

# UN Sustainable Development Goals Commitment 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 aim 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. The Company's SDG commitment focuses on SDGs 3, 5 and 17. [Learn more here.](#)

- + **Exceeded**
- ✓ **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 2016-2019† implementation years	NOTABLE
<b>1. Health Workforce:</b> 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.	469,000 healthcare providers (72% of overall goal achieved) <span style="color: orange;">🕒 In progress</span>	Programs and partners — including a Mental Health Remote Training System in Rwanda and Medical Affairs training courses, as well as UNICEF, Save the Children, NurseConnect, Duke — Johnson & Johnson Nurse Leadership Program and Project Hope — focused on strengthening primary and community-based health systems by supporting effective, innovative and scalable interventions to ensure that nurses, midwives and community health workers are competent, confident, resilient, connected and respected.  <a href="#">Learn more</a>

† Progress against UN SDG commitment, and associated data have been assured by ERM CVS. See [independent assurance statements by ERM CVS.](#)

ASPIRATION	5-YEAR TARGET (2016-2020)	PROGRESS FOR 2016-2019† Implementation years	NOTABLE
<p><b>2. Women's &amp; Children's Health:</b> A world where every woman and child survives and has the opportunity for a healthy future.</p>	<p>60 million women and children will have received support and tools to enable a healthy future.</p>	<p>40.6 million women and children (68% of overall goal achieved)</p> <p> <b>Off track</b></p>	<p>This five-year target is predominantly supported by Johnson &amp; Johnson Foundation grants facilitated by the Global Community Impact organization. We are reporting the target as off track due to a shift in our strategy in 2019 which transitions from programs reaching consumer groups directly to programs targeting frontline health workers (i.e., nurses, midwives, and community health workers). We believe this transition will have greater, more far-reaching and sustainable impact on women's and children's lives in the longer term. The COVID-19 pandemic has underscored the critical needs facing our frontline health workers and their unique ability to address the healthcare needs of our society, and in particular, the underserved. <b>Our new commitment</b> acknowledges the pivotal role that health workers play in providing essential services to these groups. As such, the programming and tracking toward the original goal are transitioning, with fewer programs directly reaching women and children and more programs reaching the health workers who serve them.</p> <p>Even with this transition, by the end of the five-year goal period we estimate that we will have reached nearly 50 million women and children with support and tools to enable a healthy future (or over 80% of the overall target).</p> <p>We are proud to share that within our Global Disease Challenges goal, our VERMOX (mebendazole) Donation Program has improved the health of hundreds of millions of children. Those targets are reported separately.</p> <p><a href="#">Learn more</a></p>
<p><b>3. Essential Surgery:</b> 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>	<p>50 million people will have had access to safe, essential and timely surgical care.</p>	<p>56.2 million beneficiaries (112% of overall goal achieved)</p> <p> <b>Exceeded</b></p>	<p>Over the past four years, the <b>Medical and Surgical Skills Institute</b> trained more than 30,000 healthcare professionals from 10 countries in West Africa. It is estimated that these trained individuals will serve over 56 million patients.</p> <p><a href="#">Learn more</a></p>

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<p><b>4. Global Disease Challenges:</b> A world where innovations and holistic health solutions prevent, control and eliminate global disease challenges and epidemics.</p>	<p>175 million individuals will have benefited from Johnson &amp; Johnson solutions that prevent, control and eliminate global diseases.</p>	<p>417 million beneficiaries (238% of overall goal achieved)</p> <p> <b>Exceeded</b></p>	<p>Johnson &amp; Johnson’s VERMOX Donation Program was the primary driver for exceeding this goal early, with an estimated 415 million school-aged children in 42 countries having received VERMOX treatments.</p> <ul style="list-style-type: none"> <li>An estimated 104,000 adult patients and over 700 child patients received access to HIV/AIDS therapy.</li> <li>Since 2016, we enabled access to SIRTURO (bedaquiline) in 138 countries, including all 30 high MDR-TB burden countries, and delivered access to 182,000 patients.</li> </ul> <p><a href="#">Learn More</a></p>																														
<p><b>5. Environmental Health:</b> A world where all people have healthy places to live, work and play.</p>	<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>	<p>43.3 million citizens impacted through 2019</p> <p>30 cities in the program have been trained, and have committed to implementing at least one climate action relating to air quality improvements and health co-benefits.</p> <ul style="list-style-type: none"> <li>14 cities have already significantly implemented actions: Barcelona, Buenos Aires, Chennai, Dar es Salaam, Dubai, Durban, Karachi, Medellin, Paris, Quezon City, Quito, Salvador, Toronto and Venice.</li> <li>Johnson &amp; Johnson continues to fund a city advisor for Los Angeles in its role as a “demonstrator” city undertaking multiple climate actions.</li> </ul> <p> <b>On track</b></p>	<p>Cities:</p> <table border="0"> <tr> <td>Amman, Jordan</td> <td>Karachi, Pakistan</td> </tr> <tr> <td>Athens, Greece</td> <td>Lima, Peru</td> </tr> <tr> <td>Auckland, New Zealand</td> <td>Los Angeles, USA</td> </tr> <tr> <td>Barcelona, Spain</td> <td>Medellin, Colombia</td> </tr> <tr> <td>Buenos Aires, Argentina</td> <td>Mexico City, Mexico</td> </tr> <tr> <td>Chengdu, China</td> <td>Nairobi, Kenya</td> </tr> <tr> <td>Chennai, India</td> <td>Paris, France</td> </tr> <tr> <td>Dar es Salaam, Tanzania</td> <td>Quezon City, Philippines</td> </tr> <tr> <td>Dubai, UAE</td> <td>Quito, Ecuador</td> </tr> <tr> <td>Durban, South Africa</td> <td>Rio de Janeiro, Brazil</td> </tr> <tr> <td>Hanoi, Vietnam</td> <td>Salvador, El Salvador</td> </tr> <tr> <td>Ho Chi Minh City, Vietnam</td> <td>Santiago, Chile</td> </tr> <tr> <td>Istanbul, Turkey</td> <td>Toronto, Canada</td> </tr> <tr> <td>Jakarta, Indonesia</td> <td>Rome, Italy</td> </tr> <tr> <td>Johannesburg, South Africa</td> <td>Venice, Italy</td> </tr> </table> <p><a href="#">Learn More</a></p>	Amman, Jordan	Karachi, Pakistan	Athens, Greece	Lima, Peru	Auckland, New Zealand	Los Angeles, USA	Barcelona, Spain	Medellin, Colombia	Buenos Aires, Argentina	Mexico City, Mexico	Chengdu, China	Nairobi, Kenya	Chennai, India	Paris, France	Dar es Salaam, Tanzania	Quezon City, Philippines	Dubai, UAE	Quito, Ecuador	Durban, South Africa	Rio de Janeiro, Brazil	Hanoi, Vietnam	Salvador, El Salvador	Ho Chi Minh City, Vietnam	Santiago, Chile	Istanbul, Turkey	Toronto, Canada	Jakarta, Indonesia	Rome, Italy	Johannesburg, South Africa	Venice, Italy
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### 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 people's 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 five-year targets that 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 because of the nature of the projects supporting the targets, the data are subject to limitations including estimates, extrapolations and reliance on information provided by a broad range of partners we work with to achieve these goals. For certain goals, assumptions are used that could result in an overstatement or understatement of beneficiaries when we are trying to quantify performance in challenging environments. The information below provides 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 report only 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. This means that for some multi-year programs, where a similar population of individuals is reached but the data systems are not strong enough to track each individual's interaction with the program over the years, we do not always report unique individuals reached.

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. However, because of their organizational processes and difficulties obtaining timely data from remote areas in some cases, some partners report after our auditing deadline. Their data are reported in subsequent 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 the MSSI), and the retention time for the knowledge gained. We use conservative estimates for knowledge retention (one year) and have not included the potential multiplier effect of the “train-the-trainer” progression, where trained medical professionals go on to train others. To further assess the methodology and the rates used to calculate patient beneficiaries, in 2019, the MSSI added two questions to the evaluation survey it conducts with medical professionals after each course. The two questions added were: 1) How many patients do you see on average in a week? and 2) How many patients per week would benefit from the skills learned in this course? The surveys covered 124 MSSI courses and involved 2,013 individual respondents. The data from the survey were of good quality and consistent with Ghana health dynamics. The survey results substantiated the rates used by the MSSI. Consequently, we can confidently state that in 2019, MSSI training benefited 18.6 million patients across West Africa.

### 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 show 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 – 2019 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 by the end of 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 or are altered in scale and ambition because of changes in 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.