



2022 ESG Report





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Accelerating our ESG agenda

At Diaverum, ESG is woven through our company strategy and operations, ensuring we take a stakeholder focused approach in the way we do business. Our vision is to transform the renal care industry through patient-centric digital innovations, delivering and broadening access to the highest quality of care.



**Dimitris
Moulavasilis**
CEO

As a proud, Swedish-born, multinational healthcare organisation that provides life-enhancing renal care to patients with Chronic Kidney Disease (CKD) across 23 countries on four continents, we take our impact on the environment and the communities we operate in very

seriously. With the global pandemic, the war in Ukraine and the resulting economic recession playing a dominant role on the world stage over the past three years, our focus on driving forward our Environmental, Social and Governance (ESG) ambitions have only grown in importance and scale.

The societal and economic challenges these combined events have created and that are still experienced today pose health and well-being risks to our patients, staff and communities alike, as well as a strain on national healthcare systems' capacity to serve society. This has highlighted a long-coming and unfortunate trend – CKD continues to be a global,

escalating challenge that affects about 10% of the world's adult population, and we estimate that the number of people requiring dialysis will continue to grow globally 6% on average every year. This is making CKD one of the leading causes of death worldwide today, the impact of which is felt primarily in low and middle-income countries.

As a response to this, we are accelerating our ESG journey at Diaverum. In order to share how we are achieving this, we are proud to release our 2022 ESG report, our most comprehensive non-financial performance reporting to date. It includes clearer ambitions, solid governance controls information and a well-defined ESG roadmap for the years to come, covering our strategy and actions that ensure our stakeholder-centric business approach.

2022 confirms our strong non-financial performance track record

As we welcomed almost 700 new patients every month, our non-financial performance in 2022 was robust – including our continued strong track record of improving key medical outcomes for patients supported by significant strides that were made in our digital transformation; the development of a workplace and clinical environment that resulted in record Net Promoter Scores (NPS) captured both in our patients and employee surveys; our decisive

"We are accelerating our ESG journey at Diaverum. In order to share how we are achieving this, we are proud to release our 2022 ESG report, our most comprehensive non-financial performance reporting to date".

action in promoting health literacy and empowerment among the communities we belong to; not to mention the implementation of mechanisms to collect and act on the experiences of the ones we care for.

Through education and clinical programmes, as well as in advocating for integrated care approaches, last year saw our company progress further in developing comprehensive pre-dialysis and more affordable, access-level dialysis care strategies. At Diaverum, we are using our clinical and digital capabilities to have a presence earlier in the care pathway, improving the health and well-being of patients whilst driving treatment efficiencies for payors. By identifying vulnerable individuals and favouring prevention over renal replacement therapies (RRT) where possible, society wins as a collective. As a leading global provider of renal care, raising



awareness and sharing knowledge about kidney health is key to our mission and part of our daily work.

Needless to say, all of these were delivered in line with our zero-tolerance policy for human rights abuses, compliance breaches and unethical behaviour, which is underpinned by our robust governance, policies and processes as set out in the Diaverum Code of Conduct and reinforced through regular employee training.

On the environmental front, even though we are not a carbon-intensive business, we remain absolutely committed to reducing our environmental impact and making a positive contribution to climate protection. Last year, we continued to look for ways to

reduce water and energy consumption & waste generation, as well as to identify how best to conserve resources without compromising patient safety.

A word on our ESG reporting

Diaverum, with the full support of its Executive Leadership Team and Board of Directors, is committed to reporting our ESG performance annually and is working to increase the transparency and accountability of our ESG disclosure. Since 2021, we have been aligning our ESG report with the Sustainability Accounting Standards Board (SASB) - Health Care Delivery Industry Standard.

As with previous years, our 2022 ESG report is being presented and organised across five fundamental



pillars: our patients; employees & well-being; access to care; operating responsibly; and the environment. These together not only give context to our non-financial performance but also help organise how we address, both today and tomorrow, the expectations of our internal and external stakeholders – our patients, employees, NHSs, suppliers and local communities, to name but a few – while respecting the environment and assessing our impact as an ethical business.

You can read more about our ESG framework on page 31, with details of each pillar discussed throughout the report, including our ambitions and policies governing the work we do.

What's next in our ESG agenda

As we accelerate and progress on our ESG journey, we have defined a roadmap for the next two years that focuses on:

- aligning and further integrating the Sustainable Development Goals (United Nations 2030 Agenda) and Ethical Principles in Health Care (EPiHC) into our business development plans
- reshaping our ESG reporting in order to be compliant with the Corporate Sustainability Reporting Directive (CSRD) according to the new European Sustainability Reporting Standards (ESRS), preparing to subject it to external and independent third-party verification

- defining specific goals in each of our ESG framework pillars and improving the measurement of our impact on our key material topics
- clarifying our environmental strategy for the medium and long term
- cementing ESG principles within our ongoing value propositions

All of this, and more, is presented in detail in this 2022 ESG Report. I invite you to read the pages that follow and I'm sure that, like me, you'll feel inspired by everything that we accomplished last year, and - why not - proud of the course we are charting for the future. But it is not only about that; this report is a tool we are equipping society with as means of holding us at Diaverum accountable for our commitments and impact on society & the environment – so please use it that way, as that's part of how we ensure a better future for generations to come.

Lastly, but certainly not least, I want to thank my Diaverum colleagues around the world for their unwavering passion, inspiration and competence in creating and sustaining societal value across our communities, applying our True care culture in all we do. We look forward to embracing new opportunities with all our internal and external stakeholders, enabling us to gain momentum, deliver on our commitments and make even greater strides over the next few years.



This is Diaverum



We are a Swedish-born, multinational healthcare organisation that provides life-enhancing renal care to patients with Chronic Kidney Disease (CKD), empowering them to live fulfilling lives



This is Diaverum

CKD is a global and escalating challenge affecting about 10% of the world's adult population. It has multiple causes, including diseases such as diabetes and hypertension. Its prevalence is increasing, particularly in developing countries and among low-income individuals.

At Diaverum, our vision is to transform the renal care industry through patient-centric digital innovations, delivering and broadening access to the highest quality of care.

We provide renal care tailored to patients' needs and choices, offering a portfolio of treatments ranging from preventive care, haemodialysis, peritoneal dialysis and home care, to coordination of patients' comorbidities and holiday dialysis.

As a global leader and the largest independent renal service provider

in Europe, in 2022 we cared for around 39,000 patients across 437 clinics in 23 countries globally. Diaverum also employed approximately 13,000 people worldwide.

We work together with payors to reduce the total cost of care while partnering with local communities to educate them around health and the value of prevention.

At the centre of what we do is our standardised, proprietary care delivery model, enabled by a continuously evolving digital infrastructure and a purposeful culture of True care. Together, these ensure a benchmark dialysis service, delivered with high consistency to every patient in each of our clinics worldwide.

We stand out because we offer unique value, both to our patients and to national healthcare systems.

Diaverum at a glance*

23 countries worldwide

437 clinics

c.13,000 healthcare professionals

5.9 million HD treatments annually

c.39,000 patients



1.1

Company overview

A history of growth and transformation towards becoming the leading renal care service provider

Since 2008

330 clinics added to our network

24 total new clinics p.a. on average

14 total clinics acquired p.a. on average

13 new markets entered

Our strong heritage dates back to 1991 when Gambro Healthcare – a subsidiary of dialysis machine manufacturer Gambro – opened its first dialysis clinic in Lund, Sweden. Global expansion followed as Gambro Healthcare acquired and won tenders for new clinics worldwide, with the company operating 170 clinics in 14 countries and treating more

than 14,000 renal patients by the end of 2007.

In 2007, Gambro Healthcare was bought by Bridgepoint, a major international asset fund management group, with the vision of enabling healthcare systems worldwide to provide universal access to outstanding renal care. The name Diaverum was adopted in 2008.





30 years delivering medical excellence

Diaverum has a proven track record of over 30 years of excellence in renal care and sustainable growth.

As of 31 December 2022, we operated our renal care services across 23 markets – **Albania, Brazil, Chile, China, France, Germany, Hungary, Italy, Lithuania, Kazakhstan, Malaysia, Morocco, North Macedonia, Poland, Portugal, Romania, Russia, Saudi Arabia, Singapore, Spain, Sweden, the United Kingdom and Uruguay** – typically organised as either tender or license markets.

Licensing markets

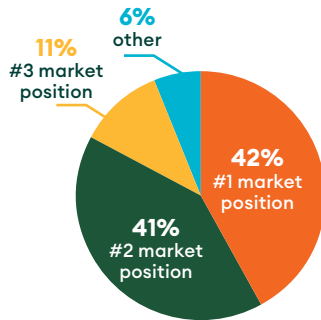
Decision maker	Regulatory agencies provide licenses for dialysis clinics. Licenses generally not granted unless clear unmet demand
Basis for allocation	Fulfillment of requirement set by regulatory agencies varying between countries
Patient volumes	Patient in-flows are generally a result of referrals by primary care physicians, nephrologists and major hospitals
Duration	Ongoing without specified end, subject to adherence of regulations

Tender markets

Decision maker	Public health authorities commission and oversee the competitive tender processes and award contracts to dialysis clinics providers
Basis for allocation	Price and quality are the main criteria in tender evaluation. Sometimes proof of operating clinics in other markets are prerequisites
Patient volumes	Generally secured, although typically not guaranteed for the period of the tender. Contracts may specify a fixed capacity in terms of number of patients
Duration	Duration (number of years) often specified in contract, typically 5-15 years

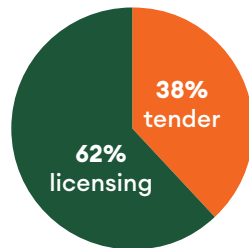


Diaverum has a leading position and scale in Europe and the Middle East with a Top-3 position in more than 90% of its markets



Market position

Diaverum has the number one or two market position in **83%** of its markets, representing circa **75%** of its patients



Patients by type of market

% of HD and PD patients treated, excluding holiday dialysis treatments

This geographical diversity embeds Diaverum within mature European markets as well as those with an unmet demand for renal care services, such as Saudi Arabia, Brazil and China.

Strong growth track record

In the last 14 years, we have expanded our operations, both through enlarging existing clinics, establishing greenfield clinics and tender wins, as well as through

acquisitions in existing markets & entering new markets.

As a result, since 2008, we have delivered year-on-year revenue growth of around 8.8% through increasing numbers of patients, treatments and clinics. The company's revenue has more than tripled, from EUR 281 million for the year ended 31 December 2008, to EUR 920 million for the year ended 31 December 2022.



2022 Diaverum business development

2 tender clinics

opened
in the UK



Network expanded
with **10 new clinics**
treating and
additional
1,000+
patients



4 acquisitions

in Chile, Brazil and Morocco



2 greenfield projects

delivered in China



An average of
700 new patients
welcomed each
month



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Chronic Kidney Disease overview

Chronic kidney disease (CKD) affects a large number of people around the world, mostly prevalent among the elderly

Global issue

c.10%
of global adult population suffering from CKD

c.3.9m
dialysis patient population 2022

c.6%
global dialysis patient population (CAGR 2022-2025E)

About 10% of the world adult population suffers from it¹, but may go undiagnosed until a late stage in up to 90% of those affected. CKD has many causes; two of the most common are diabetes and high blood pressure, which may in turn be linked to unhealthy lifestyles.

A proportion of CKD patients, around 4 to 7 million people worldwide, need renal replacement therapy (RRT), with haemodialysis being the prevalent treatment modality. The consequences of the disease can be devastating, and the situation has not improved in recent decades. Indeed, CKD is

Overview of most common causes of CKD

Diabetes	If diabetes is not controlled properly, sugar builds up in the blood and can cause damage that reduces the ability of the kidneys to filter waste. Many diabetes patients develop kidney damage after 20-30 years
High blood pressure/hypertension	Damages the small blood vessels in the kidneys and prevents the filtering process from working properly
Other	Kidney inflammation, polycystic kidney disease, obstructions in the outflow of urine or repeated urinary infections. About 20% of dialysis patients never find a cause for their kidney failure

¹ Kovesdy CP. Epidemiology of chronic kidney disease: an update 2022. *Kidney Int Suppl.* 2022 Apr;12(1):7-11.

² Lv JC, Zhang LX. Prevalence and Disease Burden of Chronic Kidney Disease [Internet]. Vol. 1165, *Advances in Experimental Medicine and Biology*. Springer Singapore; 2019. 3-15 p. Available from: http://dx.doi.org/10.1007/978-981-13-8871-2_1



now one of the leading causes of death worldwide, with its most negative impact felt in low and middle-income countries.

CKD patients undergoing haemodialysis are very complex patients with many comorbidities related both with the underlying kidney disease and with the treatment. Among the more relevant comorbidities, we must refer those related with vascular access and several other conditions like anaemia, bone mineral disease, cardiovascular complications, diabetes, hypertension and infectious disease. This complex set of comorbidities results in high mortality and hospitalisation rates among the dialysis patient population.

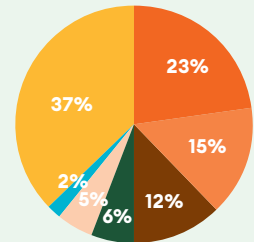
Effective prevention and treatment strategies that reduce disease progression and improve the

quality of life of those affected are urgently needed. World population growth and the frequency of lifestyle-related diseases allow us to estimate that dialysis demand will continue to grow globally 6% on average every year. Today, at least half of all adults have glucose intolerance or undiagnosed diabetes, and it is expected that by 2030 about 20% of the world's population will have diabetes.

CKD is classified into 5 stages, according to severity, from CKD1 to CKD5³. This progression happens slowly, progressively affecting functioning and quality of life.

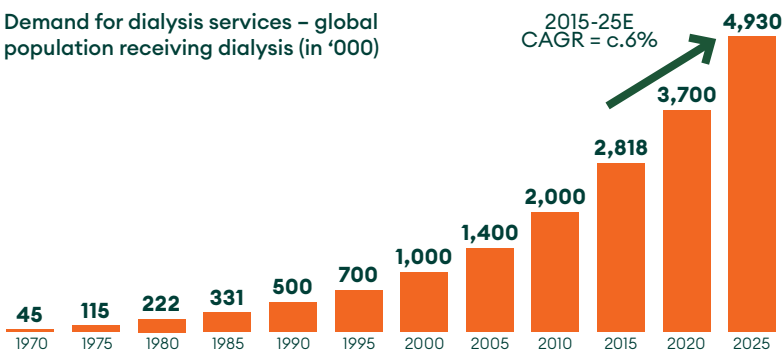
People in stage 1 or 2 are usually free of symptoms and treatment relates to lifestyle changes. From stage 3, the frequency of medical visits and the need for drugs to control the disease and delay its progression, increases. Stage 4 is

Underlying factors driving kidney disease:



- 23%** diabetes
- 15%** hypertension
- 12%** glomerulonephritis
- 6%** polycystic kidneys, adult type
- 5%** pyelonephritis
- 2%** renal vascular disease
- 37%** other

Demand for dialysis services – global population receiving dialysis (in '000)



Source: Company Information, L.E.K. Consulting GmbH – Market Report, ERA-EDTA Registry 2019, IDF Diabetes atlas, 10th edition, WHO, The Lancet.

³Levey AS. Defining AKD: The Spectrum of AKI, AKD, and CKD. Nephron. 2022;146(3):302-5.



Lifetime burden

3x

treatments per week

travel

to/from clinic

4h

per treatment

chronic

comorbidities, no cure and restricted diet

generally the prelude to the need for renal replacement therapy (dialysis, palliative care or kidney transplant) that will be required in stage 5.

CKD stage 5 is characterised by the deterioration of renal function. It endangers patients' lives because without treatment, toxic substances can build up in the body. Dialysis, palliative care or kidney transplant are the only treatment options, and regardless of whether the patient is

on a transplant list, they will require dialysis for an indefinite period of time.

The quality of life of people with End-Stage Renal Disease (ESRD) is markedly affected for many reasons, including: treatment requirements of at least 3 times per week, with each treatment lasting 4 hours, or a total of c.12 hours per week; need to travel from home to clinic; having other illnesses in parallel, some lacking a definitive cure.

Stages of CKD	Kidney function ¹	Symptoms and typical treatment
Stage 1 – CKD1 Normal of high GFR ²	>90 mL/min/1.73m ²	<ul style="list-style-type: none"> No symptoms, disease often not identified Treatment of underlying disease includes diet restrictions and lifestyle corrections Blood pressure monitored
Stage 2 – CKD2 Mild CKD	60-89 mL/min/1.73m ²	<ul style="list-style-type: none"> Same as stage 1
Stage 3 – CKD3 Moderate CKD	30-59 mL/min/1.73m ²	<ul style="list-style-type: none"> Regular contact with medical team Monitoring, diet and exercise programme Drugs to prevent disease progression and delay kidney failure
Stage 4 – CKD4 Severe CKD	15-29 mL/min/1.73m ²	<ul style="list-style-type: none"> Same as stage 3 Prepare for renal replacement therapy
Stage 5 – CKD5 End stage CKD	<15 mL/min/1.73m ²	<ul style="list-style-type: none"> Accumulation of waste, water and other substances causes life-threatening stage of disease Dialysis or transplantation needed

Source: Company Information, L.E.K. Consulting – Market Report.

Notes: ¹Kidney filtering capability, renal activity as ml/min/1.73m² of full functionality;

²Glomerular filtration rate.



Why a value-based renal care approach?

Value-based healthcare focuses on optimising the relationship between patient outcomes and the cost of treatment, thus bringing value to patients and payors in an efficient manner. Value is defined as patient-relevant outcomes over costs per patient to achieve these. All are measured in standardised ways using evidence-based approaches.

Models of care for CKD patients are often fragmented; care may be provided separately for individual components of the disease, which reduces efficiency and places a substantial economic burden on healthcare systems.

That is why Diaverum believes that renal care will benefit from evolving towards a value-based healthcare model which can cover the complete cycle of care for CKD patients, from prevention to renal replacement therapies.

Why do kidneys fail

The kidneys' main tasks are to filter waste substances out of the blood and balance the levels of salts and water in the body. Every day, c.1,500 litres of blood pass through the roughly one million small filters in the kidneys, called nephrons.

Most kidney diseases are caused by attacks on the nephrons, making them lose their normal function and causing waste products to build up in the blood, severely damaging the body.

There are many different reasons for decreased kidney function, most of which are connected to general health and lifestyle.



Integrated dialysis care, a step towards value-based renal care

The integrated dialysis care model takes full responsibility for the entire dialysis service, including all key related services such as vascular access surgery and maintenance, medication management, laboratory provision, coordination patient care, nutritional management and social care provision.

Placing this broader responsibility for patients' needs with specialised dialysis providers leads to better outcomes for patients and lower costs and reduced risk for payors. Moreover, providers need to innovate and continuously improve care.

The reimbursement model is moving away from fee-for-service to either capitated or bundled models, with costs connected to well-defined medical outcomes.

At Diaverum we have a strong track record of successfully implementing of integrated dialysis care models, for example in Portugal, Saudi Arabia and Spain.

Although dialysis is still largely under a fee-for-service model, there is a long-term ongoing trend towards value-based care, with Diaverum well-positioned for this transition.

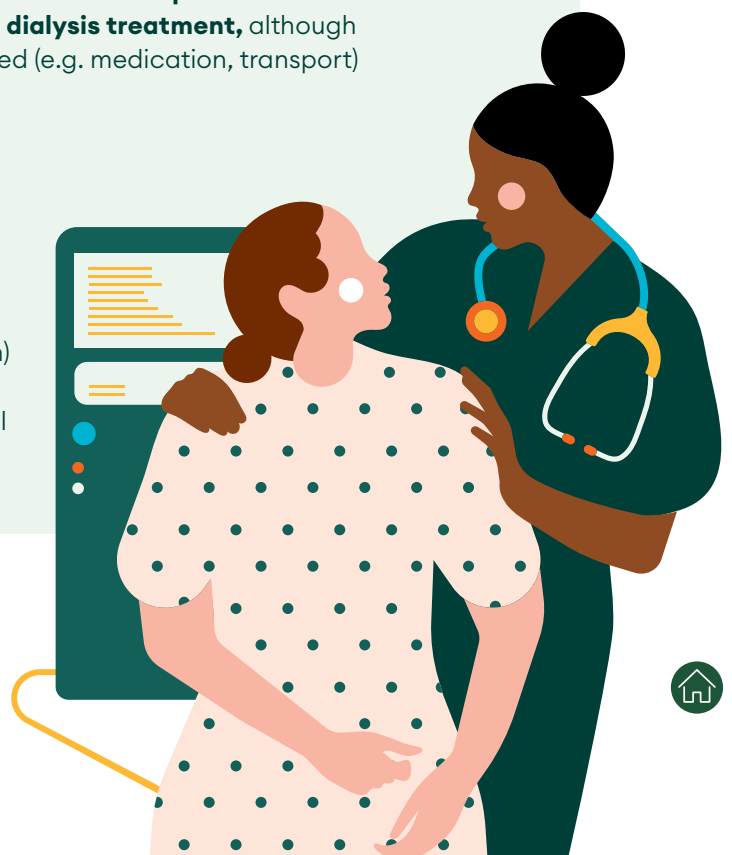
Payment model

Free-for-service (FFS) – classic paradigm

- The service provider is paid at a **predetermined rate for each specific treatment**
- Typically includes the **main cost associated with dialysis treatment**, although in some countries, certain services are not included (e.g. medication, transport)
- **Local practices can vary** significantly

Bundled payments – long-term trend towards value-based care (VBC)

- The service provider is getting one **bundled payment** for a **set of services and consumables** associated with **CKD5** (e.g. dialysis treatment + comorbidity management and care coordination)
- The clinic **operator is responsible for sourcing the necessary inputs** and thus can better control cost of care



³ Levey AS. Defining AKD: The Spectrum of AKI, AKD, and CKD. *Nephron*. 2022;146(3):302–5.





Spotlight: Diaverum integrated dialysis care in Portugal

Since 2017, Diaverum has been working to implement integrated dialysis care in Portugal, providing holistic and interdisciplinary treatment by packaging renal services together for the benefit of our patients and other stakeholders.

We now operate dialysis clinics on behalf of the Portuguese Ministry of Health, with a wide service scope covering dialysis treatments, medication for dialysis and related comorbidities, laboratory and other diagnostic tests, vascular access management and surgery and other aspects of patient care, including nutritional and psychosocial support.



1.3

Our value proposition

At the centre of what we do is our standardised, proprietary care delivery model, enabled by a continuously evolving digital infrastructure and a purposeful culture of True care. These three elements of our value proposition is what make us unique



Proprietary Care Delivery Model

While renal care has its own particularities, it does not escape the global challenges facing the treatment of all chronic diseases today – the increasing cost burden that is risking the sustainability of healthcare systems around the world.

At Diaverum, we have developed a proprietary Care Delivery Model designed to ensure improved medical outcomes and to contribute towards further higher

longevity and lower hospitalisation rates of our patients.

Our care delivery model builds on the standardisation of clinical interventions, integrated models of care and a holistic patient-centred approach. It is based on five strong pillars of excellence supported by a robust **clinical governance** and an evolving **digital infrastructure**.

The five pillars of Diaverum’s care delivery model ensure a high quality of care through





This is Diaverum

standardisation and benchmarking of the best evidence-based practices:

1. Clinical standards – to ensure patient safety, treatment effectiveness and the best possible medical outcomes for our patients, we implement and follow comprehensive clinical policies and procedures. These are continuously improved based on regular internal audits on top of the national regulatory demands.

2. Medical standards – carefully designed, evidence-based, standardised interventional medical protocols addressing the main aspects and comorbidities of CKD, aimed to diminish variability and provide the best possible outcomes in critical areas of intervention.

3. Performance measurement – proprietary system to measure medical outcomes based on:

- a set of 31 parameters in 8 areas of care in haemodialysis unique to Diaverum patients
- health-related quality of life
- patient perception of care.

This system allows for benchmarking, trend analysis, evidence of improvement of dialysis care and a clear understanding of every single clinic performance.

4. Patient and staff education – digitally-enabled and standardised education and training – like the Diaverum Nursing Educational Programme, certified by the European Dialysis and Transplantation Nurses Association (EDTNA) – further enhance the dissemination of our standards of care and our education platform d.ACADEMY (read more on page 78).

5. Scientific research – clinical-oriented scientific research presented at scientific meetings and congresses

The company's solid **clinical governance** is based on: regular unannounced clinical audits to all clinics; incident management reporting & analysis system; corporate clinical support for the integration of new clinics and countries on medical management and & deployment of new care

Diaverum's Care Delivery Model increases patient longevity and reduces hospitalisation, thus creating tangible value for patients and payors, as well as contributing to operational efficiencies for Diaverum



strategies; and data management systems to support new data-driven AI pathways of care.

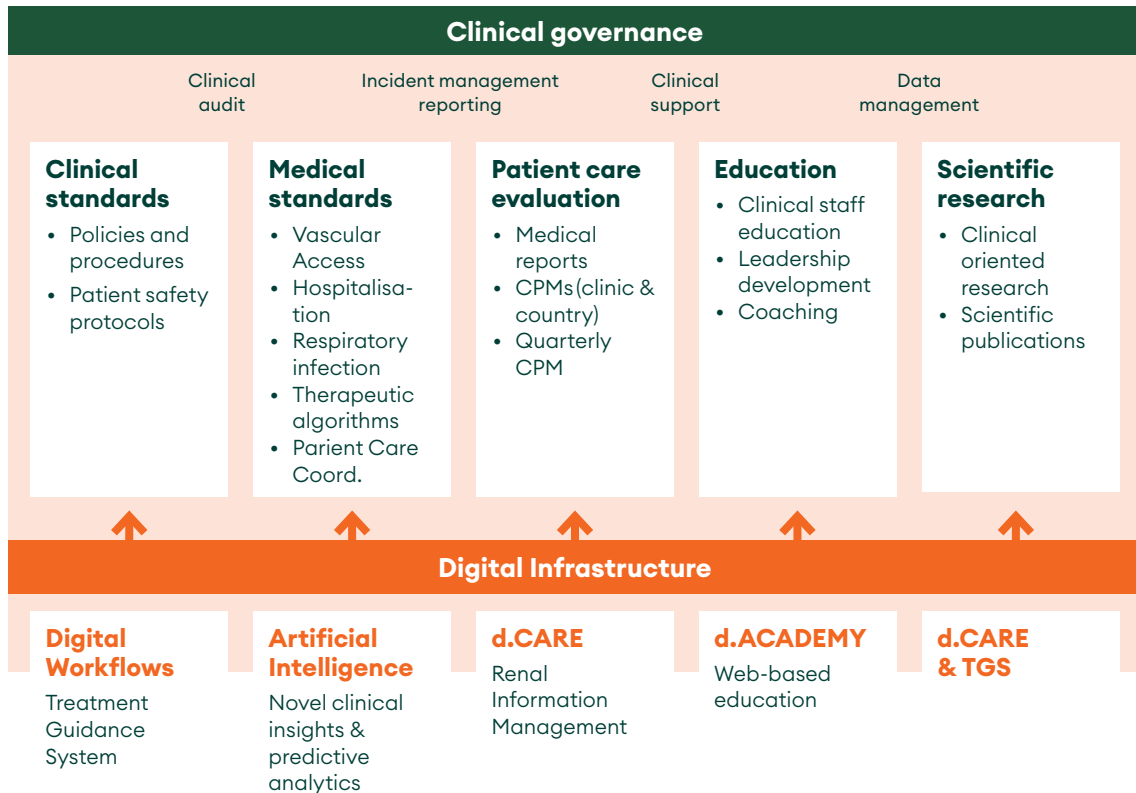
Our Care Delivery Model is underpinned by our **digital infrastructure**. Several proprietary software and digital tools enable care standardisation, patient safety, workflow management and superior medical outcomes.

Our **policies and procedures** are continuously improved through learning from regular internal audits as well as in response to national regulatory demands. **In the last 3**

years, 1,110 clinical audits have been performed covering all Diaverum clinics, using a digital clinical audit tool that enables the quick and easy identification of improvement areas. The average score of these audits was 91.7 (in a scale 1 -100), of which 18.8% as an outstanding result; 42.6% very good; 15.0% satisfactory; and 23.6% requires improvement.

At corporate level, we have defined an integration process for new countries and clinics to ensure the highest quality of care in all the regions where we operate.

Diaverum’s Care Delivery Model provides a benchmark for the provision of quality, holistic and personalised patient care. It drives increased patient longevity, reduced hospitalisation & contributes to strong patient organic growth.





Spotlight: Diaverum Kazakhstan rated 'Excellent' for healthcare quality

In June 2022, Diaverum Kazakhstan was accredited with the highest rating of 'Excellent' by the Accreditation Centre for Quality in Healthcare (Public Association of Surveyors and Consultants in the field of Healthcare Accreditation) in Kazakhstan.

The accreditation, which applies to our operations across the whole country, is valid for three years and is testament to the excellence we have achieved since entering the Kazakh market in 2015. Diaverum provided haemodialysis for more than 2,500 patients across 52 clinics in the country in 2022.



Amantur Ryskulov, Country Managing Director Diaverum

Kazakhstan: *Preparing for accreditation was a very intensive exercise and relied on a strong collaboration between the clinics, support functions and the company's top management. Our efforts have paid off, since this accreditation is an official and*

reputable testament to the quality of our renal care provision in the country that will certainly put Diaverum in an even more competitive position to treat more patients in Kazakhstan.



Diaverum has embarked on an ambitious journey to become the global renal care provider of choice, and a leader in integrated, AI-enabled, personalised dialysis care.

Patient-centric digital innovation

We are dedicated to enhancing the lives of people with CKD, which is why we are continuously developing a range of digital platforms and applications.

In the last few years, Diaverum has embarked on an ambitious journey to convert 30 years of dialysis know-how into one digital platform that connects with clinics across the world to ensure the highest standards of care for patients, the most advanced support for our clinical teams and the lowest cost for payors.

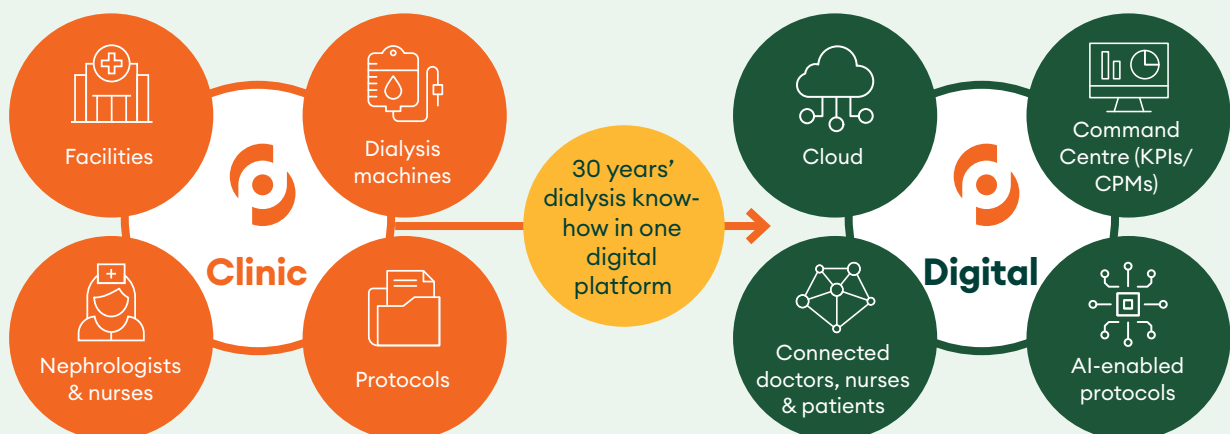
Our digital platform's solutions and applications are developed around our patients' needs, improving treatment effectiveness, efficiency and medical outcomes worldwide, while also empowering them to

contribute to their own care and well-being. This includes human-centric, explainable and responsible AI solutions to support our physicians in delivering personalised care to our patients. Our continuously evolving digital infrastructure includes proprietary solutions such as:

- The renal information management system, **d.CARE platform**
- the **Treatment Guidance System (TGS)**
- the automated data collection solution, **d.CONNECT**
- the **Pharma Guidance System (PGS)**
- the **d.CARE Patient App**
- Diaverum's **Artificial Intelligence** solutions and prescriptive & predictive analytics
- our virtual educational platform, **d.ACADEMY**

Our digital transformation journey

In the future, renal care will be provided through a combination of physical clinics, digital solutions and AI prescriptive & predictive analytics, offering personalised, standardised and efficient dialysis services at scale



At the beginning of 2022 we established our own **AI Factory** to promote prescriptive and predictive analytics, and contribute to evidence-based precision medicine interventions. Our AI Factory analyses patient data collected by d.CARE, TGS and d.CONNECT and stored in a central data warehouse to create explainable machine learning-based predictive models, which enabling personalised care, promoting patient empowerment and contributing to well-being and self-care. An example of the use of these technologies is in the prevention of vascular access thrombosis, a major complication for haemodialysis patients.

As of end December 2022, the **TGS system** and its supporting processes are in use in 276 clinics across 19 countries, an increase of 74 clinics since the same period last year. We hope to have TGS implemented at clinics in Morocco and Malaysia in 2023.

The latest version of Diaverum's renal information management system, the **d.CARE platform**, is currently under development, being rolled out to our clinical users, module by module, on a monthly basis.

The **d.CARE Patient App** is being continuously improved with new features; 2022 saw, among other features, the addition of medication reminders, a daily medication schedule and clinic visit experience rating. The number of patients



using the Patient App has increased 83% during 2022, from approximately 6,000 to 11,350.

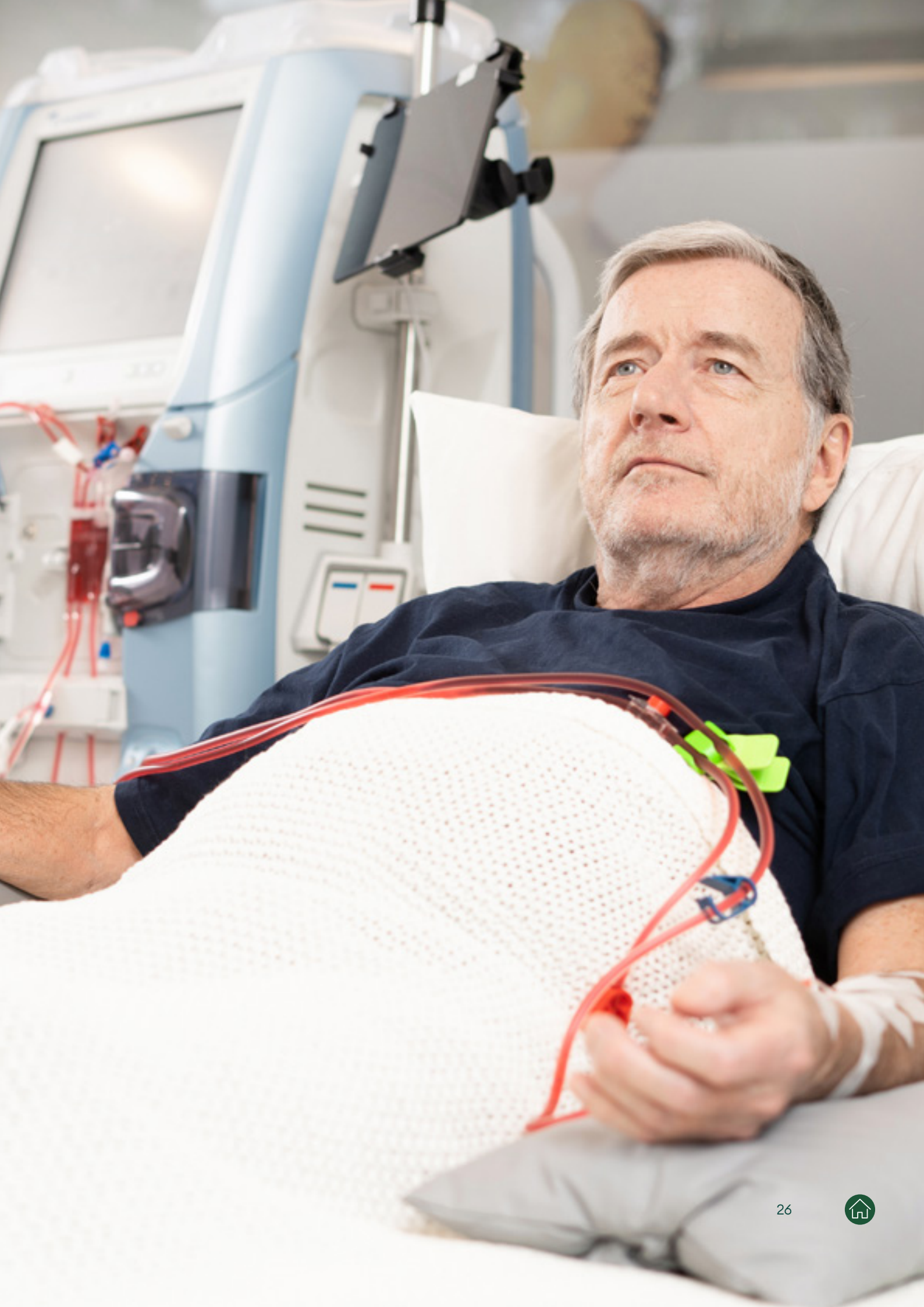
It is expected that by 2023:

- 8,000 machines will be connected through d.CONNECT
- 15,000 patients will use the d.CARE App
- c. 370 clinics will connect to the d.CARE platform and the TGS as well as use its data in AI models and algorithms to stratify risk and design early and effective intervention models.

Apart from the tangible benefits to patients, the application of these technologies will allow us to reduce costs associated with preventable adverse events, hospitalisation, treatment and mortality; increase the patient to nurse ratio; improve the perception of patient care; and enable service scalability and faster inorganic expansion.

Our digital platforms, solutions and applications are developed around our patients' needs, improving treatment effectiveness, efficiency and medical outcomes worldwide, while also empowering people to contribute to their own care and well-being.





Spotlight: Service innovation and access – the Diaverum Treatment Guidance system

The Treatment Guidance System (TGS) has achieved remarkable success since its introduction and is an integral part of Diaverum’s digital transformation journey.

The TGS supports our clinical staff in adhering to standardised clinical workflows, minimising care variability and margin for errors. Accessed via a tablet adjacent to the patient’s bedside, the TGS collects and provides information throughout a dialysis treatment, in a paperless environment.

Launched in September 2018, the Santiago de Compostela clinic in Spain was the first to use the TGS. Since then, it has undergone a steady and highly successful rollout across our clinics; by the end of December 2022, the TGS and its supporting processes were in use in 276 clinics across 19 countries, an increase of 74 clinics from the same time period in the previous year. Preparation has started to implement TGS clinics in Morocco & Malaysia.



Fredrik Warringer, Director, Digital Enablers: *Making TGS available is a joint collaboration between the Malmö-based Digital Development & IT Operations Teams together with each country TGS Project Team. Our Global Medical Team supports us if additional training on the TGS process is needed, as may be the case when members of the country TGS Project Teams change. 2023 will be a big year with around 90 clinics being planned for roll out.*

Spotlight: AI Model to prevent vascular access (VA) thrombosis

In 2021 we released an AI model that predicts the likelihood of patients having an AVF/graft thrombosis, using input data readily available in d.CARE. This allows for clinical teams to take appropriate action to prevent VA thrombosis, with benefits for the patient, clinic and healthcare systems. In 2023 we will release an updated and higher performance version of this model.



Dr Fernando Macário, Diaverum’s Chief Medical Officer: *With our AI models, physicians will have better predictive tools, nurses will come closer to the patients, processes will be more effective and patients will be better treated. Data scientists will be a new subset of healthcare professionals, members of a multidisciplinary team, that will also need to interface with patients and other healthcare professionals, to ensure our focus is always on delivering personalised, life-enhancing renal care.*

More information about our digital solutions and applications is available on our [website](#).



A purposeful culture of True care

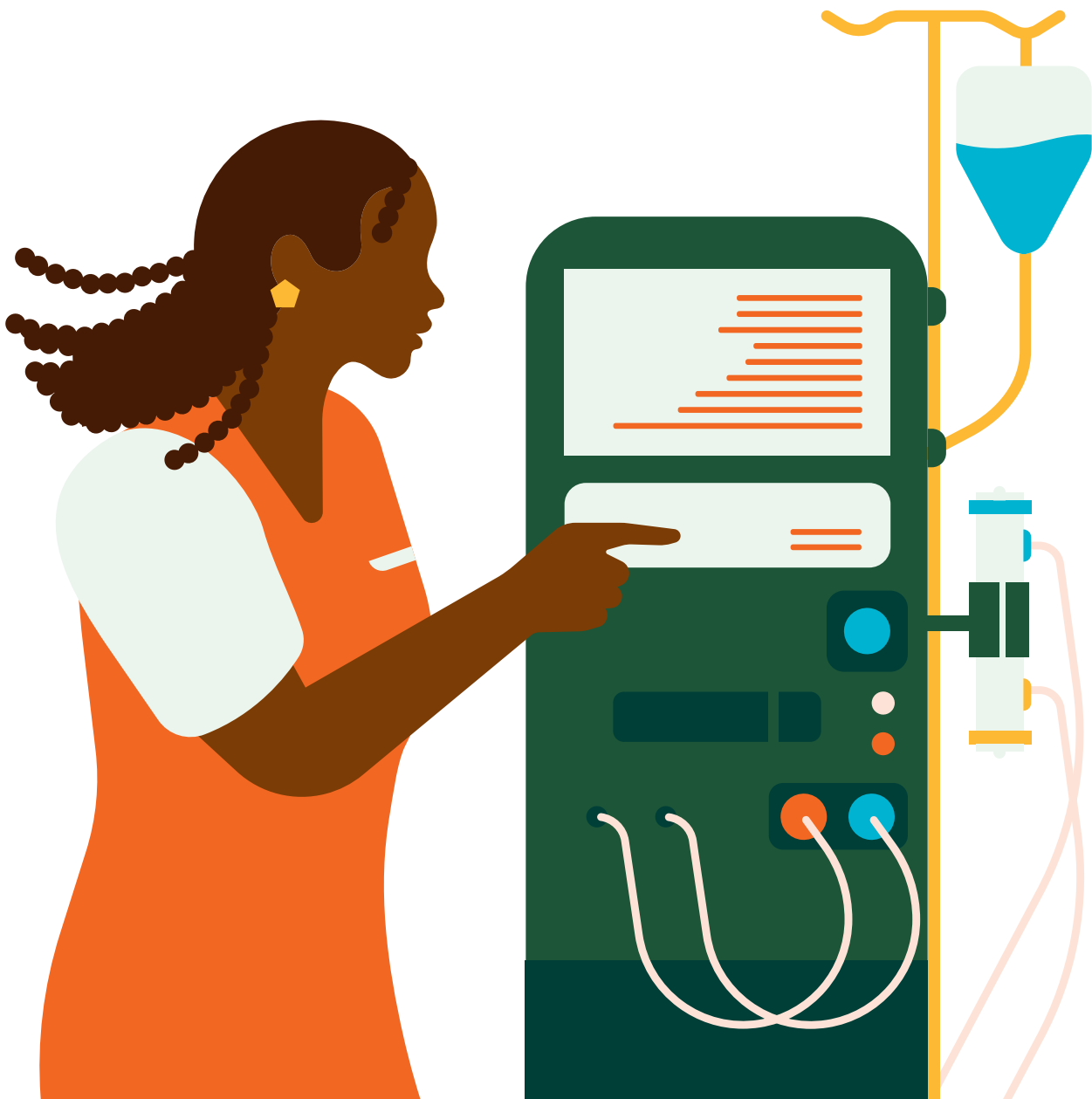
At Diaverum, our culture of True care defines who we are.

Our people are our business. How we care for our patients or engage with national health services and suppliers and the role we play in society – all of these stem from our culture.

Everyone at Diaverum is committed to True care, regardless of our role or location, whether working in a clinic or an office.

It's at our core, it's non-negotiable, it's how we work – and it connects us all. Cultural differences, a variety of job roles and different work contexts put diversity at Diaverum's heart, while through our values and behaviour we define our shared culture.

And our culture isn't a project, it isn't an initiative: it's the sum total of all of us, every day, in our actions, behaviours, decisions, habits and stories.



True care

Dare to dream

We challenge the norms. Our passion for enabling fulfilling lives gives us courage for innovation and a push for change, in the belief that anything is possible.

Create better, together

We support each other and take individual responsibility to foster an inclusive climate. We value teamwork and reach out for help and new ideas, while actively sharing with others.

Lead by example

Integrity is at our core and we walk the talk on what we expect of ourselves and others. We are accountable for our decisions and actions, and set the tone to inspire others.

Sparkle with enthusiasm

We put our heart and soul into our work and don't wait for others to take the initiative. We walk the extra mile and encourage others to do the same.

Learn something new everyday

We are curious, we want to understand and we actively seek out learning in our daily work and to unleash our full potential.

Make connections

We create links, we develop relationships, we form bonds; because we know the outcomes are better when we build bridges.

Good enough is not enough

We continuously strive to deliver better outcomes, and don't simply settle for the status quo.

Build trust through delivery

We focus on delivering what we promise, consistently finding solutions, while being open and honest with challenges we find along the way.

Demonstrate your skill

We apply our knowledge and consistently work to improve and develop so that we are the best in what we do.

Inspiration

Passion

Competence

Our approach to sustainability



At Diaverum, ESG is woven through our company strategy and operations, ensuring we take a stakeholder-centric approach in the way we do business



We truly believe in the clear connection between ethical operating principles and sustainable business models that positively impact geographies where private companies operate – benefitting patients, staff, the communities they serve and the environment in which they live.

We are therefore integrating the Sustainable Development Goals (United Nations 2030 Agenda) into our business development plans, and are signatories of the Ethical Principles in Health Care (EPIHC) – aligning our ESG framework to both.

Daivorum’s ESG framework is based on 5 pillars that reflect our commitment to continuously improving our non-financial performance:

1. Our patients (p. 40)
2. Access to Care (p. 52)
3. Employees and well-being (p. 68)
4. Operating Responsibly (p. 88)
5. Environment (p. 106)

Through this framework, we are measuring our ESG performance and developing global ambitions and targets, giving us the opportunity to assess our impact as an ethical business and identify where we can do better, whilst also allowing us to leverage commercial opportunities.

We are committed to reporting our ESG performance annually and are working to increase the transparency and accountability of our ESG disclosure. Since 2021, we have been aligning our ESG report with the Sustainability Accounting Standards Board (SASB) – Health Care Delivery Industry Standard. For more information, see Appendix 9.1.



2021

ESG materiality assessment

We completed our latest materiality assessment in 2022, engaging key internal and external stakeholders

In our assessment, we applied the double materiality principle in a forward-looking perspective.

This is in line with the proposed European Sustainability Reporting Standards (ESRS), which aim to ensure that companies publicly provide adequate information about their risks and opportunities, as well as their impact on people and the environment.

The results of this materiality assessment allow us to update our ESG framework, priorities and targets while also helping to identify topics that are important to our business and our stakeholders.

Periodic reviews

We review our materiality assessment every 2 years and in

turn update and prioritise our most material ESG issues. This serves as a basis for Diaverum to identify which information should be reported and to update our ESG action plans and KPIs. Our most material issues are defined following the ‘double materiality principle’:

- **Impact materiality:** the topics are material if they relate to Diaverum’s significant positive or negative impacts on society and the environment.
- **Financial materiality:** the topics are material if they are likely to impact the financial standing or operating performance of Diaverum.

Process

- **Phase 1: Identification of potential and actual material topics**



The potential and actual material topics were selected using our last materiality assessment results and complemented by: desktop research on ESG reporting frameworks (Global Reporting Initiative, Sustainability Accounting Standards Board, European Sustainability Reporting Standards); ESG ratings; our corporate risk management reporting; industry benchmark ESG reports; and consultations with a selection of Diaverum's peers and stakeholders.

- **Phase 2: Assessment of the significance of each topic**

Once the material topics were established, they were assessed by the Board of Directors, the Executive Leadership Team (ELT) and our main investor, and a survey was used to rank them by impact and financial materiality. Capturing both these impacts was essential, in line with the double materiality principle.

- **Phase 3: Validation and categorisation of material topics**

The material topics were mapped into our new materiality matrix, from which Diaverum has identified 6 critical focus areas and 25 topics that are considered either important or significant.

The most important issues – due to their considerable impact on society and/or the value of Diaverum – are patient well-being and safety; employee attraction,

engagement and development; anti-corruption and anti-bribery; prevention and early detection of CKD; and engagement with authorities and payors. The outcomes of the updated materiality assessment are closely aligned with our current ESG framework, described in this chapter.

The materiality assessment process and results were approved by Diaverum's ELT, and in conjunction with the SDG Action Manager tool, helped us understand where to prioritise our efforts and best contribute to the Sustainable Development Goals.



Results

Materiality matrix

Critical focus area

- 1 Patient well-being and safety
- 2 Employee attraction, engagement and development
- 3 Anti-corruption and anti-bribery
- 4 Business ethics
- 5 Engagement with regulatory authorities and payors
- 6 Prevention and early detection

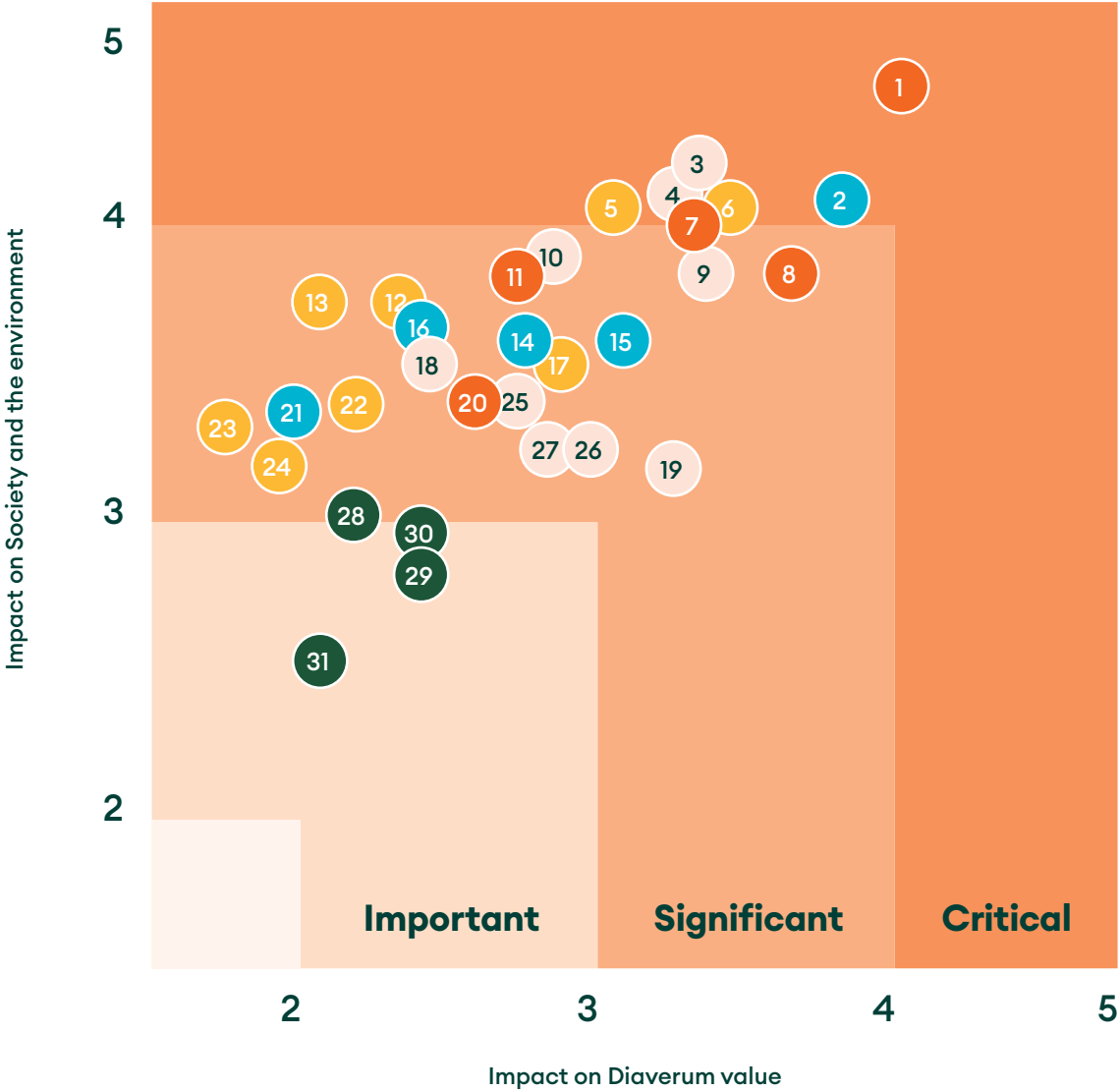
Significant focus area

- 7 Patient experience
- 8 Digital innovation
- 9 Cybersecurity
- 10 Data protection and privacy
- 11 Patient engagement and education
- 12 Affordable dialysis and access for low-income patients
- 13 Promoting healthy communities
- 14 Occupational health and safety
- 15 Working conditions, work-life balance and well-being
- 16 Fair and inclusive workplace
- 17 Innovation for enhanced care
- 18 Sustainable supply chains
- 19 Human and labour rights
- 20 Responsible marketing and transparent pricing
- 21 Diversity and equal opportunities
- 22 Increasing access to transplants
- 23 Sharing knowledge
- 24 Social action and contribution to local communities
- 25 Competitive behaviour
- 26 Responsible investment
- 27 Public policy influencing and transparency
- 28 Management of waste

Important focus area

- 29 Management of energy and GHG emissions
- 30 Management of water and wastewater
- 31 Adaption to Climate Change





● Access to care ● Employees ● Environment ● Governance ● Patient



Our contribution to the UN's Sustainable Development Goals

We are committed to the Sustainable Development Goals (SDGs) of the United Nations (UN), the roadmap for global sustainable development by 2030



These serve as a compass for the international community to meet challenges for the remainder of this decade, and require the public sector, governments and companies to work together.

Our business activities are thus closely linked to the concerns of the UN SDGs. As a leading global provider of renal care services, our most important contributions are:



SDG 3
(Good health
and well-being)

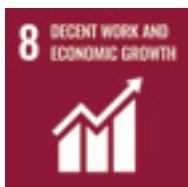
We help some 39,000 patients with 5.9 million haemodialysis treatments annually. Our vision is to deliver the highest quality of care for patients while reducing the total cost for payors. We focus on

haemodialysis, but our portfolio of treatments includes preventive care, peritoneal dialysis, home care, coordination of patients' comorbidities and holiday dialysis. We also foster occupational health practices to promote the well-being of our employees.



SDG 4
(Quality education)

Through empowerment, education and training we grow together. To ensure high-quality care delivery and medical outcomes, Diaverum offers education to nurses, doctors and managers. Our exemplary medical care is assured through the standardised education and training provided through our d.ACADEMY programme (read more on page 78) and at training centres such as our one in Riyadh, Saudi Arabia. We are also raising awareness of health issues among our patients, in both virtual and physical settings, helping to empower them in managing their own care.



SDG 8
(Decent work and economic growth)

We are committed to creating a fair, safe and healthy working

environment. Diaverum respects the protection of human rights and does not tolerate workplace violence and forced, compulsory or child labour. We strive to promote diversity and do not discriminate against Diaverum personnel or applicants based on ethnic or national origin, caste, race, colour, religion, sex, age, sexual orientation, physical disability, union affiliation or political opinion. The Modern Slavery Act Statement was signed by the Board of Directors in December 2022.



SDG 12
(Responsible consumption and production)

Clean water is crucial for safe dialysis, and we continue to look for new ways to minimise our impact without compromising our standards or patient safety. We are actively reviewing environmental criteria when selecting dialysis units and/or reverse osmosis plants as well as standardising clinic construction to ensure the lowest possible use of water.



2023

ESG governance and strategy

In July 2022, an ESG Global Manager was brought into the company to accelerate our plan to ensure ESG thrives at the heart of our business strategy

The ESG Manager leads the delivery of Diaverum's sustainability agenda and ESG commitments, including our ambition to contribute with new solutions to the climate crisis and support the transition to a low-carbon future. We will also continue to promote a fully inclusive organisation that prioritises well-being, invests in learning & careers and prepares our colleagues for the future of work. Our high standards of corporate governance will flow alongside meeting our

responsibilities to society and the environment.

Our Board of Directors is committed to bold action as the world contends with unprecedented challenges. These Directors are ultimately accountable for our ESG strategies and for the actions Diaverum takes to meet the needs of our different stakeholders. **Krisja Vermeylen, Board member and also chair of our Remuneration Committee, is the Board Director responsible for ESG oversight.**

All the ESG policies approved by Diaverum Board of Directors are highlighted throughout this report. These policies are hosted in the company's intranet, accessible by all employees, who learn about them in regular internal communications as well as learning courses available through the d.ACADEMY programme.

In December 2022, the Board of Directors approved the following policies:

1. **Health & Safety**
2. **Human Rights** – replacing the Human Right Statement issued and adopted by the Board previously.
3. **Anti-corruption and Money Laundering** – replaces the existing Anti-corruption Policy.
4. **Cyber Security** – sets out procedures and standards to protect Diaverum against threats and to enable it to recover in the event of a cyber-attack.

The Executive Leadership Team and Board of Directors have also approved the following roadmap to mid-2024, supporting the further integration of ESG factors into our business strategy, as well as creating and protecting value for all our stakeholders:

1. **Environmental strategy:** clarify our environmental strategy for the medium and long term, including the immediate year ahead
2. **ESG report:** work on reshaping our report in order to be compliant with the Corporate Sustainability Reporting Directive in the next two years, for application in the 2025 fiscal year. We will work to ensure that we are prepared to report information and have it verified by a third party, despite the challenges of the short timeframe.
3. **ESG and value proposition:** support the business to establish ESG principles within our ongoing value propositions.

Further ambitions relating to each of our ESG framework pillars are highlighted and described throughout the report.



Our patients

Diaverum's holistic patient-centred approach focuses on excellent clinic experiences alongside improved medical outcomes. Our digital innovations allow us to automate data capture, minimising human error and maximising the time that our staff can devote to our patients. Optimising treatment outcomes through support, education and empowerment of patients and families is also a key priority for us



At Diaverum, we want to transform our sector with digital innovations, delivering leading-edge care to improve the quality of life of people with kidney disease. However, we are not building digital solutions

around dialysis machines; we are building digital solutions around our patients and what really matters to them, guided by our culture of True care (read more in page 20).



Our patients



2023 ambitions

5% improvement on the Patient Perception of Care survey's Net Promoter Score (NPS) by 2025

5% reduction in hospitalisation days by patient/year by 2025

100% clinics on on the Diaverum's Patient Experience Framework by 2023

Launch a higher performance version of our VA AI model to all

75 clinics of Spain and Portugal, and expand its reach to additional countries

Policies

- Patient Experience Feedback
- Compliance with Healthcare Laws and Regulations
- My Diaverum Experience Portal
- Management of Patient Experience Feedback



3.1 Our Global Patient Experience Framework

Developed in 2020 and embodying our culture of True care, our Global Patient Experience Framework is based on the American psychologist Abraham Maslow's Hierarchy of Needs, a theory that sets out five categories of need dictating human behaviour and decision-making

Our priority for 2023 is to integrate the patient experience framework across 100% of our clinic network as a core operating foundation.

With clear and measurable KPIs, it drives our care provision and ensures consistent high quality services across all our geographies.

This means our Global Patient Experience Framework acts as a blueprint that establishes first and foremost (1) survival and (2) security, but also (3) belonging, (4) aspiration & self-esteem, and (5) purpose. These domains are relevant to all our patients, regardless of cultural context, across our global network of clinics.

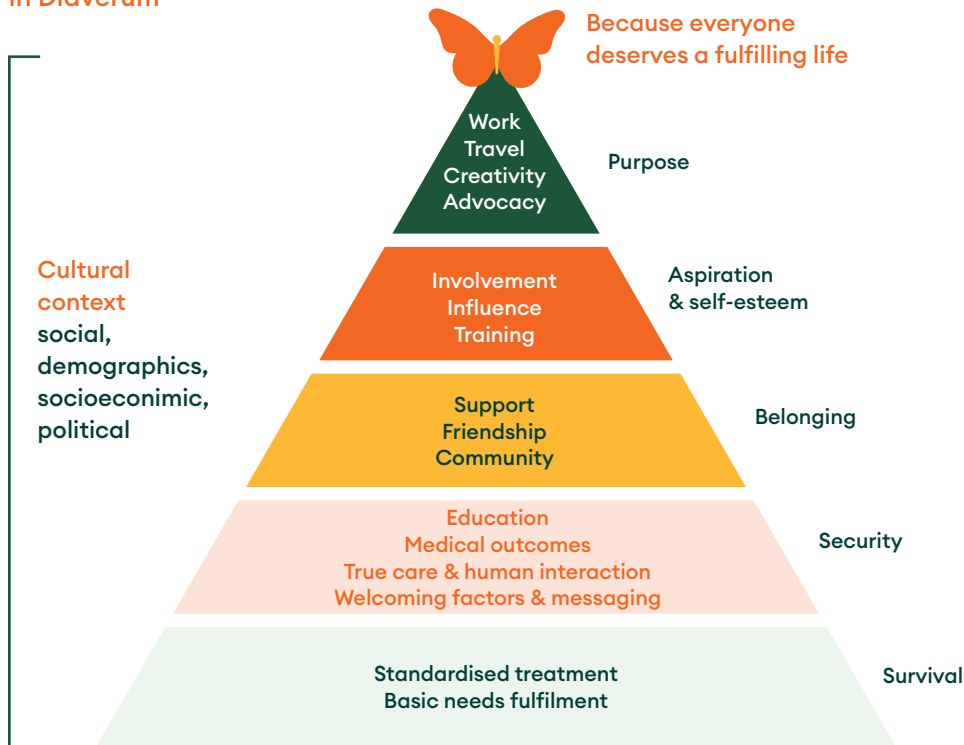
This framework helps Diaverum attract and retain patients and,

in doing so, grow our business – but not by cutting costs, but by improving patient experience, satisfaction, involvement, medical outcomes and consequently enabling them to live fulfilling lives. We also know that patient experience is positively correlated with increased employee satisfaction, motivation and productivity and ultimately, staff retention.

The roll out of Diaverum's Global Patient Framework progressed well in 2022, covering 203 of our 440 clinics and totalling 20,197 patients worldwide. In Brazil, Germany, Romania, Albania, Lithuania and North Macedonia, all clinics now operate according to the framework.



Patient experience in Diaverum



Spotlight: Patient Experience Framework presented during the EKPF Annual Summit in Athens

Diaverum was invited to speak on our approach to patient experience at the European Kidney Patients' Federation (EKPF) Annual Summit in Athens, in October 2022. This event gathers all EKPF member associations and larger industry organisations (including Diaverum, Fresenius, Baxter, AstraZeneca, Astellas, Vifor Pharma, Bayer Healthcare Pharma).

Our presentation included a walkthrough of the Diaverum Global Patient Experience Framework and how patient experience is embedded in everything we do, from care delivery to digital innovations and our culture of True care.



32 Knowing and measuring what matters to our patients

Our Care Delivery Model consists of five pillars of excellence, governed by a robust clinical governance framework and enabled by a continually evolving digital infrastructure

Data collection empowers our medical staff to tailor their care to each patient’s need. We have a strong track record of improving clinical performance within our own clinics, as well as reducing hospitalisation rates. Between 2003 and 2022, our annual CPM scores improved by 24.1%, and between 2011 to 2022, hospitalisation days per patient were reduced by 11.7%.

This model includes our proprietary clinical performance measurement CPM 2.0 score.

We have more than 20 years’ experience in measuring clinical outcomes using our Clinical Performance Measurement scores (CPM). In 2019 we reviewed our approach to identify where improvements could be made and as a result, the CPM 2.0 was developed.

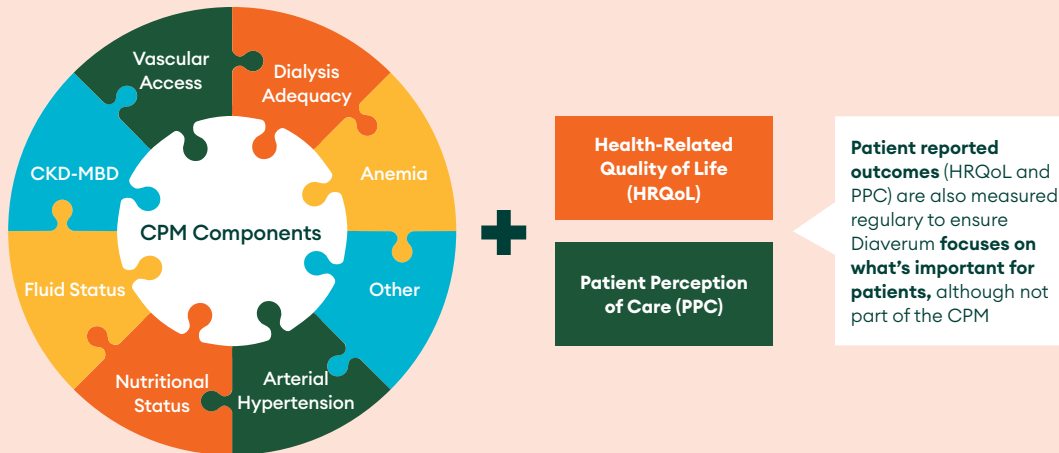
Clinical Performance Measurement 2.0

The CPM 2.0 includes our Individual Patient Performance Scores (IPPS) based on a set of 31 parameters in eight areas of care in haemodialysis unique to Diaverum patients, and also patient self-reported outcomes with the Patient Perception of Care (PPC) and Health-related Quality of Life (HRQoL) surveys, giving us unique insights into what areas are essential to our patients and how they experience their care.



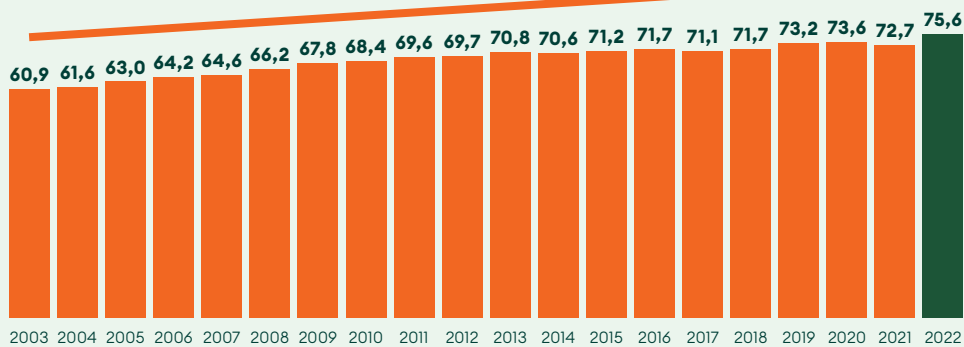
Care measurement building blocks

Each CPM component has one or more parameters, and a specific weighting



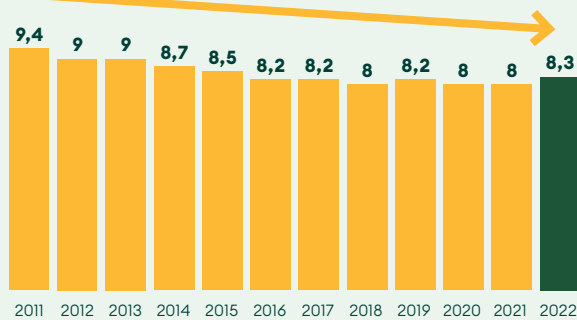
Progressive improvement in Clinical Performance Measurements (CPM 2.0) at Diaverum worldwide

24.1% improvement



Hospitalisation days per patient/year

11.7% reduction



Patient Perception of Care (PPC)

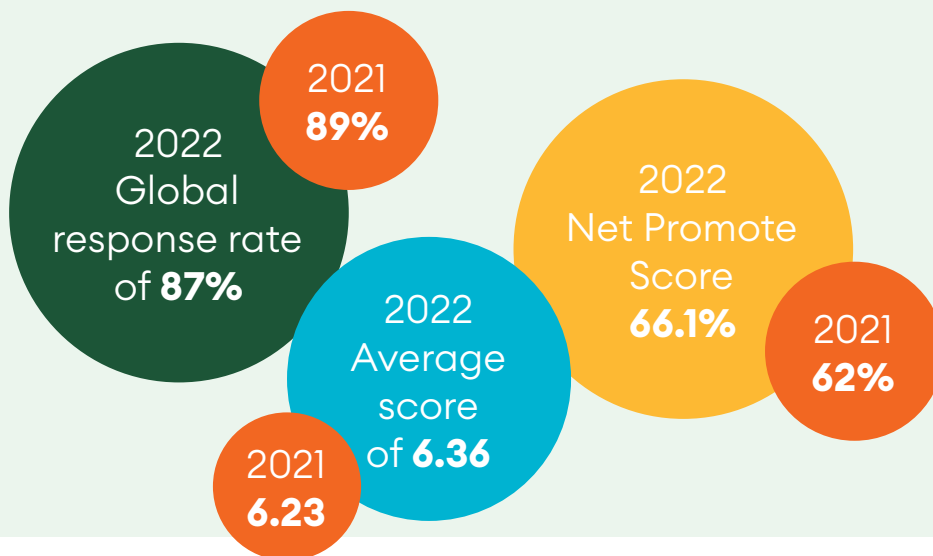
The PPC survey is completely anonymous and is carried out on an annual basis. It consists of 12 domains and 39 questions.

Once the survey is complete, countries and clinic teams have

access to a dashboard of results, allowing them to develop an action plan. General feedback is also given to patients, along with information about actions that will be taken as a response to their feedback.

PPC 2022 global highlights:

- Excellent participation, with **86.78%** of Diaverum patients participating across 21 countries, with those in China completing the survey for the first time.
- Overall results show an increase in average score to **6.36** (max score 7), up from **6.23** in 2021.
- The two highest ranked areas were “fluid intake and diet” at **6.52**, with “information, privacy and dignity” next, at **6.45**.
- **The highest increase** from 2021 is in “support” and “sharing decisions about you”.
- **The lowest score**, unchanged from 2021, is for “needling” 5.60 (this is related to pain); “transport” was next lowest at 5.95.



Health-related Quality of Life (HRQoL)

Over June and July 2022, our patients had the opportunity to give feedback about their HRQoL using the Kidney Disease Quality of Life Short Form survey (KDQOL-SF™ 1.3). This allowed us to identify areas of concern for every patient and gain insights into how we can improve their quality of life.

KDQOL-SF™ includes 22 domains covering items relevant to patients with kidney disease, such as symptoms, illness burden, social interaction, staff encouragement, and patient satisfaction.

30,378 patients reported on their quality of life in 2022, of which:

- 29,806 were patients on haemodialysis
- 572 were patients on peritoneal dialysis
- 58.7% of participants were above 60 years old and 59.3% were male

Overall, the 2022 results show improvements in 21 domains, indicating the effectiveness of individualised care plans and country and clinic action plans based on 2021 results.

HRQoL 2022 global highlights:

Highest reported domains for all patients globally:

- Dialysis staff encouragement
- Patient satisfaction
- Social support

Lowest reported domains for all patients globally:

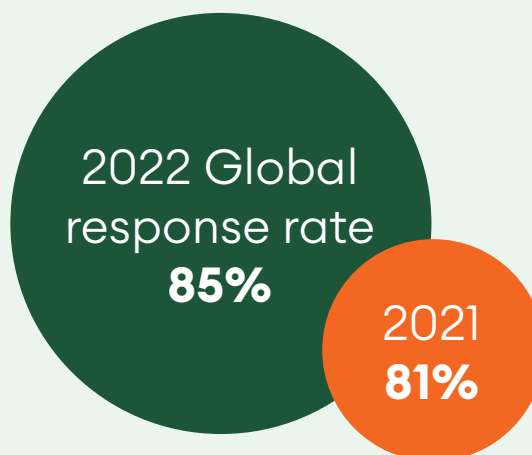
- Work status
- Mental health
- Role limitations-physical*

Haemodialysis patients

Haemodialysis patients tend to report better health-related quality of life after 3 months on dialysis.

Peritoneal dialysis patients

In all domains, peritoneal dialysis patients have better health-related quality of life than haemodialysis patients.



*This domain is calculated based on the answers provided by the patient on: "Have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Cut down the amount of time you spent on work or other activities? Had difficulty performing the work or other activities (for example, it took extra effort)?"



3.3

Empowering our patients

The healthcare market is continuously evolving. The global pandemic accelerated this process, delivering an unprecedented level of digitalisation of the healthcare industry and the rapid adoption of mobile health apps, allowing for a greater patient participation

Against this backdrop, a new demand and key competitive differentiator have emerged among healthcare providers – their ability to use digital tools to involve patients in shaping their treatment, educating them to contribute to their own care and well-being.

This trend has had a particularly positive impact on health literacy. Studies show that patients who understand and are empowered to navigate information about their

treatments communicate more effectively with their healthcare providers and have better medical outcomes.

d.CARE patient app

In line with technical advances and patient expectations, we have created the [d.CARE patient app](#). This pioneering tool has the potential to deliver a step change in patient involvement and health literacy, by creating a digital communication path between our healthcare professionals and patients.



Our patients

On the one hand, the app receives patient input regarding their well-being, fluid intake and clinic experience; on the other, it provides patients with information related to their treatment data, lab results and medications. It can be easily downloaded onto our patient smartphones via the Apple Store and Google Play app stores and is available to all clinics connected to our international renal management information system.

MyDiaverumExperience (patient feedback tool)

The better we understand our patients' overall experiences and meet their expectations, the closer we come to enhancing their lives and ultimately becoming their renal care provider of choice. Patient experience feedback is a vital way for patients and their loved ones to help us learn.

At Diaverum, patients are offered a set of channels through which they can share feedback on their experiences, make suggestions or raise concerns, anonymously if they wish so. These channels include:

- d.CARE app rating feature, 'How was your clinic visit?' (available to all app users)

- Post-boxes in clinics (available for all)
- Patient councils (available in some areas)
- E-mail, phone, digital channels (such as social media and websites)

Since 2022, Diaverum has been building a global 'one point of contact' portal for patient experience feedback, tightly aligned to our global Patient Experience Feedback Policy, so we standardise how we manage such input – the [MyDiaverumExperience platform](#).

MyDiaverumExperience is an online portal for patient experience feedback and grievance mechanism. The targets of this project are to create:

- A streamlined patient experience feedback policy
- A globally applicable process of managing patient experience feedback
- A global online tool which enables anonymous feedback from patients and their care partners, translated into all Diaverum languages, to enable feedback in people's own language.

By better understanding and enhancing our patients' overall experience, we aim to inspire loyalty and trust, benefitting the people we care for, and our business. At Diaverum, we are committed to respond to any issues raised by our patient population within 48 hours.



3.4

Improving patient quality of life

At Diaverum, we have new clinical programmes that are set to improve the quality of life for our patients in the coming years

These include:

- **Cardiovascular disease management**

We have been creating specific care pathways for the major types of cardiovascular disease that affect our patients. These pathways will be implemented in our clinics to reduce mortality and hospitalisation rates linked to cardiovascular disease in the years ahead.

- **Burden of CKD symptoms**

We have been working to create effective and evidence-based multidisciplinary care pathways

to address each significant key CKD symptom (pruritus, fatigue, pain, intradialytic arterial hypotension) that have a negative impact on our patients' quality of life.

- **Access to transplantation**

As a renal care company, we believe that kidney transplantation should be actively promoted within our clinics to eligible patients. With that in mind, we are developing patient and staff training materials, which is among the most effective ways to promote transplantation (read more in page 63).





4 Access to care

We remove barriers to care access where possible, by promoting health literacy and healthy lifestyles, and enabling patients to travel





Access to care



2023
ambitions

60% of patients
using d.CARE patient
app

Include as many of
eligible patients on
**transplan-
tation** lists as
possible

0 d.HOLIDAY
expired requests

Apply our health
literacy survey
to at least

1,000
patients in 10
operating countries

Medical care is moving towards prevention, and is increasingly focused on patients' well-being rather than their disease. This holistic view is integral to good care and rehabilitation models, where patients' active participation in determining their health and any therapeutic plans is vital in achieving the outcomes that matter to them.

This vision of care is based on empowered and well-informed patients, relatives and caregivers, and on effective communication

strategies supported by modern information systems. To be truly effective, this vision requires health professionals to promote health literacy in those they care for.

As a global company continually adding new clinics and entering new markets, we bring world-class renal care to patients, wherever they live. Diaverum has developed a proven, rigorous market-entry screening and assessment strategy allowing us to establish whether we can enter and operate in a given country while upholding our strong values.

Health literacy is not only a 'nice to have' but an important facet of healthcare which we are dedicated to promoting. At Diaverum, we are committed to raising awareness and sharing knowledge about kidney health by using our digital solutions, proprietary patient education programmes and leveraging our position as a global leader in renal care.



4.1

Preventive care

Chronic kidney disease (CKD) is a progressive condition that affects more than 10% of the adult population globally

We provide pre-dialysis care in **11 countries**, including nutritional and mental health advice

CKD is one of the leading causes of mortality worldwide, and one of a small number of non-communicable diseases that have shown an increase in associated deaths over the past 2 decades.

Diaverum intends to leverage its clinical and digital experience and work earlier in the care pathway. This includes pre-dialysis care through digitally-empowered management of the causes of CKD such as diabetes, hypertension and cardiovascular disease, and a coordinated multidisciplinary care approach (access to endocrinologists, dieticians, psychologists, cardiologists, etc.).

What is Diaverum doing to reduce the need for dialysis?

We want to move from focusing primarily on people who need dialysis to playing a more active role in preventive healthcare. Although renal failure cannot be completely prevented, delaying it is a worthwhile goal, and we are working on continuously developing further our integrated care models for our patients across their entire kidney care journey (read more on page 18).

Timely identification and better management of disease in outpatient clinics and digital therapeutics will slow disease progression or may even avoid the need for dialysis. Such a strategy will ultimately reduce the total cost of care per patient and, of course, improve their quality of life.



42 Health literacy and patient education



As a global provider of renal care, raising awareness and sharing knowledge about kidney health is key to our mission and part of our daily work

A study published in the Journal of Medical Internet Research shows that when patients have information about their condition and communicate effectively with their doctors, they are 32% less likely to be hospitalised and 14% less likely to visit the emergency room⁵. Conversely, where this is lacking, estimates suggest additional costs of between 3%-5% for national health systems. Among older people, low health literacy is associated with poorer health status⁶ and a higher risk of premature death. There is also a decreased ability to exercise self-care and lower engagement with health services.

Assessing the health literacy of our patients

Patients with a good understanding of their conditions are better able to engage in healthcare decisions and management; we actively promote this knowledge and engagement to help improve our patients' outcomes and experiences.

In each country, our dialysis nurses and other healthcare professionals devote time to helping our patients learn about kidney disease and building a good and trusting relationship with them. Through our websites, d.CARE patient app, leaflets, webinars, animations and



⁵Greene JC, et al. (2019). Reduced hospitalizations, emergency room visits, and costs associated with a web- based health literacy, aligned-incentive intervention: Mixed methods study. Journal of Medical Internet Research, 21(10): e14772.

⁶<https://www.aihw.gov.au/reports/australias-health/health-literacy> / National Statement on Health Literacy (safetyandquality.gov.au)



one to one educational conversations, we work to ensure that our patients can obtain, understand and use the information they need to live well alongside their dialysis treatments.

In 2023 we want to go further and better understand the impact we have on health literacy and how our patients understand their condition. We have created a new survey to assess the health literacy of our patients and measure the effectiveness of our different initiatives. Our target will be to reach at least 1,000 patients in 10 different countries in year one, and in subsequent years we will update our tool based on the results obtained during the pilot programme.

Patient education

Continuously evolving, our digital learning platform d.ACADEMY has a portfolio of educational content that aims both our internal staff and renal patients (read more on page 78).

Coinciding with World Kidney Day 2022, whose theme was ‘Bridging the knowledge gap to better kidney care’, we launched a patient animation series across our digital

platforms. The series covers a number of topics providing informative, accessible content.

In total, 19 patient education animations were developed, of which 10 are already in circulation, with the rest to be made available in 2023, covering the following topics:

Released in 2022

- Mental wellness
- Treatment modalities
- Haemodialysis
- Peritoneal dialysis
- Respiratory health
- Treatment compliance
- Kidney transplant
- Vascular access
- Diet and nutrition
- Fluid balance

To be released in 2023

- d.CARE app
- Home dialysis
- Holiday dialysis
- Keep moving
- Medication
- Blood results
- Stages of Chronic Kidney Disease
- Treatment compliance and effectiveness
- Sexual health

These patient-focused animations are designed to help patients better understanding of their condition and promote shared decision-making and care, in a more simplified and visual way. Written and interactive e-learning materials



provide more detailed information alongside the animations.

Increasing awareness about lifestyle-related diseases across our communities

In some countries we have been involved with volunteering programmes in the fight to stop diabetes and kidney disease through awareness activities. For example, in Portugal, two programmes are in place:

- Raising awareness within schools and social institutions and promoting healthy lifestyles in local communities.
- Training sessions for firefighters in charge of patient transportation, to ensure they better understand CKD and improve their service.



In 2022, 58 members of our staff in Portugal (social workers, nutritionists, nurses, doctors and back office teams) engaged with 1,931 people on volunteering programmes through delivering 78 sessions (58 schools, 9 social institutions and 11 with firefighters).

Spotlight: Portugal

On 14 November, World Diabetes Day, Diaverum Portugal carried out health screening (for conditions such as hypertension and diabetes) to communities in three cities: Torres Vedras, Amarante and Lamego. 240 people were screened, allowing us to identify vulnerable individuals whose condition would have continued unnoticed. 36 risk situations were detected and communicated to local health authorities.

The Portugal nutrition team also produced an e-book on food sustainability, which was made available to patients, families and employees, and is available on our [website](#).



43 Sharing knowledge with the medical and scientific communities

At Diaverum, we are increasingly active in world-class clinical research

Our focus is on patients and their needs, such as reducing risk factors for dialysis, making it more effective and minimising its risks, as well as maximising the benefits of drugs used alongside this treatment. Our presence in 23 countries also enables us to study the effect of socio-economic and cultural differences on the severity of CKD.

In 2022, we published 39 articles in some of the most important peer-reviewed nephrology journals such as *Kidney International*, *Clinical Journal of the American Society of Nephrology* and *Nephrology Dialysis Transplantation*.

Our participation in the 50th EDTNA/ ERCA Conference

We hosted a roundtable at the 50th European Dialysis and Transplant Nurses Association/ European Renal Care Association (EDTNA/ ERCA) Conference, exploring Artificial Intelligence and Digital Advances in Renal Nursing Care.

Representing Diaverum in this discussion were senior members of our Corporate Nursing team:

Nursing Directors Israel Silva, Filiz Akdeniz and Suzanne Pearce; and





Carlos Lucas, Medical Protocols and Standardisation Director.

During the session, attendees had the opportunity to learn about Diaverum’s digital transformation strategy and how this is playing a leading role in reshaping the future of the renal care industry. More specifically, the session covered Diaverum’s digital ecosystem including our breakthrough AI model that represents a step change in vascular access (VA) thrombosis prevention, and our proprietary Treatment Guidance System (TGS), that supports our nursing staff in adhering to standardised clinical workflows, minimising care variability and margin of error (read more on page 24).

Diaverum was a key participant throughout this conference, with extensive research from within our Corporate Nursing teams and country teams that included Albania, North Macedonia,

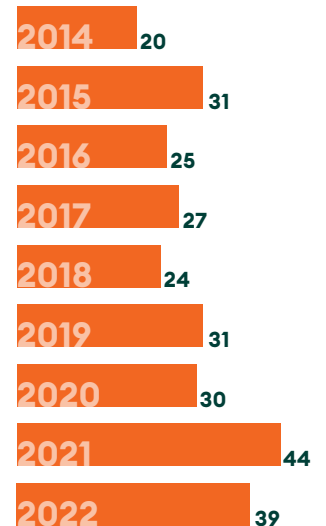
Portugal and Romania. We gave 18 oral presentations, one round-table session and seven e-posters, providing scientific insight across many key areas of renal care.

From a total of 70 presentations, our **Country Nursing Director for Diaverum North Macedonia, Sokica Gegovska**, won the Best Presentation Award for “Sleep quality and its association with quality of life domains in a haemodialysis population.”

Last year’s conference theme was “50 years of Commitment in Kidney Care”, in honour of the event’s landmark half-century anniversary. Among the tributes to this date was the presentation of a commemorative book entitled ‘The History of EDTNA/ERCA: 50 years of caring together’, co-edited by **Maria Arminda Tavares, Head Nurse at Diaverum Portugal and Executive Committee member of the EDTNA.**

Access to care

Diaverum peer reviewed publications



Source: Company information. Pubmed.gov@ <https://pubmed.ncbi.nlm.nih.gov/>

Our 2022 peer reviewed studies were published by world-renowned medical journals:



44

d.HOLIDAY: dialysis holiday

The d.HOLIDAY programme helps our patients to live their dreams of travel

In 2022
65-75%
of holiday patients were externally referred from outside of Diaverum – traveling predominantly in their domestic market

The programme connects patients with high quality renal care across our worldwide network of clinics, with our clinical staff supporting them at each stage of their travel planning, from defining an itinerary to ensuring continuity of care at their destination.

The d.HOLIDAY booking engine (launched in May 2022) offers a significantly enhanced experience for holidaymakers who require dialysis, as they can now apply a number of filters to their search, select payment options in advance and have real-time visibility of treatment availability across Diaverum’s network, in 23 countries worldwide.

While the booking engine’s main focus is to simplify and accelerate

the process of booking holiday dialysis treatments outside their home clinic, it also:

- Allows us to track data to better tailor our services.
- Empowers people with CKD to live their dreams of travel.
- Simplifies documentation transfer between home and holiday clinic.

Our d.HOLIDAY ambitions are:

- To double our holiday programme by 2025.
- To respond to all booking requests made on www.d.holiday within 72 hours.
- To “never say no to a holiday treatment” (except for medical reasons).

These, together, ensure continuity in quality care for patients who are travelling or away from home.





Access to care

d.HOLIDAY Travel Guide and newsletter

In July 2021, d.HOLIDAY launched its first-ever holiday dialysis Travel Guide, an industry-first initiative covering over 40 popular destinations from 18 countries where Diaverum has clinics. During 2022, the guide was updated with an additional four countries, new clinics as well as more useful resources for patient holidaymakers and their loved ones, with this revised version made available at the beginning of 2023.

The d.HOLIDAY Travel Guide offers an exciting combination of holiday inspiration, practical advice and real experiences from fellow dialysis patients. It is available for patients in both digital format and print format in selected locations.

In November 2022, we also launched our first d.HOLIDAY newsletter, which holiday dialysis

makers can subscribe to via www.d.holiday. Issued regularly, each newsletter covers different themes based on the season specifics and popular destinations, to inspire patients and their loved ones to enhance their lives through travel.

d.HOLIDAY 2022 Conference

Held in May for the first time in person since the start of the pandemic, the d.HOLIDAY 2022 Conference took place in Rome, Italy, bringing together patient associations, medical professionals, academic professors, Diaverum executives and d.HOLIDAY coordinators from around the world.

These holiday dialysis experts presented information and engaged in discussions and workshops that covered important topics in empowering renal patients to travel once again in a post-pandemic world.

Top five d.HOLIDAY countries in Europe (2022)*

1. Spain
(19,3% of total)

2. Portugal
(11,8% of total)

3. Romania
(6,9% of total)

4. Italy
(5,3% of total)

5. North Macedonia
(2% of total)

The top five countries in Europe make up for **45,3%** of all holiday treatments in Diaverum

*France & Morocco excluded



The conference had a clear objective of amplifying the conversation around dialysis patient mobility through industry-wide collaboration, finding innovative solutions to challenges that have emerged following the pandemic.

We used the conference as a platform to publicly announce two of our latest developments and innovations in holiday dialysis: our d.HOLIDAY booking platform which is making the booking process simpler, quicker and easier for CKD patients, and an exciting hotel dialysis project being piloted in Italy.

The hotel dialysis project is coming to life as a result of a partnership between the University of Bari and Diaverum Italy, which is piloting the

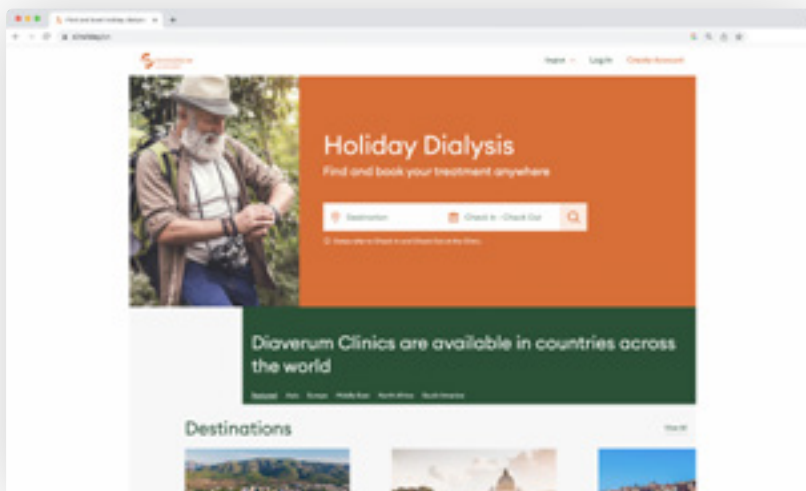
concept and assessing the opportunity of offering dialysis treatment at hotels where patients can spend their holiday. The pilot is running at a hotel in Puglia, where patients will be able to receive dialysis onsite, in a fully equipped room facing the sea, with a dedicated nurse available for care assistance.



Michaela Blomstrand,
Director of Patient Experience and Community Affairs,
leading the global d.HOLIDAY

programme: *This face-to-face conference was long due. Chronic disease patients' dreams of travel – whether a short trip, or an exotic, overseas adventure – come from a basic, human need to move freely, which has been significantly impacted by COVID-19.*

Explore the platform on www.d.holiday



45 Increasing access to transplantation

While transplantation is not considered a cure and medication remains a life-long requirement, for many, a kidney transplantation offers a greater degree of independence and the chance of a more ordinary life

As a renal care company, we believe that renal transplantation should be actively promoted within our clinics to eligible patients, and we are developing patient and staff training materials to enable this (read more on page 78).

Access to transplantation is a quality indicator of patient-centric CKD care. It is already included in our Clinical Performance Measurement scores, but we want to go beyond that. Our objective is to include as many of our patients on transplantation lists as possible by eliminating potential barriers, as long as they are medically suitable, while combating illegal transplantation and organ trafficking.



4.6

Crisis and emergency response

Uncertainty has characterised world events in the last few years, and at Diaverum our teams are prepared to act fast in times of crisis

Diaverum maintains a high level of readiness and continuously works to identify potential crises and problems in its operations in order to minimise risk. Through its Crisis Communications Policy, it ensures:

- a high level of preparedness, to be able to react and communicate on unexpected events and crises;
- that internal stakeholders are clear about roles and responsibilities, as well as informed and continuously updated with regards to the development and handling of any crises.

We have established high-performance interventions and programmes providing access to healthcare under difficult circumstances, including:

1. **Ukraine:** since the war in Ukraine started in late February 2022, millions of people have fled the country, including CKD patients in need of dialysis treatment. Across Diaverum, we treated patients in Hungary, Italy, Romania, Sweden and to a greater extent, in Poland. By the end of 2022, Diaverum Poland clinics had welcomed 114 patients from Ukraine. Because many could only speak Ukrainian, and some only Russian, we brought in external interpreters and provided our staff with mini dictionaries of Ukrainian medical phrases to facilitate basic conversations. Clinic paperwork was also translated into Ukrainian.

- 2. Our presence in 23 different countries**, each with its unique geography, climatic conditions and other risks – such as utility failure and terrorism – has led us to create Diaverum Continuity Plans. For example, in some countries, we have introduced water tanks to ensure the clinics are always operational. In Saudi Arabia, we initiated a water reduction project in 2020, which in 2022 achieved a consumption reduction of 0.15 m³ per treatment (from 0.77 to 0.62). This means that about 100-120,000 m³ of water (around 25 Olympic swimming pools) were saved (read more on page 111). Our Continuity Plans thus provide guidance about how to respond, manage and recover our renal facilities from any disruption, ensuring continuity of treatment for patients and reducing adverse impacts on our business credibility. Compliance with these plans is measured within our clinical audit process.
- 3. COVID-19: our response to the pandemic** has been based on science, education and our True care culture. Our global COVID-19 contingency plan, paired with an ambitious vaccination campaign, have promoted the health and safety of our patients & staff, by minimising the impact of the disease, as well as delivering operational continuity in our clinics worldwide.



4.7

Dialysis access for underserved communities

In 2022, Diaverum started developing access-level dialysis models

Without compromising on our patient safety standards, these models are being designed to provide a better dialysis service for patients than those available locally.

These models ensure sufficient control of clinical standards and comparable measurement of medical performance, enabling us to maximise operational efficiencies and provide a good level of patient experience.

In order to provide dialysis care that meets well-defined standards regardless of the market, inflation or external pressures, we now define three different levels of care: basic, enhanced and excellence.

This approach enables us to support new markets where access to dialysis is currently poor, in order to continue providing life-enhancing renal care for patients, wherever they live.





Spotlight:
Swecare partnership



Swecare is a unique non-profit platform where academia, public and private sectors join forces to enhance the international reach of Swedish healthcare and life sciences. Diaverum welcomed the executive team of Swecare to our head office in October 2022, to share our life-enhancing renal care provision & discuss partnerships and future collaboration opportunities with national healthcare systems globally.



Employees and well-being



We want to be the
employer of choice
in the renal care
industry

Our people are our business. How we care for our patients, how we engage with national health services and suppliers and the role we play in society; these all stem from our culture of True care.

Our ambition is that every single Diaverum employee is an active ambassador of our True care culture. We believe this journey starts from within, by having the right people on board and the right leadership in place. To that end, our HR teams around the world lead the company's efforts to ensure that our people have everything they need to perform their job well, using their potential to grow; and that our leaders have everything they need to guide effectively, empowering and developing their workforce.

Through regular initiatives, we promote the health and safety of our employees, and care for their well-being. We are acutely aware of the need to recruit and retain the best staff, which is why we offer all our personnel high-quality training and equal career opportunities.

Our digital HR platform d.PEOPLE is a one-stop shop for our people data and key processes. This platform allows us to generate meaningful insights to create development and engagement strategies and implement effective staff retention plans, locally and globally.



2023 ambitions

- Implement the **Health & Safety Policy** (building on local policies already in operation, on a global basis)
- **Set diversity goals** (e.g. women in leadership positions)

Policies

- Health & Safety Policy (approved in December 2022)
- Equal Employment Opportunities
- Diversity, Equity & Inclusion (DE&I) Policy (in development)

Overview of Diaverum's HR mission and culture





DIAVERUM



Key people figures

As of 31 December 2022, Diaverum had 12,713 employees, of whom:

73.47%
were female

Had an average **41.3** years of age, with 57% between 30 and 50

74%
nurses and doctors

20%
back office

6%
management

Our people were distributed across our operating regions as follows:

62.7%
Europe

14.5%
South America

12.3%
Africa

& Middle East

9.6%
Eurasia

1%
Asia

In 2022, the average tenure of staff was 6.3 years and the rate of new hires 21.70%, with 14.8% of staff voluntarily leaving the company.

Employees by country in 2022	HC	FTE
Albania	124	103
Brazil	1,112	950
Chile	447	383
China	122	101
France	693	692
Germany	487	487
Greece	10	10
Hungary	252	248
Italy	344	238
Kazakhstan	798	798
Lithuania	183	183
Malaysia	20	20
Morocco	126	126
North Macedonia	241	237
Poland	781	494
Portugal	1,460	504
Romania	1,269	1,264
Russia	378	378
Saudi Arabia	1,373	1,107
Singapore	85	85
Spain	1,159	1,054
Sweden	67	67
HQ	80	65
UK	684	531
Uruguay	418	319
Total as of Dec.31	12,713	10,444

Employees (headcount) by Professional category	2022
Direct	74%
Indirect	20%
Overhead	6%

Employees (FTE) by Professional category	2022
Direct	70%
Indirect	23%
Overhead	7%

Average age	2022
Average age	41.3
Direct	40.6
Indirect	43.4
Overhead	41.1

New Hires	2022
New Hires (%)	21.70%
Voluntary turnover (%)	14.80%

Employees (headcount) Total as of 31st December 2022 per age and gender	2022											
	< 20		20-30		30-40		40-50		50-60		>60	
	W	M	W	M	W	M	W	M	W	M	W	M
	0.3%	0.2%	13.4%	4.5%	22.3%	8.5%	20.7%	5.5%	15.4%	3.8%	3.9%	1.7%

*Note that applies to all data provided in the tables above:

- Employees (headcount and FTE) are employees + contractors.
- Direct means workforce in direct contact with patients such as nurses and doctors. Indirect means workforce in indirect contact with patients such as back office personnel, and overhead is the management workforce.



5.1 Attraction and engagement

Diaverum seeks to attract and retain the most qualified employees. All our staff are treated with respect and dignity and given the opportunity for further development

The aim of our local and global sourcing strategy is to recruit and employ the right people at the right time so as to offer life-enhancing care to our patients and facilitate business growth.

We are well aware of the global shortage of renal nurses and medical staff, & adapt our recruitment strategies for each country in accordance with local legislation and the availability of local applicants.

**Talent attraction strategy:
“Voices from the Frontline”**

To ensure our True care culture continues to thrive, we need to find like-minded individuals committed

to delivering life-enhancing renal care.

To help support teams locally, as well attract candidates worldwide, we have collected our people's stories from across our company as part of a talent attraction communications strategy, transforming them into a video campaign shared across our digital channels, such as [website](#) and [social media](#). The concept of ‘Voices from the Frontline’ is simple, but compelling, presenting the thoughts, views and stories of our diverse workforce in an authentic and emotionally engaging way. We hope these stories will resonate with viewers, be they potential staff,

Diaverum actively invests in nurturing a diverse, inclusive and engaged workplace. We support continuous development and actively promote employee well-being. We offer career opportunities in a multicultural environment, stable work hours for medical professionals and work flexibility for business professionals.



**Andreas Fagher,
Chief
Human
Resources
Officer**



current employees, partners or patients, truly connecting audiences to us and our values. These have generated c. 80,000 views from 18 videos released so far.

In 2022 we also launched our [new careers website](#), the latest step in our plans to attract the very best of future talent to join our organisation. Available in multiple languages, it enables potential candidates to easily explore opportunities within their areas of interest, both in their own countries and in any of Diaverum’s locations worldwide.

Key initiatives to improve nurse retention

The State of the World’s Nursing 2020 report, published by the World Health Organisation (WHO),

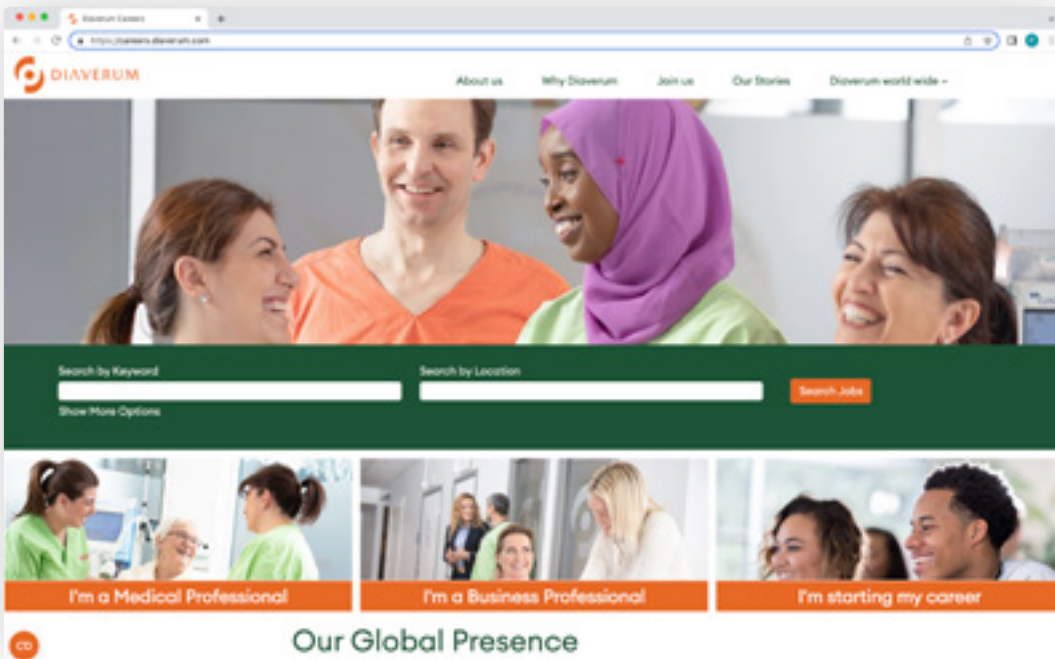
estimated a shortage of 6 million nurses worldwide by 2030.

With nurses playing such key roles in delivering high-quality patient care, it is critical for Diaverum to focus on nurse recruitment and retention. Our key initiatives to improve nurse retention focus on:

- Employee well-being
- Supporting meaningful work
- Engagement levels
- Professional growth
- Mobility programmes

My Opinion Counts – information & results

In 2022 we refreshed our ‘My Opinion Counts’ (MOC) employee survey for the first time since 2013, to ensure we cover new areas essential to understanding how best to support our people in



delivering life-enhancing renal care to our patients around the world.

The MOC survey that took place in October 2022 gave us rich insights into the experience of working with Diaverum across the world. The overall results, combining feedback from everyone who participated across all countries, show strong scores across the board, especially regarding personal engagement

and relationships with managers & teams. However, the results also highlight the need to better support personal and professional development of our workforce, and the need to show how feedback gathered through the MOC is used.

With over 10,000 responses received across all 23 operating countries, the 2022 survey executive summary is as follows:

Overall scores	<ul style="list-style-type: none">Continued strong participation, with approximately 85% of Diaverum employees participating across 23 markets as well as the Global teamOverall strong results, with uplift on key metricsIncreasingly positive sentiment evolution where data is suitable for historic benchmarksNet promoter score: 81% of the company's employees worldwide would recommend Diaverum as a good place to work
Highest score	"My team and I work well together"
Lowest score	"I have seen specific actions taken within my team as a result of previous surveys"
Gaining the right insight from the survey	Results can vary significantly across different countries and cultures, especially regarding role, tenure and seniority

Typical feedback from Diaverum employees on their experiences with the company in 2022:

I believe in our brand vision but would like to know more about how Diaverum can support me professionally and personally.

I have a good relationship with my manager and my team – we work well together.

I am motivated, proud to work here and have confidence in my abilities, but at the same time I feel the weight of the workload at the moment.

I am happy to participate and take the MOC survey, but I could do with more visibility of the actions taken as a result of the feedback I'm providing.





Diaverum Awards



Spotlight: Diaverum Awards

Over the last few years, the bravery and dedication of our people have been inspirational. To recognise the best examples of bringing True care to life across our organisation, in 2022 we held the inaugural Diaverum Awards at a ceremony, which took place during last year's Annual Medical Meeting, in Marrakech.

The Diaverum Awards celebrate exceptional examples of our True care culture across five specific categories: Competence, Passion, Inspiration, For life and True care.

More than 430 nominations were submitted from across 23 countries, making the Awards a truly global celebration of our people. [The Diaverum Awards](#) were live-streamed and saw the five winners announced from a final pool of 17 finalists. Going forward, the Diaverum Awards will be an annual celebration.



5.2 Training and development



At Diaverum, we believe in the power of continuous learning as a key way to stand out from our competitors

Through d.ACADEMY, our digital platform for learning, we empower our employees and patients alike, providing them with clinical and medical information, knowledge and opportunities personal development.

Empowered and educated people are the core of our business. Everyone has the potential to develop, and within our constantly growing organisation we want our employees to grow with us. Through education, training and by offering career opportunities to our employees, we grow together.

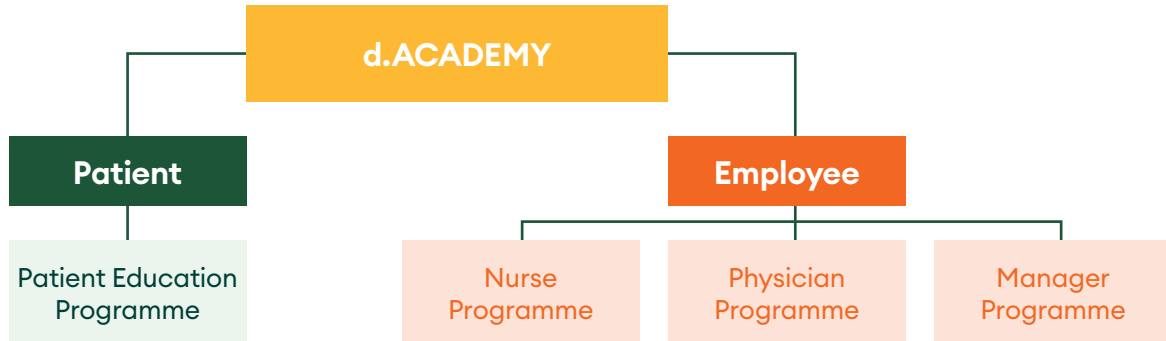
The d.ACADEMY portfolio for employees consists of courses for

different target groups: medical courses for doctors and nurses, leadership courses for clinical and non-clinical managers, and compliance and 'soft-skills' training for all employees. This portfolio aims to improve the level of knowledge of existing staff while also providing unique educational opportunities for individuals and teams as they join our group.

Courses are automatically assigned within a mandatory curriculum on an annual basis to all users in the target group, and have a required completion date.

Our nurses, healthcare professionals, doctors and





managers have access to a variety of innovative, scientifically-based, state-of-the-art e-learning programmes.

With nurses making up the largest single staff group among our employees, training for them is of paramount importance to ensure a skilled and caring workforce with high ethical standards and commitment to people with CKD. Our nurse education programme aims to develop nurses who can provide sensitive and competent care within a framework of scientific and professional accountability. The high quality of this programme has been recognised by the European Dialysis and Transplant Nurses Association (EDTNA) since 2007; the programme was re-accredited as Highly Commended in 2020 and will be reviewed again in 2023.

Receiving the highest possible acknowledgement from the EDTNA for our nurse education programme

is an apt reflection of the dedication and passionate work from all our nursing teams across all functions in all countries.

In 2022, we invested in a tool to produce internal e-learning to further improve knowledge sharing. For example, we already developed a full package of e-learning for clinical leaders (medical and nursing directors of countries and clinics). This comprehensive training package addresses several topics, ranging from policies & procedures, digital tools to clinical strategy that every clinical leader in Diaverum needs to know. The training will be provided in 2023 in an electronic format, with successful completion ascertained via a test.

Beyond our online learning platform, d.ACADEMY assets include a digital library with more than 5,000 e-books and audio for personal development, and an advanced training centre in Riyadh, Saudi Arabia. The goal of this



centre is to fully engage local staff with the Diaverum Care Delivery Model and the company's mission, enabling them to provide the best care for their patients.

Blending learning and mentoring

We believe in blended learning: in addition to e-learning sessions, our staff can benefit from further internal or external medical education and training activities organised locally. To ensure that knowledge gained is transferred into practice, every new employee in the clinic is assigned a mentor.

Personal development

Our annual appraisal process ensures that all employees plan their development targets for the year ahead together with their

manager. Leaders support career steps and help their teams to grow.

Talent and management review

Diaverum has an annual process for talent and management review, to ensure robust management teams and succession plans. This process includes a review of all management teams and functional managers and identifies outstanding individuals and potential future leaders. As a result, local and global action plans are in place to ensure we retain and develop talent within Diaverum and help individuals to thrive. Global activities include global exposure to projects or assignments, new roles or access to leadership development programmes.



5.3 Work-life balance and well-being strategy

Our well-being focus in 2022 was on identifying and training a global network of well-being ambassadors with representation across all our markets, promoting best practice sharing and inspiring them through learning sessions

Looking after ourselves: well-being strategy at Diaverum

The pandemic brought significant emotional, physical and mental health burdens to everyone, making it paramount to look after our own well-being and that of our colleagues.

In 2021, we adopted a new well-being strategy to provide support, tools and strategies to enable all our staff to be self-aware and take responsibility for their own health and well-being. Our culture of True care isn't restricted to our patients, but also applies towards our employees. Our global well-being strategy is thus focused on supporting the development of



I am sure that the well-being programme will be a key driver for committed, engaged and happy employees.

Meshal Alkhulayfi,
Country Nursing Manager, Saudi Arabia



I am very proud to be part of the Diaverum team and very honoured to be part of the well-being ambassadors team.

Cibele Amorim,
HR Business Partner, Brazil



The first session of the well-being programme for ambassadors was energising and inspirational. Looking forward to being part of it.

Aneta Stamkova,
Clinic Manager, North Macedonia



The menopause is a pivotal journey in life that affects everyone either directly or indirectly, but few understand it or even know how to discuss it. This ignorance has fostered a culture where women feel unsupported, underprepared and afraid to speak out, especially in the workplace. It's great to see Diaverum leading the change that millions want to see, supporting their staff and using their platform to help us to become a voice for the menopause that's too loud to ignore.



Heather Jackson
Co-founder of GenM



bespoke programmes to address the specific needs and requirements of our staff, wherever they work.

Diaverum's well-being best practice initiatives

Global-level:

- Intellectual well-being sessions for management teams, held twice a month
- Raising menopause awareness through a partnership with Gen-M: with research showing that 88% of women wish their workplaces were better set up for menopausal staff, Diaverum has become a Founding Partner of GenM, the menopause partner for brands. The aim of GenM is to unite responsible brands and organisations to improve the menopause experience, normalise the conversation, and support menopausal clients and employees in new ways. Diaverum, with a predominantly female workforce (73%) and a presence in 23 countries, is in an ideal position to make a positive impact on a global scale, leveraging GenM's research to amplify the conversation across

geographies, including where the menopause remains a taboo.

Country-level:

- **Italy:** Drawing inspiration from their new HQ in Rome, Diaverum Italy devised a weekly physical activity programme, allowing staff to step outside their busy routines for a break, to exercise and enjoy each other's company.
- **Portugal:** Diaverum Portugal devised an ambitious scheme called 'Your well-being is our success'. It ran throughout the year, addressing physical, emotional and social aspects of health. The scheme focused on educating and raising awareness about well-being, through webinars; activities such as exercise classes and sports; and developing partnerships, like employee 'perks'.
- **Spain:** In addition to a 'Well-being Week', Diaverum Spain introduced 'True care meetings', held across all Spanish clinics and their HQ. These sessions were designed to offer employees a broader picture of what is happening at Diaverum, to hear their views, answer any questions and enable them to speak freely.



5 pillars of employee well-being at Diaverum



Mental

Employees feel secure, safe and have the ability to mentally deal with stress and internal & external challenges



Environmental

Promoting pride in Diaverum by stimulating environments, which support health and well-being for both employee and patients everywhere we operate



Physical

Employees are self-aware and act on the need for physical activity, healthy nutrition and high quality sleep



Intellectual

Employees continue to expand their knowledge and skills, through learning and self-development



Social

Employees have a sense of purpose and direction and feel connected to Diaverum, through satisfying relationships, recognition and feedback

Focus for 2022: well-being knowledge sharing

Well-being ambassadors

- Country ambassadors
- Networking
- From global to local
- Training 'train the trainer'

Well-being sharing

- Spreading best examples on our intranet site and through learning sessions

Management/ intellectual well-being

- Informal on-line sessions twice a month for top-management

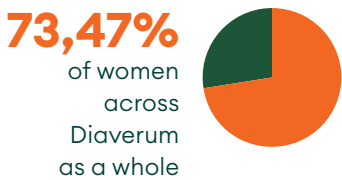
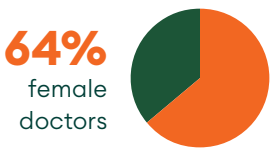
Raising menopause awareness

- Partnering with GenM to raise awareness about the symptoms of menopause
- External speakers and forums to help normalise the conversation around menopause



54 Diversity, equality and inclusion within Diaverum

Delivering the highest quality of care requires a diverse and dedicated workforce. We strive to ensure that our employees are equipped to excel, wherever they work across the globe



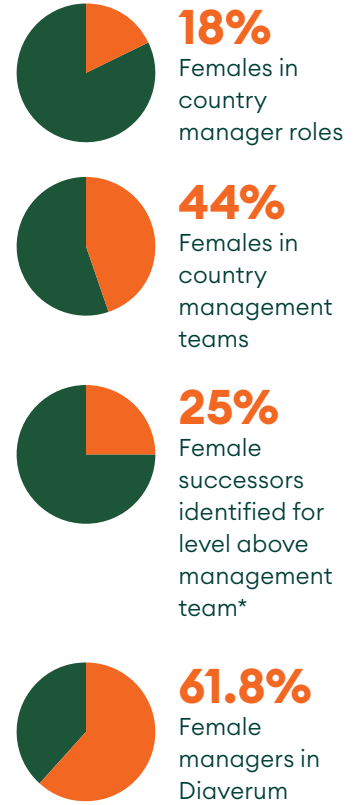
We are an equal employment opportunities employer. Everyone employed, contracted or in any other way working with Diaverum, as well as those in the recruitment process, are treated in accordance with our True care culture of equal employment focused on competence and skills.

With approximately 13,000 employees across 23 countries, we understand the significance of a diverse workforce. Diversity and inclusion create a well-integrated working environment and lay the foundation for personal and corporate success. We consider

these principles as core strengths of our business, and they are integral to our Code of Conduct. Furthermore, a diverse workforce can help ensure that patients from different backgrounds and cultures feel comfortable and understood by their healthcare provider. This in turn can improve communication, trust, and, ultimately, quality of care.

Diversity at Diaverum is defined by, but is not limited to, age; gender; nationality; cultural and ethnic origin; sexual orientation; disability; educational background and work experience.





Most of our workforce is nursing staff, who are in turn predominantly female; as an equal opportunity employer, we aim to even out gaps wherever possible.

Our data collection reveals gender ratios at board and senior

leadership levels as well as in all our countries. It helps us to identify where we must work harder to promote equal opportunities.

A Diversity, Equality & Inclusion (DE&I) policy is under development and will be rolled out in 2023.

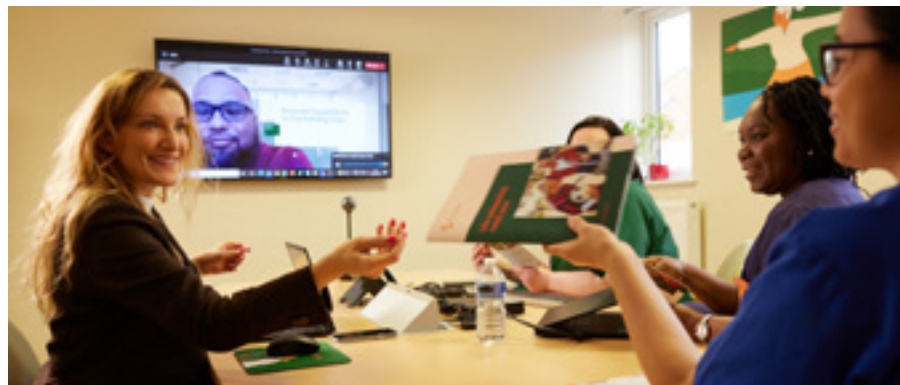
* % of women out of total numbers of successors



5.5

Health and safety of our employees

The safety of our patients and employees is of paramount importance



We adhere to national, federal, state and local regulations as well as our own policies and procedures. We are committed to providing a safe and healthy working environment for all employees and make continued efforts to prevent accidents and injuries.

While each country is responsible for complying with local health and

safety regulations, we will implement a global Health and Safety Policy across Diaverum in 2023, which was approved in December 2022 by the Board of Directors.

We are also working to consolidate the health and safety accident rate data of our different countries to enable us to address this at group level and to ensure that all events are traceable.





Operating responsibly

We have a zero-tolerance policy for human rights abuses, compliance breaches and unethical behaviour





2023 ambitions

- Annual completion of the Diaverum on-line compliance training programme by all target groups
- Completion of the Code of Conduct e-learning and relevant parts of the compliance training programme by all new employees
- Ensure implementation of the Diaverum global compliance programme, improving implementation levels through digital self-reporting and regular monitoring

Policies

- Compliance Policy
- Anti-Corruption And Money Laundering Policy
- Speak UP! Policy
- Compliance Investigations Policy
- Data Protection and Privacy Policy
- Cyber Security Policy
- Human Rights Policy



6.1

The Diaverum CMS

Diaverum manages general legal compliance and ethics through the Diaverum Compliance Management System (the ‘Diaverum CMS’)

This in turn is governed by the **Diaverum Compliance Policy** and is embedded across the **organisation**. The overall objective of the Diaverum CMS is to enable the structured management of compliance and compliance risks.

The overarching elements of the Diaverum CMS are:

1. **Leadership**
2. **Risk assessment**
3. **Standards and controls**
4. **Training and communication**
5. **Monitoring, auditing and responding**

Based on these elements, Diaverum has developed more than 100 compliance controls (the ‘CMS

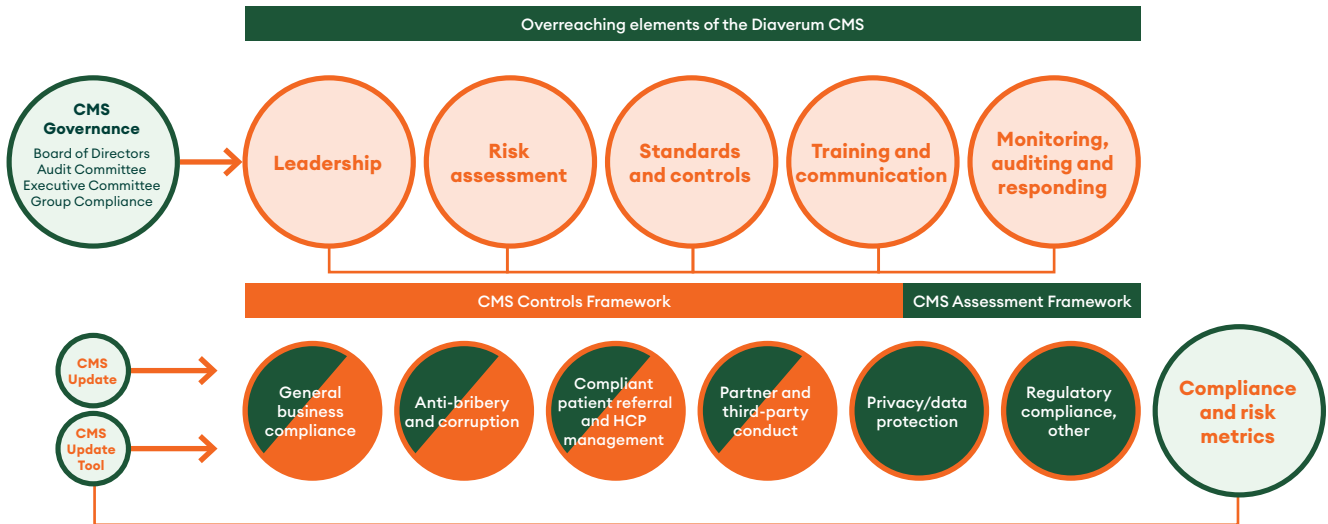
Controls Framework’) within the following overall compliance areas:

1. **General business compliance**
2. **Anti-bribery and corruption**
3. **Compliant patient referral and healthcare professionals’ management**
4. **Partner and third-party conduct**
5. **Data privacy and protection**
6. **Regulatory compliance**

All Diaverum countries are required to implement the CMS Controls Framework. On an annual basis, Diaverum measures the level of group-wide (country level and aggregated) implementation of these controls. We call this process the CMS Update.



Diaverum Compliance Management System



We operate the Diaverum CMS using a risk-based approach. That is why the CMS Assessment Framework complements the CMS Controls Framework. This is a set of risk questions covering the above-mentioned overall compliance areas. All Diaverum countries are required to answer these risk questions as part of the CMS Update. The answers provide relevant risk context when assessing the Diaverum CMS Controls Framework implementation level – at a country level as well as at an aggregated/global level. Countries do their CMS Update reporting on a proprietary web reporting tool, known as the CMS Update Tool. Based on this

reporting, the tool calculates a number of important compliance and risk metrics. These metrics include, but are not limited to: country and group-wide CMS Controls Framework implementation level; a country and group-wide CMS Controls Framework implementation improvement rate; and country and group-wide compliance e-learning completion levels. An annual global CMS Update Report is presented to the Audit Committee and Board of Directors.

In addition, our Internal Audit function independently audits, among others, the Diaverum CMS and CMS Controls Framework implementation levels and our ESG reporting.



6.2

Diaverum Internal Control System

Diaverum internal controls are developed with the aim of providing management reasonable assurance that our business objectives are being achieved, to protect our values – both tangible and intangible – and to detect and prevent fraud

The internal control system within Diaverum is based on the Committee of Sponsoring Organizations (COSO) Framework.

1. Control environment

The control environment is the set of standards, processes and structures that provides the basis for carrying out internal controls across Diaverum. Our Board of Directors and Executive Leadership Team set the tone, stressing the importance of internal control, including expected standards of conduct. The control environment includes factors such as

organisational structure and culture, integrity, ethical values, competence, management philosophy, responsibilities and authorities, as well as policies and routines.

2. Risk management process

Through our risk management process we identify risks and develop strategies to mitigate their probability or impact. Read about the Diaverum Risk Framework on page 116.

3. Control activities

Control activities are set up in relation to identified risks and



established through policies and procedures that help ensure management directives aimed at mitigating risks are carried out. Diaverum's well-defined business processes with integrated segregation of duties, appropriate delegation of authority, access management and risk management actions all support good corporate governance and internal control.

4. Information and communication

All external communications are handled by designated Diaverum spokespeople in accordance with the Communication Policy. The company web page is regularly updated and includes all necessary

information about Diaverum, while our governing documents are continuously evaluated by process owners and management.

5. Monitoring

By monitoring the internal controls system, our stakeholders can be sure that financial statements are accurate and company management can gain information about the effectiveness of our procedures. Group Internal Audit is responsible for monitoring the control environment and for creating and maintaining a clear structure for measuring the effectiveness of controls (maturity KPIs).



6.3

Group Internal Audit

Our independent Group Internal Audit function ensures continuous and recurring monitoring & the testing of compliance across all of Diaverum's business processes



This is done in accordance with an annual schedule based on thorough risk assessment.

Group Internal Audit visits selected entities and assesses business processes, to get an overview of the their practices and performance, while providing support for any necessary process improvements.

In 2022, Group Internal Audit conducted five on-site audits and their reviews resulted in recommendations aimed at enhancing operations and maturity of the implemented controls.

Our Code of Conduct and SpeakUP! programme



Our values underpin Diaverum's Code of Conduct

Our people are our business; the way we care for our patients, how we engage with national health services and suppliers and the role we play in society all stem from our True care culture and values.

In 2022 we reviewed this Code internally and set the following ambitions:

- Ensure that all new employees complete the Code of Conduct e-learning and relevant parts of Diaverum online compliance training programme within a stipulated timeframe from the date of joining (part of our new employee on-boarding process).
- Continue to ensure that all corporate employees and country head office personnel, as well as most country clinic management personnel,

annually complete our online compliance training programme. This is part of our global compliance programme and includes the Diaverum Code of Conduct e-learning and seven other e-learning courses covering, for example, Diaverum's key compliance areas.

The Diaverum Code of Conduct applies to all our employees, subsidiaries and other individuals who work with and for us. Its purpose is to clearly state legal, ethical and societal norms so that they are understood and applied to business conduct.



SpeakUP! programme

We are strongly committed to the highest standards of ethical conduct in every aspect of our business, and all staff should maintain these standards. Communication is key, and employees must feel comfortable raising questions and concerns.

We promote this through our Speak UP! scheme, an early warning system to reduce risk and safeguard high standards of corporate governance and thus maintain employee, customer and public confidence in our business.

Reporting an incident can be done directly to a line manager or other manager within the organisation, directly to Diaverum Group Compliance team or, if an employee wishes to remain anonymous, they may report concerns through our online Speak UP! portal.

At Diaverum, we do not tolerate any form of workplace violence or forced, compulsory or child labour. Freedom of association and the right to engage in or refrain from collective bargaining and agreements are respected as contemplated by applicable laws.

Compliance Investigations 7 Steps Procedure



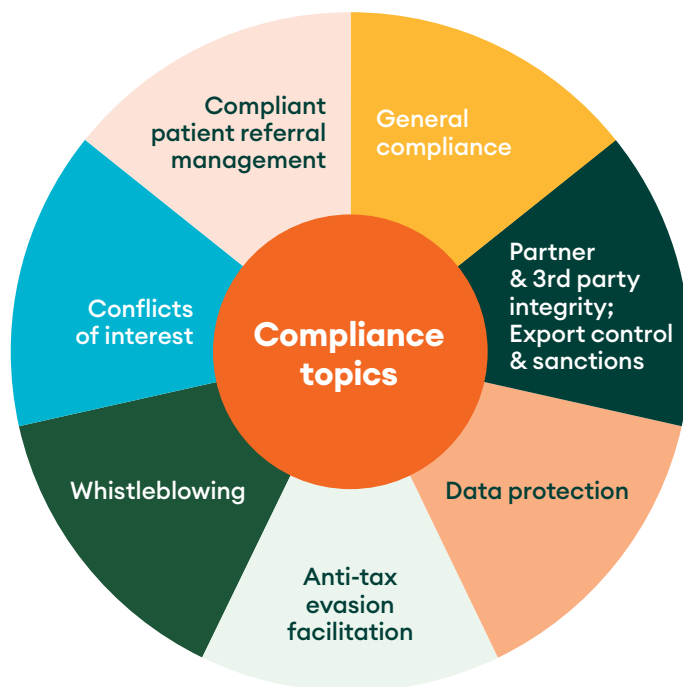
6.5

Compliance training

Diaverum's Code of Conduct e-learning is mandatory for all employees (including consultants who perform work similar to that of a Diaverum employee)

This e-learning educates them about corporate values, ethics and general compliance topics.

In addition to the Code of Conduct e-learning (read more about d.ACADEMY on page 78), Diaverum also offers courses on more specific compliance topics, currently within the following areas:



6.6

Human Rights

Diaverum respects and supports human rights & ensures that workers across our value chain are treated in accordance with international standards and not subject to human rights abuses

Diaverum has policies and processes in place to help protect and foster human rights, including the rights of our suppliers, employees and of course, the patients who rely on what we do.

Respecting and promoting human rights involves a wide range of practices we undertake to:

- Provide a safe and healthy working environment;
- Conduct our business ethically;
- Enable access to healthcare;
- Protect privacy;
- Prevent any form of child or modern slavery;
- Promote diversity, equality and inclusion.





Our suppliers must commit to respecting human rights, either in accordance with our Supplier Code of Conduct or under their own similar policies

Protecting human rights in our supply chain

Respect for human rights is an integral part of our responsibility.

Our risk assessment reveals low risk of slavery or human trafficking in our supply chains, including by manufacturers from whom we source products. Our large international suppliers publish sustainability and other reports on a regular basis and follow relevant industry standards. All our major suppliers have systems in place for

corporate social governance and most of their production sites are located in low risk areas such as the EU, Japan and/or the US.

In addition, [Diaverum's UK Modern Slavery Statement](#) – updated in December 2022 – declares our commitments and approach to help ensure that our local operations and global supply chain are free from modern slavery practices, including child labour, forced and bonded labour and human trafficking.



6.7

Sustainable suppliers

At Diaverum, we actively engage with our key suppliers and stakeholders, and do no business with any entity or persons that breach our Supplier Code of Conduct – updated in 2022 – as well as other company policies or external regulations

Diaverum sources key dialysis products from selected international companies. We also have corporate agreements or price agreements with companies supplying specific products such as on/off kits and dialysis chairs & beds.

We have information about the manufacturing country of origin of products from our main suppliers, and where we source from countries with higher potential risk (India, Indonesia and Thailand) we have in

some cases conducted on-site visits to assess whether these suppliers comply with our Supplier Code of Conduct.

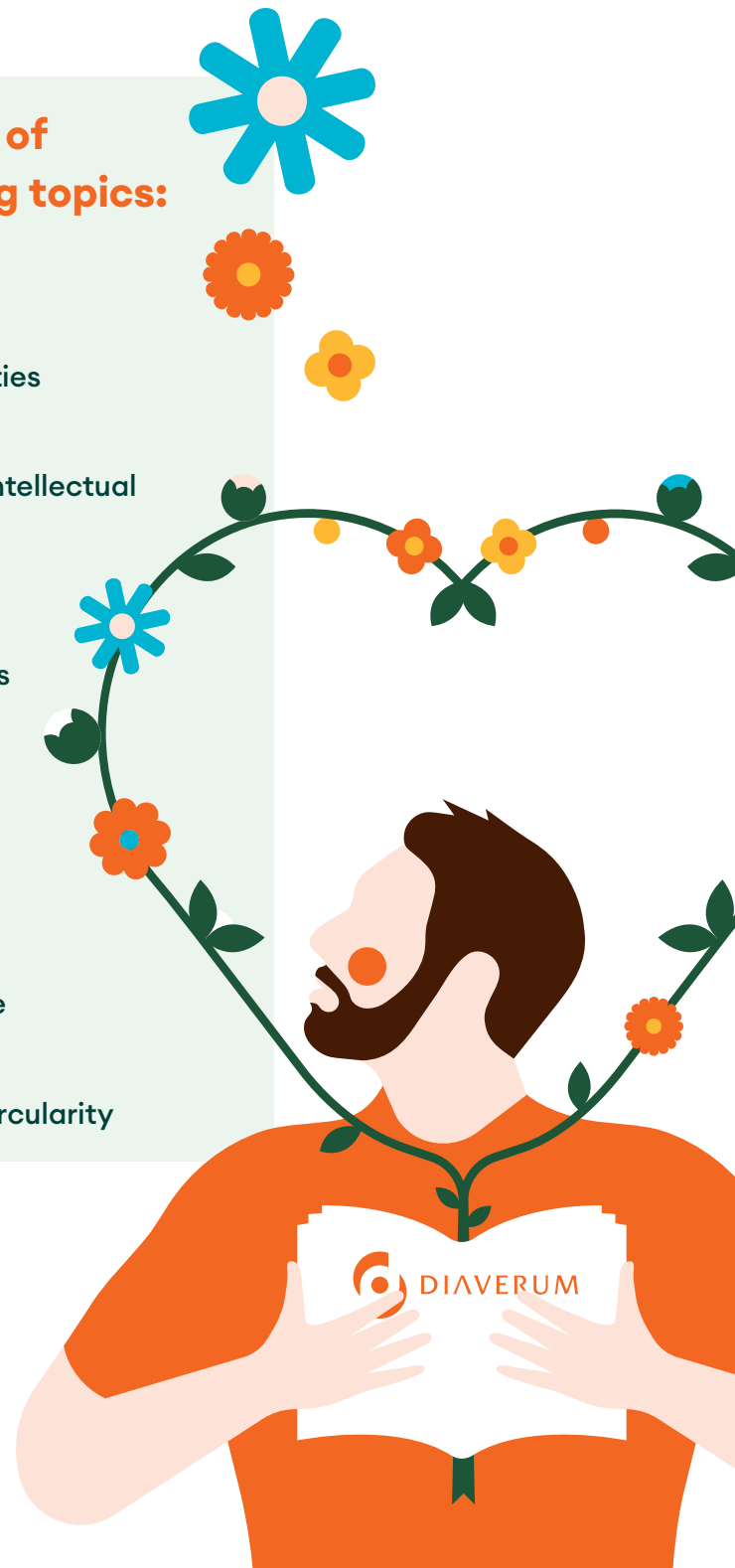
Our Supplier Code of Conduct sets out a supplier evaluation process that must be signed and complied with by all our suppliers. The Code is based on international standards such as the Universal Declaration on Human Rights, the Core Conventions of the International Labour Organisation, the OECD Guidelines for Multinational

Enterprises and the 10 principles of the UN Global Compact. It stipulates the minimum requirements that our suppliers must respect and meet within their own operations and within their

supply chain. Diaverum's Supplier Code of Conduct is publicly available on the [company's website](#), and communicated and referred to when engaging with new suppliers.

The Diaverum Supplier Code of Conduct covers the following topics:

1. Bribery and corruption
2. Tax evasion
3. Relationships with suppliers/third parties
4. Legal compliance
5. Data protection, confidentiality and intellectual property rights
6. Freedom of association and right to collective bargaining
7. Fair and equal treatment of employees
8. Fair remuneration and benefits
9. Decent working hours
10. Safe and healthy workplace
11. No child labour
12. Sanctions and export controls
13. Environmental regulations compliance
14. Reduction of environmental impact
15. Develop resource conservation and circularity



Cyber-security, data privacy and protection

Every day, we collect, store and process high volumes of sensitive personal information in connection with the services we provide

At Diaverum, we are committed to safeguarding the privacy of our patients, their families and our employees

We have a group-wide Data Protection Policy, with local addendums where necessary, as well as a policy that specifically addresses our access to, and processing of, patient data. Additionally, we have complementary policies and procedures for data retention, data breach management, data protection training, encryption and audit & reporting. An enabled Active Directory account, plus specifically granted access rights, are required to access Diaverum's medical records as well as most of our other systems and applications, with built-in, role-based and organisation-based access controls.

Patients are informed about the processing of their personal data through a formal privacy notice and/or giving their informed consent to Diaverum's processing of their personal data. We have organisational and technical measures for the protection of personal data in place, including, but not limited to:

- a secure data centre, centrally managed network with a PC client platform;
- policies and procedures to support the use of protected information;
- a central organisation that provides advice and guidance on various initiatives;
- local data protection officers in each country;





Relevant policies and standards

- Cyber Security Policy
- Group Data Protection Policy
- Policy for Processing of Patient Health Information
- Transmission of Sensitive Personal Data Policy
- Data Encryption Policy
- Data Retention and Destruction Policy
- Personal Data Breach Management Policy
- Information Security Policy
- IT Policy

- management of privacy risks and process of reporting privacy-related risks to Diaverum management;
- generic and specific training & awareness material for employees, about the importance of data protection and privacy;
- processes for managing incidents, breaches and complaints;
- internal controls and auditing.

In the event of a data breach, we have documented processes to ensure all necessary actions are

taken and that anyone affected, such as patients, regulatory agencies or other stakeholders, is notified.

In 2022, there were no complaints about breaches of privacy or losses of personal data, or monetary losses as a result of legal proceedings associated with data security and privacy.

At least every 3 years, every Diaverum clinic is audited by data protection officers aiming to find flaws and identify areas for improvement.

Regular external audits also measure us against best practice and overall legal requirements.





We are heavily dependent on information and communication technology, including the increased integration of IT systems, digital components, applications and platforms into medical technology services and products. This means we are at risk of cyber incidents and therefore monitor and respond to any threats that may impact the confidentiality, integrity or availability of our systems and assets, by a set of policies and procedures put in place by our IT Operations team.

We raise security and privacy awareness through our mandatory online cyber security training, through the initial onboarding phase and through annual refresher training. The course is specifically designed for Diaverum employees and encourages everyone to report incidents such as phishing attempts, unauthorised access, data breaches, etc. Cyber security awareness information is also emailed to all employees (with greatest frequency to those in finance and HR) and published on our intranet.

Every Diaverum employee is responsible for reporting suspected cyber security incidents through Diaverum's Global IT Service Desk system.

We will continue to invest in cyber security and expand our capabilities to make us more resilient, and are working to improve our Disaster Recovery

plan so it covers specific cyber-attack scenarios. In December 2022, our Board of Directors approved the Diaverum Cyber Security Policy that sets out procedures and standards to protect the company's business against threats and to recover from cyber-attack.

In addition to the above measures, we also ensure that our data centres are prepared for any unforeseen circumstances that could potentially lead to data loss. These include, but are not limited, to:

- fire protection;
- perimeter protection (locks, steel doors, steel-reinforced walls);
- water damage protection;
- alarms and surveillance;
- power backups and dual power supplies.



Environment

We want to reduce our environmental impact and make a positive contribution to climate protection





2023 ambition

Corporate-wide environment strategy in place, including global water and energy-related reduction targets

Policies

- Quality and Environmental Policy
- Machine Replacement Policy
- Waste Management Policy

Compared with other therapeutic areas, nephrology care, especially dialysis, has a high impact on water and energy consumption, effluent discharge and medical waste production.

Responsibility for environmental management is held at both global and country levels. Diaverum counts on an environmental specialist to work with our operations directors to define a corporate-wide environmental strategy and develop goals to improve our environmental performance.

In France and Portugal we nominated a sustainable development or energy efficiency ambassador in each of our dialysis clinics, in order to raise awareness and instil environmental accountability among staff.

In countries including Spain, Portugal and Romania we use a certified environmental management system in compliance with ISO 14001:2015, which specifies the requirements of such systems.

Structured, recurring internal audits and site analyses help our dialysis clinics to identify areas of improvement and enhance our environmental performance. In Spain, 6 new clinics were certified by the environmental management system in 2022, with 100% of our dialysis clinics in the country having ISO 14001:2015 implemented.

In some countries we also explored the introduction of compliance with ISO 50001, which focuses exclusively on energy and requires an ongoing, sustained improvement in energy efficiency and reduction in greenhouse gas emissions.

When building new clinics, we work to a clinic design guideline aimed at minimising their environmental impact. This takes into account evidence-based design research that focuses on improving the physical environment and, in turn, our patients' sense of security and quality of care, increasing their levels of satisfaction and that of our staff. The project also pays specific attention to the sustainability of our clinics with regard to resource

We continually look for ways to reduce water and energy consumption & waste production, as well as identify how best to conserve resources without compromising patient safety.



consumption and use of locally sourced and ecological materials. Our target in 2022 was to implement this design in 10 clinics; we have achieved it in 16.

We also piloted a programme in Uruguay, using an online platform for consumption control, whereby power meters and smart electrical appliances closely monitored the energy and water we consumed to identify areas of improvement. The infrastructure implemented will enable us to capture and analyse

data in real time, allowing us to create a business case and extend it to other countries.

In Romania, a sustainability component was included in a loan agreement, where the credit facility's margin can be adjusted up or down according to changes in our performance against certain ESG metrics/ KPIs (such as environmental impact in terms of electricity, water consumption and waste generation; and social responsibility impact towards our patients and employees).

Our goal is to monitor and analyse water & energy consumption within our clinics at a global level, in order to consolidate related data and define global water and energy-related reduction targets by the end of 2023.



71

Waste management and reduction

We have guidelines for waste management in all countries where we operate and ensure all our clinics have a clear and effective waste disposal system in place that is compliant with local regulations

Our clinics can generate a large amount of waste every day, including PVC/silicone tubes, solution bags, dialysis tubing, medical sharps and dialyzers

Up to 2 kg of potentially contaminated waste can be generated per dialysis session, and about the same weight of potentially recyclable materials.

We have guidelines for waste management in all countries where we operate and ensure all our clinics have a clear and effective waste disposal system in place, that is compliant with local regulations. We have implemented several

initiatives to reduce our impact on waste, such as working with suppliers to promote returnable packages. We also favour re-use of materials where possible, and compliant with local regulations.



For example, in Spain we adopted a paper reduction plan in 2022, where we monitored paper consumption and savings made from the removal of printers. We rolled out awareness campaigns and the implementation of various paper-less, digital platforms and tools such as TGS (read more on page 24) and our contract management platform, d.LEGAL, among others.

There is great potential for reusing some dialysis disposables that do not come into contact with blood, such as bicarbonate cartridges. For example, in Germany, we collaborate with our local supplier to refill the concentrate containers used to produce dialysate fluid. In other countries, such as France, we use dry-concentrate on site production systems (acidic solution produced from dry salts) to minimise the use of containers or canisters and avoid water logistics.

We have also implemented a **Machine Replacement Policy** to provide country guidance when dialysis machines are changed or replaced. Employees are made aware of the steps to ensure they follow the rule of the **3Rs (reduce, reuse and recycle)**:

- Transfer the machine to another existing or future Diaverum centre within the country, if deemed usable;
- Transfer the machine to another Diaverum centre in another country;
- Dismantle the machine and store key spare parts that could be reused for maintenance and recycle remaining parts;
- Sell the machine to a third party;
- Recycle or and/or refurbish the machine.

With this policy, we maximise the use of all our dialysis machines during their lifetime.



7.2

Water conservation and management



Our first priority is patient safety, which requires that the water used for dialysis is pure and free of chemicals or bacteria which could cause serious illness or death

Water consumption during dialysis is determined by three main factors:

1. **how the water is discharged from reverse osmosis, and the type of reverse osmosis;**
2. **how the dialysate and reinfusate are prepared;**
3. **the prescription for the dialysis session.**

Usually, a dialysis session requires approximately 130 to 150 liters of water. The water must be treated, sterilized, and heated to body temperature before being mixed with solutions for an effective dialysis session. However, it has been observed that in many renal care centers worldwide, about 30%-50% of this water is discharged.

Mindful of the need to reduce any negative impact on our planet, at country level we actively monitor our water usage to identify possible leaks and areas for improvement. New methods of state-of-the-art reverse osmosis allow us to reduce the amount of reject water that a traditional water treatment system produces when achieving the purity needed for haemodialysis. Other projects that we have initiated to save water in our clinics include using low-flow dialysis machines and recycling water rejected during reverse osmosis. We also regularly maintain all equipment to ensure maximum operating efficiency, educating our staff in the importance of water conservation.



For example, in Saudi Arabia, we initiated a Water Saving Programme in 2019 by installing sophisticated water meters with remote access to indicate and analyse abnormal consumption. In Germany, we are working with a company called Greentec who

are installing three water treatment systems within our clinic infrastructure. They estimate that this approach will help to reduce our consumption within these clinics (water and electricity, among other aspects) by up to 23%.



73 Energy efficiency and carbon footprint

In 2022, our total Scope 2 emissions were 19,731 metric tons carbon dioxide equivalent

In future, we will report our Scope 1 emissions and assess the impact of Scope 3 emissions, including these in the measurement of our carbon footprint.

We have already implemented some initiatives to reduce our indirect greenhouse gas emissions. For example:

- In Spain, a plan has been approved to change our fleet to hybrid vehicles.
- France has also implemented a pilot programme to reduce the greenhouse gas emissions associated with patient transport. Our French team has defined a strategy to avoid the use of toxic chemicals in disinfectants in our clinics. Indeed, all our clinics have reduced their use of detergents

and where possible, use ecological disinfectants and eco-friendly cleaning products.

- In Chile, we have increased the storage capacity for medical supplies in order to reduce the impact of their transport.

Energy management and reduction

Diaverum used a total of 56,314 MWh of energy in 2022, accounting for a large percentage of our greenhouse gas emissions. Reducing energy consumption is thus vital to our sustainability strategy, and in 2022 we introduced measures to meet this strategy across several of our clinics.

For example, an audit in several countries identified ways to reduce energy consumption, most of which

2022 carbon footprint

CO₂ emissions* – Scope 2 (t CO₂e)

8,407
(t CO₂e) – Europe

11,324
(t CO₂e) – International

19,731
total Scope 2 (t CO₂e)

61
total (kg CO₂e)/sqm

3.83
total (kg CO₂e)/
HD treatment

* Our GHG emissions are calculated based on electricity data reported by our dialysis clinics, following the methodology of the GHG protocol and using the emission factors of the International Energy Agency for 2020. The consumption of natural gas is not considered to be relevant in our clinics. For our calculation, we use a location-based approach that quantifies the emission based on emission factor per country.



Diaverum Group 2022 electricity consumption

Global

56,239
(MWh)

136.6

Yearly KWh/sqm

11.3

KWh/HD treatment

Europe

34,943
(MWh)

146.9

Yearly KWh/sqm

10.7

KWh/HD treatment

International

21,296
(MWh)

122.2

Yearly KWh/sqm

12.7

KWh/HD treatment

is accounted for by monitors, water treatment and heating & cooling equipment. In countries where we have a large footprint, such as France, Saudi Arabia, Spain and Portugal, we implemented energy efficiency projects in 2022, including LED lighting upgrades, smart metering, water heater upgrades and education campaigns aimed at clinic staff.

We also implemented a monitoring programme to assess energy consumption of all our clinics, worldwide. The next step is to set country level energy efficiency targets and implement local environmental initiatives.

Use of renewable energy

In Spain and North Macedonia, we installed solar panels and reduced our energy consumption from the grid. At corporate level, we are working on a business case tool with guidelines to help our countries to assess their local solar conditions and determine whether this power

option might suit their circumstances. In 2023, we will study the feasibility of installing photovoltaic panels in other dialysis clinics.

From late 2022, we installed on-site solar systems at 11 of our dialysis clinics:

- Diaverum Xirivella Dialysis Clinic: a 38.7 kilowatt (kW) system, expected to generate 51.47 MWh annually and provide 35.27 % of the site's electricity needs based on current consumption.
- Diaverum Baix Llobregat Dialysis Clinic: a 22.08 kW system, expected to generate about 31.34 MWh annually and provide 11.46 % of the site's electricity needs based on current consumption.
- 9 Dialysis Clinics in North Macedonia: implementation of 290.49 kilowatt systems, expected to generate 348.4 KW/h annually and provide 33% of the country's electricity needs based on current consumption.





Spotlight: Diaverum Spain awarded the seal of the Carbon Footprint Registry, from the Spanish Office for Climate Change (Oficina Española del Cambio Climático – OECC)

The OECC is a Spanish governing body, attached to the Secretary of State for the Environment, that is responsible for developing policies related to climate change. Its Carbon Footprint Seal Registry is a voluntary process, where organisations commit to calculating their carbon footprint and delivering action plans to reduce it.

From 2016 to 2020, the greenhouse gas emissions from treatments carried out by Diaverum Spain were reduced by 30%, to a new average of 0,0027 t CO₂/treatment. In 2022, we defined a new emission reduction plan, to reduce our emissions by 5% annually, with future plans for offsetting our carbon footprint.



José María Ordóñez, General Director of Diaverum in Spain,

said: *As a socially responsible and sustainable company, carrying out this type of initiative is something inherent to our culture. We are putting in place effective solutions that help us reduce the emissions generated by our activity. Our objective is to push for increasingly sustainable and environment-friendly*

operations that are aligned with the United Nations 2030 Agenda and its Sustainable Development Goals model, raising awareness about the effects of climate change.



Our risk management process

The purpose of the Diaverum Risk Framework is to allow us to identify risks and develop strategies that mitigate their probability or impact



By managing risks, we lower the level of uncertainty that would otherwise threaten our ability to deliver on our objectives. This ensures seamless business continuity while protecting Diaverum's reputational integrity and the safety of our patients.

Risk assessment approach

In order to compile the list of key risks for Diaverum, Group Compliance annually identifies and assesses these at group level through interviews with experts and leaders. In 2022, 15 stakeholders were interviewed (among board members, investors and the Executive Leadership Team – ELT).

In addition, a materiality analysis was conducted by the ESG Manager to identify and prioritise material ESG issues through engagement with various stakeholders (read more on page 32).

Our risk prioritisation methodology

The Diaverum Risk Policy, as approved by the Board of Directors, sets out instructions across the organisation for identifying, assessing, managing, reporting and monitoring risks. Diaverum Group Compliance maintains and develops the Risk Framework, which is both an independent group framework but also integral to the Diaverum Compliance Management System's annual cycle.

The scope of the Diaverum Risk Framework includes key parts of risk governance appropriate to Diaverum, such as its risk appetite and the current economic situation in countries where we operate.

We assess risks based on their possible impact and the effectiveness of controls in place to mitigate them. We do this from both a group (corporate) perspective ('top down') and a country-level perspective ('bottom up'), using the Diaverum Risk Framework across all levels of the group.

Based on the risk register, we then create and maintain an updated profile of the top risks to the company.

Functional directors then identify and appoint one or more individuals as risk owner(s) to be responsible for each defined Diaverum risk. For each of these risks, the risk owner manages a Risk Treatment Plan that is then submitted to the Group Compliance team.

An annual global Risk Report, compiled by Group Compliance and reviewed by ELT, is presented to the Audit Committee and Board of Directors for review and validation.



2023 ambitions

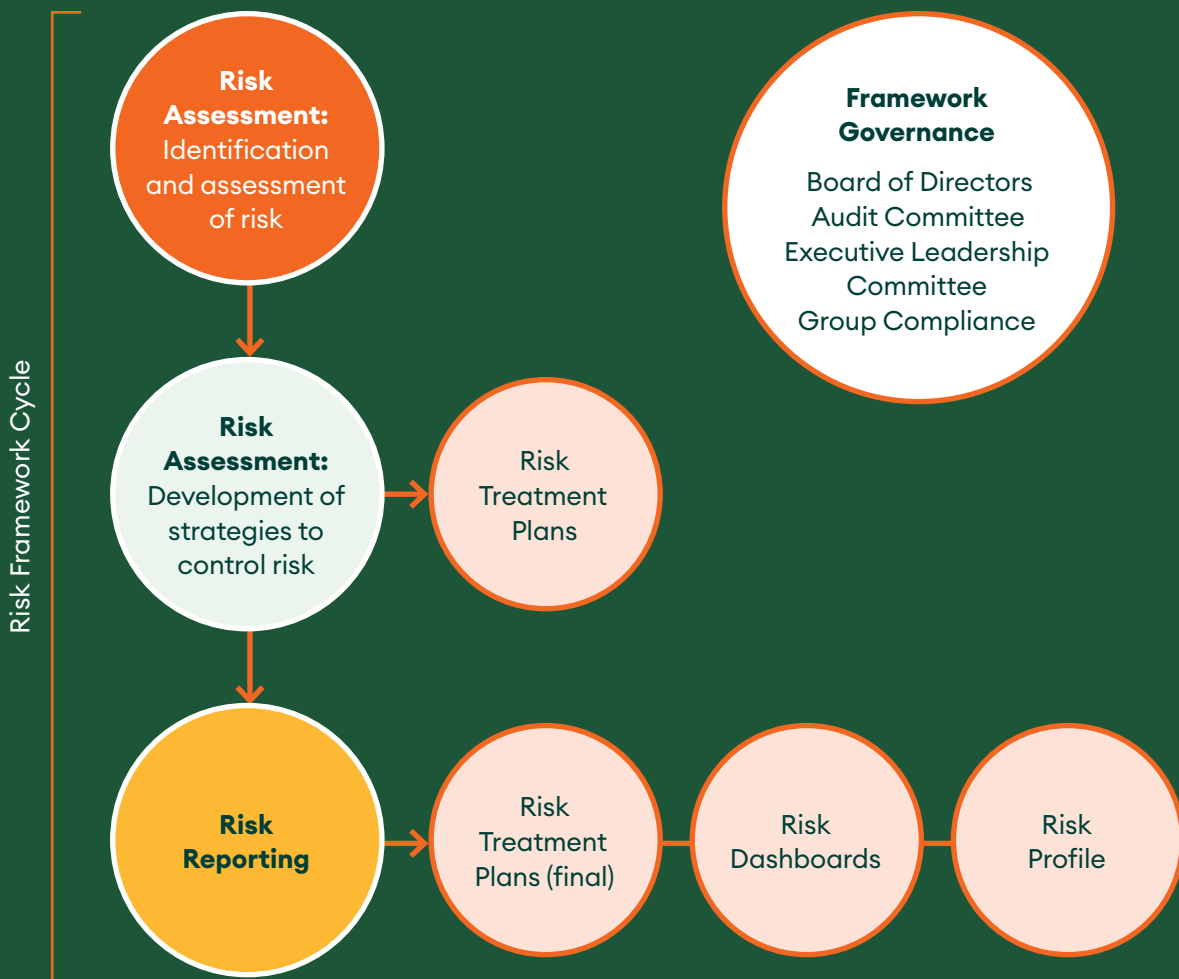
Add further ESG risks to our enterprise risk management, such as human rights and climate change

Policies

- Risk Policy
- Crisis Communications Policy



Diaverum Risk Framework



An overview of Diaverum risks relating to the topics of this report are summarised in this table.

Risk area	Risk description
Inadequate availability of skilled staff	Diaverum may be unable to hire/retain qualified medical staff on competitive terms
Compliance with data protection regulations	Diaverum may not be compliant with relevant data protection laws and regulations
Clinical malpractice / Clinics operational risk	The internal governing documents, procedures, processes and evaluation methods used by Diaverum to manage its operations and to assess and manage risk may be insufficient, and internal governance and control may not be able to prevent fraud. Diaverum’s facilities are exposed to outbreaks of communicable diseases and infections
Supplier dependence	Diaverum may be adversely affected by suppliers facing financial or operational problems, increasing prices or being unable to make deliveries as agreed
Cyber threat	Any significant failure or interruption to Diaverum’s IT systems could adversely affect business
Macroeconomic risk	Diaverum’s business will be affected by changes in macroeconomics or political factors, including changes in the global economic order, geopolitical risks and capital flows across borders
Epidemic/Pandemic threat	The COVID-19 pandemic has disrupted, and may continue to disrupt Diaverum’s operations by adversely affecting: patient safety, patient treatment continuity, employee safety, financial stability, cyber security
M&A risk and risk of post – M&A failed integration	Diaverum’s growth strategy is partly based on the ability to find suitable acquisition or expansion opportunities and the successful integration of new business
Regulatory compliance	Diaverum operates in a heavily regulated industry and is subject to changes in laws or regulations
Non-compliance patient referral management / Bribery & Corruption	Failure to comply with anti-bribery and anti-corruption laws and regulations by Diaverum, our employees or third parties could lead to penalties and other adverse consequences
Negative media / social media	Social networks/media can put the reputation of the Diaverum brands at risk.



Appendix



Sustainability Accounting Standards Board (SASB) reporting framework

In addition to providing wide-ranging disclosure about our approach to environmental, social and governance factors, we are providing the following disclosures aligned with the SASB Health Care Delivery industry standard.

This is part of our commitment to provide transparent and relevant information on our performance to our stakeholders. Going forward, we will continue to improve our disclosure of quantitative metrics and further enhance our SASB reporting.

Table 1. Sustainability Disclosure Topics & Accounting Metrics

Topic	Accounting metric	2022 response	SASB code
Energy Management	(1) Total energy consumed, (2) percentage grid electricity, (3) percentage renewable	(1) 56,239 MWh (2) and (3) Most of the solar panels have been implemented at the end of the year 2022. This information will be available for 2023.	HC-DY-130a.1
Waste Management	Total amount of medical waste, percentage (a) incinerated, (b) recycled or treated, and (c) landfilled	Waste is managed on a local and regional level, allowing us to adhere to all applicable laws and regulations. We have settled the target for 2023, to develop a global approach for consolidating waste data and to defining reduction targets. For further information on our waste management activities, see chapter 7.	HC-DY-150a.2
	Total amount of: (1) hazardous and (2) non-hazardous pharmaceutical waste, percentage (a) incinerated, (b) recycled or treated, and (c) landfilled	Waste is managed on a local and regional level, allowing us to adhere to all applicable laws and regulations. We have settled the target for 2023, to develop a global approach for consolidating waste data and to defining reduction targets. For further information on our waste management activities, see chapter 7.	



Topic	Accounting metric	2022 response	SASB code
Patient Privacy & Electronic Health Records	Percentage of patient records that are Electronic Health Records (EHR) that meet “meaningful use” requirements	At Diaverum, this covers 100% of our patient population.	HC-DY-230a.1
	Description of policies and practices to secure customers’ Protected Health Information (PHI) records and other Personally Identifiable Information (PII)	For a description of policies and practices related to securing our patients’ health information and further data, see chapter 6.	HC-DY-230a.2
	1) Number of data breaches, (2) percentage involving (a) Personally Identifiable Information (PII) only and (b) Protected Health Information (PHI), (3) number of customers affected in each category, (a) PII only and (b) PHI2	No material breaches with risk to the rights and freedoms of the registered occurred in 2022.	HC-DY-230a.3
	Total amount of monetary losses as a result of legal proceedings associated with data security and privacy	Diaverum did not incur monetary losses during the reporting period as a result of legal proceedings associated with data security and privacy.	HC-DY-230a.4
Access for Low-Income Patients	Discussion of strategy to manage the mix of patient insurance status	For information on our efforts to reduce or eliminate impediments to patient care, see chapter 7.	HC-DY-240a.1
	Amount of Medicare Disproportionate Share Hospital (DSH) adjustment payments received	Not applicable.	HC-DY-240a.2



Topic	Accounting metric	2022 response	SASB code
Quality of Care & Patient Satisfaction	Average Hospital Value-Based Purchasing Total Performance Score and domain score, across all facilities	Not applicable. Diaverum is not a hospital and does not operate in North America.	HC-DY-250a.1
	Number of Serious Reportable Events (SREs) as defined by the National Quality Forum (NQF)	Not applicable. Diaverum provides dialysis services and is not a hospital. Furthermore, Diaverum does not operate in North America. For information on access to care and patient satisfaction, see "Access to Care" and "Our Patients" section.	HC-DY-250a.2
	Hospital-Acquired Condition (HAC) Score per hospital	Not applicable. Diaverum is not a hospital and does not operate in North America.	HC-DY-250a.3
	Excess readmission ratio per hospital	Not applicable. Diaverum is not a hospital does not operate in North America.	HC-DY-250a.4
	Magnitude of readmissions payment adjustment as part of the Hospital Readmissions Reduction Program (HRRP)	Not applicable. Diaverum is not a hospital does not operate in North America.	HC-DY-250a.5
Management of Controlled Substances	Description of policies and practices to manage the number of prescriptions issued for controlled substances	Not applicable – Diaverum does not have controlled substances.	HC-DY-260a.1
	Percentage of controlled substance prescriptions written for which a Prescription Drug Monitoring Program (PDMP) database was queried	Not applicable – Diaverum does not have controlled substances.	HC-DY-260a.2
Pricing & Billing Transparency	Description of policies or initiatives to ensure that patients are adequately informed about prices before undergoing a procedure	Pricing is usually subject to local law and varies from country to country.	HC-DY-270a.1
	Discussion of how pricing information for services is made publicly available	Pricing is usually subject to local law and varies from country to country.	HC-DY-270a.2
	Number of the entity's 25 most common services for which pricing information is publicly available, percentage of total services performed (by volume) that these represent	Pricing is usually subject to local law and varies from country to country.	HC-DY-270a.3



Topic	Accounting metric	2022 response	SASB code
Employee Health & Safety	(1) Total recordable incident rate (TRIR) and (2) days away, restricted, or transferred (DART) rate	At country level, all accidents / incidents and near-misses are recorded, reported and investigated. At corporate level, Diaverum does not gather the information. The company is planning to report it over the coming years.	HC-DY-320a.1
Employee Recruitment, Development & Retention	(1) Voluntary and (2) involuntary turnover rate for: (a) physicians, (b) non- physician health care practitioners, and (c) all other employees	1) 14.8% voluntary leavers 2) 3.4% involuntary leavers (a) 9.3% (b) 16.7% (c) 15%	HC-DY-150a.2
	Description of talent recruitment and retention efforts for health care practitioners	See our Employee and Well-being chapter for more information, and metrics below.	HC-DY-330a.2
Climate Change Impacts on Human Health & Infrastructure	Description of policies and practices to address: (1) the physical risks due to increased frequency and intensity of extreme weather events and (2) changes in the morbidity and mortality rates of illnesses and diseases, associated with climate change	We have dialysis clinics in many regions of the world with diverse geographic, social and economic conditions, serving a vulnerable population of patients who need regular dialysis treatment multiple times a week. To allow us to continue treating our patients in extreme conditions, we have developed high-performance programmes that provide access to health care under difficult circumstances. See our Access to Care section for more information.	HC-DY-450a.1
	Percentage of health care facilities that comply with the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Rules	Not applicable. Diaverum does not operate in North America.	HC-DY-510a.1
Fraud & Unnecessary Procedures	Total amount of monetary losses as a result of legal proceedings associated with Medicare and Medicaid Fraud under the False Claims Act	For the reporting period, Diaverum did not incur material monetary losses as a result of legal proceedings associated with Medicare and Medicaid Fraud.	HC-DY-510a.1



Table 2. Activity metrics

Country	Number of clinics as of 31/12/22
Albania	5
Brazil	10
Chile	19
China	7
France	17
Germany	18
Hungary	9
Italy	26
Kazakhstan	52
Lithuania	13
Malaysia	3
Morocco	4
North Macedonia	9
Poland	24
Portugal	28
Romania	26
Russia	20
Saudi Arabia	40
Singapore	12
Spain	47
Sweden	5
UK	34
Uruguay	9



Diaverum scientific articles on PubMed 2022

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2: Pană N, Căpușă C. Periostin as a Biomarker in the Setting of Glomerular Diseases-A Review of the Current Literature. *Biomedicines.* 2022 Dec 10;10(12):3211. doi: 10.3390/biomedicines10123211. PMID: 36551967; PMCID: PMC9775428.

3: Alhwiesh AK, Abdul-Rahman IS, Alshehri A, Alhwiesh A, Elnokeety M, Essam S, Sakr M, Al-Oudah N, Abdulrahman A, Mohammed AM, Mansour H, El-Salamoni T, Al-Oudah N, Alayoobi L, Aljenaidi H, Al-Harbi A, Mousa D, Abdulnasir A, Skhiri S. The problem of pulmonary arterial hypertension in end-stage renal disease: can peritoneal dialysis be the solution. *BMC Nephrol.* 2022 Dec 5;23(1):386. doi: 10.1186/s12882-022-02998-y. PMID: 36471276; PMCID: PMC9721065.

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Cazorla López JM, Sanchez-Rodriguez J, Sánchez Horrillo A, Monzón Vázquez TR, Leyva A, Rojas J, Gansevoort RT, de Sequera P; SENCOVAC collaborative network; Rodríguez MTJ, Valverde RL, Carretero MP, Díaz MO, Tocora DG, Suárez ER, Santolaya AJS, Cobo PA, Talavan T, Calero RC, Gracia-Iguacel C, González-Parra E, Pereira M, Martin-Cleary C, Ramos-Verde A, Giorgi M, Sánchez C, Giraldo YG, Horrillo AS, Suárez PR, Perpén AF, Ramos AF, Villanueva LS, Cortiñas A, Arias PAD, Cárdenas AC, de Santos A, Núñez A, Cuadrado GB, de Gante LM, Repollet R, Polo CR, Moreso F, Azancot MA, Ramos N, Toapanta OBN, Cidraque I, Bermejo S, Agraz I, Prat O, Medina C, Pardo E, Prat O, Saiz A, Vila MAM, Guldris SC, Granados NM, Cabo MJC, Alarcón WL, Sánchez SP, Alexandru S, Suarez LGP, Saico SP, Tapia MP, Zamora R, Hernández RS, Osorio LR, García-Fernández N, Moreno PLM, González NA, Ortiz AS, Iñarrea MNB, Cabrera SS, López RO, Peregrí CM, Morales MLA, Cabello MDN, Mazuecos A, García T, Narváz C, Orellana C, Márquez MGS, Novillo CL, Ganga PLQ, Carrión FV, Herrera ALG, Castro NB, Cendrero RMR, Hidalgo-Barquero MVM, Gallego RH, Alvarez Á, Leo EV, León JLP, García MAM, Jiménez BG, Pérez VOG, de



- Dios Ramiro Moya J, Espinosa DL, Herrador AJ, Zurita MN, Álvarez LD, Martínez ÁG, Arroyo SB, Fernández RR, Vargas MJS, Casero RC, Useche G, García AB, Díaz ABM, de Miguel CS, Palacios Á, Henningsmeyer B, Calve EO, Moya JL, Sato Y, Marín MS, Tejedor S, Vaquera SM, di Riso MC, Torres I, Alfaro G, Halauko O, Rifai FEL, Martínez AD, Ávila PJ, Sánchez CA, Sainz MS, Martín JMB, Del Río García L, Canga JLP, Ochoa PMV, Pacios LM, Machado LL, Morales AQ, Cavalotti IM, Zorita IN, López SO, González SO, Montañez CS, Rubio AB, Del Peso Gilsanz G, Gonzalez MO, Villanueva RS, Oliva MOL, Varela JC, Enríquez AG, Casas CC, Alonso PO, Tabares LG, Barreiro JML, Solla LP, Gándara A, de la Garza WN, Fleming FF, Goyanes MGR, Feijoo CC, Plaza MMM, Juan CB, de la Fuente GA, Del Valle KP, Contreras FJP, Lara NB, Ferri DG, de Bustillo Llorente EM, Rodríguez EG, De La Manzanara Perez VL, Arevalo MC, Calvo JAH, Carratalá MRL, Rodríguez LMM, Salazar MS, Prieto BB, Pérez JMP, Paraíso AG, Huarte E, Lanau M, Campos RA, Ubé JM, Godoy IB, Aguilera ET, Alea RT, Del Rosario Saldaña MS, Salgueira M, Aresté N, de Los Ángeles Rodríguez M, Collantes R, Martínez AI, Moyano MJ, Víbora EJ, Gash SC, Martínez LR, Cervera MCA, De Tomas MTR, Prieto BA, Toyos C, Del Rio JM, Acosta AR, Zamacona AC, Martin MIJ, Ortega SB, Ruiz MIG, Rubio AH, Ledesma PG, Alvarez AG, Poch E, Cucchiari D, Monzo JB, Cabrera BE, Hernández APR, Rebollo MSG, Hernández JMR, González AY, Alonso JC, Más AM, Calvé M, Cardona MG, Balaguer VC, Pesquera JIM, de la Rosa EC, Santarelli DR, Garcia AS, Martin-Caro AC, Santamaria IM, Cervienka M, de la Pisa AMU, Monzon LS, Anachuri KA, Garcia EH, Gomez VO, Estupiñán RS, Amado FV, Borges PP, Beloso MD, Alonso FA, Felpete NP, Ameneiro AM, Mera MC, Casares BG, Larrondo SZ, Kareaga NM, Del Valle AISS, García ARM, Linaza BV, Del Toro Espinosa N, Perico PE, Oliva JMS, Manrique J, Castaño I, Purroi C, Gómez N, Mansilla C, Uzurum A, de Arellano Serna MR, Perich LG, Rincón MM, De La Manzanara Perez VL, Arevalo MC, Calvo JAH, Villoria JG, De Salinas APM. Humoral response after the fourth dose of the SARS-CoV-2 vaccine in the CKD spectrum: a prespecified analysis of the SENCOVAC study. *Nephrol Dial Transplant*. 2022 Nov 24;gfac307. doi: 10.1093/ndt/gfac307. Epub ahead of print. PMID: 36423334.
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- 6: Schwab S, Pörner D, Kleine CE, Werberich R, Werberich L, Reinhard S, Bös D, Strassburg CP, von Vietinghoff S, Lutz P, Woitas RP. Pre-transplant serum Beta Trace Protein indicates risk for post-transplant major cardiac adverse events. *Nephrology (Carlton)*. 2023 Jan;28(1):51-59. doi: 10.1111/nep.14131. Epub 2022 Nov 21. PMID: 36369846.
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This 2022 ESG Report has been approved by the Diaverum Board of Directors. This report covers Diaverum AB and its subsidiaries.

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