

# SHAPING OUR TOMORROW

2022 SUSTAINABLE DEVELOPMENT REPORT

## ABOUT THIS REPORT

We publish a Sustainable Development Report annually as part of our reporting suite in respect of both the 2021 calendar year and 2022 financial year ('FY22').

- **2022 Annual Report and Financial Statements**
- **2022 Clinical Services Report**
- **2022 Sustainable Development Report**
- **2022 Modern Slavery Statement**
- **2022 Notice of Annual General Meeting**

### SCOPE

This report provides Mediclinic International plc ('Mediclinic' or the 'Company') stakeholders with an overview of the most important sustainable development initiatives across our operating geographies in Switzerland, Southern Africa (South Africa and Namibia) and the Middle East (collectively, the 'Group') for the 2021 calendar year. Information is disclosed on a calendar year basis, unless stated otherwise. Where such information is available and applicable, we report in accordance with:

-  Sustainability Reporting Standards developed by the Global Reporting Initiative ('GRI Standards') – core options
-  Sustainability Accounting Standards Board ('SASB') standards for healthcare




- The GRI Standards and SASB Disclosure Index, which indicates the location of the disclosures, is published on our website.

Material issues are reported at a Group level along with disclosure of geographical initiatives and performance, as this is the level at which data is collected.

The report does not include information on initiatives undertaken by Spire Healthcare Group plc ('Spire'), a leading private healthcare group based in the United Kingdom ('UK') and listed on the London Stock Exchange ('LSE'), in which we hold a 29.9% interest.

### NON-FINANCIAL INFORMATION STATEMENT

Our Non-financial Information Statement is published in the **2022 Annual Report**, in accordance with the Companies, Partnerships and Groups (Accounts and Non-financial Reporting) Regulations 2016. The regulations adopt the European Union ('EU') Non-financial Reporting Directive 2014/95/EU, which requires disclosure of information about policies, risks and outcomes regarding:






- **environmental matters** –  
 see *Material issue 1: Minimising environmental impact* on page 10;
- **employee, social and human rights matters** –  
 see *Material issue 2: Building stakeholder trust* on page 18; and
- **anti-corruption and anti-bribery matters** –  
 see *Material issue 3: Being an ethical and responsible corporate citizen* on page 41.

### APPROVAL

Mediclinic's Environmental, Social and Governance ('ESG') Committee approved this report on 9 May 2022.



### ICON NAVIGATION USED THROUGHOUT THE REPORT

-  Reference to our website
-  Page driver to other content
-  Case studies
-  Video content
-  Targets



### SHARE YOUR VIEW

We welcome your opinion. Please email [marlene.debeer@mediclinic.com](mailto:marlene.debeer@mediclinic.com) with queries or suggestions.

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# OUR HIGHLIGHTS



## SWITZERLAND

Klinik Stephanshorn awarded Friendly Work Space quality seal by Gesundheitsförderung Schweiz

Awarded equal pay verification following independent external confirmation of an internal equal-pay-for-equal-work analysis

**Launched Quality of Life Foundation, a public initiative for research and education**

New internal CARE culture approach for bottom-up engagement

New internal culture and value employee focus group

New internal code of conduct and ethics and personal integrity protection guide



## SOUTHERN AFRICA

First syndicated sustainability-linked loan arranged by a bank in Africa with incentive-based pricing mechanism through the achievement of pre-agreed sustainability performance targets

Runner-up in Healthcare sector by South African Graduate Employers Association survey

**Top private hospital brand in South Africa by Kantar Most Valuable BrandZ**

Top healthcare provider by Brand Finance Top 50 South African Brands

72 *pro bono* surgical procedures for public sector patients, 79% from historically disadvantaged backgrounds



## THE MIDDLE EAST

Superbrand status by the United Arab Emirates ('UAE') Superbrands Council - the sixth time in seven years

First runner-up in Healthcare category at Arabia CSR<sup>1</sup> Awards

Zero-waste campaign with awareness sessions and competitions

Public-private partnership ('PPP') with Dubai Health Authority for two dialysis centres

Memorandum of Understanding ('MoU') with Abu Dhabi University and UAE University for joint academic programmes, student training, internships and research

## INTERNATIONAL RECOGNITION FOR QUALITY

Seven of our hospitals ranked in the top 30 for Switzerland according to *Newsweek's* list of the World's Best Hospitals for 2022. That equates to nearly a quarter of the top hospitals in the country, even though we represent only around 5% of Swiss hospital beds. The same list ranked three of our Middle East hospitals in the top 28 in the UAE. The *Newsweek* ranking is a reflection of the 2021 calendar year and draws on surveys of medical experts, patient experience feedback and key performance indicators such as hygiene measures. In both countries, we had the number-one-ranked private hospital.

From top: Clinique des Grangettes, Gariep and Al Noor hospitals.

## SUSTAINABILITY INDICES



**Note**

<sup>1</sup> Corporate social responsibility ('CSR').

## FROM OUR LEADERSHIP

“

If we do not have an environment that attracts the best talent, we cannot deliver the best care.

**Dame Inga Beale**  
Chair of the Mediclinic Board

▶ [Click here for a condensed video version of the interview](#)



## DOING THE RIGHT THING

Dame Inga Beale, Chair of the Board and the ESG Committee, sheds light on what sustainability means for Mediclinic.

### Q. DO YOU SEE PARALLELS BETWEEN MEDICLINIC'S PURPOSE AND THE COMPANY'S ESG INITIATIVES?

Absolutely. To pursue our purpose of enhancing the quality of life, we have to go beyond the healthcare needs of the individual. We have a joined-up approach in terms of looking after our clients as well as the environment and broader society.

### Q. WHAT DOES MEDICLINIC'S COMMITMENT TO ESG MEAN FOR CLIENTS AND INVESTORS?

Investors are more interested in this topic than ever before. It is much more than the impact on the climate; it is also looking at the impact on broader society and how we treat our own people. While we have to take into account the pressures from investors, concentrating on ESG is the right thing to do, which means it is the right thing for our clients. Our focus has to be on giving them the best quality care. If we do not have an environment that attracts the best talent, we cannot deliver the best care. So, it all fits together to make sure we are doing the right thing for all stakeholders.

### Q. DURING 2021, YOU SEPARATED ESG AND CLINICAL PERFORMANCE INTO TWO COMMITTEES. WHY?

From the outset, the Clinical Performance Committee focused on ethics in our care situations, but time has moved on and now

we have to think more broadly – from dealing with climate change to how we are looking after employees. There is such a lot we need to do that I wanted to make sure we had enough time to focus on ESG. But, of course, with clinical care being at the heart of what we do, I also wanted that committee to have enough time to focus on our clients.

### Q. WHAT ARE THE IMPLICATIONS OF THE DIGITAL TRANSFORMATION DRIVE FOR GOVERNANCE?

Digital means access to much more data, leading to improved governance because there are automated controls and you can easily spot trends. We can also use it to deliver better care for our clients. There is, however, a side to this we have to be alert to – particularly at Board level – and that is the vulnerability that digitalisation brings, especially to cyberattacks. We are also using artificial intelligence and, because that is based on the data humans program into it, we have to be aware of biases that might be built in. We want to make sure we are doing the right thing and not just taking data from one source.

### Q. WHERE CAN MEDICLINIC MAKE THE BIGGEST IMPROVEMENTS IN SUSTAINABILITY?

We have made great strides in looking after the climate – what we are working on now is the circular economy. Working with



our suppliers and thinking about how we can manage and reduce waste will be vital going forward, but we also need to focus on people and equality. I have been a passionate advocate for ensuring equity and that a wide range of people are getting opportunities. Key to this is including our employees in decision-making and ensuring we have diverse teams that represent the populations where we are working and the clients we are treating.

### Q. WHAT HAS BEEN THE OUTCOME FROM THE BOARD'S INCREASED FOCUS ON EMPLOYEE ENGAGEMENT?

We had a wonderful session where the Group Chief Executive Officer ('CEO'), Dr Ronnie van der Merwe, asked the entire Board to join a virtual leadership event with several hundred Mediclinic employees from our divisions around the world. As a Board, we were able to hear what was on our employees' minds and they asked us questions. What I loved about that was the pressure the employees are putting on top management and the Board, telling us what we have to focus on. What are we doing about supply chains? How are we ensuring human rights are being respected? Employees are keeping us informed and really getting their voice heard.

## WHO WE ARE

## AT A GLANCE

The healthcare industry faces unprecedented change due to ageing populations, a growing burden of lifestyle diseases, advances in new medical technology, the development of virtual care and emerging healthcare consumerism. Additionally, the COVID-19 pandemic has introduced wide-scale change. We are adapting to this changing landscape by evolving across the continuum of care, offering services that prevent, care, recover and enhance. In this way, we are positioning Mediclinic for a sustainable future.

## OUR OPERATIONS

 **74**  
hospitals<sup>1</sup>

 **453**  
theatres


 **5**  
subacute  
hospitals<sup>2</sup>

 **20**  
day case clinics<sup>4</sup>

 **2**  
mental health facilities<sup>3</sup>

 **22**  
outpatient clinics<sup>5</sup>

 **11 541**  
beds

 **33 683**  
full-time equivalents<sup>6</sup>

## Notes

- <sup>1</sup> Provides patient treatment with specialised medical and nursing staff, and medical equipment.
- <sup>2</sup> Provides comprehensive goal-orientated inpatient care designed for a patient who has had an acute illness, injury or exacerbation of a disease process.
- <sup>3</sup> Provides specialised treatment of serious mental disorders.
- <sup>4</sup> Provides elective procedures, surgical procedures and planned medical procedures, but admits and discharges patients on the same day.
- <sup>5</sup> Provides consultations (by general practitioner, specialist or allied healthcare professional) with no theatre facilities.
- <sup>6</sup> Number of full-time employees who could have been employed if reported number of hours worked by part-time employees had been worked by full-time employees instead.



## SWITZERLAND

Hirslanden, the largest private healthcare provider in Switzerland, is recognised for clinical excellence and outstanding client experience.

[www.hirslanden.ch](http://www.hirslanden.ch)

## SOUTH AFRICA AND NAMIBIA

Mediclinic Southern Africa, one of the three largest private healthcare providers in the region, boasts highly specialised acute care infrastructure and has a relentless focus on offering value to all its partners and clients.

[www.mediclinic.co.za](http://www.mediclinic.co.za)

## THE MIDDLE EAST

Mediclinic Middle East is established as a leading healthcare provider with a trusted brand and strong reputation in this developing region, offering clinical care of internationally recognised standards.

[www.mediclinic.ae](http://www.mediclinic.ae)

## THE UK (NON-OPERATED)

We have a 29.9% stake in Spire, a leading independent hospital group with 39 hospitals and eight clinics.

[www.spirehealthcare.com](http://www.spirehealthcare.com)

Inpatient and day case admissions<sup>1</sup>

**±750 000**

Outpatient revenue<sup>1</sup>

**+17%**

Press Ganey® inpatient experience survey score (out of 100)

**85**

Women in senior leadership roles

**36.9%**

Invested in communities

**£7.9m**



Target for carbon neutrality and zero waste to landfill

**2030**

## Note

<sup>1</sup> Based on data for the 2022 financial year.

## OUR STRATEGIC ROADMAP

### OUR VISION

Be the partner of choice that people trust for all their healthcare needs

#### ENABLED BY

#### ENGAGING

#### SUPPORTED BY

### OUR STRATEGY



- 1 Become an integrated healthcare provider across the continuum of care
- 2 Improve our value proposition significantly
- 3 Transform our services and client engagement through innovation and digitalisation
- 4 Evolve as a data-driven organisation
- 5 Minimise our environmental impact
- 6 Grow in existing markets and expand into new markets

### OUR KEY STAKEHOLDERS



Clients



Employees, alumni and potential applicants



Governments and authorities



Healthcare insurers



Investors



Medical practitioners

See page 20

### OUR APPROACH TO SUSTAINABILITY

See page 6

#### OUR PURPOSE

Enhancing the quality of life

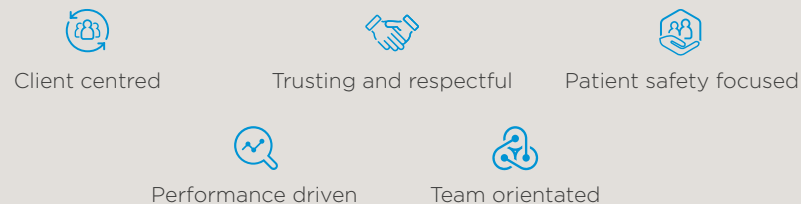
#### THROUGH OUR COMMITMENT TO

CONSERVE	CONNECT	COMPLY
We take responsibility for our operations beyond our facilities to mitigate the risks of climate change	We partner with our stakeholders and forge long-term relationships to deliver value every day	Our culture entrenches the values of ethical and responsible behaviour

See page 8

#### REINFORCED BY

#### OUR VALUES



## OUR APPROACH TO SUSTAINABILITY

# HEALTHCARE WITH HEART

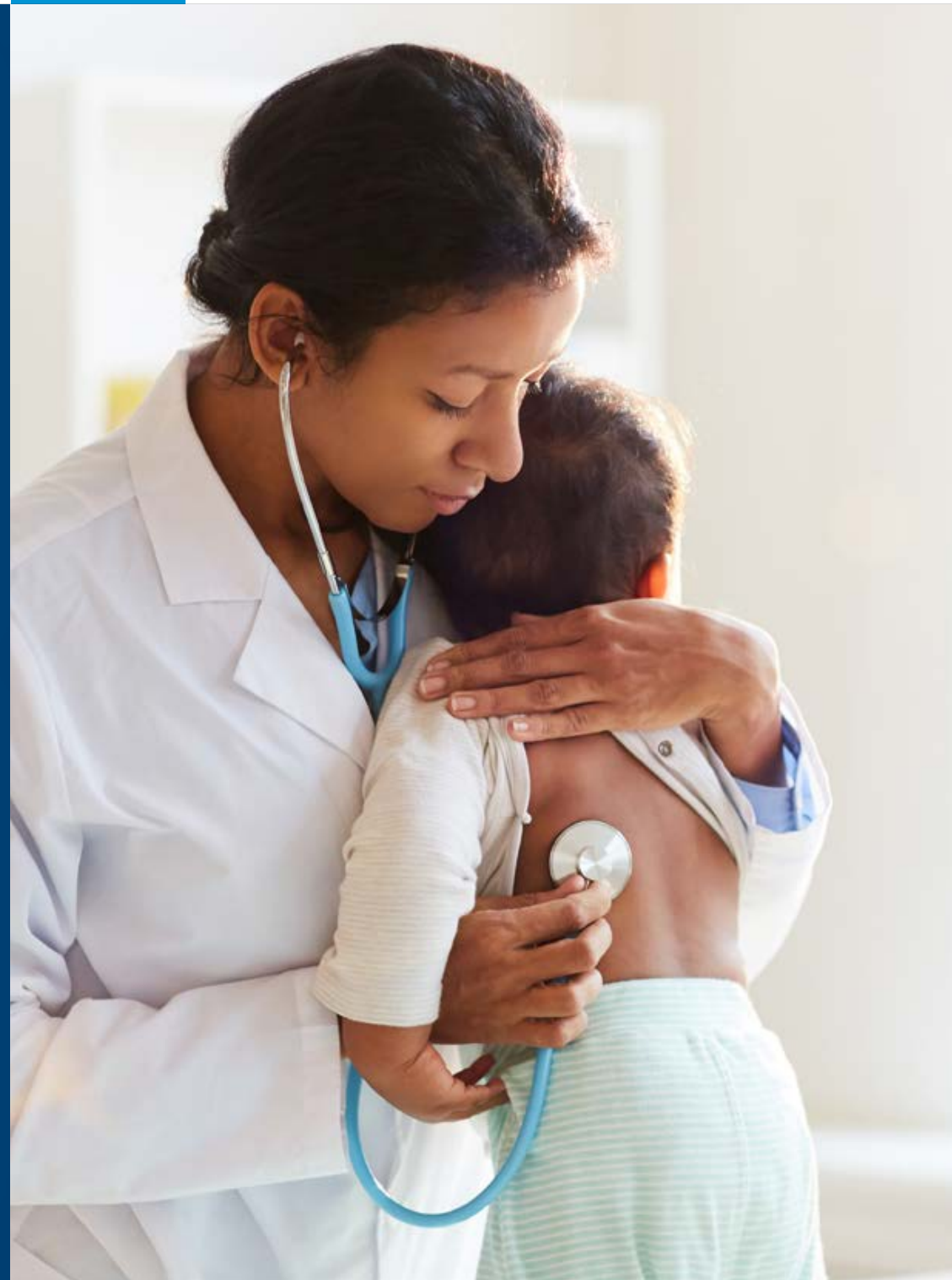
### MEDICLINIC'S SUSTAINABLE DEVELOPMENT MISSION STATEMENT

We are committed to ensuring that every day we improve sustainability by managing our resources responsibly and efficiently to the benefit of our stakeholders and the environment.

As a healthcare provider, we commit to doing no harm. Yet, as with any other business, our operations have ESG impacts, affecting people and the planet. Our efforts in responsibly managing and minimising these impacts are interwoven with how we do business.

Global pandemics, climate change, natural resource scarcity, social inequity and the evolution of technology continue to confirm that what we once classified as non-financial risks are emerging as material.

Our sustainability strategy rests on three pillars – Conserve, Connect and Comply – and sets goals and plans for improvement in each area. Because we operate across diverse geographies, each geography has custom plans. In this way, we can address local challenges to make a positive impact on the community.





# SUPPORTING THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS

The United Nations ('UN') has developed a set of Sustainable Development Goals ('SDGs') as a blueprint to shape a more sustainable tomorrow. Our purpose and strategic priorities align with several SDGs.



## GOAL 3: GOOD HEALTH AND WELLBEING

Our healthcare services enable the goals to reduce maternal mortality (SDG 3.1), end preventable deaths of newborns and children (SDG 3.2), reduce deaths from non-communicable disease (SDG 3.4), grow the health workforce (SDG 3.c) and strengthen the capacity to manage national and global health risks (SDG 3.d).

### EXAMPLE OF OUR CONTRIBUTION:

Proactive and continuous investment in the future health workforce

[See page 35](#)



## GOAL 12: RESPONSIBLE CONSUMPTION AND PRODUCTION

Our approach to managing resources responsibly and efficiently contributes to decreasing our material footprint (SDG 12.2.1) and reducing waste generation (SDG 12.5). We are transparent about our practices and steps taken to improve, publishing our environmental data annually (SDG 12.6). We are making progress on our target of having zero waste to landfill by 2030.

### EXAMPLE OF OUR CONTRIBUTION:

Pilot project to eliminate single-use medical devices

[See page 16](#)



## GOAL 5: GENDER EQUALITY

Mediclinic is committed to advancing gender equality in leadership roles and remuneration (SDG 5.5).

### EXAMPLE OF OUR CONTRIBUTION:

Frequent gender pay gap analysis

[See page 29](#)



## GOAL 13: CLIMATE ACTION

We are taking action to strengthen our capacity for managing climate-related risks (SDG 13.1) and reduce our contribution to climate change (SDG 13.3). Our goal of becoming carbon neutral by 2030 sees us curtailing greenhouse gas ('GHG') emissions every year.

### EXAMPLE OF OUR CONTRIBUTION:

Conclusion of agreement to purchase renewable energy in Southern Africa and procurement of clean energy in the Middle East

[See page 14](#)



## GOAL 8: DECENT WORK AND ECONOMIC GROWTH

We are doing more for our clients and employees by transforming our services through innovation and digital transformation (SDG 8.2) and providing equal pay for equal work (SDG 8.5). We take steps to ensure the safety of the working environment (SDG 8.8).

### EXAMPLE OF OUR CONTRIBUTION:

Employee health and safety governance in all geographies

[See page 33](#)



## GOAL 16: PEACE, JUSTICE AND STRONG INSTITUTIONS

Through our structures and policies governing business conduct, we support the moves to reduce corruption and bribery in all their forms (SDG 16.5).

### EXAMPLE OF OUR CONTRIBUTION:

Ethics lines in all geographies support whistleblowing

[See page 46](#)



## SUSTAINABILITY MODEL



### CONSERVE

Minimising environmental impact

#### SUPPORTS STRATEGIC GOALS



#### OUR ENVIRONMENTAL TARGETS

- **2030** zero waste to landfill
- **2030** carbon neutral

#### IN 2021

- **94%** of our Swiss hospitals use hydropower
- New photovoltaic ('PV') installations at five hospitals in Southern Africa, increasing the total to 18
- **38 554MWh** of clean energy procured for all facilities in Abu Dhabi



### CONNECT

Building stakeholder trust

#### SUPPORTS STRATEGIC GOALS



#### OUR SOCIAL AMBITIONS

- Introduce Net Promoter Score® performance metric as part of short-term incentives for management
- Achieve at least 40% female and at least 40% male representation at senior management and executive level throughout the organisation
- Be among the top three employers of choice in each of our markets

#### IN 2021

- **36%** increase in clients surveyed in Press Ganey® experience index since last year
- **1.4%** increase in female representation at senior management and executive level since last year



### COMPLY

Being an ethical and responsible corporate citizen

#### SUPPORTS STRATEGIC GOALS



#### OUR GOVERNANCE GOALS

- Quadruple the number of people using data products for decision-making by 2026
- Introduce data privacy online learning

#### IN 2021

- Information- and cybersecurity ('InfoSec') and data privacy employee awareness campaign
- Anti-bribery and ethics line awareness campaign aimed at onboarding employees and suppliers



#### LINK TO STRATEGIC GOALS:

- 1** Become an integrated healthcare provider across the continuum of care
- 2** Improve our value proposition significantly
- 3** Transform our services and client engagement through innovation and digitalisation
- 4** Evolve as a data-driven organisation
- 5** Minimise our environmental impact
- 6** Grow in existing markets and expand into new markets

OUR MATERIAL ISSUES

# MATERIALITY ASSESSMENT

The ESG Committee reviews the Group’s material sustainability issues annually. This is done to ensure our management initiatives target the sustainable development matters that are most significant to Mediclinic and directly affect our ability to create long-term value for significant stakeholders. The assessment is informed by the following considerations:

- **Relevance** – Are our prior-year sustainability focus areas still relevant?
- **Risk** – Which ESG impacts/risks can we influence or control, taking into account the views of stakeholders?
- **Resources** – How dependent are we on the six capitals (financial, manufactured, human, intellectual, social and relationship, and natural), as identified by the International Integrated Reporting Framework?
- **Reference** – What guidance do the GRI Standards and the SASB materiality map for healthcare provide on determining materiality?
- **Requirements** – What are the regulatory requirements/developments of non-financial reporting; the information needs of indices and sustainability assessments by investor groups; and sustainability megatrends and global initiatives such as the UN Global Compact Principles and the 17 UN SDGs?

## MATERIALITY MATRIX

We have mapped our material sustainability issues onto a matrix, indicating how important each is to our business and our stakeholders. Our top priorities are:

- Energy efficiency
- Reduction of carbon emissions
- Waste management
- Employee engagement
- Employee wellness and safety
- Diversity and inclusion
- Client value proposition
- Protection of information assets

These ESG priorities are fundamental to our Group Sustainable Development Strategy. While the other material issues are not considered as pressing, they remain an essential part of our sustainability activities.

FIGURE 1: HEAT MAP OF OUR MATERIAL ISSUES



### CONSERVE

#### Material issue 1: Minimising environmental impact

- Climate change
- Environmental management system
- Energy efficiency
- Carbon emissions
- Waste management
- Water use
- Biodiversity

### CONNECT

#### Material issue 2: Building stakeholder trust

- Employee engagement
- Employee wellness and safety
- Diversity and inclusion
- Human rights
- Client value proposition
- CSI
- Supply chain

### COMPLY

#### Material issue 3: Being an ethical and responsible corporate citizen

- Ethics
- Anti-corruption
- Protection of information assets
- Healthcare infrastructure

See page 7 for more on our SDG contributions

# CONSERVE

## MATERIAL ISSUE 1: MINIMISING ENVIRONMENTAL IMPACT

Preserving the health of the planet is essential to help our clients lead healthier lives, reduce costs and risks, and protect the wellbeing of our communities.

### 2021 IN GROUP NUMBERS<sup>1</sup>

Total Scope 1 & 2 CO<sub>2</sub> emissions  
in tonnes (t)<sup>2</sup>

**211 969** ▼  
(2020: 226 048)

Total water usage in megalitres (ML)<sup>3</sup>

**1 685** ▲  
(2020: 1 648)

Total energy consumption in  
gigajoule (GJ)

**1 284 086** ▲  
(2020: 1 188 023)

Total waste diverted from landfill  
in tonnes (t)

**5 563** ▲  
(2020: 2 629)

During the reporting period, there were no incidents of material non-compliance with any applicable environmental legislation, regulations, accepted standards or codes, with no significant fines imposed.

#### Notes

<sup>1</sup> Data reported in line with the 2021 Carbon Footprint Report and succeeds the data provided in the 2021 Sustainable Development Report. We have no operations in the UK and report on the data of the geographic regions in which we operate.

<sup>2</sup> Decrease in total Scope 1 and 2 emissions due to the purchase of nuclear power with zero emissions for hospitals in Abu Dhabi (nuclear power accounts for 50% of the total electricity consumption in the Middle East).

<sup>3</sup> Water usage increased compared with 2020 but is still lower than pre-pandemic usage.



## OUR TODAY

### PROGRESS IN 2021

- ✓ Implemented EBX data management system for uniform capturing and monitoring of the Group's environmental data
- ✓ Initial agreement with the Energy Exchange of Southern Africa to procure renewable energy for five facilities in Southern Africa
- ✓ Procured 38 554MWh of clean energy in the Middle East
- ✓ Finalised roadmaps to become carbon neutral and have zero waste to landfill in Southern Africa
- ✓ Ongoing implementation of ISO 14001:2015 environmental management system ('EMS') in Switzerland and the Middle East
- ✓ Achieved most qualitative targets to reduce carbon emissions, including implementing data capturing technologies, reviewing own and supplier vehicle fleets, investigating the most efficient district heating network options and the use of alternative gases as transport agents, and conducting ultrasonic leak testing
- ✓ Achieved most qualitative targets to reduce energy usage, including investigating geothermal technology applications, implementing PV installations and LED lighting replacements, concluding agreements to purchase renewable energy, and improving equipment efficiencies
- ✓ Set qualitative targets to reduce waste and increase recycling, with all divisions running recycling projects and taking steps to reduce single-use plastics
- ✓ Achieved most qualitative targets to reduce water usage, including installing water-saving nozzles, changing human behaviour, conducting acoustic leak detection and monitoring monthly usage

## OUR TOMORROW

### FOCUS AREAS IN 2022

- Finalise roadmap to become carbon neutral in the Middle East
- Reduce use of harmful anaesthetic gases by 10% in the Middle East and Southern Africa (in partnership with South African Society of Anaesthesiologists)
- Develop Swiss roadmap to become carbon neutral
- Develop roadmaps to produce less waste and increase recycling (Switzerland) and have zero waste to landfill (the Middle East)
- Achieve qualitative targets to reduce waste and increase recycling, including creating uniform disposal concepts, optimising waste management with new suppliers through circular economies, changing behaviour and conducting waste audits at facilities with high healthcare risk waste ('HCRW')

### RISKS TO THE BUSINESS

- Business interruptions
- Increased operational costs
- Reputational damage
- Impact of carbon tax and climate change legislation
- Fines and penalties

### RISK MITIGATION

- Environmental goal forms part of Mediclinic Group Strategy
- Risk management process and systems of internal control embedded in Group
- Annual review of policies governing risk management, sustainable development, environment and waste management



Louis Leipoldt, South Africa



## MINIMISING THE IMPACT OF CLIMATE CHANGE ON THE BUSINESS

Climate change poses a material risk to our operations, the environment and society, and we have a responsibility to reduce its impact. Responsible resource use can be a strategic advantage for Mediclinic, enabling us to contain operating costs and ensure ongoing access to water and energy supplies.

This year, we are reporting on our response to climate change in accordance with the recommendations of the Task Force on Climate-related Financial Disclosures ('TCFD'). The TCFD Report and the CDP Climate Change Report – the latter updated annually on the corporate website on 1 September – contain more information on climate change governance, risks and opportunities, strategy boundaries and targets.

➔ See our **TCFD Report** on page 47 of the **2022 Annual Report**



Responsible resource use can be a strategic advantage for Mediclinic, enabling us to contain operating costs and ensure ongoing access to water and energy supplies.

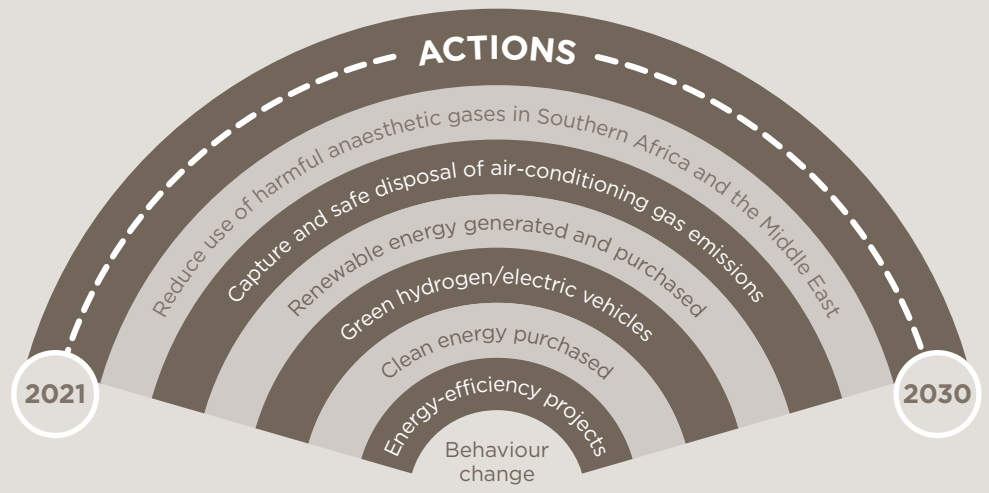
## BECOMING CARBON NEUTRAL BY 2030

Our commitment to carbon-neutral status is supported by a sound strategy. Emission-reduction activities help save costs, secure energy supply and leave a healthy planet for posterity. Rising electricity costs are an incentive to reduce consumption by investing in energy-efficient equipment and renewable energy sources.

The boundary for carbon neutrality covers Scope 1 and 2 emissions. Our business can eliminate Scope 2 emissions by purchasing 100% renewable energy, but it must also offset direct carbon emissions and reconsider energy consumption and emissions from power generation.

### Our roadmap to carbon neutrality

- 2021**  
Roadmap for Southern Africa finalised: currently indicating a 74% reduction in CO<sub>2</sub> emissions by 2030<sup>1</sup>
- 2022**  
Roadmap for the Middle East completed; Group TCFD Report published
- 2023**  
Swiss roadmap finalised and in place
- 2024+**  
Executing roadmaps and integrating new feasible energy-saving technologies



**Note**  
<sup>1</sup> Before new technologies and developments in the energy space are taken into account.

## BECOMING CARBON NEUTRAL CONTINUED

### CARBON EMISSIONS

With the assistance of external consultants, our divisions measure their carbon footprint using the GHG Protocol. These measurements cover:

- Scope 1 emissions: direct emissions from Mediclinic-owned or -controlled equipment (stationary fuels), air-conditioning and refrigeration gas refills, anaesthetic and other gas consumption, emergency response vehicles, and fleet and pool vehicles (mobile fuels).
- Scope 2 emissions: indirect emissions from purchased electricity.
- Scope 3 emissions: indirect emissions in the supply chain, business travel activities, employee commuting, upstream and downstream third-party distribution, office paper consumption, electricity transmission, and distribution losses and waste.
- Non-Kyoto Protocol GHG emissions, such as from Freon, which is used in air-conditioning and refrigerant equipment. Emission data was converted into a carbon dioxide equivalent ('CO<sub>2</sub>e') using recognised calculation methods and emission factors, and stating assumptions made where relevant.

### ANAESTHETIC GASES

We are working to reduce the use of harmful anaesthetic gases in Southern Africa and the Middle East. Control strategies include elimination, substitution, engineering control (CO<sub>2</sub> absorbers, gas capturing technologies), administrative controls, and education and awareness. Currently, no immediate action or expenditure is required in Switzerland due to the use of less-harmful gases.

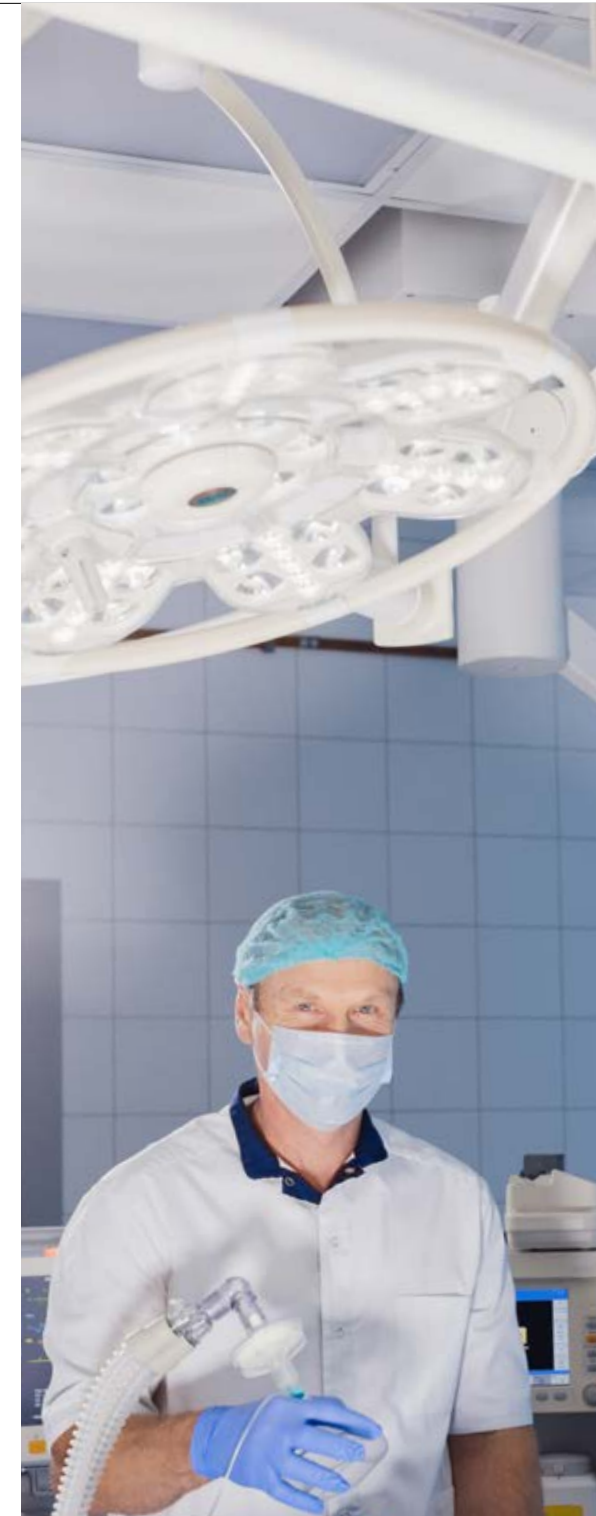
TABLE 1: TOTAL CARBON EMISSIONS

	SWITZERLAND <sup>1</sup>	SOUTHERN AFRICA	THE MIDDLE EAST
Scope 1 (tonnes)	6 670 <span style="color:red">▲</span> (2020: 4 780)	22 215 <sup>2</sup> <span style="color:red">▲</span> (2020: 22 083)	5 771 <sup>3</sup> <span style="color:red">▲</span> (2020: 3 869)
Scope 2 (tonnes)	646 <span style="color:red">▲</span> (2020: 595)	154 982 <sup>4</sup> <span style="color:red">▲</span> (2020: 151 053)	21 686 <span style="color:green">▼</span> (2020: 43 379)
Scope 3 (tonnes)	5 915 <span style="color:red">▲</span> (2020: 143)	47 115 <sup>5</sup> <span style="color:red">▲</span> (2020: 39 576)	12 038 <span style="color:green">▼</span> (2020: 14 559)
Non-Kyoto Protocol emissions (tonnes)	0	2 292 <span style="color:green">▼</span> (2020: 3 180)	830 <span style="color:green">▼</span> (2020: 2 635)
Total Scope 1 & 2 CO <sub>2</sub> e (tonnes)	7 316 <span style="color:red">▲</span> (2020: 5 374)	177 197 <span style="color:red">▲</span> (2020: 173 136)	27 456 <span style="color:green">▼</span> (2020: 47 248)
Total Scope 1 & 2 CO <sub>2</sub> e/ Full-time Equivalent ('FTE')	0.94 <span style="color:red">▲</span> (2020: 0.72)	9.32 <span style="color:green">▼</span> (2020: 10.96)	3.86 <span style="color:green">▼</span> (2020: 6.97)

#### Notes

- <sup>1</sup> Increase in Scope 1 and 2 emissions due to operational requirements; Scope 3 increase due to the inclusion of the portion of waste that is incinerated (not included in previous reporting).
- <sup>2</sup> Increase due to diesel consumption on account of load shedding, anaesthetic gases used in theatre and use of mobile fuel.
- <sup>3</sup> Increase due to use of air-conditioning and refrigeration gases, diesel consumption as a result of generators used in tents for COVID-19 PCR testing and expansion project at Airport Road Hospital, Abu Dhabi, where diesel boilers were installed.
- <sup>4</sup> Scope 2 emissions (purchased electricity) increased as a result of an increase in the emission factor (conversion of kWh to CO<sub>2</sub>e) even though total electricity usage decreased year on year.
- <sup>5</sup> Increase due to resumption of business travel and upstream transportation.

The environmental team will soon be in a position to review the requirements of the Science Based Target initiative to determine the way forward and subsequent timelines.



## BECOMING CARBON NEUTRAL CONTINUED

### ENERGY CONSUMPTION

Electricity is the largest contributor to our carbon footprint. Healthcare facilities require significant energy: medical equipment as well as air-filtration and -conditioning units run continuously at many hospitals. Improved operational efficiency of technical installations, the introduction of various new energy-efficient and renewable technologies, and changes in employee behaviour are essential for reducing energy use.

The main sources of direct energy are gas and diesel oil, motor gasoline, liquefied petroleum gas and natural gas. Indirect energy sources refer to electricity.

Returning to business as usual and continuing to address COVID-19 within facilities resulted in an overall increase in the use of energy.

**TABLE 2: DIRECT AND INDIRECT ENERGY CONSUMPTION (GJ)**

		SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
Direct energy purchased		117 147 <sup>1</sup> ⬆️ (2020: 86 932)	117 940 <sup>2</sup> ⬆️ (2020: 103 132)	31 257 ⬇️ (2020: 34 398)
Direct energy produced		3 063 ⬆️ (2020: 1 584)	1 557 ⬆️ (2020: 1 437)	n/a
Indirect energy consumed		176 665 <sup>3</sup> ⬆️ (2020: 172 290)	542 950 ⬇️ (2020: 548 249)	293 507 <sup>4</sup> ⬆️ (2020: 237 258)
Energy consumption	Total	296 876 ⬆️ (2020: 260 807)	662 447 ⬆️ (2020: 652 818)	324 764 <sup>5</sup> ⬆️ (2020: 271 656)
	Per FTE	38.00 ⬆️ (2020: 35.09)	34.84 ⬇️ (2020: 35.05)	45.70 ⬆️ (2020: 40.08)

#### Notes

<sup>1</sup> Increase due to higher fuel-oil use and inclusion of purchased diesel and mobile fuel not included in previous year's reporting.

<sup>2</sup> Increase due to higher diesel consumption on account of load shedding as well as use of mobile fuel and aviation fuel.

<sup>3</sup> Increase in district heating and electricity consumption.

<sup>4</sup> Indirect energy consumed refers to purchased grid and renewable electricity as well as district cooling and heating.

<sup>5</sup> Increase in district cooling and electricity consumption influenced by expansion of Airport Road Hospital and operational requirements.



### REGIONAL INFORMATION

#### SWITZERLAND

- Purchased electricity mainly from European hydroelectricity<sup>1</sup> for all but one hospital and the Corporate Office
- 16 of 17 hospitals registered as CO<sub>2</sub>-reduced businesses and monitored annually by the Energy Agency of the Swiss Private Sector
- Replaced ventilation, heating and cooling systems with energy-efficient alternatives and adjusted operating times
- LED light fittings
- Renewed information and communications technology ('ICT') infrastructure
- Used energy-efficient systems and equipment in all facilities

#### SOUTHERN AFRICA

- Agreement to purchase renewable energy starting with five facilities
- Renewable energy through PV systems
- Solar panels for water heating
- Supervisory control and data acquisition systems to monitor consumption
- Completed hospital audits and agreed potential savings
- Implemented energy-efficient practices

#### THE MIDDLE EAST

- Purchased clean energy for all facilities in Abu Dhabi
- Chiller replacement at two hospitals
- Plans to replace fleet vehicles with hybrid options
- Installed smart thermostats at the Corporate Office and selected clinics
- Adjusted air-conditioning temperature
- LED light fittings and movement sensors

#### Note

<sup>1</sup> In Switzerland, our market-based hydroelectricity emissions are assumed to be zero, with a Certificate of Origin to support such assumption.

# SHAPING OUR TOMORROW... THROUGH ENERGY EFFICIENCY

## SWITCHED ON TO SAVING

A snapshot of energy use at Klinik Hirslanden shows the power of sustainable choices.

### 24/7/365 ENERGY REQUIREMENTS

2.6x energy use of hospitals compared with other commercial buildings<sup>1</sup>



1 hospital bed = 4 single-family homes in annual energy use<sup>2</sup>

#### MAIN USES



Heating (winter)



Air conditioning (summer)



Office equipment



Medical devices

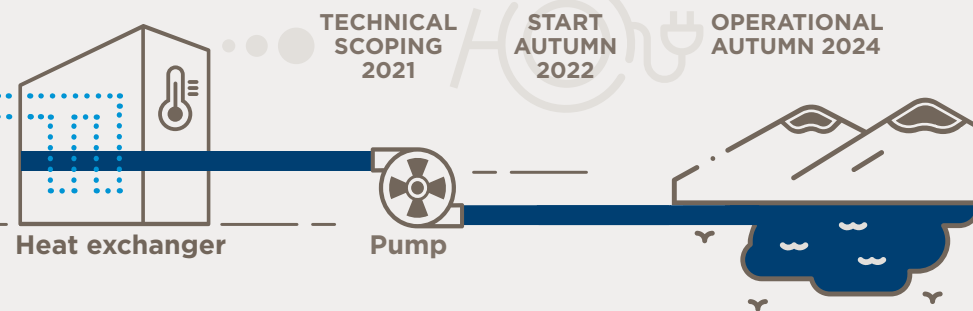


Air filtration in theatres



## 100% renewable energy in future

Project for thermal energy from Lake Zurich in cooperation with Energieverbund Lengg



### 20% OF HOSPITAL ENERGY USE IS FOR LIGHTING<sup>2</sup>

- 120 fluorescent tubes replaced at Klinik Hirslanden in 2021
- 90% less energy by using LED light fittings
- 6x longevity of LED lights compared with fluorescent tubes

### IN 2021

#### SOUTHERN AFRICA

Signed agreement with total value of £110m to procure renewable energy

#### THE MIDDLE EAST

38 554MWh of clean energy purchased for all facilities in Abu Dhabi


#### Notes

<sup>1</sup> 'Energy Consumption Analysis and Characterization of Healthcare Facilities in the United States', *Energies*, 2019  
<sup>2</sup> *Energiesparfibel* (Energy Savings Handbook) of Viamedica Foundation, 2016



## HAVING ZERO WASTE TO LANDFILL BY 2030

Our Group Waste Management Policy outlines our objectives to refuse, reuse, reduce, recycle and recover. We follow stringent protocols to ensure waste management within the Group complies with all applicable legislation and regulations. During the reporting period, there were no incidents at our facilities or offices leading to significant spills.

 **24% of healthcare general waste in our Southern African operations is recycled, with a target of 77% by 2030.**

### REGIONAL INFORMATION

#### SWITZERLAND

- HCRW transported by licensed companies and incinerated at waste stations
- Monitored and archived weight and waste type by hospital, transport provider and incinerator
- Processed food waste in biogas facility

#### SOUTHERN AFRICA

- Waste management tenders to incorporate new requirements
- HCRW transported and treated by licensed companies by means of autoclave or electrothermal deactivation
- Incinerated anatomical waste
- Donated redundant furniture and equipment
- Recovered cooking oil for biodiesel
- Newster technology<sup>1</sup> implemented at one hospital










#### THE MIDDLE EAST

- HCRW, chemical waste handled by approved environmental service providers
- Implemented food waste reduction initiatives
- Recycling of cooking oil
- Investigating projects to sterilise medical waste and compost organic waste

#### Note

<sup>1</sup> Newster sterilisers use patented frictional heat treatment technology for the sustainable processing of HCRW.

**TABLE 3: WASTE MANAGEMENT**

	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST <sup>1</sup>
<b>Total waste</b> (tonnes)	<b>4 043<sup>2</sup></b>  (2020: 1 371)	<b>8 363<sup>3</sup></b>  (2020: 7 892)	<b>5 416<sup>3</sup></b>  (2020: 5 006)
<b>Total waste diverted from landfill</b> (tonnes)	<b>3 668<sup>2</sup></b>  (2020: 1 019)	<b>1 588</b>  (2020: 1 360)	<b>307</b>  (2020: 249)
<b>Waste diverted from landfill as a percentage of total waste</b> (%)	<b>90.7</b>  (2020: 43.4)	<b>19</b>  (2020: 13.6)	<b>5.7</b>  (2020: 5.0)

#### Notes

<sup>1</sup> In the Middle East, food waste is not processed or reused, HCRW is disposed of after treatment and hazardous chemical waste is shipped to Germany for incineration.

<sup>2</sup> Includes a total of 2 690 tonnes of healthcare general waste that is incinerated, which was not previously reported on.

<sup>3</sup> Increase in waste due to increased HCRW on account of COVID-19 pandemic, returning to business as usual and inclusion of additional waste sources, such as recovery of organic waste (not previously reported on).

## UNLOCKING CIRCULAR ECONOMIES

Our Group Sustainable Development Strategy recognises the value of circular economies to reduce waste and our procurement and environmental teams are engaging with suppliers on feasibility.

During 2021, we agreed to reduce waste at the source with Johnson & Johnson MedTech. This initiative focuses on single-use medical devices and packaging not being recycled. Feasibility studies to determine stakeholder readiness will be scalable to include single-use medical devices and products from other suppliers.

### REGIONAL INFORMATION

#### SWITZERLAND

Pilot project implemented at two hospitals, with results expected in April 2022. Pilot to be extended to one hospital per region in FY23.

#### SOUTHERN AFRICA

Feasibility study initiated, with results expected in April 2022. Pilot project at two hospitals planned for FY23 pending outcome of feasibility study.







#### THE MIDDLE EAST

Feasibility study completed, with pilot project in FY23 initiated at three hospitals in Dubai.

## USING AND REUSING WATER RESOURCES SUSTAINABLY

Good quality fresh water is essential for hygiene, quality care and infection prevention and control ("IPC"). Initiatives across Mediclinic support sustainable water usage and we benefit from the expertise gained across our divisions as they address water-use challenges unique to each geography.

TABLE 4: WATER USAGE FROM WATER UTILITIES

	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
kL	344 500  (2020: 366 648)	1 086 815 <sup>1</sup>  (2020: 1 029 058)	253 391 <sup>1</sup>  (2020: 252 042)
kL/FTE	44.09  (2020: 49.33)	57.16  (2020: 55.25)	35.66  (2020: 37.19)

Note  
<sup>1</sup> Returning to pre-pandemic consumption.

### REGIONAL INFORMATION

#### SWITZERLAND

- Operational water quantity and quality risk assessments in progress
- Waste water treated directly by local municipalities
- Water-flow limiters on taps, water-saving valves in toilets
- Replaced kitchen dishwashers

#### SOUTHERN AFRICA

- Completed operational water quantity and quality risk assessments
- Installed bulk water storage facilities
- Increased boreholes to 40
- Water-saving instruments in washers, washing machines and autoclaves
- Recycling of autoclave water at certain facilities
- Priority focus on detecting and fixing leaks

#### THE MIDDLE EAST

- Operational water quantity and quality risk assessments in progress
- Reduction in cistern water and automatic flushing
- Condensation water from CSSD autoclaves used for irrigation
- Control sensors on taps in units
- Investigation of water-conserving shower heads

## OUR ENVIRONMENTAL MANAGEMENT SYSTEMS

We align our environmental management practices with international best practices and national legislation to provide assurance on the environmental quality, safety and reliability of our processes and services. Moreover, we have opted to implement the ISO 14001:2015 EMS in all our hospitals.

### REGIONAL INFORMATION

#### SWITZERLAND

- EMS implementation at five hospitals and Corporate Office in progress
- All hospitals but one part of H+ programme for occupational health and safety

#### SOUTHERN AFRICA

- 44 of 50 hospitals ISO 14001-certified by British Standards Institute
- Conducted ISO 14001 gap audits at 39 facilities, with average score of 81% compliance with EMS requirements

#### THE MIDDLE EAST

- EMS implementation at five hospitals in progress
- Annual environmental, health and safety audits at all facilities

## PROTECTING BIODIVERSITY

The ISO 14001:2015 EMS provides a clear understanding of how our activities impact biodiversity, enabling us to take corrective measures. For each new building project, we undertake an environmental impact assessment to determine whether a more comprehensive assessment is required. In 2021, no new building projects in the financial year required an environmental impact assessment. None of our owned, leased and managed facilities are in, or adjacent to, protected areas or areas of high biodiversity value.



None of our owned, leased and managed facilities are in, or adjacent to, protected areas or areas of high biodiversity value.



See Mediclinic's [CDP Water Security Disclosure Project](#) report for more information

# CONNECT

## MATERIAL ISSUE 2: BUILDING STAKEHOLDER TRUST

Our employees, affiliated doctors, suppliers and industry partners form the foundation that enables us to offer our services to clients and communities.

### 2021 IN GROUP NUMBERS

Press Ganey® inpatient experience index grand mean score (out of 100)

**85.0** ▲  
(2020: 84.4)

Press Ganey® day case clinic patient experience index grand mean score<sup>1</sup> (out of 100)

**91.3**

Gallup® employee engagement grand mean score (out of five)

**3.98** ▶  
(2020: 3.98)

Female representation in senior and middle management roles<sup>2</sup>

**37.0%** ▲  
(2020: 35.6%)

Total absenteeism rate<sup>3</sup>

**3.8%** ▼  
(2020: 3.9%)

New suppliers

**3 192** ▼  
(2020: 3 230)

Contribution to CSI<sup>1</sup>

**£7.9m** ▲  
(2020: £7.8m)

#### Notes

<sup>1</sup> New Group data point with no prior-year comparative data.

<sup>2</sup> Disclosed on a financial-year basis.

<sup>3</sup> Actual days lost expressed as a percentage of total days scheduled to be worked by the workforce during the reporting period.



Klinik Im Park, Switzerland

## OUR TODAY

### PROGRESS IN 2021

#### OUR PEOPLE

- ✓ Successfully concluded recruitment marketing career site enhancement project
- ✓ Maintained employee engagement levels during challenging times
- ✓ Increased overall participation rate of employee engagement survey by 7% to highest since introducing the survey
- ✓ Introduced ESG index to employee engagement survey
- ✓ Implemented remote working and flexible work practices
- ✓ Strengthened various core talent succession pipelines
- ✓ Improved female representation at senior and executive management levels by 1.4% to 37% against target of at least 40% female and at least 40% male representation

#### OUR COMMUNITIES

- ✓ Continued our investment in future workforce
- ✓ Reviewed business practices against Business Leaders Initiative on Human Rights guide with satisfactory outcome on essential, expected and desirable human rights practices

#### OUR SUPPLIERS

- ✓ Created initial team to serve as proof of concept of Group Procurement Shared Services
- ✓ Finalised service catalogue for Shared Services
- ✓ Completed global blueprint for standardised procedures of indirect procurement
- ✓ Developed materials utilisation dashboards to increase visibility of supply chain costs
- ✓ Reviewed Supply Chain Risk Management Policy to ensure it supports environmental and social goals
- ✓ Conducted audit on policy implementation, with corrective actions where necessary
- ✓ Launched campaign to inform suppliers of ethics lines for reporting unethical conduct

## OUR TOMORROW

### FOCUS AREAS IN 2022

#### OUR PEOPLE

- Further enhance the employee value proposition in support of our employer brand
- Expand scarce skills talent pools
- Support line managers, enhance the accountability focus, and encourage continuous conversations with teams
- Dedicate support to teams with low employee engagement scores over consecutive years
- Develop a Group-guiding framework and approach to employee wellbeing, tailored to local needs and delivery
- Implement Thrive@Mediclinic project, enabling the Group learning strategy through SAP SuccessFactors as a first phase in 2022, leading to a revised strategy for optimising performance as a consistent, continuous conversation in the organisation during 2023
- Continue transfer of interventions from legacy learning management systems to Group learning management system
- Reach targeted bench strength in all core functions, accelerating development of long-term nominees
- Further progress gender diversity at senior and executive management levels
- Achieve Employment Equity targets aligned to broad-based black economic empowerment ('B-BBEE') in Southern Africa
- Achieve human resources-related Emiratisation targets, aligned to the comprehensive Middle East Emiratisation strategy

#### OUR COMMUNITIES

Further protection of human rights within our sphere of influence

#### OUR SUPPLIERS

- Develop phased plan to standardise processes and transfer duties to Shared Services
- Implement technologies to gain process automation and efficiencies
- Implement second phase of spend management project to increase the depth of supply chain cost analyses
- Publish procurement philosophy outlining our commitment to ethical procurement practices, the principles and rules that guide our supply chain philosophy, and how suppliers and products are selected

#### RISKS TO THE BUSINESS

- Poor employee engagement and wellbeing
- Inability to recruit healthcare practitioners to meet business demand
- Ageing nursing workforce with decreasing entrants to profession
- Poor clinical outcomes and services
- Medical malpractice liability
- Reputational damage
- Inability to continue business due to inadequate supplies



#### RISK MITIGATION

- Group Sustainable Development Strategy with social objectives
- Implementation of Mediclinic Diversity and Inclusion Strategy
- Effective execution of employee engagement action plans
- Extensive training and skills development programmes
- Establishment of Global Leadership Development Framework
- Continued implementation of a Group learning architecture to support Group strategy
- Corporate Social Investment ('CSI') initiatives monitored by senior management with feedback to ESG Committee
- Group purchasing organisation ('GPO') established to secure products at reduced prices
- Five-year Group procurement vision to optimise end-to-end supply chain performance

# SIGNIFICANT STAKEHOLDERS

Resilient stakeholder relationships drive our potential to make a positive impact.



## GOVERNMENTS AND AUTHORITIES

Legislative and regulatory compliance safeguards our ability to offer services and operate facilities. We support national health efforts and participate in conferences and seminars to forge closer ties.



## MEDIA

The media's role as an intermediary between Mediclinic and stakeholders aids us in responding proactively to industry-related news and sustaining a professional reputation. We hold press conferences, issue media releases and maintain a reputable social media presence.



## INVESTORS

We acknowledge that our owners and providers of equity capital deserve to have their priorities understood and engage in an open dialogue through meetings, roadshows and conferences. Our Investor Relations function keeps shareholders informed of our strategy and financial results.



## CLIENTS

Our business is built on our clients' wellbeing. Client surveys and dedicated client-experience employees contribute towards strengthened long-term relationships.

See the **2022 Clinical Services Report**



## EMPLOYEES, ALUMNI AND POTENTIAL APPLICANTS

Our workforce is key to maintaining high standards and achieving Mediclinic's strategic and ESG goals. We maintain a two-way conversation to improve the working environment.

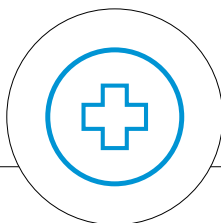
See page 21



## COMMUNITIES

Mutual understanding builds trust in our high-quality healthcare services. We foster trust in communities through CSI initiatives and healthcare awareness campaigns.

See page 35

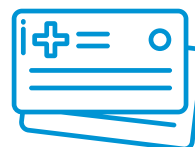


## INDUSTRY ASSOCIATIONS

We leverage association memberships to ensure active participation in national conversations. Alongside representation on government bodies, we participate in research and conferences.

## PROFESSIONAL SOCIETIES

We rely on society support in improving value-based healthcare. Some of our affiliated specialists serve on their executive committees while meetings promote collaboration.



## MEDICAL PRACTITIONERS

Physicians enable our continued success and quality-of-care improvements. We arrange regular meetings, research days and networking events; moreover, practitioners participate in hospital clinical committees.

See the **2022 Clinical Services Report**



## HEALTHCARE INSURERS

Privately insured patients constitute our largest client base. Accordingly, we engage funders through annual tariff negotiations and discussions on alternative reimbursement models. Furthermore, we publish an annual Clinical Services Report on our approach to quality and affordability of care - issues of particular interest to them.



## SUPPLIERS

We need a sustainable, uninterrupted supply chain and ethically sourced products. Factory visits, business reviews, contract negotiations and trade fairs enable close ties.

See page 39



## INDUSTRY PARTNERS

Whether through introduction by advisers or encounters at industry events, we forge partnerships and joint ventures to expand across the continuum of care.

## FINANCIAL INSTITUTIONS

Third-party funding enables us to open and maintain healthcare facilities. Creditors expect sound financial management and timely repayment. Our financial reporting is prompt and accurate, and we manage debt responsibly. We engage financial institutions through forums, workshops and market updates.

## CONNECTING TO OUR CLIENTS

The people who entrust us with their care merit our respect, consideration and protection. We engage with clients during systematic patient rounds, at health awareness days, via surveys and through a host of communication channels.

### WHAT MATTERS TO THEM

- Easy access to safe, quality and cost-effective healthcare via world-class facilities and technology
- Appropriate care settings
- Treatment information
- The right to make decisions on their care
- Client experience
- Personal data and patient rights
- Timely communication
- Operational efficiency
- Courteous, empathetic and personalised care

### ADDRESSED THROUGH

- Client value proposition
- Clinical performance and outcomes
- Client experience
- Protecting information assets - see page 47

➤ See the [2022 Clinical Services Report](#)



## CONNECTING TO OUR PEOPLE

### Employees, alumni and potential applicants

The exceptional talent and dedication of our employees enable our current and future success. Guided by our organisational values, their behaviour is what drives value and maintains our reputation of 'Expertise you can trust'.

We engage our employees through surveys, focus groups, conferences, performance reviews, formal recognition, employee wellbeing programmes and regular communication to build a workplace that is supportive, rewarding, safe and fair.

### WHAT MATTERS TO THEM

- Employment opportunities
- Recognition and fair remuneration
- Flexible work arrangements
- An ethical, safe, fair and healthy working environment
- Access to growth and development opportunities through relevant assignments and/or learning material

### ADDRESSED THROUGH

- Recruitment and retention strategies
- Consistent support of engagement initiatives
- Progress in diversity goals and an inclusive approach
- Commitment to employee health and wellbeing



## EMPLOYEE OVERVIEW

FULL-TIME EQUIVALENTS<sup>1</sup>  
PER GEOGRAPHY AT  
31 DECEMBER 2021



Group

**33 683**

2020: 33 530

Switzerland

24% **7 996**

2020: 7 815

Southern Africa<sup>2</sup>

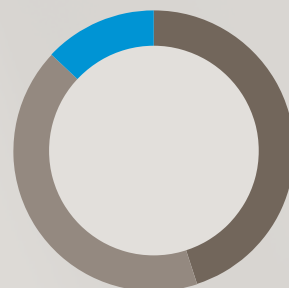
54% **18 366**

2020: 18 644

The UAE<sup>3</sup>

22% **7 321**

2020: 7 071



Average tenure across the Group

- < 5 years: 44%
- 5-14 years: 42%
- > 15 years: 14%



**±£124m**

average total Group  
monthly employee benefit  
and contractor cost



**59%**

of full-time employees  
across the Group involved  
in client care

**Notes**

<sup>1</sup> Number of full-time employees who could have been employed if reported number of hours worked by part-time employees had been worked by full-time employees instead.

<sup>2</sup> Includes Mediclinic International plc's one employee based in the UK.

<sup>3</sup> Increase from 2020 to 2021 largely attributable to overall business growth.



# RECRUITMENT AND RETENTION

## RECRUITMENT

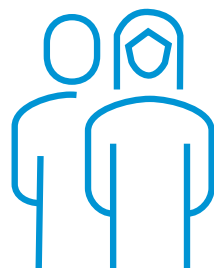
### IMPORTANCE OF GLOBAL HEALTHCARE WORKFORCE<sup>1</sup>

80m

projected demand by World Health Organization ('WHO') for healthcare workers by 2030

9m

additional nurses and midwives needed by 2030 to reach UN SDG 3



50% of global healthcare workforce are nurses

70% of nurse and social workforce is female

#### Practising nurses and midwifery personnel per 1 000 population in 2017 or nearest year<sup>2</sup>

Switzerland	South Africa	The UAE
18.3:1 000	5.0:1 000	5.8:1 000

#### Notes

<sup>1</sup> '2019 update, Global Health Workforce Statistics', WHO.

<sup>2</sup> 'Global Health Workforce statistics database', WHO.

The healthcare industry has a very competitive employer market. We continuously monitor regional and global industry challenges and trends to anticipate any changes needed to our recruitment approach. Our recruitment practices aim to optimise attraction of scarce and critical skills through targeted employer branding initiatives.



### WHY DO WE HAVE A GLOBAL RECRUITMENT MANAGEMENT SYSTEM?

- Through a global career site, we can elevate our Employer Brand through consistent recruitment marketing.
- Our employees have access to international career opportunities.
- We can launch recruitment campaigns to support specific scarce skills initiatives.
- We offer all candidates a consistent and professional experience through a standardised recruitment process.
- We can monitor process efficiency and proactively support and mitigate the risk of not being able to attract the required skills when needed.





## RECRUITMENT AND RETENTION CONTINUED

### RETENTION

We optimise retention by providing opportunities for a diverse workforce to thrive, and by creating an inclusive environment. Our retention strategies include employee engagement, flexible work practices that not only address future skill needs but also speak to employee expectations, and investment in career growth and development through implementation of global learning frameworks and systems.

Every year, employees are invited to share their perceptions of the workplace through the *Your Voice* employee engagement survey (see page 26), which provides the opportunity to proactively assess employees' sense of belonging, whether they feel valued and whether they feel empowered to do their best every day. These results are analysed and trends are explored through focus groups to understand perceptions and ultimately optimise engagement and retention.

Exit interviews are conducted in a safe, non-threatening manner to help us gain valuable insight into patterns that exceed healthy turnover benchmarks.

**TABLE 5: CONTROLLABLE EMPLOYEE TURNOVER RATE (%) BY GEOGRAPHY, GENDER AND AGE**

	GEOGRAPHY	GENDER		AGE		
		Male	Female	< 30 years	30–50 years	> 50 years
<b>Group</b>	<b>6.2</b> (2020: 5.9) ▲	<b>7.2</b> (2020: 7.2) ▶	<b>5.6</b> (2020: 5.5) ▶	<b>9.1</b> (2020: 9.2) ▼	<b>6.2</b> (2020: 5.8) ▲	<b>3.0</b> (2020: 3.6) ▼
<b>Switzerland<sup>1</sup></b>	<b>4.8</b> (2020: 7.8) ▼	<b>5.8</b> (2020: 8.1) ▼	<b>4.5</b> (2020: 7.7) ▼	<b>8.3</b> (2020: 12.1) ▼	<b>4.5</b> (2020: 7.3) ▼	<b>2.7</b> (2020: 5.7%) ▼
<b>Southern Africa</b>	<b>6.9</b> (2020: 5.6) ▲	<b>10.8</b> (2020: 8.4) ▲	<b>5.9</b> (2020: 4.9) ▲	<b>10.9</b> (2020: 8.1) ▲	<b>7.2</b> (2020: 6.0) ▲	<b>2.9</b> (2020: 1.9) ▲
<b>The Middle East</b>	<b>5.7</b> (2020: 4.3) ▲	<b>4.9</b> (2020: 5.3) ▼	<b>6.3</b> (2020: 3.7) ▲	<b>6.3</b> (2020: 3.7) ▲	<b>5.8</b> (2020: 4.5) ▲	<b>4.9</b> (2020: 3.5) ▲

**Note**

<sup>1</sup> Prior-year calculations excluded certain French clinics in Switzerland. Their inclusion in 2021 impacted the retention rate and, as such, prior-year rates are not comparable with 2021.



## RECRUITMENT AND RETENTION CONTINUED

### MATERNITY AND PATERNITY LEAVE

Benefits to new parents are tailored according to local best practice and labour legislation, but include proactive consultations to prepare for the financial implication of their absence and continuous engagement during their leave to optimise post-leave retention.

	MATERNITY LEAVE			PATERNITY LEAVE		CHILDCARE
	MONTHS	FULLY PAID	PARTIALLY PAID	DAYS	FULLY PAID	
<b>SWITZERLAND</b>						
< 1 year's service	4		●	10	●	Own at two facilities and subsidised at others
> 1 year's service		●				
<b>SOUTHERN AFRICA</b>						
	4		●	10	●	Own at two facilities
	10 weeks' parental leave for surrogacy or adoption, partially paid					
<b>THE MIDDLE EAST<sup>1</sup></b>						
< 1 year's service	3		For 33 working days	7		n/a
> 1 year's service		For 33 working days				

#### Note

<sup>1</sup> New labour regulations come into effect in 2022, which will enhance maternity and paternity leave benefits, and introduce fully paid paternal leave.

<b>RETURN RATE AFTER MATERNITY LEAVE<sup>1</sup></b>		
<b>Group</b>	Employees on maternity leave	<b>1 269</b> (2020: 1 327) ▼
<b>Hirslanden</b>	Retention rate (%)	<b>92.6</b> (2020: 91.1) ▲
<b>Mediclinic Southern Africa</b>	Retention rate (%)	<b>92.7</b> (2020: 100) ▼
<b>Mediclinic Middle East</b>	Retention rate (%)	<b>90.4</b> (2020: 99.6) ▼

#### Note

<sup>1</sup> Data supplied for permanent employees.



We reward eligible employees for achieving strategic objectives through a combination of short- and long-term incentives.

### REMUNERATION, REWARDS AND BENEFITS

Our employees are remunerated fairly and in a manner that supports our Group strategy while attracting, retaining and motivating scarce skills.

In line with our value of high performance, we reward eligible employees for achieving strategic objectives through a combination of short- and long-term incentives, with additional benefits offered in line with local practices and regulatory compliance.

➤ See the Remuneration Committee Report in the **2022 Annual Report**

**TABLE 6: BENEFITS OFFERED TO PERMANENT EMPLOYEES**

	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
Retirement fund <sup>1</sup>	●	●	n/a <sup>2</sup>
Medical scheme, insurance	●	●	●
Performance-related incentives and bonuses	●	●	●
Nursing bonus for nursing staff and retention bonus for pharmacists <sup>3</sup>	n/a	●	n/a
Indemnity cover/liability insurance for nursing/medical employees <sup>4</sup>	●	●	●
Flexi-time for qualifying employees	●	●	●
Flexible Leave Benefit	●	●	n/a

#### Notes

<sup>1</sup> Includes life and disability insurance, funeral cover and pension-backed mortgage loans.

<sup>2</sup> Governed by legislation; death and disability cover offered.

<sup>3</sup> Offered due to local skills shortage.

<sup>4</sup> And other employees, where required.

## RECRUITMENT AND RETENTION CONTINUED

### RETIREMENT FUND BENEFITS

#### REGIONAL INFORMATION

##### SWITZERLAND

- Contribution fund with defined benefits at pension
- Variable employee contribution: 8.5-13.75% or 10-16.25%
- Corresponding variable Company contribution: 10-16.25%

##### SOUTHERN AFRICA

- Defined contribution fund
- Variable employee contribution: 5-7.5%
- Corresponding variable Company contribution: 6-9%

##### THE MIDDLE EAST

- Regulated and limited by legislation to severance pay
- UAE and Gulf Cooperation Council ('GCC') nationals must enrol in national and GCC country pension scheme, respectively
- Total contribution of up to 20% of pensionable salary required for every Emirati and GCC national

See note 27 of the Group annual financial statements in the **2022 Annual Report**



## EMPLOYEE ENGAGEMENT

Research by Gallup® has shown that highly engaged employees contribute to better financial results, improved clinical outcomes and increased patient safety. Creating a consistently positive employee experience is also central to becoming an employer of choice.

We encourage and enable continuous employee engagement across the entire organisation through various methods, including:

- the annual *Your Voice* employee engagement survey and resultant action plans;
- training and performance management;
- access to various supporting resources such as interactive call centres;
- occupational health clinics and wellbeing programmes; and
- ethics lines.

See 'Workforce engagement' in the Corporate Governance Statement in the **2022 Annual Report**

### YOUR VOICE

Our annual *Your Voice* employee engagement survey has been administered since 2015 in partnership with Gallup® and is completed mostly via email or the Gallup® survey website. We use this feedback to measure employee engagement, identify gaps at a team level, and support line managers in developing action plans to address employee engagement concerns.

### WHICH PERCEPTIONS DO WE ASSESS?

Our employee engagement survey tells us how our employees feel and think about:



- their basic needs being met;



- management support;



- accountability of line managers in providing feedback and following through on action plans;



- client experience;



- teamwork;



- opportunities for growth;



#### QUESTIONS EXPANDED IN 2021

our ESG focus, including ethics and compliance, employee development, wellbeing and the environment; and



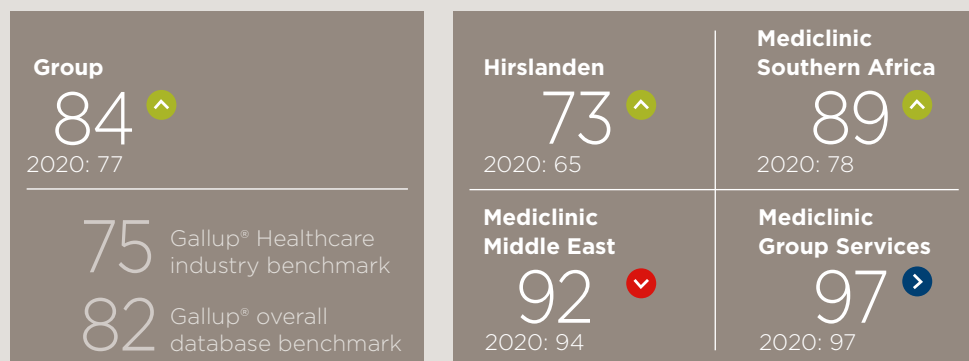
- workplace culture, including diversity and inclusion.

## EMPLOYEE ENGAGEMENT CONTINUED

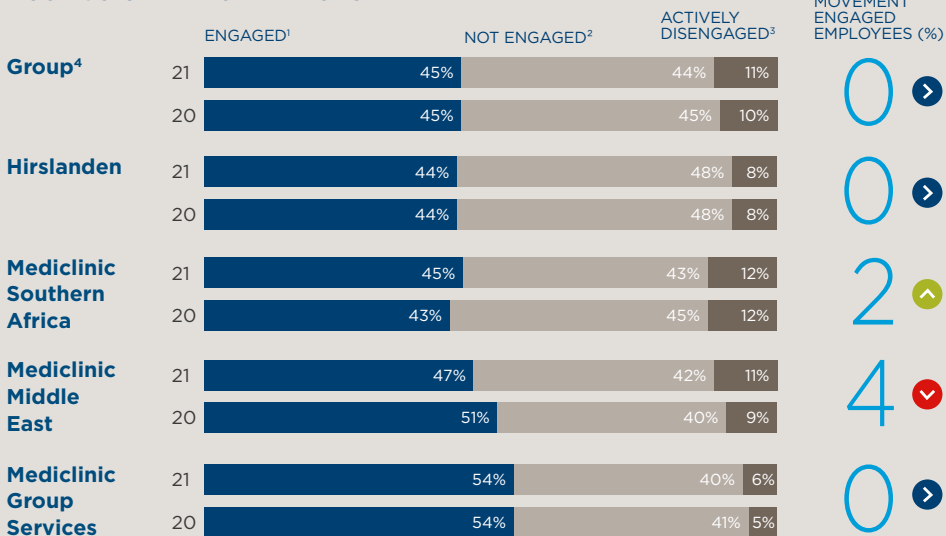
In order to drive employee engagement towards enhancing the quality of life, a Group Centre of Expertise provides guidance, with consistent messages around our purpose, vision, values and strategic goals. The entire organisation has the same focus areas:

- ensuring effective *Your Voice* action planning;
- utilising the existing performance management process and other workforce engagement mechanisms to optimise levers for change;
- implementing divisional objectives to ensure meaningful change in focus areas; and
- entrenching the organisational culture.

### SURVEY PARTICIPATION RATE (%)



### YOUR VOICE EMPLOYEE ENGAGEMENT INDEX



Highly engaged employees contribute to better financial results, improved clinical outcomes and increased patient safety, according to Gallup®.

### HIGHEST SCORING THEMES IN 2021 BASED ON GRAND MEAN SCORE

	HIRSLANDEN	MEDICLINIC SOUTHERN AFRICA	MEDICLINIC MIDDLE EAST	MEDICLINIC GROUP SERVICES
'I know what is expected of me at work'	●	●	●	●
'My manager, or someone at work, seems to care about me as a person'	●			●
'My co-workers are committed to doing quality work'	●			●
'At work, I have the opportunity to do what I do best every day'		●	●	
'I have the materials and equipment I need to do my work right'		●	●	

Given the continued impact of the pandemic, we remain focused on integrating employee engagement principles into our day-to-day operations.

#### Notes

- <sup>1</sup> 'Engaged' employees are loyal and psychologically committed to the organisation. Compared with other employees, they are more productive and more likely to stay with the organisation, and they consistently have their performance-related workplace needs met.
- <sup>2</sup> 'Not engaged' employees may be productive, but they are not psychologically committed. Some of their performance-related workplace needs are met, but many remain unmet.
- <sup>3</sup> 'Actively disengaged' employees are physically present, but psychologically absent. They are unhappy with their work situation and most of their performance-related needs are not met.
- <sup>4</sup> Overall engagement broadly stable compared with pre-pandemic levels (2019 survey: 46% engaged employees).

## EMPLOYEE ENGAGEMENT CONTINUED

### TRAINING AND DEVELOPMENT

Every team member's growth is valued and we are dedicated to providing accessible learning opportunities that can optimally enable employee performance and support career growth.

#### TRAINING

##### REGIONAL INFORMATION

	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
<b>Investment<sup>1</sup></b>	<ul style="list-style-type: none"> <li>5.1%<sup>2</sup> of payroll (2020: 5.2%)</li> </ul>	<ul style="list-style-type: none"> <li>3.8% of payroll (2020: 2.7%)</li> <li>190 404 hours<sup>3</sup>, equating to 13 hours/employee</li> </ul>	<ul style="list-style-type: none"> <li>0.7% of payroll (2020: 0.7%)</li> <li>754 377 hours<sup>3</sup>, equating to 20 hours/employee</li> </ul>
<b>Leadership training</b>	<ul style="list-style-type: none"> <li>18 leadership training interventions (2020: 17) hosted and completed by 439 (2020: 284) management employees</li> </ul>	<ul style="list-style-type: none"> <li>24 students registered for Advanced Diploma in Health Services Management and Leadership</li> <li>39 students registered for Fundamentals in Health Services Management and Leadership</li> <li>30 students registered for Business Management learnerships</li> </ul>	<ul style="list-style-type: none"> <li>133 managers and team leaders enrolled in Management Development Programme</li> <li>88 managers enrolled in Situational Leadership II course</li> </ul>

#### Notes

<sup>1</sup> Variation in percentage spend per division due to difference in training cost in each geography. In Southern Africa, training spend includes all costs related to the six registered nursing and paramedic learning centres.

<sup>2</sup> Calculated according to cost by nature ('CBN') accounting principle (pre-CBN value: 5.3%).

<sup>3</sup> Reflects time spent on employee development training, including knowledge, behaviour and skills.

Leaders are empowered through a variety of academic interventions, exposure to divisional and Group projects, stretch assignments, inclusion in strategic leadership dialogues, mentoring and coaching, online learning resources, etc.

#### PERFORMANCE MANAGEMENT

During this critical talent process, line managers and employees align expectations and goals to ensure the focused and deliberate contribution of each employee to the team and, ultimately, the divisional and Group goals.

Continuous performance conversations are encouraged across the Group, with formal annual/six-monthly performance tracking conversations between managers and employees. Managers are held accountable for specific measurable objectives. These objectives are aligned to those of a function and, ultimately, a division that contributes to organisational achievement of the strategic goals.

#### SUCCESSION PLANNING

With a standardised Group approach to the annual talent review process for key roles, we are able to monitor bench strength as well as the risk related to timeously identifying insufficient pipelines to key roles. Collaboration happens at Group and divisional level to ensure alignment and direct insight into divisional development opportunities that can support successor growth.

Our enterprise succession management system enables all role players to monitor, influence and report on progress through accurate and integrated records of all succession- and development-related actions. This dynamic tool offers flexible views on

talent pools and successors' readiness for key roles despite the substantial number of employees reviewed and supported.

Accurate records also enable internal talent mapping where talent is reviewed and talent pools for senior operational and clinical roles are supplemented through talent searches to ensure that no high-potential talent or top performers are overlooked in the process.

The Group Talent Review Committee actively reviews the bench strength, development momentum and diversity of pipelines biannually in January and August to ensure the health of this important process.

#### LABOUR RELATIONS

All policies and procedures are maintained according to applicable local labour legislation. New employees are orientated on employment policies (i.e. misconduct, incapacity, and disciplinary and grievance procedures), which are also available internally.

The minimum notice period for significant operational changes, as provided for in the employment contract, is:

- Switzerland: three months;
- Southern Africa: one month; and
- Middle East: two months for administrative employees and three months for medical practitioners, nurses and other clinical employees and managers.

Workplace disruption (i.e. industrial action) is addressed according to policy and guidelines to minimise the impact on healthcare services. Union representation is rare in Switzerland and Southern Africa, and not present in the Middle East. In most cases, an elected workplace forum meets regularly with facility management to ensure sound labour relations.

# DIVERSITY AND INCLUSION

## Why do we embrace it?



Our employees are happier and more engaged, increasing productivity and goal achievement.



We harness different perspectives and experiences to unlock problem-solving and innovation capabilities.



When our employees are engaged, they help attract talent, convincing potential applicants that we are an employer of choice.

Our dedication to diversity and inclusion is strongly endorsed by the Board and executive management, and we allocate financial resources for the effective implementation of our long-term Diversity and Inclusion Strategy. A Group Talent Centre of Expertise (consisting of representatives from all divisions) governs and guides the planning and implementation of initiatives from a Group perspective. Divisional teams implement geographic-specific initiatives, which may vary within the broad Group themes, to contextualise the content and achieve local objectives.

## AT BOARD AND EXECUTIVE LEVEL

### BOARD OF DIRECTORS

The Board actively pursues diversity in the composition of the Board and executive management, in line with agreed targets.

### NOMINATION COMMITTEE

This subcommittee of the Board:

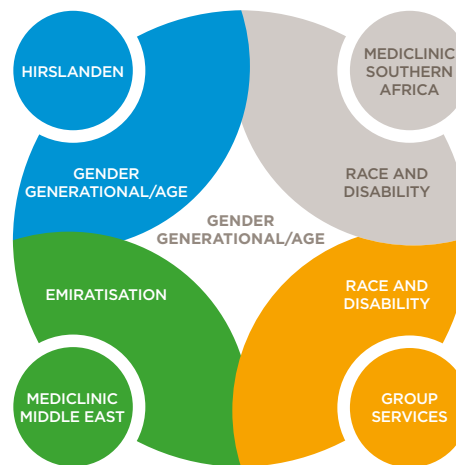
- considers and makes annual recommendations on diversity objectives, if applicable;
- considers diversity in addition to the balance of skills, experience, independence and knowledge, when it reviews the composition of the Board and executive management;
- oversees executive appointments and assesses suitable Board candidates based on merit against objective criteria and with due regard to the benefits of diversity; and
- oversees succession planning for Group and divisional executive teams, and actively reviews bench strength to these roles while monitoring transformation to ensure diverse pipelines to key roles.

➤ See the Nomination Committee Report and the Corporate Governance Statement in the **2022 Annual Report** for more on representation at Board and executive level

## AT ORGANISATIONAL LEVEL

Over the past year, the Board and Group Executive Committee actively monitored progress on gender diversity at senior management level. In this, we have uniform gender and generational focus areas across all geographies, supplemented by division-specific diversity priorities.

**FIGURE 2: DIVISIONAL DIVERSITY FOCUS AREAS**



## Our targets for the Board

(During changes in Board composition, there may be temporary periods when the below is not achieved.)

- At least 40% female directors and at least 40% male directors
- At least two directors from an African, Asian, Middle Eastern, Central and South American background or from other historically disadvantaged ethnic groups

## How are we ensuring constructive conversation on diversity and inclusion?

- In October 2021, to coincide with Global Diversity Awareness Month, we introduced a global diversity conversation via a virtual town hall meeting where participants could share their everyday experiences. The Group CEO and Group Chief Strategy and Human Resources Officer engaged with participants and listened to their contributions.
- The Board Chair joined our virtual leadership event in November 2021 to discuss the topic of diversity and inclusion with the top 600 leaders in our organisation. After an introduction, attendees engaged directly with her and the Group CEO through a question-and-answer session.

## OUR TARGETS

### GROUP

At least 40% female and at least 40% male representation at senior management and executive level throughout the organisation

### SOUTHERN AFRICA

Racial representation aligned with B-BBEE employment equity targets per occupational level

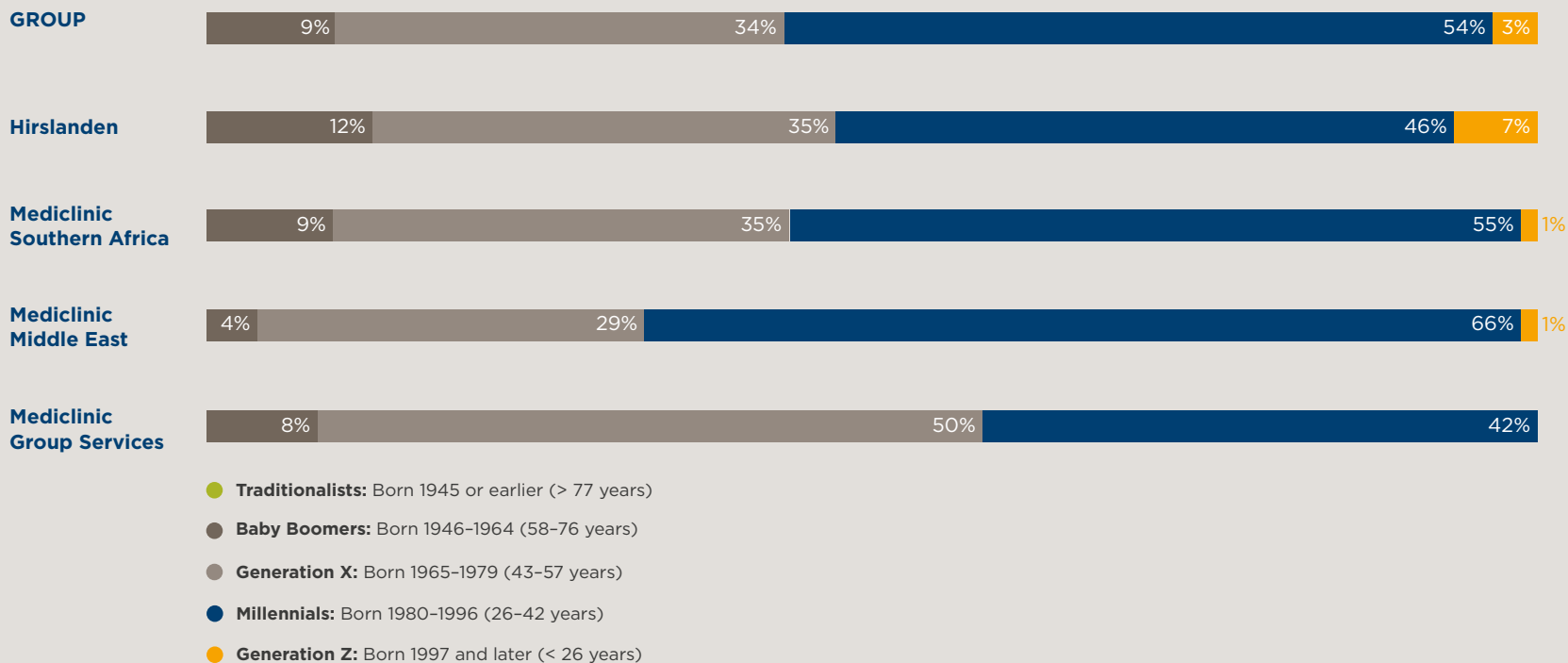
### THE UAE

An Emiratisation target of 5% Emirati representation by March 2023 and 10% by March 2024

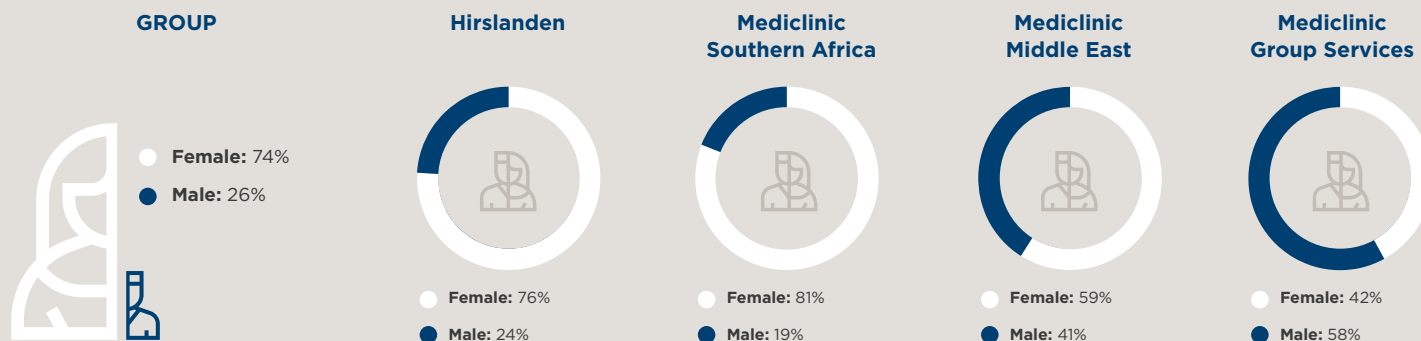
## DIVERSITY AND INCLUSION CONTINUED

### PERMANENT EMPLOYEE COMPOSITION BY GENERATION (AGE) AND GENDER (AT 31 DECEMBER 2021)

#### > GENERATION (AGE)



#### > GENDER



#### Gender pay gap

An in-depth gender pay gap analysis was conducted in December 2021 to understand the state of gender pay equity within the organisation and to support our Diversity and Inclusion Strategy. Average hourly salaries at each level were reviewed by gender across each division.

The analysis revealed that the gender pay gap as experienced at 1 December 2021 is a result of fewer women holding senior positions within the Company compared with men. At the time of the analysis, 74% of our permanent employees were women.

Traditionally, nursing is a profession comprised of mostly females. At Mediclinic, female nursing employees account for just more than 40% of the workforce.

#### Equal pay for equal work

In addition, an equal pay analysis across the Group showed that there are no inexplicable differences between employees performing the same job at the same job level. The analysis demonstrated that at Mediclinic, men and women receive equal pay for equal work.

## SHAPING OUR TOMORROW... THROUGH FLEXIBLE WORK

# LEADING TOGETHER



Klinik Permanence, Switzerland

When Dr Julia Beel and Claudine Jungo were appointed as hospital managers – a career ambition – in October 2019, it was a special occasion. But what made their new appointment even more remarkable is that it was for the same position. Julia and Claudine share the leadership role at Klinik Permanence in Bern, Switzerland. Both are mothers: Julia has seven-year-old twins and Claudine a four-year-old daughter, and each works three days a week, overlapping on Tuesdays.

They quite literally share the hot seat; Julia and Claudine have a shared email address and mobile phone, which ensures one of them is always available even through neither works full-time. More importantly, they share critical decision-making and work through challenges together. 'The most important thing is that you have a sparring partner for hard decisions. When we decide something, we have already spoken to someone about it and considered the risks,' says Julia. A medical doctor by training, she has a Master's in Health Economy while Claudine holds an Executive MBA and started her career as a nurse.

According to Markus Bechtiger, Chief Human Resources Officer for our Swiss division, flexible working conditions are key to attracting and retaining the best talent. 'The life cycle of each individual requires different arrangements over time. A working model needs to be adaptive to ever-changing situations,' he says.

'Once my little one was born, I realised I didn't want to work full-time any more. But it was also clear it wouldn't be possible to become a hospital manager with 60% responsibility,' says Claudine. The job share provided the solution. The position was structured so the two roles combined are over full-time equivalent 1.0, allowing proper alignment between the co-leads. 'Without job sharing, I wouldn't have this position,' she says. 'This way, the company can retain people and they effectively get two minds.'

Flexible work is part of the strategy to ensure equitable gender representation – particularly in top management. In 2021, our Swiss division was certified for providing equal chances and equal pay. As the first team to

manage a hospital together, the two women see themselves as pioneers and role models for young women.

The job share has worked so well that from 1 April 2022, Claudine and Julia have taken on the joint position of deputy director for our three Bernese hospitals. 'After more than two years working together, we want to keep working like this. It is not only women who want to do this either; there are men who want to work part-time to see their children grow up. I really think it is a working model for the future,' says Julia.



The most important thing is that you have a sparring partner for hard decisions. When we decide something, we have already spoken to someone about it and considered the risks.

**Dr Julia Beel**  
Co-Hospital Manager



Dr Julia Beel and  
Claudine Jungo



## DIVERSITY AND INCLUSION CONTINUED

### TRANSFORMATION (SOUTH AFRICA)

In South Africa, we are committed to a transformation strategy that delivers transformative benefits beyond mere compliance by aligning our efforts in a transparent and deliberate manner to our values and the national priority for transformation. Practical contributions are led by the divisional executive committee, with transformation champions across the business.

#### PERCENTAGE OF BLACK EMPLOYEES

Percentage of black employees **71%** 2020: 71% 

Percentage of black management employees **54%** 2020: 54% 

In this geography, diversity and inclusion fuel our performance in other areas of B-BBEE, such as ownership and CSI. It also drives our approach to enhance access to quality healthcare and collaborate with other stakeholders to achieve this goal. We are dedicated to improving our Level 4 B-BBEE compliance. In the past year, we have seen improvements across the elements, most notably in preferential procurement, and enterprise and supplier development.

The Southern Africa division's five-year (2018-2022) Employment Equity Plan was approved by the Department of Employment and Labour in November 2018.

TABLE 7: SUMMARISED EMPLOYMENT EQUITY REPORT TOTALS<sup>1</sup>

Occupational level	MALE				FEMALE				FOREIGN NATIONALS		Total
	A <sup>2</sup>	C <sup>2</sup>	I <sup>2</sup>	W <sup>2</sup>	A <sup>2</sup>	C <sup>2</sup>	I <sup>2</sup>	W <sup>2</sup>	Male	Female	
Top management	0	1	1	10	1	0	0	2	0	0	15
Senior management	0	2	2	38	0	0	0	10	0	0	52
Professionally qualified and experienced specialists and mid-management	23	48	10	163	40	54	29	265	4	2	638
Skilled technical and academically qualified workers, junior management, supervisors, foremen and superintendents	408	165	41	275	1 874	894	217	2 102	160	187	6 323
Semi-skilled and discretionary decision-making	914	368	55	210	3 655	1 226	134	747	3	20	7 332
Unskilled and defined decision-making	89	69	4	12	66	57	10	3	1	0	311
Total permanent employees	1 434	653	113	708	5 636	2 231	390	3 129	168	209	14 671

#### Notes

<sup>1</sup> In respect of all Southern African employees, encompassing Mediclinic Group Services, Medical Innovations and Mediclinic Southern Africa (incl. the wholly owned subsidiary ER24 and Welkom Medical Centre).

<sup>2</sup> A = African, C = Coloured, I = Indian, W = White.

### EMIRATISATION (THE MIDDLE EAST)

Our revised Emiratisation strategy is designed to accelerate the appointment and retention of UAE nationals. Despite recent initiatives by the UAE Government to increase the attractiveness of private sector employment for citizens through its NAFIS programme, the affordability of UAE national talent remains a challenge. Our strategy focuses on competitive remuneration, career growth and development, and affiliations with key academic institutions to support the training of medical and non-medical students.

As part of our team of 10, the divisional executive committee in the Middle East has one Emirati who guides and leads our goals in this regard.

### OUR TARGET FOR MEDICLINIC MIDDLE EAST

DEC 2021	CURRENT	1.64%							
	TARGET	3%							
MAR 2023	TARGET		5%						
MAR 2024	TARGET							MINIMUM OF 10%	

PROGRESS 2021	FOCUS AREAS 2022
<ul style="list-style-type: none"> <li>Continued collaboration with Emirati universities</li> </ul>	<ul style="list-style-type: none"> <li>Launch UAE National Learning Academy to train and develop UAE nationals for the workplace</li> <li>Targeted recruitment and selection</li> <li>Competitive remuneration strategies, including retention incentives for UAE nationals</li> <li>Accelerate and support career development and progression programmes for UAE nationals</li> <li>Partner with key academic institutions in the UAE, focusing on internship and residency programmes for clinical training (physician and allied health)</li> </ul>

# WELLBEING

We offer a wide variety of initiatives, services (on-site and off-site), and activities tailored to local considerations. These cover different aspects of employee wellbeing, including occupational health and wellness, as well as physical, community and environmental, intellectual, emotional and mental, and financial wellness. Occupational health services are also provided and the health, safety and cleanliness of all our facilities adhere to health and safety policies and procedures aligned to national regulations.



## HOW DO WE MANAGE OVERTIME?

Divisional and facility operational requirements determine working hours. Our Human Resources function, line managers and employees manage overtime collaboratively to actively reduce excessive working hours, especially for those involved in direct patient care.

### REGIONAL INFORMATION SAFETY



Health and safety governance

- Committees at facility level and Corporate Office
- Corporate function



Supplier compliance

Mandatory consideration for vendor selection and evaluation



Sharps injury management and safety procedures



Inspections

- Planned and unplanned visits by authorities evaluate occupational health and safety at facilities
- Planned and unplanned visits by authorities evaluate occupational health and safety at facilities
- Annual licensing by authorities subject to inspection with safety aspect



COVID-19 testing<sup>1</sup>



Vaccinations

- Hepatitis B Annual flu
- Annual flu
- Hepatitis B Annual flu



Audits

See Independent assurance on page 48



Air composition, temperature and humidity

- Compliance with Swiss Labour Law standards
- Compliance with local legislation

### REGIONAL INFORMATION WELLBEING



Wellbeing committee

- Select facilities
- For Corporate Office
- Responsible for all employees



Transport and accommodation for frontline workers during COVID-19 pandemic, if required

- For qualifying employees



Part-time work arrangements<sup>2</sup>



Occupational health services and primary care



Remote work arrangements<sup>2</sup>



Family planning



Purchase of additional leave



Occupational health audits



Affordable, healthy on-site catering



Wellbeing awareness drives and/or programmes



Free fitness facilities at some locations



Confidential counselling



Free employee assistance helpline

#### Notes

<sup>1</sup> Offered in accordance with local regulations and best practice. Whether the cost is covered by the employee, division, health insurance or government depends on the individual circumstances and geography.

<sup>2</sup> Offered to qualifying employees.

## WELLBEING CONTINUED

## TUBERCULOSIS AND HIV/AIDS

We offer HIV/Aids diagnosis and support to affected employees in accordance with local regulations.

Our recruitment policies conform to local legislation. In Switzerland and Southern Africa, the HIV/Aids status of new recruits is not considered during appointment; in the UAE, foreigners planning to work in the country are tested for tuberculosis and HIV/Aids as part of the visa application process (and thereafter every two years).

Southern Africa has high prevalence and risk relating to tuberculosis and HIV/Aids, warranting additional initiatives. Policies address IPC measures, diagnosis and support.

An HIV/Aids programme offers:

- education and awareness campaigns;
- voluntary counselling and testing;
- early intervention for reported exposure;
- treatment and monitoring; and
- continuous support.

Access to antiretroviral drugs is managed as a PPP with the Department of Health and certain medical insurance companies and schemes.

## INJURIES AND ABSENTEEISM

The Group has not reported any work-related fatalities<sup>1</sup> for four consecutive years.

## Total work-related injuries

Group	4 146	2020: 5 752	✓
Switzerland	737	2020: 914	✓
Southern Africa	3 211	2020: 4 293	✓
The Middle East	198	2020: 545	✓

Occupational diseases<sup>2</sup>

Group	6	2020: 18	✓
Switzerland	0	2020: 0	➔
Southern Africa	6	2020: 18	✓
The Middle East	0	2020: 0	➔

Absenteeism rate<sup>3</sup>

Group	3.8%	2020: 3.9%	✓
Switzerland	5.3%	2020: 5.3%	➔
Southern Africa	4.2%	2020: 4.7%	✓
The Middle East	1.4%	2020: 1.2%	⬆

## Notes

<sup>1</sup> Excludes COVID-19-related fatalities.

<sup>2</sup> Excludes work-acquired COVID-19.

<sup>3</sup> Actual days lost expressed as a percentage of total days scheduled to be worked by the workforce during the reporting period.

During 2021, our reported absenteeism was still profoundly affected by the pandemic due to COVID-19-related quarantines, infection-related sick leave and employee exhaustion, with leave practices adopted in line with local considerations.

## REGIONAL INFORMATION

	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
Existing sick leave policy applies	●	●	For non-hospital-acquired COVID-19 infections only
Occupational disease/work-related disease or injury on duty	For COVID-19 work-related quarantine and infections	For work-acquired COVID-19	For hospital-acquired COVID-19
Statutory leave	n/a	For work injuries and COVID-19-related leave	n/a
Quarantine	Allocated against illness and qualifies as paid leave, unless necessitated by employee travelling to high-risk country (unpaid leave)	Allocated against special COVID-19 leave if work-acquired; otherwise allocated against sick leave	Allocated against normal leave if the result of contact with a person outside of work

## CONNECTING TO OUR COMMUNITIES

We care for our neighbours by acting responsibly in our operations and making a positive impact in their lives. Earning their trust plays an important part in the sustainability of our business.

We help to build better communities by investing in social initiatives, providing training in healthcare careers and respecting human rights in our business.

### WHAT MATTERS TO THEM

- Values
- Community development
- Employment opportunities
- Improved health outcomes

### ADDRESSED THROUGH

- Future workforce
- Protection of human rights
- CSI

## FUTURE WORKFORCE

To secure healthcare for tomorrow, we actively invest in training opportunities for healthcare students and support of applicable studies.



In Switzerland, we trained 1 747 students (2020: 1 624) in 36 job functions, predominantly as junior medical practitioners and in healthcare professions.



### REGIONAL INFORMATION

#### SWITZERLAND

- Trained 1 747 students (2020: 1 624) in 36 job functions, predominantly as junior medical practitioners and in healthcare professions
- Provision of nursing training positions
- Lectures at external academic institutions
- Collaboration with universities for medical student training

#### SOUTHERN AFRICA

- Bursaries for nursing, pharmacist, clinical technologist and paramedic students with employment offered upon completion
- Bursaries for medical practitioners doing specialist studies
- Training and development function registered as a Private Higher Education Institution
- 145 students (2020: 73) completed undergraduate programmes and one student (2020: 0) completed the Advanced Diploma in Health Services Management and Leadership
- 58 students (2020: 10) and four students completed post-graduate nursing programmes and general management learnerships, respectively, at other institutions

#### THE MIDDLE EAST

- Trained 129 students as part of affiliation agreement with Mohammed Bin Rashid University ('MBRU') (2020: 79), which has been renewed for an additional five years
- 49 placements for medical and allied health undergraduates
- Five medical interns commenced internship programme
- Paediatric residency with Al Jalila Children's Hospital
- On advisory boards of various tertiary institutions
- On Abu Dhabi Department of Health national taskforce for medical education

SHAPING OUR TOMORROW... WITH CLINICAL TRAINING

# DOCTORS FOR THE FUTURE

Globally, the need for medical professionals is increasing dramatically. Projections in Dubai anticipate an approximate doubling in demand between 2020 and 2030. At our Middle East division, we are addressing this need with a clinical training programme, made possible through a Master Affiliation Agreement with MBRU.

'We have an extensive array of facilities, services, and clients to provide medical students with comprehensive exposure,' says Dr Paddy Kilian, Director of Academic Affairs. As an academic and clinical affiliate, Mediclinic provides the educational experience; this includes clinical supervision and assessment, as well as submission of student reports to MBRU. Training is developed with an eye on tomorrow to ensure relevant skills.

First- and third-year medical students visit our hospitals to gain insight into their future working environment while second-year students undertake research projects in collaboration with Mediclinic physicians. Students in the clinical phase – years 4, 5 and 6 – rotate through the Dubai-based facilities to hone their skills under the guidance of our physicians. The focus is on client contact: clerking, examining and presenting patients to clinical supervisors. Students gain clinical and medical knowledge through ward rounds,

outpatient clinics, bedside teaching sessions and – for the surgical specialties – attendance and assistance in theatre under supervision.

In 2021, the inaugural intake began their final clinical year as student interns, assuming more responsibility for patient care and ward work, all under direct supervision. They will receive the MBBS degree upon successful completion. 'We look forward with great anticipation to the graduation ceremony of our first cohort on 28 June 2022,' says Paddy.

The collaboration with MBRU supports Mediclinic's goals of research and innovation, alongside the delivery of high-quality, client-centred care by training the next generation of physicians. However, our involvement in medical education extends beyond MBRU: we have several MoUs with universities and colleges throughout the UAE to provide clinical placements for nursing, pharmacy, allied health professions and medical students in undergraduate and internship programmes.

In addition, the division is developing a learning academy focused on Nursing and General Healthcare Administration. This will provide school-leaving Emiratis with future-fit skills while offering career development and coaching programmes in the long term.



## WHAT THE STUDENTS SAY

My skills have grown significantly over the last three years. I have learned how to interact with clients and their families, understood how to diagnose and treat a variety of medical problems, and practised important procedural skills. I feel privileged to be taught by the Mediclinic team.

Saad Syed

The physicians really encourage me to undertake my own full assessment of new patients. They push me to do the consults myself and also allow ample time for discussion around cases to solidify my learning.

Aya Akhras

The clinical training has equipped me with a great deal of knowledge and skills. Although I have enjoyed every department, Obstetrics and Gynaecology provided me with eye-opening experiences. I can now see this specialty as my focus going forward.

Farah Ennab

## UNDERGRADUATE CLINICAL TEACHING ORGANOGRAM



City Hospital

Parkview Hospital & Satellite Clinics

Welcare Hospital & Satellite Clinics

Dubai Mall & Satellite Clinics

Each hospital has its own

Medical Director	Academic Coordinator	Administration Coordinator
<b>YEAR 4</b> • Family Medicine • Internal Medicine • Paediatrics • Surgery	<b>YEAR 5</b> • Internal Medicine • Surgery • Emergency Medicine • Obstetrics & Gynaecology • Electives	<b>YEAR 6</b> • Internal Medicine • Surgery • Obstetrics & Gynaecology • Paediatrics • Selectives • Electives

13 December 2021

Master affiliation with MBRU renewed

289

Middle East physicians have adjunct faculty appointments

# HUMAN RIGHTS



- determination and participation, refusal of treatment and the right to complain;
- value diversity and equal opportunities for all employees; and
- not tolerate any form of unfair discrimination, such as access to employment, career development, training or working conditions based on gender, age, religion, nationality, race/ethnic origin, language, HIV/Aids status, family status, disability, etc.

During the year, there were no material incidents of discrimination or violations involving rights of indigenous peoples in the Group.

## MODERN SLAVERY AND HUMAN TRAFFICKING

The Mediclinic Modern Slavery and Human Trafficking Statement details the steps we have taken to prevent such abuses, including any direct form of forced labour or child labour in our business or indirectly through our supply chain.

➤ See the [Mediclinic Modern Slavery and Human Trafficking Statement](#) for more information



During the year, there were no material incidents of discrimination or violations involving rights of indigenous peoples in the Group.

Mediclinic is committed to conducting business in a manner that respects and promotes human rights and dignity. This commitment is entrenched in our Code of Business Conduct and Ethics ('Ethics Code') and we undertake to:

- avoid and not contribute to any indirect adverse human rights impacts linked to our operations or services by our suppliers or other business relations;
- respect clients' rights, including but not limited to privacy, confidentiality, dignity, no discrimination, comprehensive health status and treatment information, a second opinion, access to medical records, self-

# CORPORATE SOCIAL INVESTMENT

We contribute to the wellbeing of our communities by investing in sustained initiatives that address socio-economic issues. CSI activities are structured around the improvement of healthcare through training and education, sponsorships, donations, employee volunteerism, PPPs and joint ventures.

CSI focus areas are determined per geography to address the needs of the specific region.



## REGIONAL INFORMATION

### SWITZERLAND

- Spent CHF2.6m (2020: CHF1.8m)
- Health education and awareness campaigns
- Quality of Life Foundation
- Medical partner in sporting events
- Free public access to Hirslanden Healthline during pandemic

### SOUTHERN AFRICA

- Spent ZAR20.9m (2020: ZAR30.2m)
- Donated personal protective equipment, financial contributions and other needed resources
- ZAR9.8m in emergency medical services and transport for indigent patients by subsidiary ER24
- Public Health Enhancement Fund ('PHEF') support of ZAR5m<sup>1</sup>
- 72 *pro bono* surgeries to reduce surgical backlog in state facilities
- Learner trauma counselling by ER24

### THE MIDDLE EAST

- Spent AED4.4m (2020: AED1.9m) including AED3.4m on free COVID-19 vaccinations to UAE residents
- Medical services for underprivileged children through support of the Al Jalila Foundation, including funding of first paediatric living kidney donor transplant in Dubai
- Donation of office space to Emirates Cancer Society
- Rehabilitation centre support for people of determination

**Note**

<sup>1</sup> PHEF support reported per financial year.

## SHAPING OUR TOMORROW... WITH *PRO BONO* SURGERIES

# MOVING LIVES FORWARD



Constantiaberg, South Africa

Two hours: the time required to transform the life of someone who cannot walk because of the need for a hip or knee replacement. But for patients in the public sector, the waiting list is long. In truth, it often takes several years for their turn to arrive.

In 2021, our Constantiaberg hospital collaborated with the Joint Care Trust, a not-for-profit organisation, to provide those two life-changing hours to 17 individuals on the waiting list at Victoria Hospital in Cape Town. Mediclinic made the surgeries possible by providing the operating theatre, trained theatre nurses and a night in hospital. 'This is a crucial project that allows us to bring real benefits throughout our local community,' says Henk Laskey, Hospital General Manager. 'If we can use our spare capacity to help people get back to their lives, we must.'

What makes the surgeries so impactful is that, in many cases, individuals are in the prime of their lives and have been unable to earn a living due to their joint pain. 'When someone must wait years for a hip replacement, they are being taken out of the

market, out of employment and the economy. So, when we are able to partner with Mediclinic to reduce the surgical waiting list, it is a huge benefit,' explains Dr Nomafrench Mbombo, the Western Cape Provincial Minister of Health.

Established in 2012, the Joint Care Trust – under the direction of its trustees, Drs Deon Engela, Nick Martin and Paul Rowe – helps state patients by alleviating the backlog of replacement surgery. The doctors do so not only by obtaining donated implants and performing surgery *pro bono*, but also by using those procedures to share their expertise.

'I see it as a training opportunity,' says Dr Engela, explaining that the replacement procedure requires the main surgeon to be assisted. 'If you are an assistant, you will definitely gain a lot of experience just by observing what is being done.' During the surgeries at our Constantiaberg hospital, Dr Woyisile Nkomo, an orthopaedic surgeon working in the public sector in QwaQwa, had the chance to fine-tune his skills.

Since three *pro bono* operations are scheduled at a time, it provides an ideal opportunity for state doctors to gain further exposure. 'The idea is for this whole concept to grow and for other people to become involved,' says Dr Engela. With the hospital planning to support 40 replacement surgeries in 2022, he is reaching out to the University of Cape Town's Department of Orthopaedics for more training candidates.

'It is a big move forwards for us to be able to work with Mediclinic on this project.'



This is a crucial project that allows us to bring real benefits throughout our local community.

**Henk Laskey**  
Hospital General Manager



Drs Deon Engela (left) and Woyisile Nkomo (right)

# CONNECTING TO OUR SUPPLIERS

Expert, responsible suppliers enable us to offer our high-quality healthcare services in a way that improves wellbeing for people and the planet. We understand the importance of partnerships in improving our value proposition and believe in transparency and fairness in our long-term relationships.

We collaborate with suppliers to not only ensure the quality and reliability of products, but to maintain our standards for sustainable sourcing, human rights, ethics and the environment.

## WHAT MATTERS TO THEM

- Ethical behaviour
- Fair and transparent negotiations
- Timeous payment

## ADDRESSED THROUGH

- Optimised supply chain
- Protection of human rights



# OPTIMISED SUPPLY CHAIN

## OUR TARGET

We aim to realise effective savings through governance, safety and control over all procurement in the Group by harnessing standardised procedures and information management and driving adoption across business units through a simplified human interface.

## SUPPLY CHAIN ROADMAP

### 2025 TARGETS

Standardise procurement processes, master data management and systems support	Implement e-procurement solution to cover all Group spend	Improve management and analytics for all Group spend	Support end-to-end procurement processes
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### PROGRESS

Project to consolidate all procurement master data and system support resources progressing as planned	Completed global blueprint for standardised procedures of indirect procurement  Coupa e-procurement solution on track in Switzerland with Corporate Office and 10 hospitals completed	Optimal utilisation of information from first phase of Group spend management project to manage key procurement metrics  Developed materials utilisation dashboards to increase visibility of supply chain costs	Future structure and transition plan in development
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### 2022 FOCUS AREAS

Implement technologies to gain process automation and efficiencies	Expand global blueprint to include all Group spend  Complete Coupa roll-out for all Swiss facilities	Implement second phase of spend management project to increase the depth of supply chain cost analyses	Implement phased transition plan
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## OPTIMISED SUPPLY CHAIN CONTINUED

Our Supply Chain Risk Management Policy and Ethics Code provide a supplier selection framework that aligns with our purpose and culture while delivering high-quality products and services.

We strive to do business with third parties who are environmentally responsible and influence our suppliers and service providers to limit their impact on the environment. Suppliers are reviewed during onboarding and regularly thereafter to ensure they comply with ISO 9000 and/or ISO 13485 quality management certification, relevant ISO certification of the products utilised, CE Medical Device Regulation certification<sup>1</sup> and/or certification by the Food and Drug Administration of the United States of America.

To unlock synergies and implement standardisation to the Group's benefit, we:

- monitor global supply chains to avoid business disruption;
- pool capital equipment purchases for better prices;
- conclude global contracts for surgical products and implants;
- benchmark prices globally to support negotiations and ensure similar value is achieved by all divisions; and
- directly import and distribute cost-effective surgical and consumable products.

The GPO delivers products at reduced prices through:

- offering more value than existing supply chains;
- improved governance;
- due diligence investigations of manufacturers; and
- added competition, ensuring suppliers deliver best value to maintain business with the Group.

Mediclinic predominantly procures in local markets of operation. We do not import directly or procure across borders unless there are challenges. None of our divisions procure less than 98% of spend from local suppliers.

Centralised procurement prevents employees and medical practitioners at hospital level from influencing decisions. Employees involved in purchasing are bound by strict ethical principles and corporate policies on gifts and invitations to ensure impeccable standards of integrity.

Additional measures were put in place to monitor supplier conduct.

➤ See the [Mediclinic Supply Chain Management Philosophy](#) for more information



### REGIONAL INFORMATION

#### SWITZERLAND

- Central logistics platform for daily distribution
- Cooperation with German Sana hospital buying group to strengthen negotiations
- Utilisation of hystrix digital marketplace for savings
- Improved data quality of maintenance system

#### SOUTHERN AFRICA

- Centralised procurement department
- Preferential procurement strategy for supplier B-BBEE status
- Changed operating structure for capital procurement, allowing for category specialisation and focus on project procurement
- Spend management dashboard and supporting detail reports

#### THE MIDDLE EAST

- Central logistics platform for daily distribution
- Improved inventory management and controls
- Strengthened procurement governance and controls
- Improved spend visibility and analytics
- Opportunity for suppliers to co-host continuous medical education events
- Development of retail pharmacy structure
- 'Supplier of the Year' award

#### Note

<sup>1</sup> CE marking = a certification mark that indicates conformity with health, safety and environmental protection standards for products sold within the European Economic Area ('EEA'); also found on products sold outside the EEA that are manufactured in, or designed to be sold in, the EEA.

# COMPLY

## MATERIAL ISSUE 3: BEING AN ETHICAL AND RESPONSIBLE CORPORATE CITIZEN

We endeavour to conduct business with transparency, honesty and integrity, applying sound governance and compliance principles across the Group to foster an ethical culture.

### 2021 IN GROUP NUMBERS

Calls to ethics lines<sup>1</sup>

**187** 

(2020: 148)

Board committees

**6** 

(2020: 5)

Board members with ESG knowledge and experience

**7** 

(2020: 4)

Investment in capital projects and new equipment<sup>2</sup>

**£84m** 

(2021: £72m)

Investment in equipment replacement and property upgrades<sup>2</sup>

**£95m** 

(2021: £54m)

Expenditure on repair and maintenance<sup>2</sup>

**£67m** 

(2021: £61m)

#### Notes

<sup>1</sup> Twenty-four high-priority cases were reported during the year. These were subsequently investigated and closed.

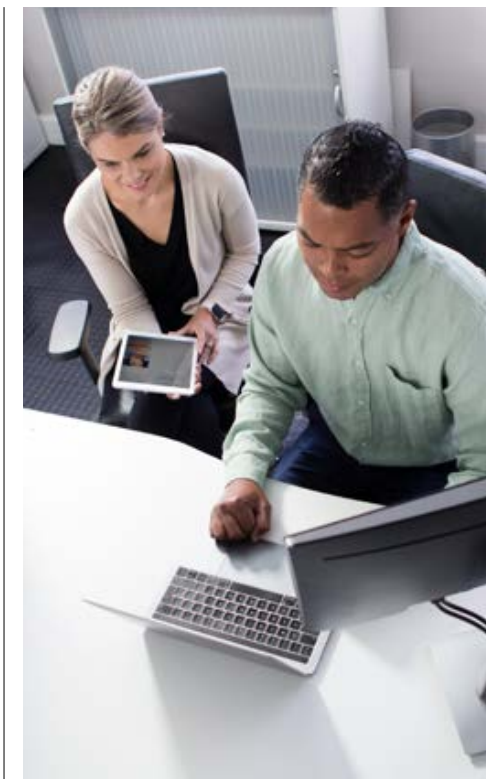
<sup>2</sup> Capital expenditure is audited annually by external auditor PricewaterhouseCoopers ('PwC') as part of the Annual Report. Consequently, amounts are disclosed on a financial-year basis.



### OUR TODAY

#### PROGRESS IN 2021

- ✓ Established ESG Committee
- ✓ Completed employee campaign on anti-bribery, anti-corruption and ethical behaviour, customised per geography
- ✓ Reviewed ethics lines in light of visibility, awareness of availability, confidentiality and whistleblower protection, and response at facilities
- ✓ Implemented pilot of data privacy online learning programme to educate employees on how to ensure safety, security and accuracy of confidential information
- ✓ Progressed with identifying personal datasets, data flows and related risk assessments
- ✓ Concluded extensive reviews of contracts in which personal information is shared with third-party processors to ensure data privacy and address InfoSec concerns
- ✓ Further matured compliance with EU's General Data Protection Regulation ('GDPR') framework



## OUR TOMORROW

### FOCUS AREAS IN 2022

- Conclude data privacy online learning programme pilot and commence Group roll-out
- Implement extended, comprehensive InfoSec policies and controls
- Modernise protection of end-point devices
- Implement effective data leak/loss prevention controls and measures
- Enhance the InfoSec awareness programme

### RISKS TO THE BUSINESS

- Fines and possible prosecution
- Reputational damage
- Inability to continue business due to legal and non-regulatory compliance
- Financial damage caused by poor governance
- Cyber incidents
- Data privacy breaches
- Poor facility conditions

### RISK MITIGATION

- Visible ethical leadership
- Regular fraud and ethics feedback to management, the Board and relevant committees
- Independent ethics lines
- Group Risk Management and Compliance, and Internal Audit functions
- Annual review of policies governing ethics, competition law compliance, risk management, investor relations, data privacy and information security
- Data privacy awareness campaigns and e-learning
- Key financial controls
- Planned facility maintenance and upgrades
- Facility audits



# ESG COMMITTEE

- 1 Dame Inga Beale
- 2 Danie Meintjes
- 3 Dr Felicity Harvey
- 4 Dr Ronnie van der Merwe
- 5 Natalia Barsegiyan



## OUR SUSTAINABLE DEVELOPMENT GOVERNANCE STRUCTURE

The ESG Committee reviews the Group Sustainable Development Strategy annually, with biannual updates on progress.

### BOARD OF DIRECTORS

Number of directors with ESG knowledge and experience: 7

Responsible for ensuring:

- good corporate governance;
- strategy and long-term sustainable success;
- alignment of activities with organisational culture; and
- effective stakeholder engagement.

### AUDIT AND RISK COMMITTEE

Responsible for reviewing the Group's principal risks, including those related to material sustainability issues and, more specifically, climate change.

### ESG COMMITTEE

Responsible for:

- ensuring the Group maintains responsible corporate citizenship;
- implementing the Group Diversity and Inclusion Strategy; and
- monitoring the Group's overall ESG performance.

### GROUP CHIEF GOVERNANCE OFFICER

Responsible for coordinating sustainable development activities across the Group.

### GROUP SUSTAINABLE DEVELOPMENT FORUM

Responsible for ensuring alignment and execution of the Group Sustainable Development Strategy in operating geographies and the entrenchment of Group-wide best practices.

### DIVISIONS

Responsible for implementing and managing divisional sustainable development activities.

ACCOUNTABLE TO

RESPONSIBLE FOR

See the **2022 Annual Report** for more information on the focus areas and outcomes of Board and committee activities for FY22, as well as the Board's engagement with stakeholders

## SHAPING OUR TOMORROW... THROUGH LEADERSHIP

# OUR SUSTAINABILITY CHAMPIONS

1

In one word, what would you like Mediclinic's sustainability legacy to be?

2

Which of Mediclinic's ESG initiatives do you find most gratifying and why?


3

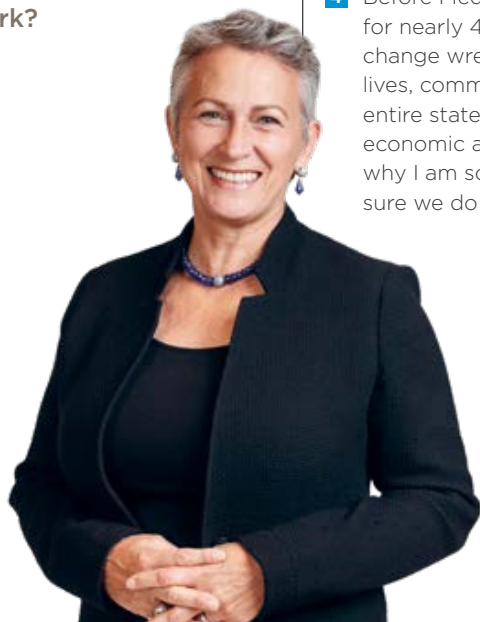
Who or what in the field of sustainability inspires you?

4

Can you describe a personal experience that motivates your work?

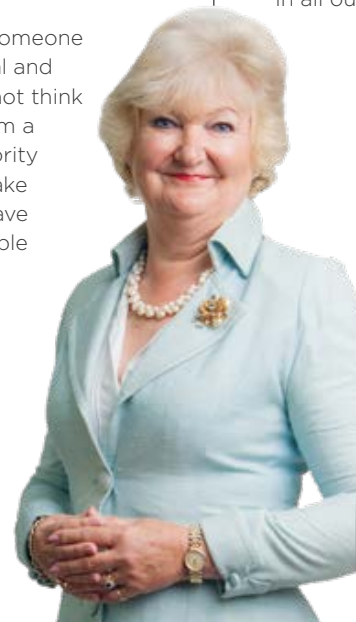
### DAME INGA BEALE

- 1 People
- 2 The one that gets me really excited is the circular economy. The only way we can achieve our goal of no waste to landfill by 2030 is to work with our suppliers. We already have some pilot programmes in place to reduce waste at the source.  [See page 16](#)
- 3 A major inspiration is Mumbai lawyer Afroz Shah, who single-handedly launched a campaign to clean waste from Versova Beach. He teaches communities how to deal with plastic and, after two decades' absence, turtles have returned to the beach. We have to take action as individuals to make a lasting impact.
- 4 Before Mediclinic, I worked in insurance for nearly 40 years. I saw how climate change wreaked havoc and destroyed lives, communities, businesses – even entire states. I have witnessed both the economic and the human cost. That is why I am so passionate about making sure we do the right thing for the planet.



### DR FELICITY HARVEY

- 1 Trust – that we will do the right thing and be transparent.
- 2 I am impressed by our clinicians driving change, for example, anaesthetists working to use less-harmful gases. Even though we do not employ all the medical practitioners that work with us, they believe so fervently in our efforts that they are also driving sustainability forwards.
- 3 To meet our challenging targets, innovation is going to be critical. It is exciting to think our waste could be used for eco bricks that enable sustainable construction. Our Innovation function is really engaged on how we can do things differently in future. The circular economy also inspires me, because it will lead us to develop deeper relationships with our supply chain.
- 4 It is so rewarding when someone realises their full potential and achieves goals they did not think they could – whether from a gender or an ethnic minority perspective. I want to make sure all our employees have those opportunities. People should know Mediclinic is a diverse and inclusive organisation that will support them with training and development.



### DR RONNIE VAN DER MERWE

- 1 Responsible – we would like to be known as a company that is socially responsible and environmentally friendly.
- 2 I like our entire ESG portfolio of activities but, at the moment, the environmental strategy is the most gratifying. There are so many opportunities to make a big difference over a short period of time.
- 3 Quite simply, it is the power of an environmentally friendly mindset and what that allows us to do.
- 4 I have a deep connection to nature, and am acutely aware of the continuous destruction of our natural environment as well as the consequences thereof. At this point, it is my biggest motivation to ensure Mediclinic becomes a sustainable company by nurturing the right mindset in all our employees.



## OUR SUSTAINABILITY CHAMPIONS CONTINUED

Panorama, South Africa



### DANIE MEINTJES

- 1 Sensible – if it is not sensible, it will not be sustainable.
- 2 The energy-efficiency initiatives really hearten me. Whenever I fly to Cape Town and pass over our Panorama hospital, it gives me great pleasure to see all the solar panels. We need to find green energy alternatives if we want to reduce our carbon footprint.
- 3 What inspires me are those individuals who have a sustainable attitude ingrained in them – people who switch off the lights and air conditioning when they leave the office, or sort waste for recycling. Their combined efforts will make a difference.
- 4 No matter what we want to achieve, we need the alignment of our people. Given Mediclinic's size, an engaged workforce that believes in our sustainability vision will make the task so much easier. I am also the non-executive director for workforce engagement and creating a purpose-driven company culture is what motivates me. If we can instil a positive attitude among our more than 33 000 employees, we can achieve whatever we set as a goal.



### NATALIA BARSEGIYAN

- 1 Leader – to be a leader in initiatives that positively impact people's lives.
- 2 Since we work in such different geographies, with so many nationalities, diversity and inclusion are key in my view. It is something we can truly leverage and own as an organisation.
- 3 We can learn from many companies who build sustainability initiatives into their strategy, starting with Nike and how they embrace environmental protection. Recently, I have been inspired by companies supporting people in the humanitarian crisis in Europe.
- 4 I worked as a general manager for Pizza Hut in Europe and, in our small team of 50, there were 26 nationalities. When you know the person next to you has a different background, it presents an opportunity to open your mind and try to understand their point of view. These differences brought such richness to our discussions – both on the personal and the business side.



If we can instil a positive attitude among our more than 33 000 employees, we can achieve whatever we set as a goal.

**Danie Meintjes**  
Director for workforce engagement

## PREVENTING BRIBERY AND CORRUPTION

We are committed to ethical standards. Our Ethics Code guides honourable business conduct while a Group-wide monitoring programme reinforces regulatory compliance.

We have independent ethics lines for whistleblowers to report concerns confidentially or anonymously. Information on our ethics lines forms part of onboarding materials for all new recruits and suppliers. Over the years, the majority have been grievance-related calls. Only in exceptional cases has information exposed unethical, corrupt or fraudulent behaviour.

The Group's Anti-bribery Policy and Guidelines govern the offering of gifts, hospitality and entertainment; approval is given only if a proper business case exists without reputational risk. This policy prohibits the direct sponsorship of supplier and/or third-party events, ensuring all such sponsorships are administered and overseen by the relevant division.

➤ See the Audit and Risk Committee Report in the **2022 Annual Report**

➤ See the **2022 Clinical Services Report** for clinical ethics

➤ See our **Ethics Code**

In 2021, we observed no incidents of material non-compliance with the Ethics Code, Anti-bribery Policy or any applicable legislation concerning corruption, bribery or antitrust, with no significant fines imposed. Additionally, Mediclinic was not subject to any significant fines or non-monetary sanctions for non-compliance with laws or regulations in the social or economic arena.



We have independent ethics lines for whistleblowers to report concerns confidentially or anonymously.



## SUSTAINING EFFECTIVE AND TRANSPARENT GOVERNANCE

### GROUP TAX STRATEGY

Our Tax Strategy outlines our commitment to comply with all relevant legislation, rules, regulations, and reporting and disclosure requirements, maintaining mutual trust and respect in our dealings at all times.

➤ See our **Tax Strategy**

### COMPLIANCE WITH CONSUMER PROTECTION LAWS

We adhere to all applicable consumer protection legislation. No material complaints or breaches were reported during 2021.

### GOVERNANCE OF ADVERTISING

#### REGIONAL INFORMATION

##### SWITZERLAND

- Adherence to applicable legislation and guidelines
- Marketing and communication governance complies with ISO 9001:2015 international management standard (audited annually)

##### SOUTHERN AFRICA

- Marketing and communication governance process
- Social media policies guide response to negative incidents, and manage and protect the business reputation

##### THE MIDDLE EAST

- Healthcare advertising regulated by the UAE Ministry of Health in Dubai and the Department of Health in Abu Dhabi, with advertisements requiring prior approval
- Communication policy

## PROTECTING INFORMATION ASSETS

We have an effective InfoSec programme to protect our technology, information assets and users. Our operations span multiple geographies, necessitating an adequate international data network and Group approach to threat management.

Cyberattacks are an increasingly sophisticated and evolving danger to sensitive data. Attackers frequently employ new methods powered by social engineering and artificial intelligence to circumvent traditional data security controls.

Due to the importance of our information assets, numerous initiatives revolve around their protection, including a Group cybersecurity Centre of Expertise, an international standards-based Information Security Policy and Control Architecture, a constantly evolving Cyber Incident Response Plan, and a user awareness programme. We conduct regular external audits and vulnerability assessments.

Amid embracing new technologies and digitising the business, we have also defined a set of multi-year InfoSec initiatives to enhance our security practices and culture through:

- better organising InfoSec practices and activities by embedding the Group's Information Security Management System, which addresses business risk alignment, operations and assurance;
- improving InfoSec readiness by addressing key risks and implementing new or improved measures where control gaps exist; and
- creating a culture of InfoSec awareness and accountability through employee education on safe cyber behaviour.



Attackers frequently employ new methods powered by social engineering and artificial intelligence to circumvent traditional data security controls.



## DATA PRIVACY

We protect stakeholders' personal data through an extensive Group-wide data privacy project, which ensures compliance with all relevant data protection legislation in our countries of operation, including GDPR.

### REGIONAL INFORMATION

	SWITZERLAND	SOUTHERN AFRICA	THE MIDDLE EAST
Compliant with GDPR framework	•	•	•
Compliant with local legislation	•	•	•
Refined data breach incident management process	•	•	•
Compulsory division-specific privacy training	•		•

### OTHER JURISDICTIONS


All our registered entities in other jurisdictions comply with relevant data privacy legislation as well as the principles of GDPR.

## MAINTAINING HIGH-QUALITY HEALTHCARE INFRASTRUCTURE

To ensure the best overall experience for both clients and employees, we continuously invest in capital projects, innovation and digital transformation, new equipment to expand and refurbish our facilities, replacement of existing equipment, and repair and maintenance of existing property and equipment.

Our facilities can be high-risk environments in which complex treatment processes are executed using sophisticated equipment and techniques. Independent accreditation ensures we adhere to international standards, thereby reducing the risk of injury or harm.

 See page 48 for Independent assurance




 See the 2022 Annual Report for more on innovation and digital transformation








# INDEPENDENT ASSURANCE

Our Internal Audit function verified a selection of the ESG data contained in this report. In this, it relies on the integrity of information received from the divisions and recalculates and confirms information contained in the data sources. The following data was verified:








- carbon emissions, energy usage, waste and water;
- employee numbers, age, gender, training and turnover, as well as employment equity;
- CSI expenditure; and
- number of calls made to ethics lines.







INDEPENDENT ASSURANCE			
Assurance output		Processes assured	Provider/Standard
External carbon footprint calculation based on carbon emissions data of all three divisions		Carbon footprint calculation in accordance with the GHG Protocol	Carbon calculated, GHG Protocol
External carbon emissions assurance of all three divisions		Carbon emissions data and calculations	External Energy and Water Consultancy, ISO 14064-3
Compliance with Abu Dhabi Occupational Health and Safety Management System ('OHSMS') and local OHSMS regulator standards in all Abu Dhabi hospitals		Abu Dhabi OHSMS framework	Abu Dhabi Public Health Center, Department of Health occupational health and safety standards

INDEPENDENT ASSURANCE			
Assurance output		Processes assured	Provider/Standard
ISO 14001:2015 external certification of 44 facilities		Environmental management system	British Standards Institute, accredited by United Kingdom Accreditation Service
Accreditation for all participating hospitals <sup>1</sup> . Accreditation assessments based on detailed hospital standards and validated by the International Society for Quality in Healthcare ('ISQua')		Healthcare facility quality	Council for Health Service Accreditation of Southern Africa ('COHSASA'), ISQua
B-BBEE verification		B-BBEE	Empowerlogic, accredited by South African National Accreditation System
Employee engagement is measured annually via an internationally recognised service provider		Employee engagement	Gallup®
Press Ganey® continuously measures and reports on patient experience		Patient experience	Press Ganey®

 = Switzerland  = Southern Africa  = The Middle East









## INDEPENDENT ASSURANCE CONTINUED

INDEPENDENT ASSURANCE			
Assurance output		Processes assured	Provider/ Standard
ISO 9001:2015 certification of all hospitals and Corporate Office		Process and quality management	Swiss Association for Quality and Management Systems ('SQS')
DIN ISO 13485 certification of Klinik Hirslanden and Klinik St. Anna		Process and quality management	SQS
City Hospital laboratory reaccredited in 2019		Pathology laboratory of City Hospital	College of American Pathologists
Klinik Hirslanden accredited since 2017		Haematopoietic stem cell transplantation	Joint Accreditation Committee ISCT-EBMT
Accreditation or reaccreditation of all facilities (hospitals and clinics)		Quality and safety of patient care	Joint Commission International ('JCI')
All laboratories operating within our hospital and clinic facilities are ISO 15189:2012-accredited		Pathology laboratories of Middle East hospitals and clinics in Dubai, Abu Dhabi, Al Ain and Western Region	International Organisation for Standardisation ('ISO')
Diabetes clinical programme at Welcare Hospital		Diabetes clinical programme at Welcare Hospital	JCI, Clinical Care Program Certification ('CCPC')

INDEPENDENT ASSURANCE			
Assurance output		Processes assured	Provider/ Standard
Aviation medicine clinical programme at Airport Road Hospital, waiting for final outcome of survey done in February 2021		Aviation medicine clinical programme at Airport Road Hospital	ISO, General Civil Aviation Authority standards
Acute coronary syndrome clinical programme at Airport Road Hospital		Acute coronary syndrome services at Airport Road Hospital	JCI, CCPC
Accreditation of Parkview, City and Welcare hospitals and Dubai Mall as collaborating centres for obesity management		Obesity management	European Association for the Study of Obesity's Collaborating Centres for Obesity Management
Accreditation of specialist bariatric unit at Airport Road Hospital		Bariatric unit at Airport Road Hospital	Surgical Review Committee, Centre of Excellence in Metabolic and Bariatric Surgery
Quality measurement and improvement on the basis of routine data, public reporting and peer review		Quality of processes	Initiative Qualitätsmedizin
Certification of breast cancer centres at six hospitals		Quality and safety of cancer treatment	Swiss Cancer League

 = Switzerland  = Southern Africa  = The Middle East

## INDEPENDENT ASSURANCE CONTINUED

INDEPENDENT ASSURANCE			
Assurance output		Processes assured	Provider/Standard
Breast Cancer Centre Bern Biel		Quality and safety of cancer treatment	Swiss Cancer League, Society for Senology
Tumour centres at Klinik Hirslanden and Klinik St. Anna certified as European Cancer Centres		Quality and safety of cancer treatment	German Cancer Society
Klinik Hirslanden Stroke Centre accredited		Quality and safety of stroke treatment	Swiss Federation of Clinical Neuro-Societies
Centre of Excellence for stroke at City Hospital		Comprehensive Stroke Centre at City Hospital	American Heart Association, Middle East and Northern Africa Stroke Organisation, Comprehensive Stroke Centre standards
Participation by 34 Southern African facilities and seven Middle East facilities	   	Quality and safety of neonatal care	Vermont Oxford Network

 = Switzerland  = Southern Africa  = The Middle East

**Note**

<sup>1</sup> COHSASA accreditation is limited to the largest hospitals caring for complex cases. These hospitals undergo regular reaccreditation surveys on a rotational basis, the findings of which are shared with the hospitals and the Southern Africa Corporate Office. Learning points emerging from findings inform focus areas for improvement initiatives which also benefit smaller non-participating hospitals. In addition, the smaller facilities adhere to all the required regulatory requirements and industry standards.

## GLOSSARY OF TERMS

TERM	MEANING
B-BBEE	Broad-based Black Economic Empowerment
Board or Board of Directors	the board of directors of Mediclinic International plc
CCPC	Clinical Care Program Certification
CDP	organisation originally known as Carbon Disclosure Project
CEO	Chief Executive Officer
CO <sub>2</sub> e	carbon dioxide equivalent
COHSASA	Council for Health Service Accreditation of Southern Africa
Company	Mediclinic International plc
Controllable employee turnover	Controllable employment terminations for all permanent employees are determined by a subset of 12 criteria, but specially excludes a subset of six criteria i.e. death, contract expiry, absconding, poor health, retirement or personal reasons
CSI	corporate social investment
CSR	corporate social responsibility
EEA	European Economic Area
EMS	environmental management system
ESG	environmental, social and governance
Ethics Code	Company's Code of Business Conduct and Ethics
EU	European Union
FTE	full-time equivalent
FY22	the financial year ending 31 March 2022
FY23	the financial year ending 31 March 2023
GCC	Gulf Cooperation Council
GDPR	General Data Protection Regulation of the European Union
GHG	greenhouse gas
GPO	group purchasing organisation
GRI Standards	the GRI Sustainability Reporting Standards issued in 2016 by the Global Sustainability Standards Board, which represent global best practice for reporting publicly on a range of economic, environmental and social impacts
Group	Mediclinic International plc and its subsidiaries, including its divisions in Switzerland, Southern Africa and the Middle East
Group Executive Committee	the executive committee of Mediclinic International plc
HCRW	healthcare risk waste
Hirslanden	the Group's operations in Switzerland, trading under the Hirslanden brand, with Hirslanden AG as the intermediary holding company of the Group's operations in Switzerland
ICT	information and communications technology
InfoSec	information- and cybersecurity
IPC	infection prevention and control

## GLOSSARY OF TERMS CONTINUED

TERM	MEANING
ISO	International Organisation for Standardisation
ISQua	International Society for Quality in Healthcare
JCI	Joint Commission International, an international quality measurement accreditation organisation, aimed at improving quality of care
JSE	the stock exchange of South Africa based in Johannesburg
LSE	London Stock Exchange
MBRU	Mohammed Bin Rashid University of Medicine and Health Sciences in Dubai
Mediclinic	Mediclinic International plc
Mediclinic Middle East	the Group's operations in the Middle East, trading under the Mediclinic brand, with Mediclinic Middle East Holdings (registered in Jersey) as the intermediate holding company of the Group's operations in Dubai and Abu Dhabi
Mediclinic Southern Africa	the Group's operations in South Africa and Namibia, trading under the Mediclinic brand, with Mediclinic Southern Africa (Pty) Ltd as the intermediary holding company of the Group's operations in South Africa and Namibia
MoU	Memorandum of Understanding
NHI	National Health Insurance
NSX	the Namibian Stock Exchange based in Windhoek, Namibia
Period under review/ Reporting period	1 January 2021 - 31 December 2021
OHSMS	Occupational Health and Safety Management System
PHEF	Public Health Enhancement Fund
PPP	public-private partnerships
PV	photovoltaic
SASB	Sustainability Accounting Standards Board
SDGs	the UN Sustainable Development Goals
Spire	Spire Healthcare Group plc
SQS	Swiss Association for Quality and Management Systems
TCFD	Task Force on Climate-related Financial Disclosures
UAE	the United Arab Emirates
UK	the United Kingdom of Great Britain and Northern Ireland
UN	the United Nations
WHO	World Health Organization



# DATA

## RESTATEMENT NOTICE

During 2020, we centralised the compilation and reporting of our environmental data. In 2022, the decision was made to report per geography and not per division to align with other reporting requirements. The impact of this decision entails the inclusion of Mediclinic Group Services and Medical Innovations under Southern Africa.

### MATERIAL ISSUE 1

		2021	2020	2019	2018	2017
<b>CARBON EMISSIONS (tonnes CO<sub>2</sub>e)</b>						
<b>Scope 1 &amp; 2</b>						
Group <sup>1</sup>	Total Scope 1 & 2	211 969	226 048	239 960	214 537	209 525
	Total Scope 1 & 2 CO <sub>2</sub> e/FTE	6.25	n/a	n/a	n/a	n/a
Switzerland <sup>2</sup>	<b>Scope 1:</b> Direct emissions	6 670	4 780	5 232	5 566	5 628
	<b>Scope 2:</b> Indirect emissions from purchased electricity	646	595	562	650	578
	Total Scope 1 & 2	7 316	5 374	5 795	6 216	6 206
	Total Scope 1 & 2 CO <sub>2</sub> e/FTE	0.94	0.72	0.78	0.90	0.87
Southern Africa	<b>Scope 1:</b> Direct emissions <sup>3</sup>	22 215	22 083	21 047	22 422	24 193
	<b>Scope 2:</b> Indirect emissions from purchased electricity <sup>4</sup>	154 982	151 053	157 370	143 338	149 109
	Total Scope 1 & 2	177 197	173 136	178 417	165 760	173 302
	Total Scope 1 & 2 CO <sub>2</sub> e/FTE	9.32	10.96	11.25	10.43	10.61
The Middle East	<b>Scope 1:</b> Direct emissions <sup>5</sup>	5 771	3 869	2 959	4 191	3 585
	<b>Scope 2:</b> Indirect emissions from purchased electricity	21 686	43 379	52 789	38 371	26 434
	Total Scope 1 & 2	27 456	47 248	55 748	42 562	30 018
	Total Scope 1 & 2 CO <sub>2</sub> e/FTE	3.86	6.97	9.76	7.56	5.76

		2021	2020	2019	2018	2017
<b>CARBON EMISSIONS (tonnes CO<sub>2</sub>e)</b>						
<b>Scope 3 indirect emissions (from supply chain, business travel and waste removal)</b>						
Group		65 068	54 278	58 978	51 855	52 700
Switzerland		5 915	143	219	1 218	665
Southern Africa		47 115 <sup>6</sup>	39 576	44 589	42 981	47 270
The Middle East		12 038	14 559	14 170	7 656	4 765
<b>Non-Kyoto Protocol emissions (out of Scope emissions)</b>						
Group		3 122	5 815	3 289	5 761	7 046
Switzerland		0	0	0	0	0
Southern Africa		2 292	3 180	1 233	2 200	2 841
The Middle East		830	2 635	2 056	3 561	4 205
<b>DIRECT AND INDIRECT ENERGY CONSUMPTION (GJ)</b>						
<b>Total energy consumption</b>						
Group	Total GJ	1 284 086	1 188 023	n/a	n/a	n/a
	GJ/FTE	37.84	36.02	n/a	n/a	n/a
Switzerland	Total GJ	296 876	260 807	269 320	258 608	265 312
	GJ/FTE	38.00	35.09	n/a	n/a	n/a
Southern Africa	Total GJ	662 447	652 818	681 667	658 009	635 210
	GJ/FTE	34.84	35.05	n/a	n/a	n/a
The Middle East	Total GJ	324 764	271 656	266 989	188 312	142 872
	GJ/FTE	45.70	40.08	n/a	n/a	n/a

#### Notes

- <sup>1</sup> Decrease in total Scope 1 and 2 emissions due to the purchase of nuclear power with zero emissions for hospitals in Abu Dhabi (nuclear power accounts for 50% of the total electricity consumption in the Middle East).
- <sup>2</sup> Increase in Scope 1 and 2 emissions due to operational requirements; Scope 3 increase due to the inclusion of the portion of waste that is incinerated (not included in previous reporting)
- <sup>3</sup> Increase due to diesel consumption on account of load shedding, anaesthetic gases used in theatre and use of mobile fuel.
- <sup>4</sup> Scope 2 emissions (purchased electricity) increased as a result of an increase in the emission factor (conversion of kWh to CO<sub>2</sub>e) even though total electricity usage decreased year on year.
- <sup>5</sup> Increase due to use of air-conditioning and refrigeration gases, diesel consumption as a result of generators used in tents for COVID-19 PCR testing and expansion project at Airport Road Hospital, Abu Dhabi, where diesel boilers were installed.
- <sup>6</sup> Increase due to resumption of business travel and upstream transportation.

## DATA CONTINUED

	2021	2020	2019	2018	2017	
<b>DIRECT AND INDIRECT ENERGY CONSUMPTION (GJ)</b>						
<b>Direct energy produced</b>						
Group	4 620	3 021	n/a	n/a	n/a	
Switzerland	3 063	1 584	n/a	n/a	98	
Southern Africa	1 557	1 437	11 240	2 862	1 576	
The Middle East	0	0	0	0	0	
<b>Direct energy purchased</b>						
Group	266 344	224 524	249 033	254 428	n/a	
Switzerland	117 147 <sup>1</sup>	86 932	105 670	108 957	108 859	
Southern Africa	117 940 <sup>2</sup>	103 132	125 684	111 972	98 634	
The Middle East	31 257	34 398	17 679	33 499	n/a	
<b>Indirect energy consumed</b>						
Group	1 013 123	960 478	957 702	847 638	n/a	
Switzerland	176 665 <sup>3</sup>	172 290	163 650	149 650	156 453	
Southern Africa	542 950	548 249	544 742	543 175	534 999	
The Middle East	293 507 <sup>4</sup>	237 258	249 310	154 813	n/a	
<b>WATER USAGE</b>						
<b>Total water usage from utilities</b>						
Group	kL	1 684 707	1 647 749	1 705 085	1 726 734	1 768 366
	kL/FTE	49.65	50.18	n/a	n/a	n/a
Switzerland	kL	344 500	366 648	367 898	377 255	375 429
	kL/FTE	44.09	49.33	n/a	n/a	n/a
Southern Africa	kL	1 086 815 <sup>5</sup>	1 029 058	1 093 002	1 107 916	1 185 271
	kL/FTE	57.16	55.25	n/a	n/a	n/a
The Middle East	kL	253 391 <sup>5</sup>	252 042	244 185	241 563	207 666
	kL/FTE	35.66	37.19	n/a	n/a	n/a

	2021	2020	2019	2018	2017
<b>WASTE (tonnes)</b>					
<b>Total waste generated</b>					
Group	17 843	14 276	n/a	n/a	n/a
Switzerland	4 043 <sup>6</sup>	1 371	n/a	n/a	n/a
Southern Africa	8 363	7 892	n/a	n/a	n/a
The Middle East <sup>7</sup>	5 437 <sup>8</sup>	5 006	n/a	n/a	n/a
<b>Healthcare risk waste</b>					
Group	5 246	4 766	4 222	n/a	n/a
Switzerland	375	352	353	n/a	n/a
Southern Africa	3 741	3 438	3 120	3 068	3 021
The Middle East	1 130	976	750	n/a	n/a
<b>Total waste to landfill</b>					
Group	7 034	6 882	n/a	n/a	n/a
Switzerland <sup>9</sup>	0	0	0	0	0
Southern Africa	3 034	3 094	2 964	3 068	3 315
The Middle East	4 000	3 781	n/a	n/a	n/a
<b>Total waste diverted from landfill</b>					
Group	5 563	2 629	2 484	1 898	2 107
Switzerland	3 668 <sup>6</sup>	1 019	847	403	697
Southern Africa	1 588	1 360	1 386	1 301	1 202
The Middle East	307	249	251	194	209

**Notes**

- Increase due to higher fuel-oil use and inclusion of purchased diesel and mobile fuel not included in previous year's reporting.
- Increase due to higher diesel consumption on account of load shedding as well as use of mobile fuel and aviation fuel.
- Increase in district heating and electricity consumption.
- Increase in district cooling and electricity consumption influenced by expansion of Airport Road Hospital, Abu Dhabi, and operational requirements.
- Water usage increased compared with 2020 but was still lower than pre-pandemic usage. The increase was mainly due to returning to business as usual and increased handwashing and laundry during COVID-19 waves.
- Includes a total of 2 690 tonnes of healthcare general waste that is incinerated and was not previously reported on.
- Although business returned to normal in 2021, hospitals were still coping with the COVID-19 pandemic and the associated increase in HCRW generated and disposal of PPE. This resulted in an even larger increase in waste generated than the previous year.
- In the Middle East, food waste is not processed or reused, HCRW is disposed of after treatment and hazardous chemical waste is shipped to Germany for incineration.
- No waste to landfill as all waste is incinerated.

## DATA CONTINUED

	2021	2020	2019	2018	2017
<b>WASTE (tonnes) (CONTINUED)</b>					
<b>Total waste recycled</b>					
Group	1 994	1 914	1 892	1 707	1 996
Switzerland	485	595	417	284	586
Southern Africa	1 202	1 070	1 224	1 229	1 202
The Middle East	307	249	251	194	209
<b>Organic waste recovered</b>					
Group	879	714	592	191	n/a
Switzerland	493	424	430	119	111
Southern Africa	386	290	162	72	n/a
The Middle East	n/a	n/a	n/a	n/a	n/a
<b>Total waste diverted from landfill (%)</b>					
Group	31.1	13.4	n/a	n/a	n/a
Switzerland	90.7	43.4	n/a	n/a	n/a
Southern Africa	19.0	13.6	n/a	n/a	n/a
The Middle East	5.7	5.0	n/a	n/a	n/a

## MATERIAL ISSUE 2

	2021	2020	2019	2018	2017	
<b>EMPLOYEES</b>						
<b>Full-time equivalents<sup>1</sup></b>						
Group	33 683	33 530	33 508	33 258	33 446	
Hirslanden	7 996	7 815	8 303	7 633	6 722	
Mediclinic Southern Africa	18 230	18 497	19 053	19 795	20 349	
Mediclinic Middle East <sup>2</sup>	7 321	7 071	6 152	5 830	6 375	
Mediclinic Group Services <sup>3&amp;4</sup>	136	147	-	-	-	
<b>EMPLOYEE RETENTION</b>						
<b>New appointments vs terminations based on permanent employee turnover<sup>5</sup></b>						
Group	Appointments	3 925	3 326	4 489	5 004	3 688
	Terminations	4 560	3 723	4 261	3 604	3 354
Switzerland <sup>6</sup>	Appointments	1 578	1 675	1 653	1 767	1 254
	Terminations	1 638	1 450	1 733	1 670	1 479
Southern Africa	Appointments	1 340	834	1 971	2 073	1 909
	Terminations	2 086	1 694	1 736	1 143	1 278
The Middle East	Appointments	1 007	817	865	1 164	525
	Terminations	836	579	792	791	597

## Notes

<sup>1</sup> Number of full-time employees who could have been employed if reported number of hours worked by part-time employees, had been worked by full-time employees instead.

<sup>2</sup> Increase from 2020 to 2021 largely attributable to overall business growth.

<sup>3</sup> Includes Mediclinic International plc's one employee based in the UK.

<sup>4</sup> Some data not available as reporting on Mediclinic Group Services commenced only in 2019.

<sup>5</sup> Employee retention has started to normalise after the COVID-19 pandemic had a significant impact during 2020 due to fewer opportunities, economic uncertainty, and widespread retrenchments and salary reductions.

<sup>6</sup> Prior year data excluded select French clinics in Switzerland, and as such, are not comparable with 2021.

## DATA CONTINUED

	2021	2020	2019	2018	2017	
<b>EMPLOYEE RETENTION (CONTINUED)</b>						
<b>Controllable employee turnover rate by geography (%)</b>						
Group	6.2	5.9	8.1	-	-	
Switzerland <sup>1</sup>	4.8	7.8	10.0	6.9	8.7	
Southern Africa	6.9	5.6	7.6	7.6	7.7	
The Middle East	5.7	4.3	7.2	6.7	10.3	
<b>Controllable employee turnover rate by gender (%)</b>						
Group	Male	7.2	7.2	-	-	-
	Female	5.6	5.5	-	-	-
Switzerland <sup>1</sup>	Male	5.8	8.1	10.2	7.4	9.2
	Female	4.5	7.7	10.0	6.7	8.6
Southern Africa	Male	10.8	8.4	10.6	10.3	10.2
	Female	5.9	4.9	6.9	7.1	7.1
The Middle East	Male	4.9	5.3	6.5	7.2	8.5
	Female	6.3	3.7	7.8	6.3	11.7

**Notes**

<sup>1</sup> Prior year calculations excluded select French clinics in Switzerland. Their inclusion in 2021 impacted the retention rate, and as such, prior year rates are not comparable with 2021.

<sup>2</sup> Data supplied for permanent employees.

<sup>3</sup> Pre-2020, approximately 34% of Hirslanden employees were not captured on the central human resources system; as such, some data is not available or non-comparable with prior periods.

		2021	2020	2019	2018	2017
<b>EMPLOYEE RETENTION</b>						
<b>Controllable employee turnover rate by age (%)</b>						
Group	< 30 years	9.1	9.2	-	-	-
	30–50 years	6.2	5.8	-	-	-
	> 50 years	3.0	3.6	-	-	-
Switzerland <sup>7</sup>	< 30 years	8.3	12.1	15.6	10.0	12.3
	30–50 years	4.5	7.3	9.0	6.1	8.4
	> 50 years	2.7	5.7	8.3	6.5	6.7
Southern Africa	< 30 years	10.9	8.1	9.2	9.7	13.2
	30–50 years	7.2	6.0	8.0	7.9	6.9
	> 50 years	2.9	1.9	5.1	5.6	5.9
The Middle East	< 30 years	6.3	3.7	11.1	7.8	11.9
	30–50 years	5.8	4.5	7.1	6.6	10.2
	> 50 years	4.9	3.5	4.6	6.6	8.7
<b>Return rate after maternity leave<sup>2</sup></b>						
Group	Employees on maternity leave	1 269	1 327	1 356	1 187	1 276
Switzerland <sup>3</sup>	Employees on maternity leave	352	349	343	342	372
	Employees returned to work	326	318	n/a	n/a	n/a
	Retention rate (%)	92.6	91.1	n/a	n/a	n/a
Southern Africa	Employees on maternity leave	668	744	748	613	706
	Employees returned to work	619	744	719	593	671
	Retention rate (%)	92.7	100	96	97	95
The Middle East	Employees on maternity leave	249	234	265	232	198
	Employees returned to work	225	233	250	229	189
	Retention rate (%)	90.4	99.6	94	99	96



## DATA CONTINUED

		2021	2020	2019	2018	2017
<b>EMPLOYEE ENGAGEMENT (CONTINUED)</b>						
<b>Your Voice employee engagement survey participation rate (%)</b>						
Group		84	77	83	82	77
Hirslanden		69	65	71	78	79
Mediclinic Southern Africa		89	78	87	80	73
Mediclinic Middle East		91	94	94	92	88
Mediclinic Group Services <sup>1</sup>		97	97	94	-	-
<b>Your Voice employee engagement index (%)</b>						
Group	Engaged <sup>2</sup>	45	45	46	45	40
	Not engaged <sup>3</sup>	44	45	44	45	48
	Actively disengaged <sup>4</sup>	11	10	10	10	12
Hirslanden	Engaged <sup>2</sup>	44	44	46	45	40
	Not engaged <sup>3</sup>	48	48	46	47	51
	Actively disengaged <sup>4</sup>	8	8	8	8	9
Mediclinic Southern Africa	Engaged <sup>2</sup>	45	43	46	44	40
	Not engaged <sup>3</sup>	43	45	44	45	46
	Actively disengaged <sup>4</sup>	12	12	10	11	14
Mediclinic Middle East	Engaged <sup>2</sup>	47	51	45	47	39
	Not engaged <sup>3</sup>	42	40	45	43	48
	Actively disengaged <sup>4</sup>	11	9	10	10	13
Mediclinic Group Services <sup>1</sup>	Engaged <sup>2</sup>	54	54	56	-	-
	Not engaged <sup>3</sup>	40	41	38	-	-
	Actively disengaged <sup>4</sup>	6	5	6	-	-
<b>Your Voice employee engagement grand mean score (out of five)</b>						
Group		3.98	3.98	3.99	3.98	3.88
Hirslanden		3.98	3.99	4.00	4.01	3.93
Mediclinic Southern Africa		3.96	3.93	3.97	3.94	3.85
Mediclinic Middle East		4.00	4.09	4.00	4.02	3.86
Mediclinic Group Services <sup>1</sup>		4.23	4.20	4.21	-	-

		2021	2020	2019	2018	2017
<b>DIVERSITY AND INCLUSION</b>						
<b>Permanent employees by age (%)</b>						
Group	< 30 years	13.9	14.6	16.2	18.3	19.3
	30-50 years	66.1	65.8	65.1	62.7	61.8
	> 50 years	19.9	19.6	18.7	19.0	18.9
Hirslanden	< 30 years	20.0	19.7	19.1	26.4	26.5
	30-50 years	53.7	53.9	55.1	50.2	50.2
	> 50 years	26.4	26.4	25.8	23.3	23.3
Mediclinic Southern Africa	< 30 years	12.3	13.9	16.6	15.1	16.7
	30-50 years	67.9	67.0	65.5	65.9	64.5
	> 50 years	19.8	19.1	17.9	19.0	18.7
Mediclinic Middle East	< 30 years	8.9	9.3	11.3	12.9	14.7
	30-50 years	80.1	79.9	78.4	75.9	73.6
	> 50 years	11.1	10.8	10.3	11.2	11.7
Mediclinic Group Services <sup>4</sup>	< 30 years	10.2	8.4	-	-	-
	30-50 years	67.9	68.5	-	-	-
	> 50 years	21.9	23.1	-	-	-

**Notes**

<sup>1</sup> Some data not available as reporting on Mediclinic Group Services commenced only in 2019.

<sup>2</sup> 'Engaged' employees are loyal and psychologically committed to the organisation. Compared with other employees, they are more productive and more likely to stay with the organisation, and they consistently have their performance-related workplace needs met.

<sup>3</sup> 'Not engaged' employees may be productive, but they are not psychologically committed. They have some of their performance-related workplace needs met, but many remain unmet.

<sup>4</sup> 'Actively disengaged' employees are physically present, but psychologically absent. They are unhappy with their work situation, and most of their performance-related needs are not met.

## DATA CONTINUED

		2021	2020	2019	2018	2017
<b>DIVERSITY AND INCLUSION CONTINUED</b>						
<b>Permanent employees by generation<sup>1</sup> (%)</b>						
Group	Traditionalists	0.0	0.01	0.02	-	-
	Baby Boomers	8.9	10.2	11.2	-	-
	Generation X	33.5	34.5	34.9	-	-
	Generation Z	3.2	2.0	1.3	-	-
	Millennials	54.4	53.3	52.6	-	-
Hirslanden	Traditionalists	0.0	0.02	0.1	-	-
	Baby Boomers	12.3	14.3	11.2	-	-
	Generation X	35.0	35.3	34.9	-	-
	Generation Z	7.3	5.4	1.3	-	-
	Millennials	45.4	45.0	52.6	-	-
Mediclinic Southern Africa	Traditionalists	-	-	-	-	-
	Baby Boomers	8.8	9.9	10.5	-	-
	Generation X	34.6	35.4	35.6	-	-
	Generation Z	1.1	0.6	0.4	-	-
	Millennials	55.5	54.1	53.4	-	-
Mediclinic Middle East	Traditionalists	0.0	0.02	-	-	-
	Baby Boomers	4.3	5.2	5.9	-	-
	Generation X	28.9	30.7	31.8	-	-
	Generation Z	0.9	0.3	0.3	-	-
	Millennials	65.9	63.8	62.0	-	-
Mediclinic Group Services	Traditionalists	-	-	-	-	-
	Baby Boomers	8.1	8.4	-	-	-
	Generation X	50.7	53.8	-	-	-
	Generation Z	-	-	-	-	-
	Millennials	41.2	37.8	-	-	-

		2021	2020	2019	2018	2017
<b>DIVERSITY AND INCLUSION CONTINUED</b>						
<b>Permanent employees by gender</b>						
Group	Male	25.8	25.5	25.2	25.5	27.4
	Female	74.2	74.5	74.8	74.5	72.6
Hirslanden	Male	23.9	23.7	23.5	25.5	23.4
	Female	76.1	76.3	76.5	76.7	72.6
Mediclinic Southern Africa	Male	19.3	19.2	19.1	20.3	20.0
	Female	80.7	80.8	80.9	79.7	80.0
Mediclinic Middle East	Male	41.5	41.7	42.1	42.7	43.6
	Female	58.5	58.3	57.9	57.3	56.4
Mediclinic Group Services <sup>1</sup>	Male	41.6	40.6	-	-	-
	Female	58.4	59.4	-	-	-
<b>WELLBEING</b>						
<b>Total work-related injuries<sup>2</sup></b>						
Group		4 146	5 752	1 482	555	1 571
Switzerland		737	914	564	555	634
Southern Africa		3 211	4 293	915	n/a	919
The Middle East		198	545	3	0	18
<b>Absenteeism due to injuries in business days (including day of injury)<sup>3</sup></b>						
Group		40 979	54 536	16 180	-	-
Switzerland		13 063	13 385	10 676	n/a	n/a
Southern Africa		26 052	35 947	5 473	4 570	n/a
The Middle East		1 864	5 204	31	0	14
<b>Occupational diseases<sup>4</sup></b>						
Group		6	18	24	-	-
Switzerland		0	0	0	0	0
Southern Africa		6	18	24	n/a	n/a
The Middle East		0	0	0	0	0

**Notes**

<sup>1</sup> Some data not available as reporting on generation commenced only in 2019.

<sup>2</sup> Data includes injury-on-duty and COVID-19-related infection while on duty.

<sup>3</sup> Total work-related injuries are comprised of work-related injuries, COVID-19 disease and non-COVID-19 work-related diseases.

<sup>4</sup> Excludes work-acquired COVID-19.

## DATA CONTINUED

	2021	2020	2019	2018	2017
<b>WELLBEING CONTINUED</b>					
<b>Work-related fatalities<sup>1</sup></b>					
Group	0	0	0	-	1
Switzerland	0	0	0	0	0
Southern Africa	0	0	0	n/a	1
The Middle East	0	0	0	0	0
<b>Total absenteeism due to injuries and sickness in hours<sup>2</sup></b>					
Group	2 276 943	2 423 243	775 136	908 820	750 236
Switzerland	773 855	740 482	629 236	744 374	580 175
Southern Africa	1 284 863	1 499 645	129 704	148 163	154 970
The Middle East	214 489	183 116	16 196	16 283	15 091
<b>Total absenteeism rate<sup>3</sup> (%)</b>					
Group	3.8	3.9	-	-	-
Switzerland	5.3	5.3	4.4	4.3	3.9
Southern Africa	4.2	4.7	2.5	2.9	2.9
The Middle East	1.4	1.2	0.8	0.7	1.0

**Notes**

<sup>1</sup> Excludes COVID-19-related fatalities.

<sup>2</sup> Data includes injury-on-duty, COVID-19-related leave and sick leave.

<sup>3</sup> Actual days lost expressed as a percentage of total days scheduled to be worked by the workforce during the reporting period.

## MATERIAL ISSUE 3

	2021	2020	2019	2018	2017
<b>CALLS TO ETHICS LINES<sup>1</sup></b>					
Group	187	148	154	131	n/a
Switzerland	14	16	27	28	n/a
Southern Africa	132	115	118	83	n/a
The Middle East	41	17	9	20	n/a
<b>INVESTMENT IN CAPITAL PROJECTS AND NEW EQUIPMENT<sup>2</sup></b>					
Group (£'m)	84	72	108	148	137
Switzerland (CHF'm)	61	43	51	55	47
Southern Africa (ZAR'm)	303	400	582	506	423
The Middle East (AED'm)	100	88	174	376	358
<b>INVESTMENT IN EQUIPMENT REPLACEMENT AND PROPERTY UPGRADES<sup>2</sup></b>					
Group (£'m)	95	54	84	83	108
Switzerland (CHF'm)	68	38	43	40	82
Southern Africa (ZAR'm)	654	302	730	506	634
The Middle East (AED'm)	41	36	46	76	31
<b>EXPENDITURE ON REPAIR AND MAINTENANCE<sup>2&amp;3</sup></b>					
Group (£'m)	67	61	68	53	52
Switzerland (CHF'm)	55	50	48	41	40
Southern Africa (ZAR'm)	292	257	286	262	219
The Middle East (AED'm)	49	37	35 <sup>2</sup>	33	42

**Notes**

<sup>1</sup> Calls to the ethics lines for 2017 are not disclosed as the metrics used by the divisions to capture calls were not standardised.

<sup>2</sup> These figures are audited annually by PwC as part of the Annual Report. Consequently, amounts are disclosed on a financial-year basis.

<sup>3</sup> The FY20 expenditure on repair and maintenance has been re-presented to be consistent with the expense-by-nature income statement presentation.

# COMPANY INFORMATION

Mediclinic International plc  
(incorporated and registered in England  
and Wales)  
Company number: 08338604

## REGISTERED OFFICE

Mediclinic International plc  
6<sup>th</sup> Floor, 65 Gresham Street  
London, EC2V 7NQ, United Kingdom  
Tel: +44 333 300 1930  
Email: info@mediclinic.com  
Website: www.mediclinic.com

## TOLL-FREE ETHICS LINES AND EMAIL

### SWITZERLAND

Tel: 0800 005 316

### SOUTH AFRICA

Tel: 0800 005 316

### NAMIBIA

Tel: 0800 003 313  
MTC Networks: 081 91847

### THE MIDDLE EAST

Tel: 800 1 55000

Email: mediclinic@tip-offs.com

## LISTING

FTSE sector: Health Care – Health Care  
Providers – Health Care Facilities  
ISIN code: GB00B8HX8Z88  
SEDOL number: B8HX8Z8  
EPIC number: MDC  
LEI: 2138002S5BSBIZTD5I60  
Primary listing: LSE (share code: MDC)  
Secondary listing: JSE (share code: MEI)  
Secondary listing: NSX (share code: MEP)

## DIRECTORS

Inga Beale DBE (*ind ne*) (*Chair*) (*British*),  
Dr Ronnie van der Merwe (*Group Chief  
Executive Officer*) (*South African*), Jurgens  
Myburgh (*Group Chief Financial Officer*)  
(*South African*), Dr Felicity Harvey CBE  
(*Senior Independent Director*) (*British*),  
Dr Muhadditha Al Hashimi (*ind ne*) (*Emirati*),  
Natalia Barsegiyan (*ind ne*) (*French and  
Russian*), Zarina Bassa (*ind ne*) (*South  
African*), Jannie Durand (*ne*) (*South African*),  
Danie Meintjes (*ne*) (*South African*),  
Dr Anja Oswald (*ind ne*) (*Swiss*), Tom Singer  
(*ind ne*) (*British*), Steve Weiner (*ind ne*)  
(*American*), Pieter Uys (*alternate to Jannie  
Durand*) (*South African*)

## COMPANY SECRETARY

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## INVESTOR RELATIONS

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### UK

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Services PLC

The Pavilions, Bridgwater Road, Bristol,  
BS13 8AE  
Tel: +44 370 703 6022  
Email: WebCorres@computershare.co.uk

### SOUTH AFRICA

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Rosebank 2196  
Private Bag X9000, Saxonwold 2132  
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Email: Groupadmin1@computershare.co.za

### NAMIBIA

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4 Robert Mugabe Avenue, Windhoek  
PO Box 2401, Windhoek  
Tel: +264 61 227 647  
Email: ts@nsx.com.na

## CORPORATE ADVISERS

### Auditor

PricewaterhouseCoopers LLP, London

### Corporate broker and sponsors

#### UK

Joint corporate brokers: Morgan Stanley & Co  
International plc and UBS Investment Bank

#### SOUTH AFRICA

JSE sponsor: Rand Merchant Bank (a division  
of FirstRand Bank Limited)

#### NAMIBIA

NSX sponsor: Simonis Storm Securities  
(Pty) Ltd

### Legal advisers

#### UK

Slaughter and May

#### SOUTH AFRICA

Cliffe Dekker Hofmeyr Inc.

### Remuneration consultant

Deloitte LLP

### Communication agency

FTI Consulting  
Tel: +44 20 3727 1000  
Email: businessinquiries@fticonsulting.com