

# UN Sustainable Development Goals Commitment Progress Scorecard

The [Sustainable Development Goals](#) (SDGs) are a global framework for progress toward a more sustainable future. In 2016, Johnson & Johnson made an initial five-year SDG commitment focused in five areas where the Company is uniquely positioned to create sustainable and scalable impact, and to leverage our strengths. The five areas include health workforce, women’s and children’s health, essential surgery, global disease challenges, and environmental health.

Through our commitment, we mobilized and inspired employees, consumers, communities and our global network to help improve health globally. While we aim to achieve outcomes in all the Company’s work, the identified targets for our SDG commitment are reflective of the Company’s reach—individuals whose lives are expected to benefit from our combined efforts with our partners. To that end, we developed a measurement-reporting framework that involved the annual tracking of progress toward focus area targets, ensuring accountability of our work. The Company’s initial SDG commitment focused on SDGs 3, 5 and 17. [Learn more here.](#)

The cumulative progress reported here is for the 2016–2020 timeframe and represents the final report for our initial SDG commitment. We exceeded four out of the five targets across the aspirations of health workforce, essential surgery, global disease challenges and environmental health. We did not fully achieve our target relating to women’s and children’s health due to a change in strategy (see explanation in notable section below). Beginning in 2021, new commitments to the SDGs will be reflected within each of our new [Health for Humanity 2025 Goals](#).

ASPIRATION	5-YEAR TARGET (2016-2020)	PROGRESS FOR 2016-2020 <sup>†</sup> IMPLEMENTATION YEARS	NOTABLE
<p><b>Health Workforce:</b> A world where the current and future healthcare workforce has the necessary competencies to deliver high-quality healthcare.</p>	650,000 health workers will have received training to better deliver quality healthcare.	<p>902,000 healthcare providers (139% of overall goal achieved)</p> <p>+ Exceeded</p>	<p>As resilient health systems depend on a thriving frontline health workforce, we have been working with partners around the globe to develop a portfolio of programs that focus on five health-worker-focused long-term <a href="#">priorities</a>—Training &amp; Education, Connection &amp; Integration, Well-being &amp; Resilience, Respect &amp; Recognition, and Leadership &amp; Management. This includes working with <a href="#">Mental Health America</a> to better understand how mental health and well-being challenges impact the health workforce; collaborating with <a href="#">Project HOPE</a> to train midwives in rural Indonesia to manage childbirth emergencies, supporting the <a href="#">International Federation of Red Cross and Red Crescent Societies</a> emergency COVID-19 response across Europe and the Middle East, as well as in India, Brazil, Colombia and other countries; and accelerating the application of digital health technologies such as <a href="#">Vula Mobile</a> to help build connected health systems. <a href="#">Learn more.</a></p>

<sup>†</sup> Progress against our Health for Humanity 2020 Goals, and associated data, have been assured by ERM CVS. See [independent assurance statements by ERM CVS](#).

ASPIRATION	5-YEAR TARGET (2016-2020)	PROGRESS FOR 2016-2020 <sup>†</sup> IMPLEMENTATION YEARS	NOTABLE
<p><b>Women's and 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>50.9 million women and children (85% of overall goal achieved)</p> <p>🚫 <b>Not achieved</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 not achieved due to a shift in our strategy in 2019, which transitioned from programs primarily 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. The new <a href="#">commitment</a> we announced in early 2020 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 transitioned, with fewer programs directly reaching women and children and more programs reaching the health workers who serve them.</p> <p>Even with this transition, we reached 50.9 million women and children with support and tools to enable a healthy future—85% of the overall target.</p> <p>We are proud to report that within our Global Disease Challenges Goal, our VERMOX (mebendazole) Donation Program has improved the health of hundreds of millions of children, far exceeding that goal's target. That target is reported separately. <a href="#">Learn more.</a></p>
<p><b>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>74.9 million beneficiaries (150% of overall goal achieved)</p> <p>+ <b>Exceeded</b></p>	<p>Over the past five years, the <a href="#">Medical and Surgical Skills Institute</a> trained more than 36,000 healthcare professionals in West Africa. It is estimated that these trained individuals will serve over 74 million patients. <a href="#">Learn more.</a></p>
<p><b>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>520 million beneficiaries (297% of overall goal achieved)</p> <p>+ <b>Exceeded</b></p>	<p>Johnson &amp; Johnson's VERMOX (mebendazole) Donation Program was the primary driver for exceeding this goal early, with an estimated 512 million school-aged children in 52 countries having been targeted for VERMOX treatments.</p> <ul style="list-style-type: none"> <li>An estimated 149,000 adult patients and over 7,800 pediatric patients received access to HIV/AIDS therapy.</li> <li>Since 2016, enabled access to SIRTURO (bedaquiline) in 144 countries, including all 30 MDR-TB high-burden countries, and delivered access to 314,700 patients.</li> </ul> <p><a href="#">Learn more.</a></p>

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<p><b>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>74 million citizens benefited from climate and air quality actions through 2020</p> <p>30 cities have been supported through the core <i>Towards a Healthier World: Connecting the dots between climate, air quality &amp; health</i> program representing more than 96 million citizens. When accounting for cities that have substantially implemented climate actions during the goal period that meet an established minimum mortality risk reduction threshold, 19 cities have implemented climate actions benefitting 74 million citizens.</p> <ul style="list-style-type: none"> <li>The 19 cities are: Amman, Barcelona, Buenos Aires, Chennai, Dar es Salaam, Durban, Jakarta, Johannesburg, Karachi, Lima, Los Angeles, Medellín, Paris, Quezon City, Quito, Salvador, Santiago, Toronto and Venice.</li> <li>As part of the program, Johnson &amp; Johnson funded a city advisor for Los Angeles in its role as a “demonstrator” city undertaking multiple climate actions.</li> </ul> <p><b>+ Exceeded</b></p>	<p>Cities assisted (Note: Cities in <i>italics</i> were additional to the original scope of the program):</p> <table border="0"> <tr> <td>Addis Ababa, Ethiopia</td> <td>Karachi, Pakistan</td> </tr> <tr> <td>Amman, Jordan</td> <td>Kolkata, India</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>Bangalore, India</td> <td>Madrid, Spain</td> </tr> <tr> <td>Barcelona, Spain</td> <td>Medellín, Colombia</td> </tr> <tr> <td>Buenos Aires, Argentina</td> <td>Mexico City, Mexico</td> </tr> <tr> <td>Chengdu, China</td> <td>Paris, France</td> </tr> <tr> <td>Chennai, India</td> <td>Quezon City, Philippines</td> </tr> <tr> <td>Dar es Salaam, Tanzania</td> <td>Quito, Ecuador</td> </tr> <tr> <td>Dubai, UAE</td> <td>Rio de Janeiro, Brazil</td> </tr> <tr> <td>Durban, South Africa</td> <td>Rome, Italy</td> </tr> <tr> <td>Hanoi, Vietnam</td> <td>Salvador, Brazil</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>Venice, Italy</td> </tr> <tr> <td>Johannesburg, South Africa</td> <td></td> </tr> </table>	Addis Ababa, Ethiopia	Karachi, Pakistan	Amman, Jordan	Kolkata, India	Athens, Greece	Lima, Peru	Auckland, New Zealand	Los Angeles, USA	Bangalore, India	Madrid, Spain	Barcelona, Spain	Medellín, Colombia	Buenos Aires, Argentina	Mexico City, Mexico	Chengdu, China	Paris, France	Chennai, India	Quezon City, Philippines	Dar es Salaam, Tanzania	Quito, Ecuador	Dubai, UAE	Rio de Janeiro, Brazil	Durban, South Africa	Rome, Italy	Hanoi, Vietnam	Salvador, Brazil	Ho Chi Minh City, Vietnam	Santiago, Chile	Istanbul, Turkey	Toronto, Canada	Jakarta, Indonesia	Venice, Italy	Johannesburg, South Africa	
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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, businesses 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 data and 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 lives benefited when we are 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 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 own organizational processes and difficulties obtaining timely data from remote areas in some cases, some partners report after our auditing deadline.

### 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 (one year) and have not included the potential for the multiplier effect of the “train-the-trainer” progression, where trained medical professionals go on to train others. Throughout the goal period, applied estimates and extrapolations have been tested (through evaluation surveys) and where necessary further refined to improve accuracy of reported data.

### 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 – 2020 the figure is based on the factorial of 1.8.

For our HIV/AIDS data, in 2020 we revised our calculation methodology utilizing best available data from UNAIDS to more accurately reflect all the pediatric patients (within scope of the goal) who have received access to our HIV medicines. This explains the increase in number of pediatric patients included in our 2020 reporting compared to prior years.

### Environmental Health

Despite the challenges that COVID-19 presented, C40 was able to continue its support for cities virtually and saw strong interest from cities in determining the health co-benefits of climate action as cities developed plans for green and just recoveries from the pandemic. C40 member cities were able to continue advancing climate mitigation and resiliency projects with 19 cities substantially implementing their proposed climate actions by the end of the goal period. These 19 projects are estimated to provide health benefits for approximately 74 million citizens. Eleven more cities are still planning or are working on implementing projects which could impact an additional 22 million citizens. As part of the program, C40 also estimated the potential health and economic benefits if all 96 members took similar actions, which can be found [here](#). With the success of the program, C40 anticipates that providing member cities with assistance to determine the health co-benefits of climate actions will be a regular offering.

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.