

UN Sustainable Development Goals Progress Scorecard

The Sustainable Development Goals (SDGs) are a global framework for progress toward a more sustainable future. In trying to determine the unique impact Johnson & Johnson would contribute to the global community to create a healthier, more equitable world, we developed a clear, pragmatic process to create a commitment to accelerate the SDGs that reflects our unique constellation of strengths. The Company's commitment is focused in five areas in which Johnson & Johnson is positioned to create sustainable and scalable impact: health workforce, women's and children's health, essential surgery, global disease challenges, and environmental health.

We seek to mobilize and inspire employees, consumers, communities, and our global network to improve health globally. While we aim to achieve outcomes in all of the Company's work, the identified targets for the SDG commitment are reflective of the Company's reach — individuals whose lives may benefit from our combined efforts with our partners. To that end, we developed a measurement reporting framework that involves the annual tracking of progress toward focus area targets, ensuring accountability of our work.



- ✔ **Achieved**
- ✔ **On track:** expected to meet the Goal by 2020
- 🕒 **In progress:** so far progressing more slowly than expected; plans are in place to meet the Goal by 2020
- ⚠ **Off track:** not progressing as expected; currently at risk of not meeting the Goal by 2020

Aspiration	5-Year Target (2016-2020)	Progress for 2016-2018 implementation years	Notable	Status
1. Health Workforce: A world where the current and future healthcare workforce has the necessary competencies to deliver high quality healthcare.	650,000 health workers will have received training to better deliver quality healthcare.	324,900 healthcare providers (50% of overall goal achieved).	Recipients of leadership training, skills training, and education programs focused on health workforce development - including China Neonatal Resuscitation Program , NurseConnect, mothers2mothers , North Star Alliance, Uganda Academy for Health Innovation and Impact, and Management Development Institute . Learn more	🕒 In progress
2. Women's & Children's Health: A world where every woman and child survives and has the opportunity for a healthy future.	60 million women and children will have received support and tools to enable a healthy future.	33.6 million women and children (56% of overall goal achieved).	Programs including MomConnect, mMitra, Grameen Foundation , War on Worms , Born On Time , DREAMS Thina Abantu Abasha , and projects on CARINGCROWD provide access to quality care, optimal development, and gender equality and empowerment. Learn more	🕒 In progress

Aspiration	5-Year Target (2016-2020)	Progress for 2016-2018 implementation years	Notable	Status
<p>3. Essential Surgery: A world where safe, essential and timely surgical care can be accessed by all to save lives, prevent disability, promote economic growth, and reduce social marginalization.</p>	50 million people will have had access to safe, essential, and timely surgical care.	37.6 million beneficiaries (75% of overall goal achieved).	<p>Over the past three years, the Medical and Surgical Skills Institute trained more than 21,000 healthcare professionals from 9 countries in West Africa. It is estimated that these trained individuals will serve over 37 million patients.</p> <p>Learn more</p>	 On track
<p>4. Global Disease Challenges: A world where innovations and holistic health solutions prevent, control and eliminate global disease challenges and epidemics.</p>	175 million individuals will have benefited from Johnson & Johnson solutions that prevent, control and eliminate global diseases.	306 million beneficiaries (175% of overall goal achieved).	<p>Johnson & Johnson's VERMOX (mebendazole) Donation Program was the primary driver for exceeding this goal early, with an estimated 304.6 million school-aged children in 30 countries having received VERMOX treatments.</p> <p>An estimated 50,900 adult patients and 520 child patients received access to HIV/AIDS therapy.</p> <p>Since 2016, enabled access to SIRTURO (bedaquiline) in all 30 high MDR-TB burden countries, and delivered access to over 75,800 patients.</p> <p>Learn more</p>	 Achieved
<p>5. Environmental Health: A world where all people have healthy places to live, work and play.</p>	60 million citizens living across 30 cities will have benefited from climate and air quality actions that have the potential to positively impact public health.	<p>13 million citizens impacted through 2018.</p> <p>25 cities in program have been trained and have committed to implementing at least one climate action relating to air pollution improvements and health co-benefits.</p> <p>5 cities have already significantly implemented actions: Dar es Salaam, Durban, Medellin, Quezon City and Venice.</p> <p>1 “demonstrator” city (Los Angeles) is undertaking multiple climate actions. Expert hired with Johnson & Johnson funding to plan/implement actions.</p>	<p>Cities: Amman, Jordan; Athens, Greece; Auckland, New Zealand; Barcelona, Spain; Bogota, Colombia; Chengdu, China; Chennai, India; Dar es Salaam, Tanzania; Dubai, UAE; Durban, South Africa; Hanoi, Vietnam; Ho Chi Minh City, Vietnam; Jakarta, Indonesia; Johannesburg, South Africa; Karachi, Pakistan; Medellin, Colombia; Mexico City, Mexico; Nairobi, Kenya; Paris, France; Quezon City, Philippines; Quito, Ecuador; Salvador, El Salvador; Santiago, Chile; Rome, Italy; Venice, Italy.</p> <p>Learn more</p>	 In progress

Overview

Our Approach

Better Health for All

Our People

Responsible Business Practices

Environmental Health

Appendix

References

Challenges of reporting and assuring progress against the SDG goals

Collaboration is at the heart of the SDGs—these ambitious goals cannot be achieved by one party alone but involve governments, business and communities working together to achieve significant sustainability impacts and improvements to peoples' lives. We believe our commitment to partnership and collaboration helps us to achieve extraordinary results even though quantifying impacts and benefits across many partnerships is complex.

We have therefore reported and sought assurance on the progress against the 5-year targets which support our SDG goals. We have reported on progress based on the best information we have available, from our operations and those of our partners. However, we recognize that due to the nature of the projects supporting the targets, the data are subject to limitations including estimates, extrapolations and reliance on data and information provided by a broad range of partners that we work with to achieve these goals. For certain goals, assumptions are used that could result in an overstatement or understatement of lives benefited when trying to quantify performance in challenging environments. We summarize below some key information to provide our stakeholders with some insight into the challenges of reporting SDG goal performance.

Health Workforce, Women's and Children's Health

Many of our programs are co-funded, and while we make every effort to only report beneficiaries/healthcare professionals reached by our portion of the program, sometimes that is not possible. We do not have a direct line of sight to the data collection processes, as the data are gathered by our partners on the ground. Some of our partners have data quality assurance protocols, but some do not. For the purposes of our reporting, we assume each pregnant woman bears one infant—we do not use an estimation factor to discount for stillbirths or add for multiple births. For our goals, we count the number of individuals reached per year, aggregated over five years, which means that for multi-year programs

we do not always report unique individuals reached. For example, in a program such as NurseConnect, which provides information and support to nurses via mobile messages, a nurse subscribing and participating in the service in 2016 will be counted as a beneficiary in each subsequent year for the length of time that he or she remains with the program (i.e. until unsubscribing). Every year, this nurse will benefit from new messages, based on research, evidence and content development. We also do not have 100% reporting as some data come in after organizational publication deadlines, which means we may have some undercounting. To remedy this, we have reduced the amount of time the partners have to report post project completion. Still, due to their own organizational processes and difficulties obtaining timely data from remote areas in some cases, some partners report after our auditing deadline. In order to capture the full range of our reach, we are updating our results for 2016 and 2017 with data reported past the auditing deadline for those years.

Essential Surgery

A large part of the data and progress for this goal comes from the work we undertake with The Medical and Surgical Skills Institute (MSSI) in Ghana. The MSSI reports the numbers, nationalities and disciplines of medical professionals that complete each MSSI course. However, estimating the number of patients benefiting from the skills and knowledge obtained in a course requires the use of estimates and extrapolations to account for the number of patients treated per week, potential duplicate visits (e.g., same patient being seen by a doctor and a nurse trained by MSSI), and the retention time for the knowledge gained. We have used conservative estimates for knowledge retention (1 year) and have not included the potential for the multiplier effect of the "train-the-trainer," where trained medical professionals go on to train others. This year we have worked with MSSI to revise their feedback forms to include some validation of the assumptions of patients treated per healthcare worker trained. This validation will continue into 2019 and the results will be reflected in future reporting.

Global Disease Challenges

When it comes to quantifying the progress against this goal, a large part of the data comes from the number of VERMOX doses donated, measured through the number of doses shipped. Historical data shows that about 80% – 90% of the children targeted for treatment in endemic countries receive two treatments each year. We thus have used a factorial of 1.6 – 1.8 to estimate the number of children treated each year. The number of children treated estimated for 2016 was based on the factorial of 1.6. For 2017 and 2018 the figure is based on the factorial of 1.8.

Environmental Health

Success in achieving the desired impact for this goal depends on C40 city members initiating climate actions before 2020. In order to achieve the scale of impact, actions need to be ambitious and, therefore, take time to develop and implement. C40 is working with the current administrations of their city members to support their planned actions, however there is always a risk that actions do not get implemented due to changes in wider city circumstances (e.g. political or funding changes). We will aim to manage this risk by focusing on ambitious actions with larger scale impact spread across a number of cities, conducting careful vetting of proposed projects and making city participation as easy as possible.

When the Environmental Health goal was established in late 2016, a qualifier was placed on the original target of 100 million citizens living across 30 cities. As we noted at the time, those potential figures were to be revised once cities and actions were confirmed with C40 Cities. In 2018, these details were confirmed and the number of potential citizens benefiting was revised to 60 million over the five-year goal.