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

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 with queries or suggestions.
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 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

THE MIDDLE EAST
Superbrand status by the United Arab Emirates (‘UAE’) Superbrands Council – the sixth time in seven years
Public-private partnership (‘PPP’) with Dubai Health Authority for two dialysis centres
First runner-up in Healthcare category at Arabia CSR¹ Awards
Memorandum of Understanding (‘MoU’) with Abu Dhabi University and UAE University for joint academic programmes, student training, internships and research
Zero-waste campaign with awareness sessions and competitions

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.

Note
¹ Corporate social responsibility (‘CSR’).
INTRODUCTION

CONSERVE

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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 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.

FROM OUR LEADERSHIP

Dame Inga Beale
Chair of the Mediclinic Board

Click here for a condensed video version of the interview
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

**SWITZERLAND**

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

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

**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

**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

Notes

1. Provides patient treatment with specialised medical and nursing staff, and medical equipment.
2. Provides comprehensive goal-orientated inpatient care designed for a patient who has had an acute illness, injury or exacerbation of a disease process.
3. Provides specialised treatment of serious mental disorders.
4. Provides elective procedures, surgical procedures and planned medical procedures, but admits and discharges patients on the same day.
5. Provides consultations (by general practitioner, specialist or allied healthcare professional) with no theatre facilities.
6. 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.

<table>
<thead>
<tr>
<th>AT A GLANCE</th>
<th>Médico</th>
<th>Hoteles</th>
<th>Salas de cirugía</th>
<th>Clínicas ambulatorio</th>
<th>Camas</th>
<th>Equivalente de tiempo completo</th>
</tr>
</thead>
<tbody>
<tr>
<td>±750 000</td>
<td></td>
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<td>+17%</td>
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<td>85</td>
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<td>36.9%</td>
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<td>£7.9m</td>
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</tbody>
</table>

Switzerland

UK

The UAE

South Africa and Namibia

Group revenue

£4,560m

Earnings per share (EPS)

£295m

Inpatient and day case admissions¹

±750 000

Outpatient revenue¹

+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

¹ Based on data for the 2022 financial year.
OUR STRATEGIC ROADMAP

INTRODUCTION

CONSERVE

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

ENABLED BY

ENGAGING

SUPPORTED BY

OUR STRATEGY

OUR KEY STAKEHOLDERS

OUR APPROACH TO SUSTAINABILITY

CONSERVE

CONNECT

COMPLY

REINFORCED BY

OUR VALUES

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

Clients

Employees, alumni and potential applicants

Governments and authorities

Healthcare insurers

Investors

Medical practitioners

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

CONSERVE

CONNECT

COMPLY

See page 6

See page 8

Client centred

Trusting and respectful

Patient safety focused

Performance driven

Team orientated
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 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 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 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 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 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

See page 35
See page 16
See page 29
See page 14
See page 33
See page 46
**INTRODUCTION**

**CONSERVE**

Minimising environmental impact

**SUPPORTS 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 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**

1. Improve our value proposition significantly
2. Evolve as a data-driven organisation
3. Transform our services and client engagement through innovation and digitalisation
4. Grow in existing markets and expand into new markets
5. Minimise our environmental impact

**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**

1. Transform our services and client engagement through innovation and digitalisation
2. Evolve as a data-driven organisation
3. Grow in existing markets and expand into new markets
4. Minimise our environmental impact
5. Improve our value proposition significantly

**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

**SUSTAINABILITY MODEL**

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
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?

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.

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 NUMBERS¹

<table>
<thead>
<tr>
<th>Category</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Scope 1 &amp; 2 CO₂ emissions in tonnes (t)</td>
<td>211,969</td>
<td>226,048</td>
</tr>
<tr>
<td>Total water usage in megalitres (ML)</td>
<td>1,685</td>
<td>1,648</td>
</tr>
<tr>
<td>Total energy consumption in gigajoule (GJ)</td>
<td>1,284,086</td>
<td>1,188,023</td>
</tr>
<tr>
<td>Total waste diverted from landfill in tonnes (t)</td>
<td>5,563</td>
<td>2,629</td>
</tr>
</tbody>
</table>

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

¹ 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.

² 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).

³ 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 38,554 MWh 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
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

OUR TOMORROW

Louis Leipoldt, South Africa
INTRODUCTION

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.

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 CO₂ emissions by 2030¹

- **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

**2030**

Carbon neutral across Mediclinic

**Actions**

- Reduce use of harmful anaesthetic gases in Southern Africa and the Middle East
- Capture and safe disposal of air-conditioning gas emissions
- Renewable energy generated and purchased
- Green hydrogen/electric vehicles
- Clean energy purchased
- Energy-efficiency projects
- Behaviour change

**Note**

¹ Before new technologies and developments in the energy space are taken into account.
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 emissions**: such as from Freon, which is used in air-conditioning and refrigerant equipment. Emission data was converted into a carbon dioxide equivalent (\('CO_2\)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 (\(CO_2\) 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**

<table>
<thead>
<tr>
<th></th>
<th>SWITZERLAND¹</th>
<th>SOUTHERN AFRICA²</th>
<th>THE MIDDLE EAST³</th>
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</thead>
<tbody>
<tr>
<td><strong>Non-Kyoto Protocol emissions (tonnes)</strong></td>
<td>0</td>
<td>2 292 (2020: 3 180)</td>
<td>830 (2020: 2 635)</td>
</tr>
<tr>
<td><strong>Total Scope 1 &amp; 2 CO₂e/Full-time Equivalent (‘FTE’)</strong></td>
<td>0.94 (2020: 0.72)</td>
<td>9.32 (2020: 10.96)</td>
<td>3.86 (2020: 6.97)</td>
</tr>
</tbody>
</table>

**Notes**

1. 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).
2. Increase due to diesel consumption on account of load shedding, anaesthetic gases used in theatre and use of mobile fuel.
3. 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.
4. Scope 2 emissions (purchased electricity) increased as a result of an increase in the emission factor (conversion of kWh to CO₂e) even though total electricity usage decreased year on year.
5. 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.
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)

<table>
<thead>
<tr>
<th>Region</th>
<th>Direct energy purchased</th>
<th>Direct energy produced</th>
<th>Indirect energy consumed</th>
<th>Energy consumption</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SWITZERLAND</td>
<td>SOUTHERN AFRICA</td>
<td>THE MIDDLE EAST</td>
<td></td>
</tr>
<tr>
<td>Direct energy produced</td>
<td>3 063 (2020: 1 584)</td>
<td>1 557 (2020: 1 437)</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Per FTE</td>
<td>38.00 (2020: 35.09)</td>
<td>34.84 (2020: 35.05)</td>
<td>45.70 (2020: 40.08)</td>
<td></td>
</tr>
</tbody>
</table>

Notes

¹ Increase due to higher fuel-oil use and inclusion of purchased diesel and mobile fuel not included in previous year’s reporting.
² Increase due to higher diesel consumption on account of load shedding as well as use of mobile fuel and aviation fuel.
³ Increase in district heating and electricity consumption.
⁴ Indirect energy consumed refers to purchased grid and renewable electricity as well as district cooling and heating.
⁵ 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 hydroelectricity¹ for all but one hospital and the Corporate Office
- 16 of 17 hospitals registered as CO₂-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
- Implemented energy-efficient practices

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
- Used energy-efficient systems and equipment in all facilities

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

¹ In Switzerland, our market-based hydroelectricity emissions are assumed to be zero, with a Certificate of Origin to support such assumption.
SWITCHED ON TO SAVING
A snapshot of energy use at Klinik Hirslanden shows the power of sustainable choices.

24/7/365 ENERGY REQUIREMENTS

<table>
<thead>
<tr>
<th>Main Uses</th>
<th>Heating (winter)</th>
<th>Air conditioning (summer)</th>
<th>Office equipment</th>
<th>Medical devices</th>
<th>Air filtration in theatres</th>
</tr>
</thead>
</table>

1.6x energy use of hospitals compared with other commercial buildings¹

1 hospital bed = 4 single-family homes in annual energy use²

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

Notes
² Energiesparfibel (Energy Savings Handbook) of Viamedica Foundation, 2016

IN 2021
SOUTHERN AFRICA
Signed agreement with total value of €110m to procure renewable energy

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

100% renewable energy in future
Project for thermal energy from Lake Zurich in cooperation with Energieverbund Lengg

20% OF HOSPITAL ENERGY USE IS FOR LIGHTING²

OPERATIONAL AUTUMN 2024
TECHNICAL SCOPING 2021
START AUTUMN 2022

MEDICLINIC INTERNATIONAL PLC 2022 SUSTAINABLE DEVELOPMENT REPORT
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 technology¹ 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

TABLE 3: WASTE MANAGEMENT

<table>
<thead>
<tr>
<th>Regional Information</th>
<th>Switzerland</th>
<th>Southern Africa</th>
<th>The Middle East¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total waste diverted from landfill (tonnes)</td>
<td>3,668² (2020: 1,019)</td>
<td>1,588 (2020: 1,360)</td>
<td>307 (2020: 249)</td>
</tr>
<tr>
<td>Waste diverted from landfill as a percentage of total waste (%)</td>
<td>90.7 (2020: 43.4)</td>
<td>19 (2020: 13.6)</td>
<td>5.7 (2020: 5.0)</td>
</tr>
</tbody>
</table>

Notes

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

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>
<thead>
<tr>
<th>TABLE 4: WATER USAGE FROM WATER UTILITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>kL</td>
</tr>
<tr>
<td>kL/FTE</td>
</tr>
</tbody>
</table>

Note ¹ 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.

See Mediclinic’s CDP Water Security Disclosure Project report for more information
INTRODUCTION

CONSERVE

CONNECT

COMPLY

DATA

MEDICLINIC INTERNATIONAL PLC 2022 SUSTAINABLE DEVELOPMENT REPORT

18

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 score¹ (out of 100)

91.3

New suppliers

3 192 ▲

(2020: 3 230)

Contribution to CSI¹

£7.9m ▲

(2020: £7.8m)

2021 IN GROUP NUMBERS

Total absenteeism rate¹

3.8% ▲

(2020: 3.9%)

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

3.98 ▲

(2020: 3.98)

Female representation in senior and middle management roles²

37.0% ▲

(2020: 35.6%)

Notes

¹ New Group data point with no prior-year comparative data.
² Disclosed on a financial-year basis.
³ Actual days lost expressed as a percentage of total days scheduled to be worked by the workforce during the reporting period.

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.

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

Klinik Im Park, Switzerland
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 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

OUR COMMUNITIES
Further protection of human rights within our sphere of influence

OUR TOMORROW

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.

**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

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

See page 39

**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.

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

**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.

**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.

**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.

**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.

**INVESTORS**
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
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\(^1\) PER GEOGRAPHY AT 31 DECEMBER 2021

<table>
<thead>
<tr>
<th>Geography</th>
<th>Full-Time Equivalents</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>33,683</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Switzerland</td>
<td>7,996</td>
<td>24%</td>
<td>7,815</td>
</tr>
<tr>
<td>Southern Africa(^2)</td>
<td>18,366</td>
<td>54%</td>
<td>18,644</td>
</tr>
<tr>
<td>The UAE(^3)</td>
<td>7,321</td>
<td>22%</td>
<td>7,071</td>
</tr>
</tbody>
</table>

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
1. 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.
2. Includes Mediclinic International plc’s one employee based in the UK.
3. Increase from 2020 to 2021 largely attributable to overall business growth.
RECRUITMENT

IMPORTANT OF GLOBAL HEALTHCARE WORKFORCE

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Nurses/Midwives per 1,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switzerland</td>
<td>18.3:1,000</td>
</tr>
<tr>
<td>South Africa</td>
<td>5.0:1,000</td>
</tr>
<tr>
<td>UAE</td>
<td>5.8:1,000</td>
</tr>
</tbody>
</table>

Notes

¹ ’2019 update, Global Health Workforce Statistics’, WHO.
² ‘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.
TABLE 5: CONTROLLABLE EMPLOYEE TURNOVER RATE (%) BY GEOGRAPHY, GENDER AND AGE

<table>
<thead>
<tr>
<th>GEOGRAPHY</th>
<th>GENDER</th>
<th>&lt; 30 years</th>
<th>30-50 years</th>
<th>&gt; 50 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>&lt; 30 years</td>
<td>30-50 years</td>
</tr>
<tr>
<td>Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.2</td>
<td>5.6</td>
<td>9.1</td>
<td>6.2</td>
</tr>
<tr>
<td>Switzerland²</td>
<td>4.8</td>
<td>5.8</td>
<td>4.5</td>
<td>8.3</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>6.9</td>
<td>5.9</td>
<td>10.9</td>
<td>7.2</td>
</tr>
<tr>
<td>The Middle East</td>
<td>5.7</td>
<td>6.3</td>
<td>6.3</td>
<td>5.8</td>
</tr>
</tbody>
</table>

Note
² 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.

<table>
<thead>
<tr>
<th>MATERNITY LEAVE</th>
<th>PATERNITY LEAVE</th>
<th>CHILDCARE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONTHS</strong></td>
<td><strong>FULLY PAID</strong></td>
<td><strong>PARTIALLY PAID</strong></td>
</tr>
<tr>
<td>SWITZERLAND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 1 year’s service</td>
<td>4</td>
<td>●</td>
</tr>
<tr>
<td>&gt; 1 year’s service</td>
<td></td>
<td>●</td>
</tr>
</tbody>
</table>

SOUTHERN AFRICA

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year’s service</td>
<td>4</td>
<td>●</td>
<td>10</td>
<td>●</td>
<td></td>
</tr>
<tr>
<td>&gt; 1 year’s service</td>
<td></td>
<td>●</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THE MIDDLE EAST¹

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 year’s service</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>&gt; 1 year’s service</td>
<td>For 33 working days</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

RETURN RATE AFTER MATERNITY LEAVE¹

<table>
<thead>
<tr>
<th>Group</th>
<th>Employees on maternity leave</th>
<th>Rate (%)</th>
<th>Year</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>Employees on maternity leave</td>
<td>Rate (%)</td>
<td>Year</td>
<td>Improvement</td>
</tr>
<tr>
<td>Mediclinic Southern Africa</td>
<td>1 269</td>
<td>92.7</td>
<td>2020</td>
<td>100</td>
</tr>
<tr>
<td>Mediclinic Middle East</td>
<td>90.4</td>
<td>90.4</td>
<td>2020</td>
<td>99.6</td>
</tr>
</tbody>
</table>

Note
¹ 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

<table>
<thead>
<tr>
<th></th>
<th>SWITZERLAND</th>
<th>SOUTHERN AFRICA</th>
<th>THE MIDDLE EAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirement fund¹</td>
<td>●</td>
<td>●</td>
<td>n/a²</td>
</tr>
<tr>
<td>Medical scheme, insurance</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Performance-related incentives and bonuses</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Nursing bonus for nursing staff and retention bonus for pharmacists³</td>
<td>n/a</td>
<td>●</td>
<td>n/a</td>
</tr>
<tr>
<td>Indemnity cover/liability insurance for nursing/medical employees⁴</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Flexi-time for qualifying employees</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Flexible Leave Benefit</td>
<td>●</td>
<td>●</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Notes
¹ Includes life and disability insurance, funeral cover and pension-backed mortgage loans.
² Governed by legislation; death and disability cover offered.
³ Offered due to local skills shortage.
⁴ And other employees, where required.
RECRUITMENT AND RETENTION CONTINUED

RETIREE FUND BENEFITS

REGIONAL INFORMATION

<table>
<thead>
<tr>
<th>REGION</th>
<th>BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SWITZERLAND</td>
<td>• Contribution fund with defined benefits at pension</td>
</tr>
<tr>
<td></td>
<td>• Variable employee contribution: 8.5–13.75% or 10–16.25%</td>
</tr>
<tr>
<td></td>
<td>• Corresponding variable Company contribution: 10–16.25%</td>
</tr>
<tr>
<td>SOUTHERN AFRICA</td>
<td>• Defined contribution fund</td>
</tr>
<tr>
<td></td>
<td>• Variable employee contribution: 5–7.5%</td>
</tr>
<tr>
<td></td>
<td>• Corresponding variable Company contribution: 6–9%</td>
</tr>
<tr>
<td>THE MIDDLE EAST</td>
<td>• Regulated and limited by legislation to severance pay</td>
</tr>
<tr>
<td></td>
<td>• UAE and Gulf Cooperation Council (‘GCC’) nationals must enrol in national and GCC country pension scheme, respectively</td>
</tr>
<tr>
<td></td>
<td>• Total contribution of up to 20% of pensionable salary required for every Emirati and GCC national</td>
</tr>
</tbody>
</table>

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.

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.

See ‘Workforce engagement’ in the Corporate Governance Statement in the 2022 Annual Report

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;
- workplace culture, including diversity and inclusion.

QUESTIONS EXPANDED IN 2021

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

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

In 2021, Mediclinic Group Services had an overall participation rate of 97%, compared to 93% in 2020. Hirslanden had a participation rate of 84% in 2021, down from 87% in 2020. Mediclinic Middle East had a participation rate of 75%, up from 72% in 2020. Mediclinic Southern Africa had a participation rate of 82%, down from 84% in 2020.

**YOUR VOICE EMPLOYEE ENGAGEMENT INDEX**

<table>
<thead>
<tr>
<th>Group</th>
<th>Engaged</th>
<th>Not Engaged</th>
<th>Actively Disengaged</th>
<th>Movement Engaged Employees (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group*</td>
<td>21</td>
<td>45%</td>
<td>44%</td>
<td>0</td>
</tr>
<tr>
<td>Hirslanden</td>
<td>21</td>
<td>44%</td>
<td>48%</td>
<td>0</td>
</tr>
<tr>
<td>Mediclinic</td>
<td>21</td>
<td>45%</td>
<td>43%</td>
<td>2</td>
</tr>
<tr>
<td>Mediclinic</td>
<td>21</td>
<td>47%</td>
<td>42%</td>
<td>4</td>
</tr>
<tr>
<td>Mediclinic</td>
<td>21</td>
<td>54%</td>
<td>40%</td>
<td>0</td>
</tr>
</tbody>
</table>

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

- ‘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**

1. ‘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.
2. ‘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.
3. ‘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.
4. 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

<table>
<thead>
<tr>
<th>Investment¹</th>
<th>SWITZERLAND</th>
<th>SOUTHERN AFRICA</th>
<th>THE MIDDLE EAST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• 5.1%² of payroll (2020: 5.2%)</td>
<td>• 3.8% of payroll (2020: 2.7%)</td>
<td>• 0.7% of payroll (2020: 0.7%)</td>
</tr>
<tr>
<td></td>
<td>• 190 404 hours⁴, equating to 13 hours/employee</td>
<td>• 754 377 hours⁴, equating to 20 hours/employee</td>
<td></td>
</tr>
</tbody>
</table>

Leadership training

<table>
<thead>
<tr>
<th>SWITZERLAND</th>
<th>SOUTHERN AFRICA</th>
<th>THE MIDDLE EAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 18 leadership training interventions (2020: 17) hosted and completed by 439 (2020: 284) management employees</td>
<td>• 24 students registered for Advanced Diploma in Health Services Management and Leadership</td>
<td>• 133 managers and team leaders enrolled in Management Development Programme</td>
</tr>
<tr>
<td></td>
<td>• 39 students registered for Fundamentals in Health Services Management and Leadership</td>
<td>• 88 managers enrolled in Situational Leadership II course</td>
</tr>
<tr>
<td></td>
<td>• 30 students registered for Business Management learnerships</td>
<td></td>
</tr>
</tbody>
</table>

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.

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

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

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.
**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.
LEADING TOGETHER

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.
**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**

<table>
<thead>
<tr>
<th>Percentage of black employees</th>
<th>2020: 71%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of black management employees</td>
<td>2020: 54%</td>
</tr>
</tbody>
</table>

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>
<thead>
<tr>
<th><strong>TABLE 7: SUMMARISED EMPLOYMENT EQUITY REPORT TOTALS</strong>¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Occupational level</strong></td>
</tr>
<tr>
<td><strong>MALE</strong></td>
</tr>
<tr>
<td>A²</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Top management</td>
</tr>
<tr>
<td>Senior management</td>
</tr>
<tr>
<td>Professionally qualified and experienced specialists and mid-management</td>
</tr>
<tr>
<td>Skilled technical and academically qualified workers, junior management, supervisors, foremen and superintendents</td>
</tr>
<tr>
<td>Semi-skilled and discretionary decision-making</td>
</tr>
<tr>
<td>Unskilled and defined decision-making</td>
</tr>
<tr>
<td>Total permanent employees</td>
</tr>
</tbody>
</table>

**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**

**PROGRESS 2021**

- Continued collaboration with Emirati universities

**FOCUS AREAS 2022**

- Launch UAE National Learning Academy to train and develop UAE nationals for the workplace
- Targeted recruitment and selection
- Competitive remuneration strategies, including retention incentives for UAE nationals
- Accelerate and support career development and progression programmes for UAE nationals
- Partner with key academic institutions in the UAE, focusing on internship and residency programmes for clinical training (physician and allied health)
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 wellbeing. 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
- 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
- Sharps injury management and safety procedures
- COVID-19 testing
- Vaccinations
  - Hepatitis B
  - Annual flu
  - Annual flu
- Hepatitis B
  - Annual flu
- Audits
  - See Independent assurance on page 48

REGIONAL INFORMATION

WELLBEING

- Wellbeing committee
  - Select facilities
  - For Corporate Office
  - Responsible for all employees
- Part-time work arrangements
- Remote work arrangements
- Purchase of additional leave
- Affordable, healthy on-site catering
- Free fitness facilities at some locations
- Free fitness facilities at some locations
- Air composition, temperature and humidity
  - Compliance with Swiss Labour Law standards
  - Compliance with local legislation
- COVID-19 testing
  - Vaccinations
    - Hepatitis B
    - Annual flu
    - Annual flu

Notes

1. 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.
2. 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 for four consecutive years.

<table>
<thead>
<tr>
<th>Total work-related injuries</th>
<th>Occupational diseases²</th>
<th>Absenteeism rate³</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group</strong></td>
<td><strong>Group</strong></td>
<td><strong>Group</strong></td>
</tr>
<tr>
<td>4 146</td>
<td>6</td>
<td>3.8%</td>
</tr>
<tr>
<td>2020: 5 752</td>
<td>2020: 18</td>
<td>2020: 3.9%</td>
</tr>
<tr>
<td><strong>Switzerland</strong></td>
<td><strong>Switzerland</strong></td>
<td><strong>Switzerland</strong></td>
</tr>
<tr>
<td>737</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2020: 914</td>
<td>2020: 0</td>
<td>2020: 5.3%</td>
</tr>
<tr>
<td><strong>Southern Africa</strong></td>
<td><strong>Southern Africa</strong></td>
<td><strong>Southern Africa</strong></td>
</tr>
<tr>
<td>3 211</td>
<td>6</td>
<td>4.2%</td>
</tr>
<tr>
<td>2020: 4 293</td>
<td>2020: 18</td>
<td>2020: 4.7%</td>
</tr>
<tr>
<td><strong>The Middle East</strong></td>
<td><strong>The Middle East</strong></td>
<td><strong>The Middle East</strong></td>
</tr>
<tr>
<td>198</td>
<td>0</td>
<td>1.4%</td>
</tr>
<tr>
<td>2020: 545</td>
<td>2020: 0</td>
<td>2020: 1.2%</td>
</tr>
</tbody>
</table>

Notes

1 Excludes COVID-19-related fatalities.
2 Excludes work-acquired COVID-19.
3 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

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

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.

ADDRESSED THROUGH
• Future workforce
• Protection of human rights
• CSI

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
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

Master affiliation with MBRU renewed

Middle East physicians have adjunct faculty appointments
HUMAN RIGHTS

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-

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.

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

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 ZAR5m¹
• 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
¹ PHEF support reported per financial year.
MOVING LIVES FORWARDS

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

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.

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

**ADRESSED THROUGH**
- Optimised supply chain
- Protection of human rights

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**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**

<table>
<thead>
<tr>
<th>2025 TARGETS</th>
<th>2022 FOCUS AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standardise procurement processes, master data management and systems support</td>
<td>Implement technologies to gain process automation and efficiencies</td>
</tr>
<tr>
<td>Implement e-procurement solution to cover all Group spend</td>
<td>Expand global blueprint to include all Group spend</td>
</tr>
<tr>
<td>Improve management and analytics for all Group spend</td>
<td>Complete Coupa roll-out for all Swiss facilities</td>
</tr>
<tr>
<td>Support end-to-end procurement processes</td>
<td>Implement second phase of spend management project to increase the depth of supply chain cost analyses</td>
</tr>
<tr>
<td>Project to consolidate all procurement master data and system support resources progressing as planned</td>
<td>Implement phased transition plan</td>
</tr>
<tr>
<td>Completed global blueprint for standardised procedures of indirect procurement</td>
<td>Optimal utilisation of information from first phase of Group spend management project to manage key procurement metrics</td>
</tr>
<tr>
<td>Developed materials utilisation dashboards to increase visibility of supply chain costs</td>
<td>Future structure and transition plan in development</td>
</tr>
</tbody>
</table>

**PROGRESS**

- Completed global blueprint for standardised procedures of indirect procurement
- Developed materials utilisation dashboards to increase visibility of supply chain costs
- Optimal utilisation of information from first phase of Group spend management project to manage key procurement metrics
- Future structure and transition plan in development
- Implemented phased transition plan
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 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.

### OPTIMISED SUPPLY CHAIN CONTINUED

**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

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**Note**

1 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

<table>
<thead>
<tr>
<th>Calls to ethics lines1</th>
<th>187 ➔</th>
<th>(2020: 148)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board committees</td>
<td>6 ➔</td>
<td>(2020: 5)</td>
</tr>
<tr>
<td>Board members with ESG knowledge and experience</td>
<td>7 ➔</td>
<td>(2020: 4)</td>
</tr>
<tr>
<td>Investment in capital projects and new equipment2</td>
<td>£84m ➔</td>
<td>(2021: £72m)</td>
</tr>
</tbody>
</table>

| Investment in equipment replacement and property upgrades2 | £95m ➔ | (2021: £54m) |
| Expenditure on repair and maintenance2 | £67m ➔ | (2021: £61m) |

Notes
1. Twenty-four high-priority cases were reported during the year. These were subsequently investigated and closed.
2. 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
OUR SUSTAINABLE DEVELOPMENT GOVERNANCE STRUCTURE

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

ESG COMMITTEE

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

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

DIVISIONS
Responsible for implementing and managing divisional sustainable development activities.

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

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

Who or what in the field of sustainability inspires you?

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.
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

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 Barsegian

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.
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.

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.

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

<table>
<thead>
<tr>
<th>SWITZERLAND</th>
<th>SOUTHERN AFRICA</th>
<th>THE MIDDLE EAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Adherence to applicable legislation and guidelines</td>
<td>• Marketing and communication governance complies with ISO 9001:2015 international management standard (audited annually)</td>
<td>• Healthcare advertising regulated by the UAE Ministry of Health in Dubai and the Department of Health in Abu Dhabi, with advertisements requiring prior approval</td>
</tr>
<tr>
<td>• Marketing and communication governance process</td>
<td>• Social media policies guide response to negative incidents, and manage and protect the business reputation</td>
<td>• Communication policy</td>
</tr>
</tbody>
</table>
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.

Attacks 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

<table>
<thead>
<tr>
<th></th>
<th>SWITZERLAND</th>
<th>SOUTHERN AFRICA</th>
<th>THE MIDDLE EAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliant with GDPR framework</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Compliant with local legislation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Refined data breach incident management process</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Compulsory division-specific privacy training</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

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

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

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**External carbon footprint calculation based on carbon emissions data of all three divisions**

- **Processes assured**: Carbon footprint calculation in accordance with the GHG Protocol
- **Provider/Standard**: Carbon calculated, GHG Protocol

**External carbon emissions assurance of all three divisions**

- **Processes assured**: Carbon emissions data and calculations
- **Provider/Standard**: 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**

- **Processes assured**: Abu Dhabi OHSMS framework
- **Provider/Standard**: Abu Dhabi Public Health Center, Department of Health occupational health and safety standards
<table>
<thead>
<tr>
<th>Assurance output</th>
<th>Processes assured</th>
<th>Provider/Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISO 9001:2015 certification of all hospitals and Corporate Office</td>
<td>Process and quality management</td>
<td>Swiss Association for Quality and Management Systems (‘SQS’)</td>
</tr>
<tr>
<td>DIN ISO 13485 certification of Klinik Hirslanden and Klinik St. Anna</td>
<td>Process and quality management</td>
<td>SQS</td>
</tr>
<tr>
<td>City Hospital laboratory reaccredited in 2019</td>
<td>Pathology laboratory of City Hospital</td>
<td>College of American Pathologists</td>
</tr>
<tr>
<td>Klinik Hirslanden accredited since 2017</td>
<td>Haematopoietic stem cell transplantation</td>
<td>Joint Accreditation Committee ISCT-EBMT</td>
</tr>
<tr>
<td>Accreditation or reaccreditation of all facilities (hospitals and clinics)</td>
<td>Quality and safety of patient care</td>
<td>Joint Commission International (‘JCI’)</td>
</tr>
<tr>
<td>All laboratories operating within our hospital and clinic facilities are ISO 15189:2012-accredited</td>
<td>Pathology laboratories of Middle East hospitals and clinics in Dubai, Abu Dhabi, Al Ain and Western Region</td>
<td>International Organisation for Standardisation (‘ISO’)</td>
</tr>
<tr>
<td>Diabetes clinical programme at Welcare Hospital</td>
<td>Diabetes clinical programme at Welcare Hospital</td>
<td>JCI, Clinical Care Program Certification (‘CCPC’)</td>
</tr>
<tr>
<td>Aviation medicine clinical programme at Airport Road Hospital, waiting for final outcome of survey done in February 2021</td>
<td>Aviation medicine clinical programme at Airport Road Hospital</td>
<td>ISO, General Civil Aviation Authority standards</td>
</tr>
<tr>
<td>Acute coronary syndrome clinical programme at Airport Road Hospital</td>
<td>Acute coronary syndrome services at Airport Road Hospital</td>
<td>JCI, CCPC</td>
</tr>
<tr>
<td>Accreditation of Parkview, City and Welcare hospitals and Dubai Mall as collaborating centres for obesity management</td>
<td>Obesity management</td>
<td>European Association for the Study of Obesity’s Collaborating Centres for Obesity Management</td>
</tr>
<tr>
<td>Accreditation of specialist bariatric unit at Airport Road Hospital</td>
<td>Bariatric unit at Airport Road Hospital</td>
<td>Surgical Review Committee, Centre of Excellence in Metabolic and Bariatric Surgery</td>
</tr>
<tr>
<td>Quality measurement and improvement on the basis of routine data, public reporting and peer review</td>
<td>Quality of processes</td>
<td>Initiative Qualitätsmedizin</td>
</tr>
<tr>
<td>Certification of breast cancer centres at six hospitals</td>
<td>Quality and safety of cancer treatment</td>
<td>Swiss Cancer League</td>
</tr>
</tbody>
</table>

* = Switzerland  ** = Southern Africa  *** = The Middle East
INDEPENDENT ASSURANCE CONTINUED

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

Note

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

### 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

#### CARBON EMISSIONS (tonnes CO₂e)

<table>
<thead>
<tr>
<th>Group</th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
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<tbody>
<tr>
<td>Group</td>
<td>211 969</td>
<td>226 048</td>
<td>239 960</td>
<td>214 537</td>
<td>209 525</td>
</tr>
<tr>
<td>Switzerland</td>
<td>6.25</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>211 969</td>
<td>226 048</td>
<td>239 960</td>
<td>214 537</td>
<td>209 525</td>
</tr>
<tr>
<td>The Middle East</td>
<td>0.94</td>
<td>0.72</td>
<td>0.78</td>
<td>0.90</td>
<td>0.87</td>
</tr>
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</table>

**Scope 1: Direct emissions**

<table>
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<tr>
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<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
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<td>4 780</td>
<td>5 232</td>
<td>5 566</td>
<td>5 628</td>
</tr>
<tr>
<td>Southern Africa</td>
<td>6 670</td>
<td>4 780</td>
<td>5 232</td>
<td>5 566</td>
<td>5 628</td>
</tr>
<tr>
<td>The Middle East</td>
<td>0.94</td>
<td>0.72</td>
<td>0.78</td>
<td>0.90</td>
<td>0.87</td>
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**Scope 2: Indirect emissions from purchased electricity**

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<th>2019</th>
<th>2018</th>
<th>2017</th>
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<td>646</td>
<td>595</td>
<td>562</td>
<td>650</td>
<td>578</td>
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<tr>
<td>Southern Africa</td>
<td>646</td>
<td>595</td>
<td>562</td>
<td>650</td>
<td>578</td>
</tr>
<tr>
<td>The Middle East</td>
<td>0.94</td>
<td>0.72</td>
<td>0.78</td>
<td>0.90</td>
<td>0.87</td>
</tr>
</tbody>
</table>

---

**Notes**

1. 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).
2. 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).
3. Increase due to diesel consumption on account of load shedding, anaesthetic gases used in theatre and use of mobile fuel.
4. 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.
5. Increase due to resumption of business travel and upstream transportation.
## DATA CONTINUED

### DIRECT AND INDIRECT ENERGY CONSUMPTION (GJ)

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct energy produced</strong></td>
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<td></td>
<td></td>
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<td>3 021</td>
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<td>n/a</td>
<td>n/a</td>
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<td>1 584</td>
<td>n/a</td>
<td>n/a</td>
<td>98</td>
</tr>
<tr>
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<td>1 437</td>
<td>11 240</td>
<td>2 862</td>
<td>1 576</td>
</tr>
<tr>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td></td>
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<td></td>
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<td>224 524</td>
<td>249 033</td>
<td>254 428</td>
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<tr>
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<td>105 670</td>
<td>108 957</td>
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<td></td>
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<td>957 702</td>
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<td>176 665³</td>
<td>149 650</td>
<td>156 453</td>
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<tr>
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<td>542 950</td>
<td>543 175</td>
<td>534 999</td>
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<tr>
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<td>293 507</td>
<td>237 258</td>
<td>249 310</td>
<td>154 813</td>
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### WATER USAGE

#### Total water usage from utilities

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
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</thead>
<tbody>
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<td><strong>Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>kL</td>
<td>1 684 707</td>
<td>1 647 749</td>
<td>1 705 085</td>
<td>1 726 734</td>
<td>1 768 366</td>
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<tr>
<td>kL/FTE</td>
<td>49.65</td>
<td>50.18</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Switzerland</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>kL</td>
<td>344 500</td>
<td>367 898</td>
<td>377 255</td>
<td>375 429</td>
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<tr>
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<td>49.33</td>
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<td>n/a</td>
<td>n/a</td>
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<td></td>
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<td></td>
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<tr>
<td>kL</td>
<td>1 086 815⁴</td>
<td>1 039 002</td>
<td>1 107 916</td>
<td>1 185 271</td>
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<td>55.25</td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>kL</td>
<td>253 391⁵</td>
<td>244 163</td>
<td>240 271</td>
<td>207 666</td>
<td></td>
</tr>
<tr>
<td>kL/FTE</td>
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<td>37.19</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

### WASTE (tonnes)

#### Total waste generated

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
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</thead>
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<td></td>
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<td></td>
<td></td>
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<tr>
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<td>17 843</td>
<td>14 276</td>
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<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Southern Africa</td>
<td>8 363</td>
<td>7 892</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>The Middle East</td>
<td>5 437⁶</td>
<td>5 006</td>
<td>n/a</td>
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<td>n/a</td>
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</table>

#### Healthcare risk waste

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
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<tbody>
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<td><strong>Group</strong></td>
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<td></td>
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</tr>
<tr>
<td>Switzerland</td>
<td>5 246</td>
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<tr>
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<td>3 438</td>
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<td>976</td>
<td>750</td>
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</table>

#### Total waste to landfill

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
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</table>

#### Total waste diverted from landfill

<table>
<thead>
<tr>
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<th>2017</th>
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<tbody>
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<tr>
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<td>2 484</td>
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<td>403</td>
<td>697</td>
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<tr>
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<td>307</td>
<td>249</td>
<td>251</td>
<td>194</td>
<td>209</td>
</tr>
</tbody>
</table>

### Notes

¹ Increase due to higher fuel-oil use and inclusion of purchased diesel and mobile fuel not included in previous year’s reporting.
² Increase due to higher diesel consumption on account of load shedding as well as use of mobile fuel and aviation fuel.
³ Increase in district heating and electricity consumption.
⁴ Increase in district cooling and electricity consumption influenced by expansion of Airport Road Hospital, Abu Dhabi, and operational requirements.
⁵ 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.
⁶ Includes a total of 2 690 tonnes of healthcare general waste that is incinerated and was not previously reported on.
⁷ 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.
⁸ 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.
⁹ No waste to landfill as all waste is incinerated.
### MATERIAL ISSUE 2

#### EMPLOYEES

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
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<td>147</td>
<td>-</td>
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#### EMPLOYEE RETENTION

**New appointments vs terminations based on permanent employee turnover**

<table>
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<tr>
<td><strong>The Middle East</strong></td>
<td>1 007</td>
<td>2 086</td>
</tr>
</tbody>
</table>

#### Notes

1. 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.
2. Increase from 2020 to 2021 largely attributable to overall business growth.
3. Includes Mediclinic International plc’s one employee based in the UK.
4. Some data not available as reporting on Mediclinic Group Services commenced only in 2019.
5. 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.
6. Prior year data excluded select French clinics in Switzerland, and as such, are not comparable with 2021.

### WASTE (tonnes) (CONTINUED)

<table>
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<tr>
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<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total waste recycled</strong></td>
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<td>417</td>
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<td>249</td>
<td>251</td>
<td>194</td>
<td>209</td>
</tr>
<tr>
<td><strong>Organic waste recovered</strong></td>
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<tr>
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<td>430</td>
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<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Total waste diverted from landfill (%)</strong></td>
<td>31.1</td>
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<tr>
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<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
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<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
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<td>n/a</td>
<td>n/a</td>
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</table>
### EMPLOYEE RETENTION (CONTINUED)

#### Controllable employee turnover rate by geography (%)

<table>
<thead>
<tr>
<th>Group</th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
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<tbody>
<tr>
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<td>8.1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Southern Africa</td>
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<td>5.6</td>
<td>7.6</td>
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<td>7.7</td>
</tr>
<tr>
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<td>4.3</td>
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#### Controllable employee turnover rate by gender (%)

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<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Switzerland Male</td>
<td>7.2</td>
<td>7.2</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Switzerland Female</td>
<td>5.6</td>
<td>5.5</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Southern Africa Male</td>
<td>5.8</td>
<td>8.1</td>
<td>10.2</td>
<td>7.4</td>
<td>9.2</td>
</tr>
<tr>
<td>Southern Africa Female</td>
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<td>10.0</td>
<td>6.7</td>
<td>8.6</td>
</tr>
<tr>
<td>The Middle East Male</td>
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<td>8.4</td>
<td>10.6</td>
<td>10.3</td>
<td>10.2</td>
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<td>The Middle East Female</td>
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<td>4.9</td>
<td>6.9</td>
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#### Return rate after maternity leave

<table>
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<th>2018</th>
<th>2017</th>
</tr>
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<tr>
<td>Switzerland Employees on maternity leave</td>
<td>1,269</td>
<td>1,327</td>
<td>1,356</td>
<td>1,187</td>
<td>1,276</td>
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<tr>
<td>Switzerland Employees returned to work</td>
<td>352</td>
<td>349</td>
<td>343</td>
<td>342</td>
<td>372</td>
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<tr>
<td>Switzerland Retention rate (%)</td>
<td>92.6</td>
<td>91.1</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Southern Africa Employees on maternity leave</td>
<td>668</td>
<td>744</td>
<td>748</td>
<td>613</td>
<td>706</td>
</tr>
<tr>
<td>Southern Africa Employees returned to work</td>
<td>619</td>
<td>744</td>
<td>719</td>
<td>593</td>
<td>671</td>
</tr>
<tr>
<td>Southern Africa Retention rate (%)</td>
<td>92.7</td>
<td>100</td>
<td>96</td>
<td>97</td>
<td>95</td>
</tr>
<tr>
<td>The Middle East Employees on maternity leave</td>
<td>249</td>
<td>234</td>
<td>265</td>
<td>232</td>
<td>198</td>
</tr>
<tr>
<td>The Middle East Employees returned to work</td>
<td>225</td>
<td>233</td>
<td>250</td>
<td>229</td>
<td>189</td>
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<tr>
<td>The Middle East Retention rate (%)</td>
<td>90.4</td>
<td>99.6</td>
<td>94</td>
<td>99</td>
<td>96</td>
</tr>
</tbody>
</table>

#### Notes

1. 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.
2. Data supplied for permanent employees.
3. 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.
### Employee Engagement (Continued)

#### Your Voice employee engagement survey participation rate (%)

<table>
<thead>
<tr>
<th>Group</th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
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<td>Hirslanden</td>
<td>69</td>
<td>65</td>
<td>71</td>
<td>78</td>
<td>79</td>
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<tr>
<td>Mediclinic Southern Africa</td>
<td>89</td>
<td>78</td>
<td>87</td>
<td>80</td>
<td>73</td>
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<tr>
<td>Mediclinic Middle East</td>
<td>91</td>
<td>94</td>
<td>94</td>
<td>92</td>
<td>88</td>
</tr>
<tr>
<td>Mediclinic Group Services¹</td>
<td>97</td>
<td>97</td>
<td>94</td>
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</table>

#### Your Voice employee engagement index (%)

<table>
<thead>
<tr>
<th>Group</th>
<th>Engaged²</th>
<th>Not engaged³</th>
<th>Actively disengaged⁴</th>
</tr>
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<tbody>
<tr>
<td>Hirslanden</td>
<td>45</td>
<td>44</td>
<td>10</td>
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<tr>
<td>Mediclinic Southern Africa</td>
<td>45</td>
<td>43</td>
<td>12</td>
</tr>
<tr>
<td>Mediclinic Middle East</td>
<td>47</td>
<td>42</td>
<td>11</td>
</tr>
<tr>
<td>Mediclinic Group Services¹</td>
<td>54</td>
<td>40</td>
<td>6</td>
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</table>

#### Your Voice employee engagement grand mean score (out of five)

<table>
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<th>2019</th>
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<th>2017</th>
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<td>3.98</td>
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<td>3.97</td>
<td>3.94</td>
<td>3.85</td>
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<td>4.00</td>
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### Diversity and Inclusion

#### Permanent employees by age (%)

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<th>&lt; 30 years</th>
<th>30–50 years</th>
<th>&gt; 50 years</th>
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<td>13.9</td>
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<td>19.3</td>
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<td>14.6</td>
<td>65.8</td>
<td>18.7</td>
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<td>Mediclinic Middle East</td>
<td>16.2</td>
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<tr>
<td>Mediclinic Group Services¹</td>
<td>18.3</td>
<td>62.7</td>
<td>18.9</td>
</tr>
</tbody>
</table>

#### Notes

¹ Some data not available as reporting on Mediclinic Group Services commenced only in 2019.
² ‘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.
³ ‘Not engaged’ employees may be productive, but they are not psychologically committed. They have some of their performance-related workplace needs met.
⁴ ‘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.
## DIVERSITY AND INCLUSION

### Permanent employees by generation (%)

<table>
<thead>
<tr>
<th>Group</th>
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<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
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<td><strong>Hirslanden</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Traditionalists</td>
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<td>0.01</td>
<td>0.02</td>
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<tr>
<td>Baby Boomers</td>
<td>8.9</td>
<td>10.2</td>
<td>11.2</td>
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<tr>
<td>Generation X</td>
<td>33.5</td>
<td>34.5</td>
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<tr>
<td>Generation Z</td>
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<tr>
<td>Millennials</td>
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</tr>
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<td><strong>Mediclinic Southern Africa</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Traditionalists</td>
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<td>0.02</td>
<td>0.1</td>
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<tr>
<td>Baby Boomers</td>
<td>12.3</td>
<td>14.3</td>
<td>11.2</td>
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<td>-</td>
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<tr>
<td>Generation X</td>
<td>35.0</td>
<td>35.3</td>
<td>34.9</td>
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<tr>
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<tr>
<td><strong>Mediclinic Middle East</strong></td>
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</tr>
<tr>
<td>Traditionalists</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Baby Boomers</td>
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<td>5.9</td>
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<td>Millennials</td>
<td>65.9</td>
<td>63.8</td>
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<td><strong>Mediclinic Group Services</strong></td>
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</tr>
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<td>Traditionalists</td>
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<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>Baby Boomers</td>
<td>8.1</td>
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<tr>
<td>Generation X</td>
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</table>

### Permanent employees by gender

#### Group

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<tr>
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<td>76.1</td>
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<tr>
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<tr>
<td>Generation Z</td>
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<td>76.7</td>
</tr>
<tr>
<td>Millennials</td>
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<td>72.6</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Male</td>
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<td>Female</td>
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<td>58.5</td>
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<td>Female</td>
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<td>58.3</td>
</tr>
<tr>
<td><strong>Mediclinic Group Services</strong></td>
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<td></td>
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<tr>
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<td>58.4</td>
</tr>
<tr>
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</table>

### WELLBEING

#### Total work-related injuries

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<th>2019</th>
<th>2018</th>
<th>2017</th>
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<tbody>
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<td><strong>Switzerland</strong></td>
<td>737</td>
<td>914</td>
<td>564</td>
<td>555</td>
<td>634</td>
</tr>
<tr>
<td><strong>Southern Africa</strong></td>
<td>3 211</td>
<td>4 293</td>
<td>915</td>
<td>n/a</td>
<td>919</td>
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<tr>
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<td>198</td>
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</table>

#### Absenteeism due to injuries in business days (including day of injury)

<table>
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<tr>
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<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td><strong>Switzerland</strong></td>
<td>40 979</td>
<td>54 536</td>
<td>16 180</td>
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<td>n/a</td>
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<tr>
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<td>26 052</td>
<td>35 947</td>
<td>5 473</td>
<td>4 570</td>
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#### Occupational diseases

<table>
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<tr>
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<th>2019</th>
<th>2018</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
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<td>24</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>Southern Africa</strong></td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Notes

1. Some data not available as reporting on generation commenced only in 2019.
2. Data includes injury-on-duty and COVID-19-related infection while on duty.
3. Total work-related injuries are comprised of work-related injuries, COVID-19 disease and non-COVID-19 work-related diseases.
### Wellbeing Continued

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
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<tbody>
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<td><strong>Work-related fatalities</strong>¹</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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<tr>
<td><strong>Total absenteeism due to injuries and sickness in hours</strong>²</td>
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<td>775,136</td>
<td>908,820</td>
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<td>740,482</td>
<td>629,236</td>
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<td>16,283</td>
<td>15,091</td>
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<td><strong>Total absenteeism rate</strong>² (%)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Group</td>
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<td>3.9</td>
<td>-</td>
<td>-</td>
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<td>5.3</td>
<td>4.4</td>
<td>4.3</td>
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<td>4.2</td>
<td>4.7</td>
<td>2.5</td>
<td>2.9</td>
<td>2.9</td>
</tr>
<tr>
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<td>1.4</td>
<td>1.2</td>
<td>0.8</td>
<td>0.7</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Notes
2. Data includes injury-on-duty, COVID-19-related leave and sick leave.
3. Actual days lost expressed as a percentage of total days scheduled to be worked by the workforce during the reporting period.

### Material Issue 3

#### Calls to Ethics Lines¹

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>187</td>
<td>148</td>
<td>154</td>
<td>131</td>
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<tr>
<td>Switzerland</td>
<td>14</td>
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<td>27</td>
<td>28</td>
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<td>132</td>
<td>115</td>
<td>118</td>
<td>83</td>
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<tr>
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<td>41</td>
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<td>9</td>
<td>20</td>
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#### Investment in Capital Projects and New Equipment²

<table>
<thead>
<tr>
<th></th>
<th>2021 (£’m)</th>
<th>2020 (£’m)</th>
<th>2019 (£’m)</th>
<th>2018 (£’m)</th>
<th>2017 (£’m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
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<tr>
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<td>61</td>
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<td>51</td>
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<td>376</td>
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#### Investment in Equipment Replacement and Property Upgrades²

<table>
<thead>
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<th>2021 (£’m)</th>
<th>2020 (£’m)</th>
<th>2019 (£’m)</th>
<th>2018 (£’m)</th>
<th>2017 (£’m)</th>
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<tbody>
<tr>
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<td>54</td>
<td>84</td>
<td>83</td>
<td>108</td>
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<tr>
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<td>43</td>
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<td>302</td>
<td>730</td>
<td>506</td>
<td>634</td>
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<td>41</td>
<td>36</td>
<td>46</td>
<td>76</td>
<td>31</td>
</tr>
</tbody>
</table>

#### Expenditure on Repair and Maintenance²³

<table>
<thead>
<tr>
<th></th>
<th>2021 (£’m)</th>
<th>2020 (£’m)</th>
<th>2019 (£’m)</th>
<th>2018 (£’m)</th>
<th>2017 (£’m)</th>
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</thead>
<tbody>
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<td>Group</td>
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<td>61</td>
<td>68</td>
<td>53</td>
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<tr>
<td>Switzerland</td>
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<td>48</td>
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<td>Southern Africa</td>
<td>292</td>
<td>257</td>
<td>288</td>
<td>262</td>
<td>219</td>
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<tr>
<td>The Middle East</td>
<td>49</td>
<td>37</td>
<td>35²</td>
<td>33</td>
<td>42</td>
</tr>
</tbody>
</table>

Notes
1. Calls to the ethics lines for 2017 are not disclosed as the metrics used by the divisions to capture calls were not standardised.
2. These figures are audited annually by PwC as part of the Annual Report. Consequently, amounts are disclosed on a financial-year basis.
3. The FY20 expenditure on repair and maintenance has been re-presented to be consistent with the expense-by-nature income statement presentation.
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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)

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