the business/auditee and are tracked to completion.

- Statutory auditors, see page 182
- Chief Compliance Officer and Compliance Officers in subsidiaries, see page 184
- Safety, Security, Health and Environmental Protection department¹¹
- Corporate Sustainability Committee¹²
- Scientific Ethics Advisory Group (SEAG)¹³

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

Each year several black-out periods are imposed during which members of the Board of Directors and senior managers and certain other employees are prohibited from trading in company stock. The following black-out periods are/were in effect for 2026 and 2025, respectively:

Black-out periods

2026	2025
26 December 2025 to 29 January 2026	26 December 2024 to 30 January 2025
1 April to 23 April 2026	1 April to 24 April 2025
26 June to 23 July 2026	26 June to 24 July 2025
1 October to 22 October 2026	1 October to 23 October 2025

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

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

¹⁰ Additional information is provided in the Finance Report, Note 31 to the Roche Group Consolidated Financial Statements, 'Risk management', page 129.

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

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

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



Dr Patrick Frost, Chairman of the Audit Committee

Roche employees involved in the preparation of regular publicity events (in particular annual and half-year reports and media conferences, quarterly sales releases) or having otherwise access to such potentially share price sensitive information of Roche are subject to these black-out periods. Irrespective of whether the relevant information is share price sensitive for Roche or not, during the black-out periods these persons shall keep the relevant information confidential and must not (i) disclose it to any non-insider within or outside Roche (including family members), (ii) buy, sell or otherwise trade in equity securities of Roche (shares, non-voting equity securities) as well as options or similar instruments and derivatives based thereon, or (iii) provide trading recommendations thereon. The automatic execution of predefined periodic purchase orders under the Roche Connect programme is not subject to these black-out periods. For addressees, scope and exceptions with regard to the black-out periods please refer to the Roche Group Insider Directive (<https://assets.cwp.roche.com/f/126832/x/3e96b30141/group-insider-policy.pdf>). In the reporting year, no exceptions to the general rules were granted.

In 2025 the Board of Directors met for 9 meetings: meetings from 1 to 8 hours in length, including a full-day meeting. In addition, the Board completed various training sessions on specific important topics.*

The Board Committees met as follows in 2025:

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

The Board of Directors regularly conducts an assessment (self-assessment / assessment by third parties via electronic survey and personal interviews) of its performance. In 2025, a third-party assessment took place.

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

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

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

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

Attendance at Board and Board Committee meetings in 2025

	Board	Chairman's/ Nomination Committee	Remuneration Committee	Audit Committee	Corporate Governance and Sustainability Committee
Number of meetings	9	8	3	5	3
S. Schwan	9	8	3**	5**	3**
A. Hoffmann	9	8	1*	-	3
J. Duschmalé	9	-	3	5	-
P. Frost	9	-	-	5	-
A. Hauser	9	8	3	-	-
A. Iwasaki	9	-	-	-	3
R. P. Lifton	9	-	3	-	-
J. Mahmood	9	-	-	-	3
M. Schneider	9	-	-	5	-
C. Suessmuth Dyckerhoff	9	-	-	5	3

- Not a member of that committee

* Member until March 2025

** Guest

Remuneration, shareholdings and loans

All details regarding remuneration, shareholdings and loans (content and method of determining the compensation and the shareholding programmes, basic principles and elements of compensation and shareholding programmes for serving and former members of the Board of Directors and Corporate Executive Committee, together with a description of the authorities and procedure for determining such) are set forth in the separate Remuneration Report on pages 187 to 211 and in the Finance Report, Notes 22 and 32 to the Roche Group Consolidated Financial Statements ('Equity attributable to Roche shareholders' and 'Related parties', pages 104 and 142), and are listed in Note 6 to the Financial Statements of Roche Holding Ltd ('Equity-based compensation to the Board of Directors and the Corporate Executive Committee', page 188).

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

Content	Rules in AoI ¹⁵ for	
	Board	CEC
Rules on the principles applicable to performance-related pay	§ 24.1-5	§ 24.2-5
Rules on the principles governing the allocation of equity securities, convertible rights and options	§ 24	§ 24
Additional amount for payments to members of the Corporate Executive Committee appointed after the vote on pay at the Annual General Meeting of shareholders	-	§ 23.5
Rules on loans, credit facilities and post-employment benefits	§ 24.1 and § 25.1	§ 24.2 and § 25.2
Rules on the vote on pay at the Annual General Meeting	§ 23	§ 23

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

Participatory rights of shareholders

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

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

Under § 10.2 of the Articles of Incorporation, shareholders who, alone or together, hold at least 0.5% of the share capital or the votes may until but no later than 36 days before the Annual General Meeting request that an item be included on the agenda or that a motion relating to an agenda item be included in the notice convening the Annual General Meeting.

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

Change of control and defensive measures

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

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

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

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

Relationship to the statutory auditors

At the Annual General Meeting of Roche Holding Ltd on 25 March 2025, the shareholders voted to appoint KPMG AG (KPMG) as statutory auditors.

Based on the existing legal requirements of the Swiss Code of Obligations (Article 730a) concerning the maximum term of office of seven years of the auditor in charge, François Rouiller has been the auditor in charge since the business year 2022 (information on how long the auditor in charge has been serving in this capacity is provided on page 170).

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

The statutory auditors participated in all five meetings of the Audit Committee in 2025.

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

KPMG's independence is ensured by limiting KPMG from providing certain non-audit services. Furthermore, permitted services cannot exceed in total 20% of the audit fee unless they are explicitly reviewed and approved by the Audit Committee. The company has a formal policy governing the engagement of the statutory auditor for non-audit

services of which limits for certain permitted other services are agreed by the Audit Committee. Each potential non-audit service engagement is reviewed against this policy before any authority to proceed is given.

The auditors have direct access to the Audit Committee and its chair as well as the Chief Audit & Risk Advisory Executive to discuss relevant issues.

The reports of the statutory auditor on the Consolidated Financial Statements and on the Financial Statements can be found on pages 163 and 190, respectively, of the Finance Report.

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

	2025	2024
	(millions of CHF)	
Audit services	22.1	20.8
Audit-related services		
– Assurance	1.5	1.2
Tax services	2.2	2.1
Other services	0.2	0.2
Total	26.0	24.3

The audit fee is reviewed by the Chief Audit & Risk Advisory Executive and approved by the Audit Committee every year and takes into consideration changes in Roche's business, as well as changes in financial reporting and audit standards and regulations.

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

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

Audit services are provided in accordance with legal and statutory requirements.

Audit-related services include services such as providing assurance and dealing with accounting matters that do not necessarily have to be performed by the statutory auditor. These services, which go beyond legal requirements, could include other attestation services, comfort letters and consultations. They specifically include KPMG's assurance services on selected sustainability information.

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

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

Based on the results of an external audit services tender, in which four audit firms were invited to participate, KPMG was reconfirmed as the external auditor as of the 2024 financial year.

Relationship to the independent proxy

Since 2019, Testaris AG has served as the independent proxy and at the Annual General Meeting on 25 March 2025, shareholders elected Testaris AG as the independent proxy for the period from 2025 until the conclusion of the 2026 ordinary Annual General Meeting of shareholders. Testaris AG was paid for its services for the Annual General Meeting 2025 according to expenditure totalling CHF 16,507 (2024: CHF 16,145).

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

General Meeting 2026 for the period from 2026 until the conclusion of the 2027 ordinary Annual General Meeting of shareholders.

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

Information policy

As provided by § 30 of the Articles of Incorporation¹⁸, corporate notices are published in the Swiss Official Gazette of Commerce and in other daily newspapers designated by the Board of Directors ('Basler Zeitung', 'Finanz und Wirtschaft', 'L'Agefi', 'Le Temps', 'Neue Zürcher Zeitung').

Roche reports its half-year and full-year results in business reports (published in print and/or online formats) and at media events. In addition, detailed first-quarter and nine-month sales figures are published each year in April and October. The most current list of publication dates is available on the Internet.^{19, 20}

All relevant information and documents, including all media releases¹⁹, investor updates²⁰ and

presentations to analyst and investor conferences are available on the Internet.²⁰ Further publications are available on

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

or can be ordered by

e-mail: materials.management.mm1@roche.com

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

The contact address for Investor Relations is:

F. Hoffmann-La Roche Ltd, Investor Relations,
Group Finance, 4070 Basel, Switzerland

Tel.: +41 (0)61 688 88 80

Fax: +41 (0)61 691 00 14

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

Chief Compliance Officer and Compliance Officers network

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

Employees and other parties who become aware of violations of the Roche Group Code of Conduct can bring them to the attention of their managers

or supervisors, to the local Compliance Officer or report them to the Chief Compliance Officer²³ (Pascale Schmidt, e-mail:

global.compliance_administration@roche.com).

Such disclosures will be treated confidentially.

In addition, employees and third parties may anonymously report irregularities or complaints in their mother tongue via the Roche Group speak-up channel. As part of the continuous enhancement of Roche's human rights programme and in compliance with applicable laws and regulations, any interested party can report its allegations through the same channel if they believe in good faith that

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

¹⁹ <https://www.roche.com/media>

²⁰ <https://www.roche.com/investors>

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

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

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

an actual or potential human right violation has occurred in Roche or in Roche's value chain. In case of questions or uncertainties about the interpretation of the Roche Group Code of Conduct and its reference documents, employees may reach out to their line managers, the local Compliance Officer or the Chief Compliance Officer, or contact the Roche Group Code of Conduct Help & Advice Line (global.helpandadvice@roche.com). This compliance tool also serves as a platform for ideas and suggestions concerning those documents.

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

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

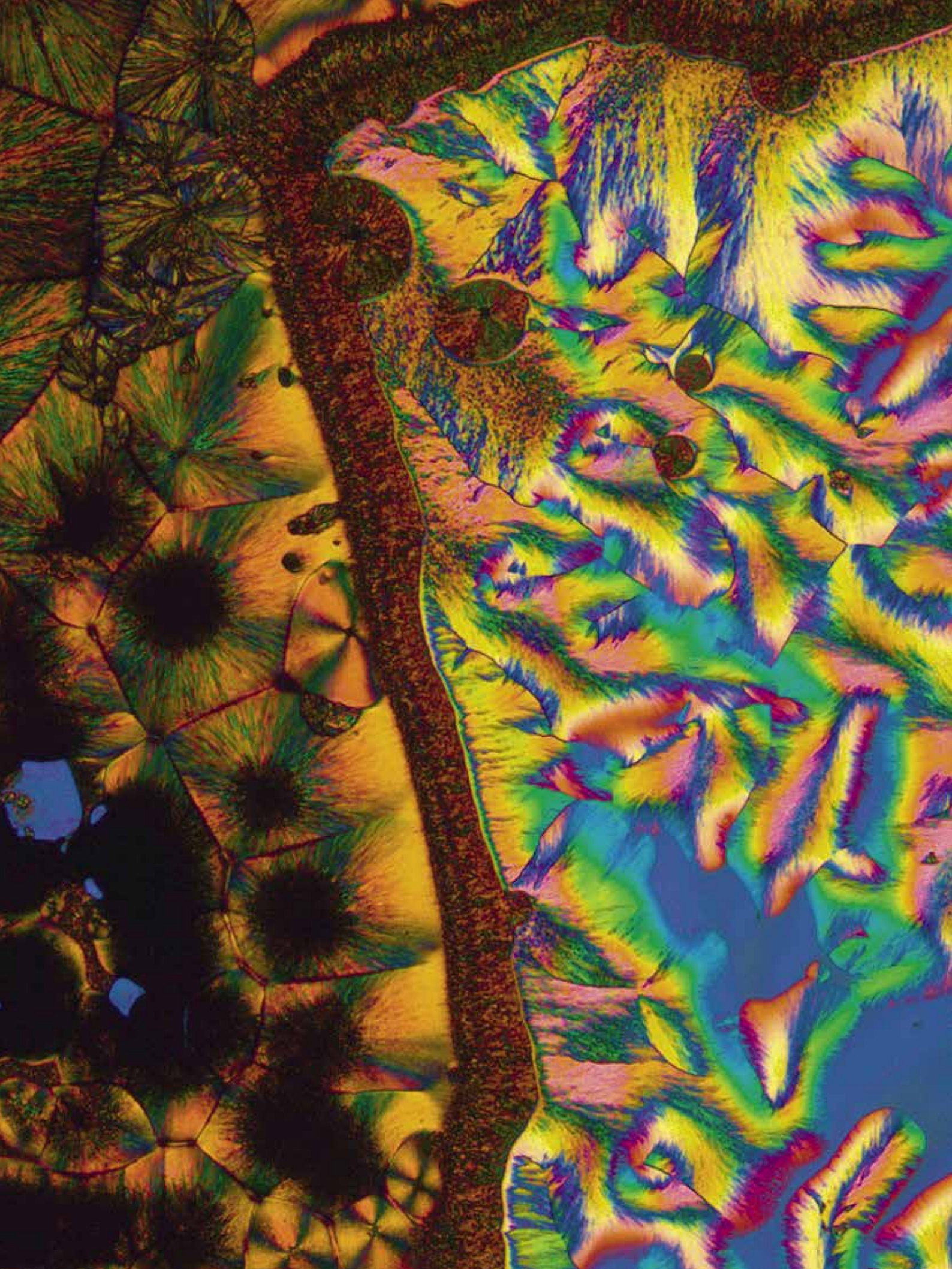
The Chief Compliance Officer reports to the General Counsel and also submits regular reports to the Corporate Governance and Sustainability Committee and as needed to the Audit Committee of the Board of Directors.

Non-applicability / negative disclosure

It is expressly noted that any information not contained or mentioned herein is either non-applicable or its omission is to be construed as a negative declaration (as provided in

the SIX Swiss Exchange Directive on Information relating to Corporate Governance and the commentary thereto).

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



Remuneration Report

1. Principles	188
2. Remuneration decision process and approval framework	190
3. Remuneration components	194
4. Remuneration of the Board of Directors	199
5. Remuneration of the Corporate Executive Committee	204
Statutory Auditor's Report	212

A recrystallised thin film of the **risdiplam** drug substance, viewed using hot-stage polarised light microscopy. The distinct bands of colour and the 'brushed' textures show the growth of crystals in an amorphous phase.

1. Principles

1.1 Overview

Motivation, expertise and performance of employees are a prerequisite for the success of Roche as an innovative and agile company and form the basis of our compensation policy.

Compensation plays a key role in attracting, motivating and retaining the people needed to be successful now and in the future, fostering superior and sustainable value creation and reinforcing a culture of performance and innovation.

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

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

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

bonus payments and long-term securities-based programmes.

For a global company like Roche, market-competitive remuneration plays a key role along with a performance- and success-based, transparent compensation structure. To ensure that compensation packages are competitive, both the structure and individual components are regularly benchmarked based on the relevant Swiss, European and international market criteria. Our remuneration guidelines and their underlying principles are also subject to regular external comparisons.

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

1.2 Members of the Board of Directors and the Corporate Executive Committee: CVs and mandates*

Detailed information is available as follows:

	Board of Directors	Corporate Executive Committee
a) Current members	https://www.roche.com/about/governance/board-of-directors	https://www.roche.com/about/governance/executive-committee
b) Former members (at least of the last ten years)	https://www.roche.com/about/governance/ec-bod-former	
c) Information at the reporting date on 31 December of each year (at least of the last ten years)	https://www.roche.com/about/governance/archiv-former-cvs	

* The audited information on activities at other companies in accordance with article 734e CO can be found under link c).

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Information on the members of the Board of Directors and on the Corporate Executive Committee shown is in accordance with the Directive on Information relating to Corporate Governance (<https://www.ser-ag.com/dam/downloads/regulation/listing/directives/dcg-en.pdf>) and also specifically includes mandates in accordance with article 734e and article 626 para. 2 point 1 of the Federal Act on the Amendment of the Swiss Civil Code

(Part Five: The Code of Obligations [CO]) that may be carried out in comparable positions in other undertakings with commercial objects.

Rules on mandates applying for members of the Board of Directors and the Corporate Executive Committee are in accordance with § 22.4 of the Articles of Incorporation of Roche Holding Ltd (<https://assets.cwp.roche.com/f/126832/x/bb7e156602/roche-statuten-2023-en.pdf>, in addition see page 175).

2. Remuneration decision process and approval framework

2.1 Overview

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

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

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

Remuneration decision process and approval framework since 2023

Remuneration components	Beneficiary		Decision by	Approval by
	Board of Directors Chairman (C)	Corporate Executive Committee		
Base pay / basic remuneration	✓	✓	Remuneration Committee	Annual General Meeting
Bonus	-	✓		
Stock-settled Stock Appreciation Rights (S-SARs)	-	✓		
Restricted Stock Units (RSUs)	-	✓		
Pension benefits	✓ (C only)	✓		

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

Total aggregate amounts that are based on these decisions are submitted to the General Meeting for approval. The General Meeting shall vote annually and with binding effect on the approval of the remuneration (that the Board of Directors has resolved) of the Board of Directors and the Corporate Executive Committee (for details see 4. and 5.).

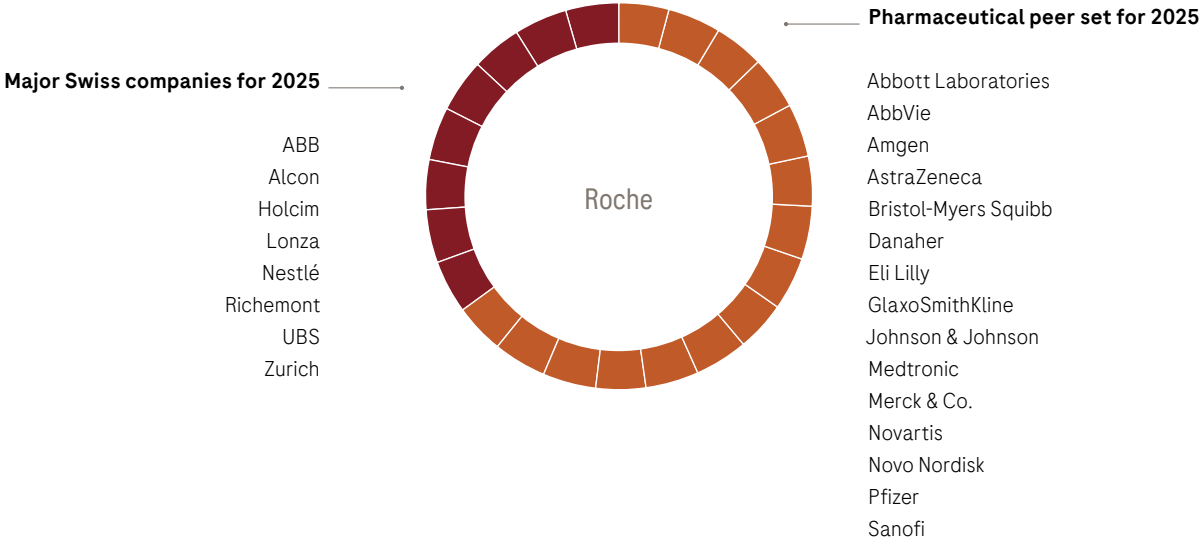
1 Peer set 2025: Abbott Laboratories, AbbVie, Amgen, AstraZeneca, Bristol-Myers Squibb, Danaher, Eli Lilly, GlaxoSmithKline, Johnson & Johnson, Medtronic, Merck & Co., Novartis, Novo Nordisk, Pfizer, Sanofi

2 Peer set 2025: ABB, Alcon, Holcim, Lonza, Nestlé, Richemont, UBS, Zurich

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

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

Market comparison companies for salary assessment





Dr Jörg Duschmalé, Chairman of the Remuneration Committee

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

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

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

Retrospective approval

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

Prospective approval

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

This Remuneration Report shall be submitted to an advisory vote by the shareholders at the AGM 2026.

Approval of total remuneration at the Annual General Meeting (AGM) 2026

Approval of total remuneration

Retrospective:

Corporate Executive Committee (CEC):

- Bonus for financial year 2025 (total amount)

Prospective:

Board of Directors (BoD):

Aggregate total remuneration (AGM 2026–AGM 2027)

- Basic remuneration

Corporate Executive Committee (CEC):

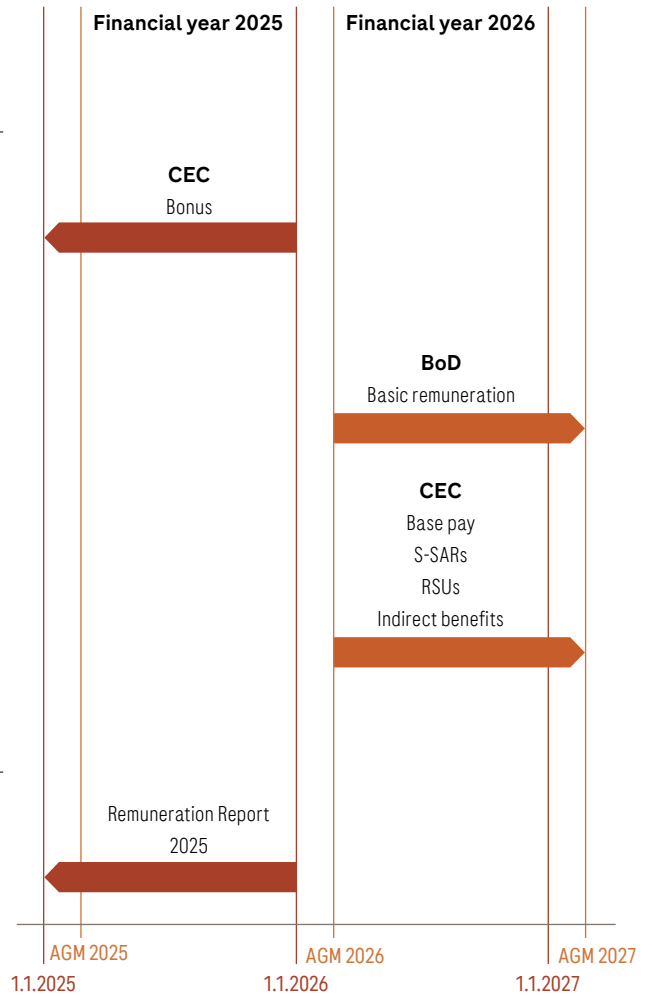
Aggregate total remuneration (AGM 2026–AGM 2027)

- Base pay
- Stock-settled Stock Appreciation Rights (S-SARs)
- Restricted Stock Units (RSUs)
- Indirect benefits

Advisory vote

Retrospective:

- Advisory vote on the 2025 Remuneration Report at the AGM 2026



3. Remuneration components

3.1 Overview of remuneration elements

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

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

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

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

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

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

	Board of Directors		Corporate Executive Committee	
	C	BoD	CEO Roche Group	CEC
Annual remuneration elements				
Base pay / basic remuneration (see 3.1.1)	√ Cash and for ten years blocked non-voting equity securities and/or shares	√ Cash	√ Cash	√ Cash
Bonus (see 3.1.2)	–	–	√ Cash and/or non-voting equity securities and/or shares both blocked for ten years or unblocked	√ Cash
Pension benefits, etc. (see 3.1.5)	√	–	√	√
Perennial remuneration elements				
Stock-settled Stock Appreciation Rights (S-SARs) (see 3.1.3)	–	–	√	√
Restricted Stock Units (RSUs) (see 3.1.4)	–	–	√	√

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

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

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

for newly issued S-SARs and RSUs are shown below. Unlike all other participants of the Roche LTI programme, members of the Corporate Executive Committee have no choice in determining the mix of RSUs and S-SARs, which since 2019 granted to a member of the Corporate Executive Committee have a four-year cliff vesting.

Corporate Executive Committee LTI

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

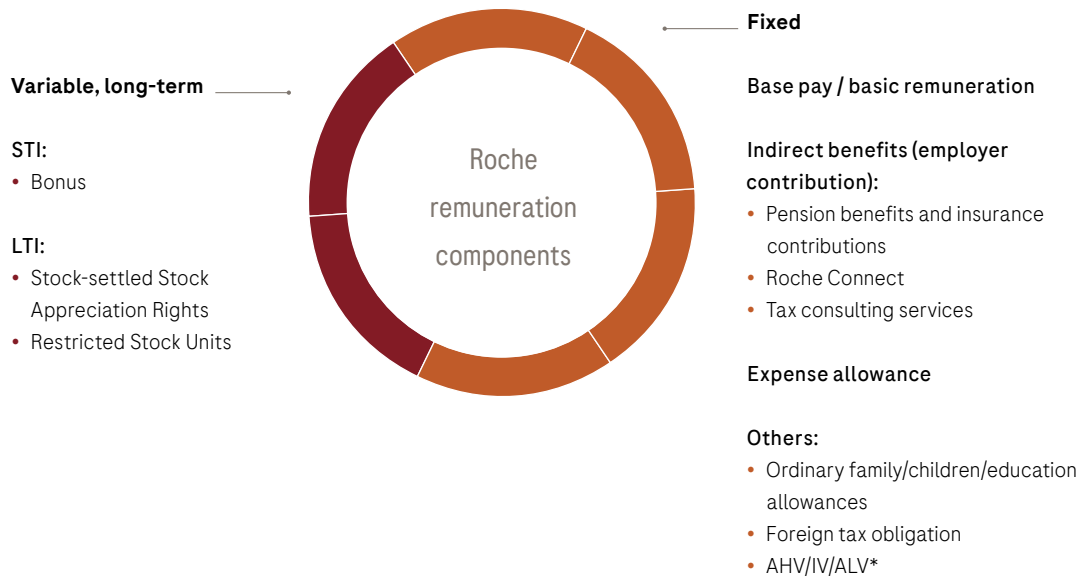
In December at the end of a reporting year or in January following a reporting year, the Remuneration Committee decides on the results of the STI and LTI goals based on the performance against objectives.

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

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

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

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



* Employer contribution of social securities' beneficial parts

3.1.1 Base pay (fixed)

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

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

3.1.2 Bonuses (variable)

Bonuses are annually awarded for individual contributions of value creation in a business year and are meant to be an incentive to strive for outstanding results and to create new business opportunities. Bonus amounts are linked to Group and divisional core profits, sales growth at constant exchange rates, development of Operating Profit After Capital Charge (OPACC) based on core operating profit, core earnings per share and non-voting equity security growth at constant exchange rates, product development pipeline, employee engagement⁷ and environmental goals.⁸ Additionally, they are linked to the achievement of measurable and qualitative individual and functional performance objectives. For competitive reasons, Roche does not disclose the individual performance objectives of members of its Corporate Executive Committee.

⁷ <https://www.roche.com/about/people-culture>

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

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

The Remuneration Committee uses its own discretion in the weighting of each criterion and in the bonus allocation.

In 2025 in total, 85,285 employees were eligible for a bonus under the Roche Annual Bonus Programme.

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

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

S-SARs entitle holders to benefit financially from any increase in the value of Roche's non-voting equity securities between the grant date and the exercise date. S-SARs granted all vest together after four years and then must be exercised within ten years of the grant date. Unexercised S-SARs lapse without compensation. The fair value of S-SARs is calculated at the grant date using the trinomial model for American call options (for details see page 206).

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

In 2025 in total, 22,213 employees received S-SARs.

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

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

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

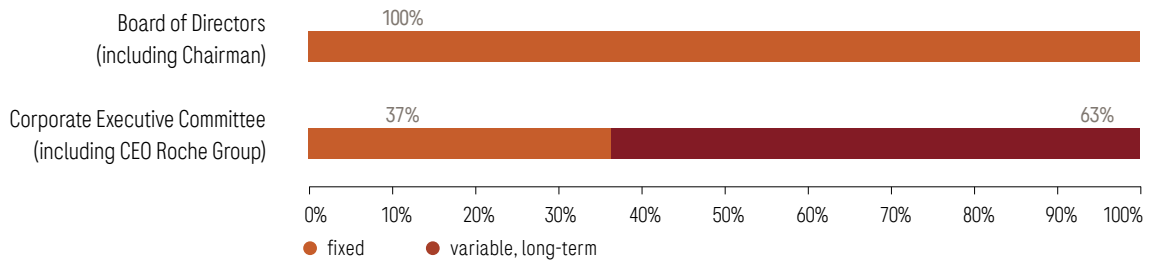
RSU awards are allocated individually for the Corporate Executive Committee at the Remuneration Committee's discretion.

In 2025, RSUs served as a remuneration component for 22,388 eligible Roche employees.

3.1.5 Indirect benefits

As shown in 5.8 (5.3 [for the CEO Roche Group] and 4.3 [for the Chairman], respectively), members of the Corporate Executive Committee additionally received indirect benefits (pension funds / insurance contributions, Roche Connect, payments for foreign tax obligation and tax consulting services and annual expense allowance). Individual members of the Corporate Executive Committee received additional payments as shown in 5.9.

3.2 Weighting (fixed / variable, long-term) of 2025 remuneration components (at target and as percentage of total remuneration in 2025)



The variable, long-term remuneration paid out to the members of the Corporate Executive Committee ranged from 61% to 66% of the total compensation.

3.3 Ratio of variable remuneration components relative to fixed base pay of the Corporate Executive Committee 2025

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

Criteria	STI (variable)	LTI (long-term) (total: 133.33%**)	
	Bonus	S-SARs (80% of total LTI)	RSUs (20% of total LTI)
Individual target value*	100%	106.66%**	26.66%**
Minimum	0%	0%	0%
Maximum	200%	106.66%	26.66%
Performance criteria	Group objectives (Group and divisional business performance) and individual objectives; considering core profits, sales growth at constant exchange rates, development of Operating Profit After Capital Charge (OPACC) based on core operating profit, core earnings per share and non-voting equity security (NES) growth at constant exchange rates, product development pipeline, employee engagement and environmental goals	Value development determined by performance of NES after grant	Value development determined by performance (plus a value adjustment for dividends) of NES after grant
Split in %			
a) Group objectives	70%	n/a	n/a
b) Individual objectives	30%	n/a	n/a
Weighting criteria / Decision on objectives	At the Remuneration Committee's discretion		

n/a - not applicable

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

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

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

⁹ See also in the Finance Report Note 32 to the Roche Group Consolidated Financial Statements ('Related parties', page 142) and Note 6 to the Financial Statements of Roche Holding Ltd ('Equity-based compensation to the Board of Directors and the Corporate Executive Committee', page 188).

4. Remuneration of the Board of Directors

4.1 Resolution and approval

Remuneration of the Chairman of the Board of Directors and of members of the Board of Directors is decided at the Remuneration Committee's discretion.

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

For the Chairman of the Board of Directors, since 2023 the base remuneration determined by the Remuneration Committee consists of a cash component and a component in the form of shares blocked for ten years.

The maximum amount of the total aggregate remuneration of the Board of Directors (for the period between the ordinary General Meeting 2026 and the ordinary General Meeting 2027) will be tabled separately in 2026 as in the previous years for the General Meeting's prospective binding approval (see 2.2).

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

In 2025, the members of the Board of Directors¹⁰ received remuneration and additional compensation

as shown in the 'Remuneration of members of the Board of Directors 2025' table on page 200 for their Board activities. Roche paid legally required employer contributions to AHV/IV/ALV totalling CHF 140,460 (2024: CHF 140,460) for the members of the Board of Directors beside the legally required contributions separately stated for the Chairman of the Board of Directors.

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

With the exception of the Chairman of the Board of Directors (award of blocked shares as part of the basic remuneration), members of the Board of Directors were not awarded any shares, non-voting equity securities, S-SARs or RSUs.

The company granted no loans or credits to the members of the Board of Directors.

In 2025, for their advisory service on the Genentech Scientific Resource Board, Prof. Dr Akiko Iwasaki and Prof. Dr Richard P. Lifton received honoraria amounting to USD 22,000 (CHF 18,293) each.

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¹⁰ For a list of members, their positions and their committee memberships and chair roles see page 168.

Remuneration of members of the Board of Directors 2025 (in CHF)

	Basic remuneration	Additional remuneration for committee members/chairs ¹¹	Additional special remuneration	Additional BVG costs*	Total remuneration
S. Schwan, Chairman	(See '4.3 Total remuneration paid to the Chairman of the Board of Directors')				
A. Hoffmann, Vice-Chairman	400,000 ¹²	-	-	-	400,000
J. Duschmalé	300,000	90,000	-	4,673	394,673
P. Frost	300,000	60,000	-	-	360,000
A. Hauser	300,000	60,000	-	7,295	367,295
A. Iwasaki	300,000	30,000	18,293 see page 199	-	348,293
R. P. Lifton	300,000	30,000	18,293 see page 199	-	348,293
J. Mahmood	300,000	30,000	-	-	330,000
M. Schneider	300,000	30,000	-	2,425	332,425
C. Suessmuth Dyckerhoff	300,000	60,000	-	7,399	367,399
Total¹³	2,800,000	390,000	36,586	21,792	3,248,378¹⁴

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

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

12 Remuneration for serving as Vice-Chairman of the Board

13 Additionally, employer contribution to AHV/IV/ALV totalling CHF 757,338 (including the Chairman) was paid that does not form part of remuneration.

14 Excluding employer contribution of social securities' beneficial parts for members of the Board of Directors amounting to CHF 50,295

Remuneration of members of the Board of Directors 2024 (in CHF)

	Basic remuneration	Additional remuneration for committee members/chairs ¹⁵	Additional special remuneration	Additional BVG costs*	Total remuneration
S. Schwan, Chairman	(See '4.3 Total remuneration paid to the Chairman of the Board of Directors')				
A. Hoffmann, Vice-Chairman	400,000 ¹⁶	-	-	-	400,000
J. Duschmalé	300,000	90,000	-	4,602	394,602
P. Frost	300,000	60,000	-	-	360,000
A. Hauser	300,000	60,000	-	7,202	367,202
A. Iwasaki	300,000	30,000	19,368	-	349,368
R. P. Lifton	300,000	30,000	19,368	-	349,368
J. Mahmood	300,000	30,000	-	-	330,000
M. Schneider	300,000	30,000	-	-	330,000
C. Suessmuth Dyckerhoff	300,000	60,000	-	7,341	367,341
Resigned member:					
B. Poussot (until March 2024) ¹⁷	75,000	7,500	-	-	82,500
Total¹⁸	2,875,000	397,500	38,736	19,145	3,330,381¹⁹

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

15 With the exception of the Chairman and the Vice-Chairman, Board members receive CHF 30,000/year for each committee they serve on and CHF 60,000/year for each committee they chair.

16 Remuneration for serving as Vice-Chairman of the Board

17 Prorated remuneration for the period from January to March 2024

18 Additionally, employer contribution to AHV/IV/ALV totalling CHF 435,598 (including the Chairman) was paid that does not form part of remuneration.

19 Excluding employer contribution of social securities' beneficial parts for members of the Board of Directors amounting to CHF 49,287

4.3 Total remuneration paid to the Chairman of the Board of Directors

Dr Severin Schwan as Chairman received total remuneration for 2025 as shown below.

Total remuneration paid to the Chairman of the Board of Directors, Dr Severin Schwan (in CHF)

	2025	2024
Base salary		
- in cash	2,500,008	2,500,008
- in shares	1,954,365*	1,954,365*
Pension funds / insurances / annual expense allowance / ordinary family, children and education allowances / tax consulting services (including employer contribution of social securities' beneficial parts)	1,240,506	1,239,484
Total²⁰	5,694,879	5,693,857

* In the form of shares blocked for ten years (calculation of number of shares based on the price at the date of transfer; calculation of value in consideration of reduction of value due to blocking period of ten years [reduced market value: 55.839%])

²⁰ Additionally, employer contribution to AHV/IV/ALV of CHF 616,877 (2024: CHF 295,138) was paid that does not form part of remuneration.

4.4 Total remuneration paid to the Board of Directors

For the 2025 calendar year the members of the Board of Directors received remuneration including employer contribution of social securities' beneficial parts totalling CHF 8,993,552 (2024: CHF 9,073,525), excluding legally required employer contributions paid to AHV/IV/ALV totalling CHF 757,338 (2024: CHF 435,598) that do not form part of remuneration.

4.5 Remuneration paid to former members of the Board of Directors

Remuneration and expense allowances paid to Dr Christoph Franz for 2025 in connection with and for his mandate as a member of the Board of Directors of Chugai Pharmaceutical Co., Ltd. until April 2025 (as a former representative of Roche) amounted to a total of CHF 55,130 (excluding legally required employer contributions to AHV/IV/ALV in the amount of CHF 1,461).

No other remuneration was paid.

4.6 Board remuneration subject to approval at the Annual General Meeting

4.6.1 Submission of the Board's total aggregate future remuneration for the period between the 2026 ordinary AGM and the 2027 ordinary AGM for a prospective binding shareholder vote at the 2026 AGM

The Board of Directors proposes that the 2026 ordinary AGM approve Board remuneration totalling not more than CHF 12,000,000 (excluding legally required employer contributions to AHV/IV/ALV) for the period between the 2026 ordinary AGM and the 2027 ordinary AGM. The compensation of the members of the Board of Directors is paid in cash, and for the Chairman of the Board of Directors, compensation consists of a component in cash and a component in the form of shares blocked for ten years (calculation of value in consideration of reduction of value due to blocking period of ten years [reduced market value: 55.839%]) as determined by the Remuneration Committee.

4.6.2 Reconciliation of the reported remuneration with the shareholders' approved remuneration for the members of the Board of Directors

From the 2024 ordinary AGM to the 2025 ordinary AGM actual remuneration amounted to CHF 9,018,687 (excluding legally required employer contributions to AHV/IV/ALV and excluding bonuses) and remained within the approved total remuneration limit.

The 2025 ordinary AGM approved Board remuneration totalling not more than CHF 12,000,000 (excluding legally required employer contributions to AHV/IV/ALV) for the period ending at the 2026 ordinary AGM. As before, detailed calculation will be made and reported after the end of the aforementioned period.

4.7 Security holdings

Directors André Hoffmann and Dr Jörg Duschmalé and members of the founder's families who

are closely associated with them belong to a contractually bound shareholder group with pooled voting rights. At the end of 2025 this group held 69,318,000 shares (64.97% of issued shares). Detailed information about this group can be found in the Finance Report, Note 32 to the Roche Group Consolidated Financial Statements ('Related parties', page 142) and in Note 4 to the Financial Statements of Roche Holding Ltd ('Significant shareholders', page 187).

In addition, as at 31 December 2025 (as at 31 December 2024, respectively) the members of the Board of Directors and persons closely associated with them held Roche shares, non-voting equity securities (NES) and American Depository Receipts (ADRs^{***}) as shown in the table '4.7.1 Security holdings (shares, NES, ADRs)' below.

4.7.1 Security holdings (shares, NES, ADRs)

	(as at 31 December 2025)					(as at 31 December 2024)				
	Shares (number)	Non-voting equity securities (NES) (number)	ADRs ^{***} (number)	Close relatives' security holdings (number/type)		Shares (number)	Non-voting equity securities (NES) (number)	ADRs ^{***} (number)	Close relatives' security holdings (number/type)	
				Shares	NES				Shares	NES
S. Schwan	265,962	91,693	-	-	-	254,090	102,071	-	-	-
A. Hoffmann	-*	200	-	-	-	-*	200	-	-	-
J. Duschmalé	-*	-	-	-	-	-*	-	-	-	-
P. Frost	6,000	-	-	-	-	4,000	-	-	-	-
A. Hauser	3,000	1,650	-	-	60	3,000	1,650	-	-	60
A. Iwasaki	-	-	-	-	-	-	-	-	-	-
R. P. Lifton	-	-	300	-	-	-	-	300	-	-
J. Mahmood	-	-	-	-	-	-	-	-	-	-
M. Schneider	2,500	2,500	-	10	-	2,500	2,500	-	10	-
C. Suessmuth Dyckerhoff	-	2,710**	-	-	-	-	2,710**	-	-	-
Total	277,462	98,753	300	10	60	263,590	109,131	300	10	60

* Shares held by the shareholder group with pooled voting rights not listed

** Jointly held with close relative

*** Roche's ADR (American Depository Receipt) listed on OTCQX (<https://www.otcmarkets.com/stock/RHHBY/quote>) International Premier under the symbol RHHBY, ISIN US771195104. Traded in USD, eight (8) ADRs represent one (1) underlying NES.

As Chairman, Dr Severin Schwan is not entitled to receive LTIs (S-SARs and RSUs). His LTIs awarded until 2023 in his former role as CEO held as at

31 December 2025 are listed below in the tables '4.7.2 Stock-settled Stock Appreciation Rights (S-SARs)' and '4.7.3 Restricted Stock Units (RSUs)'.

4.7.2 Stock-settled Stock Appreciation Rights (S-SARs)

	Number of S-SARs held on 31 December 2025				
	2023	2022	2021	2020	2019
S. Schwan (awarded in former role as CEO)	115,095	75,635	100,746	103,260	122,322
Price (CHF)	263.65	359.70	306.45	308.05	271.65
Expiry date	10.3.2033	17.3.2032	18.3.2031	19.3.2030	15.3.2029
Grant value per S-SAR (CHF)	37.07	56.41	42.35	41.32	34.88
Since 1.1.2012: - Trinomial model for American call options					

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4.7.3 Restricted Stock Units (RSUs)

	Number of RSUs held on 31 December 2025	
	2023	2022
S. Schwan (awarded in former role as CEO)	4,046	2,965
Grant value per RSU	CHF 263.65 (NES closing price at grant date on 10 March 2023)	CHF 359.70 (NES closing price at grant date on 17 March 2022)

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5. Remuneration of the Corporate Executive Committee

5.1 Resolution and approval

Remuneration of the members of the Corporate Executive Committee was decided at the Remuneration Committee's discretion, considering market comparisons.

As in the previous years, the Board of Directors will separately submit the total aggregate bonuses of the Corporate Executive Committee for the 2025 financial year to the General Meeting 2026 for retrospective binding approval.

The maximum amounts of the total other aggregate remuneration of the Corporate Executive Committee for the period between the ordinary General Meeting 2026 and the ordinary General Meeting 2027 will be tabled separately in 2026 as in the previous years for the General Meeting's prospective binding approval (see 2.2).

5.2 Amount of remuneration to members of the Corporate Executive Committee

The general provisions assigning authority for decisions on Corporate Executive Committee remuneration to the Remuneration Committee and to the Board of Directors are outlined on page 190, '2. Remuneration decision process and approval framework'.

In 2025, members of the Corporate Executive Committee received remuneration for their work as shown in 5.4–5.10. The amount of remuneration for the CEO Roche Group, Dr Thomas Schinecker, is explained in 5.3 in detail. Total remuneration of the Corporate Executive Committee in 2025 is shown in 5.11.

5.3 Highest total remuneration paid to Dr Thomas Schinecker as a member of the Corporate Executive Committee

As CEO Roche Group, Dr Thomas Schinecker received the highest remuneration paid to a member

of the Corporate Executive Committee as reflected in the following table and included in the total amount paid to the Corporate Executive Committee (see '5.11 Total remuneration paid to the members of the Corporate Executive Committee', page 208).

Highest total remuneration paid to Dr Thomas Schinecker as a member of the Corporate Executive Committee (in CHF)

	2025	2024
Base salary	3,525,000	3,225,000
Bonus (subject to approval of the total aggregate bonuses for the Corporate Executive Committee by the Annual General Meeting)	2,962,874**	3,411,246***
S-SARs ²¹	2,788,169	2,534,688
RSUs ²²	491,362	446,668
Roche Connect	32,499	32,499
Pension funds / insurances	350,938*	341,440*
Other payments ²³	73,135	53,789
Total	10,223,977	10,045,330

* Including employer contribution of social securities' beneficial parts

** In the form of unblocked shares and of shares blocked for ten years upon the Remuneration Committee's decision (calculation of number of shares based on the price at the date of transfer in March 2026 after approval at the AGM 2026; calculation of value of blocked shares: CHF 1,564,274 in consideration of reduction of value due to blocking period of ten years [reduced market value: 55.839%])

*** In the form of unblocked shares and of shares blocked for ten years upon the Remuneration Committee's decision (calculation of number of shares based on the price at the date of transfer in March 2025 after approval at the AGM 2025; calculation of value of blocked shares: CHF 744,446 in consideration of reduction of value due to blocking period of ten years [reduced market value: 55.839%])

21 S-SARs 2025: number: 81,633, grant value according to the trinomial model for American call options: CHF 43.12. Trinomial model for American call options value as described in '5.6 Stock-settled Stock Appreciation Rights (S-SARs) of the other members of the Corporate Executive Committee', page 206. S-SARs 2025 are blocked for four years and may thereafter be exercised only, whilst non-voting equity securities resulting from exercise are automatically blocked for an additional four years (calculation of value of non-voting equity securities in consideration of reduction of value due to additional blocking period of four years; reduced market value: 79.209%).

S-SARs 2024: number: 99,844, grant value according to the trinomial model for American call options: CHF 32.05. Trinomial model for American call options value as described in '5.6 Stock-settled Stock Appreciation Rights (S-SARs) of the other members of the Corporate Executive Committee', page 206. S-SARs 2024 are blocked for four years and may thereafter be exercised only, whilst non-voting equity securities resulting from exercise are automatically blocked for an additional four years (calculation of value of non-voting equity securities in consideration of reduction of value due to additional blocking period of four years; reduced market value: 79.209%).

22 Calculation of RSUs value 2025: number of RSUs: 2,989, multiplied by grant value of CHF 294.40 (NES closing price at grant date on 27 March 2025) per RSU (calculation of value of non-voting equity securities / shares in consideration of reduction of value due to blocking period of ten years; reduced market value: 55.839%).
Calculation of RSUs value 2024: number of RSUs: 3,442, multiplied by grant value of CHF 232.40 (NES closing price at grant date on 14 March 2024) per RSU (calculation of value of non-voting equity securities / shares in consideration of reduction of value due to blocking period of ten years; reduced market value: 55.839%).

23 Includes an annual expense allowance of CHF 30,000 (2024: CHF 30,000), payments for tax consulting services of CHF 28,306 (2024: CHF 10,679), ordinary family, children and education allowances of CHF 13,110 (2024: CHF 13,110) and other payments of CHF 1,719. Additionally, employer contribution to AHV/IV/ALV of CHF 384,932 (2024: CHF 350,481) was paid that does not form part of remuneration.

5.4 Base pay of the other members of the Corporate Executive Committee

Base pay (in CHF)

	2025	2024
T. Graham	1,800,003	1,613,490
A. Hippe	1,600,008	1,600,998
M. Sause	1,262,508	1,113,287
C. A. Wilbur	1,087,506	1,038,501
Total	5,750,025	5,366,276

5.5 Bonuses of the other members of the Corporate Executive Committee

The Remuneration Committee of the Board of Directors determined the Corporate Executive Committee members' bonuses based on the 2025 performance against the agreed objectives. The Remuneration Committee uses its discretion appropriately in the weighting of each criterion and in the bonus allocation. The total aggregate amount of bonuses will be brought forward for a binding vote by the Annual General Meeting 2026.

Except for Dr Thomas Schinecker, all members of the Corporate Executive Committee will receive the bonus 2025 as a 100% cash payment. Dr Thomas Schinecker will receive the bonus in the form of unblocked shares and of shares blocked for ten years (see 5.3). Bonus payment is due in March 2026.

Bonus (in CHF)

	2025 (Subject to approval of the total aggregate bonuses of the Corporate Executive Committee by the Annual General Meeting 2026)	2024
T. Graham	2,200,000	2,000,000
A. Hippe	2,000,000	2,000,000
M. Sause	1,400,000	1,400,000
C. A. Wilbur	1,400,000	1,400,000
Total	7,000,000	6,800,000

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5.6 Stock-settled Stock Appreciation Rights (S-SARs) of the other members of the Corporate Executive Committee

S-SARs to the members of the Corporate Executive Committee are allocated individually at the Remuneration Committee's discretion. The S-SARs shown in the '5.15.2 Stock-settled Stock Appreciation Rights (S-SARs)' table on page 211 entitle holders to benefit financially from any increase in the value of Roche's non-voting equity securities (NES) between the grant date and the exercise date. The strike price for S-SARs under the terms of this multi-year plan is the closing price for Roche NES at grant date. All S-SARs since 2019 vest four (previously granted S-SARs three) years after the grant date. Vested S-SARs can be exercised (converted into NES) within ten (previously granted S-SARs within seven

years of the grant date. Unexercised S-SARs lapse without compensation.

Since 2019, the S-SARs proportion of the LTI of the Corporate Executive Committee is 80% (based on the already existing individual target value of the total LTI for Corporate Executive Committee members of 133.33% of a base pay measured on 1 January of a year).

The fair value of the S-SARs is calculated at the grant date using the trinomial model for American call options. The trinomial model is an effective method for valuation of American call options, as it considers the possibility of exercising the option any time prior to maturity (called 'American' option, as compared to a 'European' option, which only allows exercise at its maturity date).²⁴

²⁴ For further information on the trinomial model for American call options: please refer to Boyle, Phelim P.: 'A lattice framework for option pricing with two state variables', The Journal of Financial and Quantitative Analysis, Volume 23, Issue 1 (Mar 1988), 1-12, https://assets.cwp.roche.com/f/126832/x/e1222fd9e5/trinomial_model.pdf

The numbers of S-SARs, the strike prices, expiry dates and grant values for S-SARs are shown below and in the '5.15.2 Stock-settled Stock Appreciation Rights (S-SARs)' table on page 211. The numbers

of S-SARs as calculated at the time of issue have been entered as values in the tables on page 205 and below.

Stock-settled Stock Appreciation Rights (S-SARs)

	2025			2024		
	Number	Grant value per S-SAR in CHF	Value in CHF	Number	Grant value per S-SAR in CHF	Value in CHF
T. Graham	40,817	43.12	1,760,029	49,922	32.05	1,600,000
A. Hippe	39,580	43.12	1,706,690	53,251	32.05	1,706,695
M. Sause	28,448	43.12	1,226,678	33,282	32.05	1,066,688
C. A. Wilbur	25,975	43.12	1,120,042	33,282	32.05	1,066,688
Total	134,820	43.12	5,813,439	169,737	32.05	5,440,071
	Price: CHF 294.40, expiry date: 27.3.2035			Price: CHF 232.40, expiry date: 14.3.2034		

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5.7 Restricted Stock Units (RSUs) of the other members of the Corporate Executive Committee

Since 2019, the proportion of Restricted Stock Units (RSUs) of the members of the Corporate Executive Committee is 20% of the total LTI (based on the already existing individual target value of the total LTI for Corporate Executive Committee members of 133.33% of a base pay measured on 1 January of a year). RSU awards are allocated individually for the Corporate Executive Committee at the Remuneration Committee's discretion.

RSUs contain rights to receive non-voting equity securities and/or shares after a since 2019 newly defined four-year vesting period plus a value adjustment (being the amount equivalent to the sum of the dividend paid during the vesting period attributable to the number of non-voting equity securities and/or shares for which an individual award has been granted). They will be vested to the recipient for the Corporate Executive Committee after four years only. Thereafter, resulting non-voting equity securities and/or shares may remain blocked for up to ten years.

Restricted Stock Units (RSUs)

	2025			2024		
	Number	Value at grant in CHF	Value in CHF	Number	Value at grant in CHF	Value in CHF
T. Graham	1,495	294.40	440,128	1,721	232.40	399,960
A. Hippe	1,449	294.40	238,201*	1,836	232.40	238,257*
M. Sause	1,042	294.40	306,765	1,148	232.40	266,795
C. A. Wilbur	951	294.40	279,974	1,148	232.40	266,795
Total	4,937	294.40	1,265,068	5,853	232.40	1,171,807

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* Calculation of value in consideration of reduction of value due to an additional blocking period of ten years (reduced market value: 55.839%)

5.8 Indirect benefits of the other members of the Corporate Executive Committee

Employer contributions made in 2025 to social security schemes, pension plans and a Group-wide employee stock purchase plan (Roche Connect) in respect of members of the Corporate Executive Committee are shown in the 'Indirect benefits (employer contributions)' table below and in the table on page 205.

Roche Connect is a voluntary stock purchase plan offering employees the opportunity to buy

Roche non-voting equity securities (NES) up to an amount equal to 10% of their annual base salary at a 20% discount. NES purchased under this plan are subject to a holding period, which is four years in Switzerland.

In addition, members of the Corporate Executive Committee received annual expense allowances and some members payments for foreign tax obligations and tax consulting services as shown in the table below.

Indirect benefits (employer contributions) (in CHF)

	2025				2024			
	Pension funds / insurances*	Annual expense allowance	Roche Connect	Payments for tax / tax consulting services / equalisation payments	Pension funds / insurances*	Annual expense allowance	Roche Connect	Payments for tax / tax consulting services
T. Graham	350,938	30,000	44,166	87,768	341,440	30,000	29,063	50,343
A. Hippe	448,009	30,000	39,996	12,813	435,814	30,000	39,996	18,710
M. Sause	350,938	30,000	-	114,892	341,440	30,000	-	46,742
C. A. Wilbur	448,009	30,000	18,744	124,692	435,814	30,000	18,744	56,960
Total	1,597,894	120,000	102,906	340,165	1,554,508	120,000	87,803	172,755

* Including employer contribution of social securities' beneficial parts

5.9 Other remuneration and loans of members of the Corporate Executive Committee

The company granted no loans or credits to the members of the Corporate Executive Committee.

The maximum regular period of notice for members of the Corporate Executive Committee is 12 months. There are no change-of-control clauses in the employment contracts.

5.10 Remuneration to former members of the Corporate Executive Committee

In 2025, no payments to former members of the Corporate Executive Committee were made.

5.11 Total remuneration paid to the members of the Corporate Executive Committee

For the 2025 calendar year, members of the Corporate Executive Committee received remuneration (including bonuses and employer contribution of social securities' beneficial parts) totalling CHF 32,213,474 (2024: CHF 30,758,550), excluding legally required employer contributions paid to AHV/IV/ALV totalling CHF 1,307,294 (2024: CHF 1,034,724) that do not form part of remuneration.

No additional remuneration other than the above-mentioned payments was paid to current or former members of the Corporate Executive Committee.

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5.12 The Corporate Executive Committee's remuneration subject to approval at the Annual General Meeting

5.12.1 Submission of the Corporate Executive Committee's total aggregate bonuses in respect of the 2025 financial year for a retrospective binding approval at the Annual General Meeting 2026

The Board of Directors proposes awarding the members of the Corporate Executive Committee bonuses (for Dr Thomas Schinecker as the CEO of the Roche Group in the form of unblocked shares and of shares blocked for ten years and for all other members of the Corporate Executive Committee as a 100% cash payment, see 5.3 and 5.5) totalling CHF 9,962,874 in respect of the 2025 financial year (2024: CHF 10,211,246), excluding legally required employer contributions to AHV/IV/ALV, and will submit this proposed total amount to the ordinary Annual General Meeting (AGM) 2026 for a retrospective approval vote.

5.12.2 Submission of the Corporate Executive Committee's total future aggregate remuneration for the period between the 2026 ordinary AGM and the 2027 ordinary AGM for a prospective binding shareholder approval at the Annual General Meeting 2026

The Board of Directors proposes that the 2026 ordinary AGM approve remuneration for the Corporate Executive Committee totalling not more than CHF 38,000,000 (excluding legally required employer contributions to AHV/IV/ALV and excluding bonuses) for the period between the 2026 ordinary AGM and the 2027 ordinary AGM.

The amount of the Corporate Executive Committee's total future aggregate remuneration is composed of base pay, long-term incentives S-SARs (calculated at grant value) and RSUs (see 3.1.4, calculated at the time of reservation of non-voting equity securities or shares), pension benefits (excluding legally required employer contributions to AHV/IV/ALV) as well as contributions for expenses, payments for foreign tax obligations, tax consulting services and Roche Connect.

5.12.3 Reconciliation of the reported remuneration with the shareholders' prospectively approved remuneration for the members of the Corporate Executive Committee

The 2024 ordinary AGM approved remuneration for the Corporate Executive Committee totalling not more than CHF 38,000,000 (excluding legally required employer contributions to AHV/IV/ALV and excluding bonuses) for the period ending at the 2025 ordinary AGM. For comparison, from the 2024 ordinary AGM to the 2025 ordinary AGM actual remuneration amounted to CHF 21,894,697 (excluding legally required employer contributions to AHV/IV/ALV and excluding bonuses) in total and remained within the approved total amount.

As before, detailed calculation of the actual remuneration for comparison to the remuneration for the Corporate Executive Committee approved at the 2025 ordinary AGM totalling not more than CHF 38,000,000 (excluding legally required employer contributions to AHV/IV/ALV and excluding bonuses) for the period ending at the 2026 ordinary AGM will be made and reported after the end of the aforementioned period.

5.13 Clawback

In addition to applicable statutory provisions, Roche's long-term incentive plans include the option to partially reclaim distributed compensation as a result of special circumstances (clawback).

To reinforce the principle of long-term value creation, for employees who retire from the company, a new requirement for five years of service was introduced for LTI awards granted starting in 2025. If this new requirement is not fulfilled, then all prior unvested awards from 2025 onwards are forfeited.

If the employee voluntarily serves notice of termination of employment, S-SARs (see 5.15.2) and RSUs (see 5.15.3) which are unvested at the date of termination of employment lapse immediately without any compensation.

Upon termination of employment as a result of serious misconduct, all S-SARs and RSUs granted and outstanding, whether vested or unvested, shall lapse immediately without any compensation. According to the S-SAR plan rules, serious misconduct by the participant may include (inter alia):

- activity leading to serious disciplinary action
- repeated or wilful failure to perform such duties as have been reasonably assigned by Roche
- violation of any law or public regulation
- commission of a crime
- gross negligence or wilful misconduct in employment
- engaging in conduct bringing disgrace or disrepute to Roche and/or any of its subsidiaries
- violation of any of Roche’s directives and guidelines relating to business conduct

5.14 Guidelines for security holdings

Since 2012 members of the Corporate Executive Committee are required to hold Roche securities.

Members of the Corporate Executive Committee are required to hold Roche securities equivalent in value to 200% of their respective annual base salary. This requirement must be fulfilled within five years from 15 March 2022 or, in the case of new members, within five years from the start of employment.

The requirement of Roche security holdings for the CEO Roche Group remains unchanged at 500% of his annual base salary, without a five-year time limit.

	Type of security	Value to be acquired
CEO Roche Group	Shares and/or NES	500% of annual base salary
Members of the Corporate Executive Committee	Shares and/or NES	200% of annual base salary

5.15 Security holdings

As at 31 December 2025 (as at 31 December 2024, respectively) the members of the Corporate Executive Committee and persons closely

associated with them held securities as shown in the following tables ‘Shares and non-voting equity securities (NES)’, ‘Stock-settled Stock Appreciation Rights (S-SARs)’ and ‘Restricted Stock Units (RSUs)’.

5.15.1 Shares and non-voting equity securities (NES)

	(as at 31 December 2025)				(as at 31 December 2024)			
	Shares (number)	NES (number)	Close relatives' security holdings (number/type)		Shares (number)	NES (number)	Close relatives' security holdings (number/type)	
			Shares	NES			Shares	NES
T. Schinecker	4,270	3,584	-	-	-	3,620	-	-
T. Graham	-	11,513	-	-	-	7,850	-	-
A. Hippe	6,970	48,302	-	27	6,970	45,782	-	27
M. Sause	-	6,220	-	-	-	5,310	-	-
C. A. Wilbur	-	18,701	-	-	-	17,402	-	-
Total	11,240	88,320	-	27	6,970	79,964	-	27

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5.15.2 Stock-settled Stock Appreciation Rights (S-SARs)

	Number of S-SARs held on 31 December 2025						
	2025	2024	2023	2022	2021	2020	2019
T. Schinecker	81,633	99,844	79,169	20,801	-	-	-
T. Graham	40,817	49,922	27,249	4,412	13,344	14,180	8,960
A. Hippe	39,580	53,251	42,224	30,255	40,300	41,304	48,930
M. Sause	28,448	33,282	26,389	4,020	-	-	-
C. A. Wilbur	25,975	33,282	26,390	18,910	25,187	25,815	29,052
Total	216,453	269,581	201,421	78,398	78,831	84,230	86,942
Price (CHF)	294.40	232.40	261.30	359.70	306.45	308.05	271.65
Market price per NES on 31 December 2025 (CHF)	328.20					335.45	
Expiry date	27.3.2035	14.3.2034	16.3.2033	17.3.2032	18.3.2031	19.3.2030 30.4.2030	15.3.2029
Grant value per S-SAR (CHF) Since 1.1.2012: - Trinomial model for American call options	43.12	32.05	40.42	56.41	42.35	41.32 44.71	34.88

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5.15.3 Restricted Stock Units (RSUs)

	Number of RSUs held on 31 December 2025			
	2025	2024	2023	2022
T. Schinecker	2,989	3,442	3,062	815
T. Graham	1,495	1,721	1,054	692
A. Hippe	1,449	1,836	1,633	1,186
M. Sause	1,042	1,148	1,021	630
C. A. Wilbur	951	1,148	1,021	741
Total	7,926	9,295	7,791	4,064
Grant value per RSU	CHF 294.40 (NES closing price at grant date on 27 March 2025)	CHF 232.40 (NES closing price at grant date on 14 March 2024)	CHF 261.30 (NES closing price at grant date on 16 March 2023)	CHF 359.70 (NES closing price at grant date on 17 March 2022)

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Statutory Auditor's Report

To the General Meeting of Roche Holding Ltd, Basel

Report on the Audit of the Remuneration Report

Opinion

We have audited the Remuneration Report of Roche Holding Ltd (the Company) for the year ended 31 December 2025. The audit was limited to the information pursuant to Art. 734a–734f of the Swiss Code of Obligations (CO) in the sections marked with a grey line and 'audited', including the respective footnotes, on pages 187 to 211 of the Remuneration Report.

In our opinion, the information pursuant to Art. 734a–734f CO in the accompanying Remuneration Report complies with Swiss law and the Company's articles of incorporation.

Basis for Opinion

We conducted our audit in accordance with Swiss law and Swiss Standards on Auditing (SA-CH). Our responsibilities under those provisions and standards are further described in the 'Auditor's Responsibilities for the Audit of the Remuneration Report' section of our report. We are independent of the Company in accordance with the provisions of Swiss law and the requirements of the Swiss audit profession. We have also fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The Board of Directors is responsible for the other information. The other information comprises the information included in the annual report, but does not include the sections marked 'audited' in the Remuneration Report, the consolidated financial statements, the stand-alone financial statements and our auditor's reports thereon.

Our opinion on the Remuneration Report does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the Remuneration Report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the audited financial information in the Remuneration Report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Board of Directors' Responsibilities for the Remuneration Report

The Board of Directors is responsible for the preparation of a Remuneration Report in accordance with the provisions of Swiss law and the Company's articles of incorporation, and for such internal control as the Board of Directors determines is necessary to enable the preparation of a Remuneration Report that is free from material misstatement, whether due to fraud or error. The Board of Directors is also responsible for designing the remuneration system and defining individual remuneration packages.

Auditor's Responsibilities for the Audit of the Remuneration Report

Our objectives are to obtain reasonable assurance about whether the information pursuant to Art. 734a–734f CO is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of

assurance, but is not a guarantee that an audit conducted in accordance with Swiss law and SA-CH will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this Remuneration Report.

As part of an audit in accordance with Swiss law and SA-CH, we exercise professional judgement and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement in the Remuneration Report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made.

We communicate with the Board of Directors or its relevant committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide the Board of Directors or its relevant committee with a statement that we have complied with relevant ethical requirements regarding independence, and communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, actions taken to eliminate threats or safeguards applied.

KPMG AG



François Rouiller
Licensed Audit Expert
Auditor in Charge



Paul Nichols

Basel, 27 January 2026

Imprint

Cautionary statement regarding forward-looking statements

This Annual Report contains certain forward-looking statements. These forward-looking statements may be identified by words such as 'believes', 'expects', 'anticipates', 'projects', 'intends', 'should', 'seeks', 'estimates', 'future' or similar expressions or by discussion of, among other things, strategy, goals, plans or intentions. Various factors may cause actual results to differ materially in the future from those reflected in forward-looking statements contained in this Annual Report, such as: (1) pricing and product initiatives of competitors; (2) legislative and regulatory developments and economic conditions; (3) delay or inability in obtaining regulatory approvals or bringing products to market; (4) fluctuations in currency exchange rates and general financial market conditions; (5) uncertainties in the discovery, development or marketing of new products or new uses of existing products, including without limitation negative results of clinical trials or research projects, unexpected side effects of pipeline or marketed products; (6) increased government pricing pressures; (7) interruptions in production; (8) loss of or inability to obtain adequate protection for intellectual property rights; (9) litigation; (10) loss of key executives or other employees; and (11) adverse publicity and news coverage.

The statement regarding earnings per share growth is not a profit forecast and should not be interpreted to mean that Roche Holding Ltd's earnings or earnings per share for 2025 or any subsequent period will necessarily match or exceed the historical published earnings or earnings per share of Roche Holding Ltd.

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The Annual Report of Roche Holding Ltd is published in German and English.

Our reporting consists of the actual Annual Report and of the Finance Report and contains the annual financial statements and the consolidated financial statements.

Printed on non-chlorine bleached, FSC-certified paper.



Key dates for 2026

Annual General Meeting

10 March 2026

First-quarter sales

23 April 2026

Half-year results

23 July 2026

Nine-month sales

22 October 2026

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This image shows the **zosurabalpin** drug substance recrystallising from a solution, viewed using hot-stage polarised light microscopy. The image reveals countless individual crystallites (small crystals). Analysing their size, shape and growth behaviour provides critical information for drug product stability.

Microscopic photos:
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