2020 Health for Humanity Report

Progress in Sustainability
Message from Our Chairman and CEO

2020 Year in Brief
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Sustainability Governance
Sustainability Priorities

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Caring for Patients
Supporting the Front Lines of Care
Protecting Employees
Supply Chain Resilience

Better Health for All
Innovation
Global Public Health Strategy
Access & Affordability
Strengthening Health Systems

Responsible Business Practices
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Our People
Product Quality & Safety
Environmental Health
Responsible Supply Base

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Report overview
This Report details the progress of the Johnson & Johnson Family of Companies in sustainability. It is also our primary source of annual disclosure on environmental, social and governance (ESG) performance and should be reviewed in conjunction with disclosures on the ESG Policies & Positions page. Data in this Report cover the period between January 1, 2020, and December 31, 2020, unless otherwise noted. Reporting on other matters specific to financial performance of the Company and its subsidiaries can be found in our 2020 Annual Report. For more information and the Cautionary Note Regarding Forward-Looking Statements, please see About this Report.

To read this report online, visit healthforhumanityreport.jnj.com.

ABOVE: During the COVID-19 pandemic, community healthcare workers in Peru traveled door-to-door to reach children with VERMOX Chewable tablets for treatment of intestinal worms. The medicine is donated by Johnson & Johnson and implemented by INMED Partnerships for Children. Photo by INMED Partnerships for Children.

FRONT COVER: Jacquelyn W., Senior Warehouse Operator, celebrating the first outbound shipment of the Johnson & Johnson COVID-19 vaccine.
Message from Our Chairman and CEO

To Our Global Community:

We all know from firsthand experience that 2020 was a year of profound upheaval and uncertainty. It was also, however, a clarifying moment for us at Johnson & Johnson.

As we grappled with the wide-ranging impacts of the COVID-19 pandemic and the ongoing economic volatility that threw into stark relief the issues of racial injustice and health inequities, one thing was certain: when it comes to global public health, the stakes could not be higher. While solving the most pressing global health challenges is never easy, the once-in-a-generation confluence of these crises underscored the complexity that organizations like ours must navigate if we truly want to make the maximum positive impact on human health.

At Johnson & Johnson, taking on even the most daunting healthcare challenges has been at the core of who we are for 135 years. And while living up to our commitments embodied in Our Credo has always required constant evolution and innovation, the last year demanded that we embrace radically new ways of doing business and even greater heights of purpose-driven collaboration through public–private partnerships.

As we detail in this Report, the significant challenges of 2020 did not deter us from accomplishing many of our key goals.

While much of the world’s attention was on our leadership in the fight against the COVID-19 pandemic—culminating in the deployment of our Janssen COVID-19 vaccine this year—we also achieved our Health for Humanity 2020 Goals of fighting HIV and tuberculosis, as well as accelerating broader access to our Ebola vaccine for those most in need. We brought this same agility to our work on behalf of our patients and customers in areas as diverse as advancing the science around the treatment of multiple myeloma, deploying technological innovations and application of data science to safeguard critically important supply chains, and launching a first-of-its-kind medical device for the management of persistent atrial fibrillation.

Delivering on our responsibilities to a healthy planet, we made progress on reducing our carbon footprint, including achieving more than 50% use of renewable electricity globally.

Throughout 2020, bearing witness to the way the pandemic revealed weaknesses in our public health systems and pushed businesses to do more to create healthier, more equitable communities was sometimes a humbling experience—but it was also an inspiration.

I’m pleased to be able to say that these challenges of 2020 only enhanced our commitment to—and continued focus on—creating long-term value for all stakeholders by integrating social considerations, environmental sustainability and good governance into every aspect of our business. From launching the Our Race to Health Equity platform to address the root causes of healthcare inequity in the United States, to deepening our commitments to address complex issues like smoking cessation, to environmental health innovations to make our packaging easier to recycle or reuse through the Healthy Lives initiative from Johnson & Johnson Consumer Health, we have kept our sights firmly set on catalyzing lasting change.

To help lead the world into a brighter post-COVID-19 future where healthier families flourish in healthier societies on a healthier planet, we know we must capitalize on the incredible momentum we’ve unleashed at Johnson & Johnson this past year.

Building on our Health for Humanity 2020 Goals—the successes and shortcomings of which are detailed in this Report—we are launching even more ambitious goals such as this one and our annual Janssen U.S. Transparency Report.

I know we will continue to do our part through whatever unknowable new challenges and upheavals lie ahead, because we will always be able to draw upon our ultimate strength: the remarkable people of Johnson & Johnson. In an extraordinary year, our 136,000-plus global employees embraced radically new ways of working with greater agility than ever before. Each individual’s ingenuity and resilience are what allowed us to go above and beyond for all our stakeholders. I could not be prouder of what Johnson & Johnson employees showed the world is possible—or more optimistic about what their passion and perseverance will help us achieve in the future.

Alex Gorsky
Chairman, Board of Directors and Chief Executive Officer
2020 Year in Brief

OUR NEW COMMITMENTS AND GOALS

OUR RACE TO HEALTH EQUITY

$100 million committed over the next five years in the U.S. to help eliminate health inequities for people of color

$800 million committed through 2030 to advance our Healthy Lives Mission, to make our Consumer Health products more sustainable

21 ambitious Health for Humanity 2025 Goals addressing pandemics and epidemics, global health equity, our people, planet and partners

OUR IMPACT

People We Serve

Combating COVID-19
Within a year, began manufacturing our single-shot COVID-19 vaccine, now authorized for emergency use by the U.S. FDA, granted a Conditional Marketing Authorization by the European Commission, and issued an Emergency Use Listing by the World Health Organization (WHO)

Expanding Access to MDR-TB Treatment
Collaborated with the Stop TB Partnership’s Global Drug Facility to develop and implement a novel access framework for SIRTURO (bedaquiline) for 135+ low- and middle-income countries

Advancing Breakthrough Science for HIV
Received European Commission Marketing Authorization for REKAMBY (rilpivirine injection) to be used with ViIV Healthcare’s Vocabria (cabotegravir injection) as the first-ever complete, long-acting injectable HIV treatment regimen

Treating Atrial Fibrillation
Received CE mark approval for QDOT MICRO Catheter, next-generation high-power, short-duration ablation catheter for the treatment of atrial fibrillation

Preventing Future Ebola Outbreaks
Received European Commission Marketing Authorization for Ebola vaccine regime11 for the prevention of Ebola Virus Disease

Partnering to Stop Smoking
As part of the Access Initiative for Quitting Tobacco, launched by the WHO to reduce smoking rates around the world, Johnson & Johnson Consumer Health donated nicotine replacement therapy patches

Employees

Over 100 medically trained employees benefited from paid leave to serve patients in their communities during the COVID-19 pandemic

Living Wage
assessment integrated into our standard human resources processes

Our Credo Survey results showed an all-time high:

Employees

Communities & Planet

$2.6 billion contributed in products and cash for charitable purposes*

54% of our electricity is produced from renewable energy sources

$50 million additional funds committed to support frontline health workers battling COVID-19*

$7.3 billion spent on acquisitions, creating value through innovation and partnerships

$50 million additional funds committed to support frontline health workers battling COVID-19*

10.7% of total supplier spend attributable to diverse suppliers

59 consecutive years of dividends increases**

Shareholders

* Funded entirely by the Johnson & Johnson Foundation, a registered charity and a company limited by guarantee. The Foundation is a separate legal entity from the Johnson & Johnson Family of Companies.

** Includes dividend declared in April 2021.
### Our Recognitions

<table>
<thead>
<tr>
<th>Recognition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FTSE4Good</strong></td>
<td>Constituent of the FTSE4Good Index Series, designed to measure the performance of companies demonstrating strong ESG practices.</td>
</tr>
<tr>
<td><strong>Ranked #2 for “social capital”</strong> in new The Wall Street Journal ranking of world’s most sustainably managed companies.</td>
<td></td>
</tr>
<tr>
<td><strong>Named to the 2020 CPA-Zicklin Index of Corporate Political Disclosure and Accountability</strong> for the third consecutive year with trendsetter status, indicating model corporate governance best practices.</td>
<td></td>
</tr>
<tr>
<td><strong>Received the EcoVadis 2021 Sustainable Procurement Leadership Awards</strong> in the Best Value Chain Engagement category.</td>
<td></td>
</tr>
<tr>
<td><strong>Named to Forbes 2020 list as a Best Employer for Diversity</strong> for the 2nd consecutive year.</td>
<td></td>
</tr>
<tr>
<td><strong>Johnson &amp; Johnson Technology selected as a 2021 CIO 100 Award winner</strong> for wide-ranging contributions to bringing forward Johnson &amp; Johnson’s COVID-19 vaccine candidate.</td>
<td></td>
</tr>
<tr>
<td><strong>Named to the CDP supplier engagement leader board</strong> for the fourth consecutive year.</td>
<td></td>
</tr>
<tr>
<td><strong>Named to Working Mother’s annual 100 Best Companies list for the 35th consecutive year, and also recognized on the Best Companies for Dads list for the third consecutive year.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DiversityInc 2020 and 2019 Hall of Fame Company for Diversity.</strong></td>
<td></td>
</tr>
</tbody>
</table>
Our Approach

GRI 102-1, 102-2, 102-3, 102-4, 102-5, 102-6, 102-7, 102-16

Our Purpose

We blend heart, science and ingenuity to profoundly change the trajectory of health for humanity.

Our Values

We are driven by Our Credo, a set of values and principles that, since 1943, has challenged and inspired us to put the needs and well-being of the people we serve first.

Our Business

We operate 90 manufacturing facilities, which are located in all major geographic regions of the world. Research facilities are located in the United States, Belgium, Brazil, China, France, Germany, India, Israel, the Netherlands, Poland, Singapore, Sweden, Switzerland and the United Kingdom, with additional R&D support in over 30 other countries.

Our global headquarters are in New Brunswick, New Jersey, USA. Johnson & Johnson has been listed on the New York Stock Exchange since 1944 under the symbol JNJ. For changes in our business during the reporting period, please visit page 83 of our 2020 Annual Report.

In this section, we share our progress in 2020 in the following areas:

Health for Humanity Strategy & Goals
Sustainability Governance
Sustainability Priorities

Pharmaceutical
Cardiovascular & Metabolism
Immunology
Infectious Diseases & Vaccines
Neuroscience
Oncology
Pulmonary Hypertension

Medical Devices
Interventional Solutions
Orthopaedics
Surgery (General & Advanced)
Vision

Consumer Health
Baby Care
Oral Care
OTC
Skin Health/Beauty
Women's Health
Wound Care

At Johnson & Johnson, we focus on the total health journey
Our Brands

Every day, we touch more than a billion lives with our products. Following are select brands that represent the diversity of the Johnson & Johnson product portfolio in our three business segments, spanning the broad continuum of healthcare.

<table>
<thead>
<tr>
<th>Pharmaceutical</th>
<th>Medical Devices</th>
<th>Consumer Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>DARZALEX®</td>
<td>DePuy Synthes®</td>
<td>Johnson’s</td>
</tr>
<tr>
<td>Remicade®</td>
<td>Ethicon®</td>
<td>Neutrogena</td>
</tr>
<tr>
<td>PREZISTA® (darunavir)</td>
<td>DePuy Synthes®</td>
<td>DR.CI’LABO</td>
</tr>
<tr>
<td>Osumit® (darunavir)</td>
<td>Ethicon®</td>
<td></td>
</tr>
<tr>
<td>Xarelto®</td>
<td>Aveeno®</td>
<td>SeaBiscuit</td>
</tr>
<tr>
<td>Erleada®</td>
<td>Aveeno®</td>
<td>Carefree</td>
</tr>
<tr>
<td>Stelara®</td>
<td>Ethicon®</td>
<td></td>
</tr>
<tr>
<td>Simponi®</td>
<td>Ethicon®</td>
<td></td>
</tr>
<tr>
<td>Zytiga® (tadalafil and</td>
<td>Ethicon®</td>
<td>Listerine</td>
</tr>
<tr>
<td>imbruvica® (ibrutinib)</td>
<td>Baric® (ibrutinib)</td>
<td>Band-Aid®</td>
</tr>
<tr>
<td>IMVIVA® (sunitinib)</td>
<td>Tremfya® (guselkumab)</td>
<td>Zyrtec®</td>
</tr>
<tr>
<td>Sandostatin ® pasireotide</td>
<td>Tremfya® (guselkumab)</td>
<td></td>
</tr>
<tr>
<td>Syntuza®</td>
<td>Tremfya® (guselkumab)</td>
<td></td>
</tr>
<tr>
<td>Sirturo®</td>
<td>Tremfya® (guselkumab)</td>
<td></td>
</tr>
<tr>
<td>Veramox®</td>
<td>Tremfya® (guselkumab)</td>
<td></td>
</tr>
<tr>
<td>EDURANT® (rilpivirine)</td>
<td>Tremfya® (guselkumab)</td>
<td></td>
</tr>
<tr>
<td>Syntuza®</td>
<td>Tremfya® (guselkumab)</td>
<td></td>
</tr>
<tr>
<td>INTENCE® (etravirine)</td>
<td>Tremfya® (guselkumab)</td>
<td></td>
</tr>
<tr>
<td>PREZCOBIX® (rifaximin)</td>
<td>Tremfya® (guselkumab)</td>
<td></td>
</tr>
<tr>
<td>CERENOVUS®</td>
<td>Tremfya® (guselkumab)</td>
<td></td>
</tr>
</tbody>
</table>
2020 Financial Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Figure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees</td>
<td>136,400†</td>
</tr>
<tr>
<td>R&amp;D investment</td>
<td>$12.2 billion</td>
</tr>
<tr>
<td>Total sales</td>
<td>$82.6 billion</td>
</tr>
<tr>
<td>Net earnings</td>
<td>$14.7 billion</td>
</tr>
<tr>
<td>Market price per share, year-end close</td>
<td>$153.09</td>
</tr>
<tr>
<td>Number of consecutive years of dividend increases*</td>
<td>59</td>
</tr>
</tbody>
</table>

† See PwC’s Report of Independent Accountants.
* Includes dividend declared in April 2021.

Our Total Tax Contribution¹

Our Tax Responsibility: First published in 1943, Our Credo stipulates that paying taxes is our responsibility to the communities in which we live and work. Johnson & Johnson is committed to paying our fair share of taxes. Our tax footprint evolves over time and reflects our healthcare activities and investments, including in research and development and manufacturing. What has not changed or wavered is our commitment to good corporate citizenship, which we demonstrate through sustainable values and behaviors relating to tax governance, compliance, planning, risk management, relationships with governmental authorities and transparency; these are more fully described in our Johnson & Johnson Tax Policy.

In 2020, Johnson & Johnson contributed approximately $12 billion in taxes and fees to governments and economies around the world. This Total Tax Contribution is made up of two components: Total Taxes Borne by the Company and Total Taxes Collected. Taxes Borne are a direct cost to the Company, whereas Taxes Collected are collected from customers and employees on behalf of governments and ultimately remitted to them.

Our intent is to provide a comprehensive view of total taxes paid around the world. Corporate Income Tax represents payments in all markets in which we operate and is the amount reported as Income Taxes Paid in the 2020 Annual Report. Other taxes shown aggregate the Company's data from 18 major markets representing the vast majority of our revenues. We aspire to include all markets in future years.

Total Taxes Borne: In 2020, Johnson & Johnson bore $6.7 billion in taxes around the world. The taxes include corporate income taxes, the Company’s share of payroll and social insurance taxes, and the Company’s share of sales and other taxes. Sales taxes include sales, use, and non-recoverable value-added tax. Other taxes are primarily composed of customs and other duties such as local taxes and special fees related to the pharmaceutical industry.

2020 Tax Contribution

<table>
<thead>
<tr>
<th>Tax Type</th>
<th>Taxes Borne</th>
<th>Taxes Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate Income</td>
<td>$4.6</td>
<td></td>
</tr>
<tr>
<td>Payroll and Social Insurance</td>
<td>$1.3</td>
<td>$4.3</td>
</tr>
<tr>
<td>Sales/Use and Other</td>
<td>$0.8</td>
<td>$1.0</td>
</tr>
<tr>
<td>Total (billions)</td>
<td>$6.7</td>
<td>$5.3</td>
</tr>
<tr>
<td>Total Tax Contribution</td>
<td>$12.0</td>
<td></td>
</tr>
</tbody>
</table>

Total Taxes Collected: Additionally, in 2020 Johnson & Johnson collected $5.3 billion related to the commerce the Company generates. These collections were in the form of payroll and social insurance taxes for more than 136,000 employees across the world, sales and use taxes and value-added taxes. These taxes are collected on behalf of governments, from employees, customers, and other business partners. Taxes Collected are an important part of the measure of the contribution made by Johnson & Johnson through job creation and business activities in the many countries in which we do business.
Health for Humanity Strategy & Goals

As the world’s largest and most broadly based healthcare company, Johnson & Johnson has a unique ability to apply its expertise and partnering power to solve some of the most difficult global health challenges. We focus our sustainability efforts where we believe our Company can achieve the greatest impact. These efforts are grounded in Our Credo values, informed by our Company’s purpose to change the trajectory of health for humanity and based on our sustainability priorities identified through our Priority Topics Assessment. In those areas where we believe we can achieve the greatest impact we set goals and annually report our progress with independent assurance validation.

At Johnson & Johnson, our Health for Humanity sustainability approach means generating social, environmental and economic value for all of Our Credo stakeholders: patients, consumers, healthcare providers and all others we serve, employees, the communities in which we live and work, business partners, investors and society as a whole.

Our enterprise strategic framework provides clear guidance for both short-term and long-term decision-making. It explains the philosophy behind how we operate and our response to global trends and societal shifts, and it identifies the levers that inform our response and actions. Through our enterprise principles—to remain broadly based in healthcare, use our reach and size for good, lead with agility and urgency, and invest for enduring impact—we frame the priorities for our business segments and enabling functions. And our growth drivers—creating life-enhancing innovation, delivering excellence in execution, generating value through partnerships and empowering and inspiring our employees—facilitate and accelerate our ability to drive long-term value creation.

For our view and performance on environmental, social and governance, see our ESG Resources page and our 2020 ESG Summary.

Health for Humanity and UN SDGs 2020 Performance Summaries

In 2016 we set an ambitious five-year plan to continue advancing better health for all, environmental stewardship and responsible business practices across our extended value chain by leveraging the power of our people, expertise and global partnerships. Our Health for Humanity 2020 Goals are aligned with Johnson & Johnson's purpose and reflect the areas where we can make the greatest impact and where our stakeholders expect us to lead. Achieving our Health for Humanity Goals is integral to our commitment to create value for all stakeholders, and we consider them Key Performance Indicators of our environmental, social and governance (ESG) performance.

Along with our Health for Humanity 2020 Goals, we also announced our commitment in 2016 to support the United Nations Sustainable Development Goals (SDGs), the global framework for progress toward a more sustainable future for all, in the areas that reflect Johnson & Johnson’s unique constellation of strengths: health workforce, women’s and children’s health, essential surgery, global disease challenges and environmental health. This Report reflects the final year of progress we made on our Health for Humanity Goals and UN SDGs Commitment and highlights how we envision living into Our Purpose through our Health for Humanity 2025 Goals.
### Health for Humanity 2020 Goals Progress Summary

We achieved significant progress in our final year of reporting against our Health for Humanity 2020 Goals. Specifically, we achieved or exceeded 16 of the 17 targets across the goal focus areas of: providing people with better health access and care, using fewer and smarter resources, and partnering to create a culture of health and well-being. The one target not fully achieved was enrolling suppliers covering 80% of our spend in our Supplier Sustainability Program. This was due to COVID-19 impacts experienced by Johnson & Johnson and by our suppliers.

This Scorecard provides an at-a-glance view of final progress made against our 2020 Goals. For full results, see our Health for Humanity 2020 Goals Progress Scorecard.

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#### Health for Humanity 2020 Goals Progress Scorecard At-A-Glance

<table>
<thead>
<tr>
<th>1. Develop and deliver innovative, lifechanging solutions to address the world’s major health challenges.</th>
<th>Status¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand the database, documenting the effectiveness, efficacy, and safety profile of SIRTURO (bedaquiline) through collaborative efforts to further increase access.</td>
<td>✔ Achieved</td>
</tr>
<tr>
<td>Collaborate on Phase 3 trials and make regulatory submissions for rilpivirine LA, the first all injectable depot regimen for HIV.</td>
<td>✔ Achieved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Deliver innovative healthcare access and training programs that impact a billion lives in underserved areas.¹</th>
<th>Status¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Produce and donate 1 billion doses of VERMOX (mebendazole) to treat &gt;100 million children per year at risk for intestinal worms.</td>
<td>+ Exceeded</td>
</tr>
<tr>
<td>Deliver HIV/AIDS therapy access to a cumulative 130,000 adults and 5,000 children.</td>
<td>+ Exceeded</td>
</tr>
<tr>
<td>Deliver access to MDR-TB therapy to a cumulative 200,000 patients, potentially curing 157,000 people⁸ with MDR-TB of the disease.</td>
<td>+ Exceeded</td>
</tr>
<tr>
<td>Together with partners, train 30,000 skilled birth attendants to assist 6 million births.</td>
<td>+ Exceeded</td>
</tr>
<tr>
<td>Support the delivery of 6 million vision screenings to underserved children and corrective treatments (spectacles) as needed to 100,000 underserved children.</td>
<td>+ Exceeded</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Collaborate with government, nonprofit and private sector to foster new models of health that improve economic well-being and healthcare in key emerging markets.</th>
<th>Status¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activate signature partnerships/initiatives for five of our largest Consumer Health brands to promote the health and well-being of people in need around the world.</td>
<td>✔ Achieved</td>
</tr>
<tr>
<td>Drive policy thought leadership and strategic engagements to expand healthcare access and coverage in at least three emerging markets (including Brazil, China, and India), and lead three to five pilots to demonstrate the results of these efforts.⁴</td>
<td>✔ Achieved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Fully integrate sustainable design solutions into our product innovation processes.</th>
<th>Status¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>New and existing products representing 20% of Johnson &amp; Johnson revenue achieved EARTHWARDS recognition for sustainable innovation improvements.</td>
<td>+ Exceeded</td>
</tr>
<tr>
<td>Increase the recyclability of our Consumer Health product packaging to 90+% (on a weight basis) via design and partnerships in five key markets where mature recycling infrastructure exists (Canada, France, Germany, UK, and U.S.).⁴ In three other markets where recycling infrastructure is less mature engage in partnerships to advance material recovery and recycling efforts.</td>
<td>✔ Achieved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Reduce our impacts on climate and water resources.</th>
<th>Status¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce absolute carbon emissions 20% by 2020, and 80% by 2050.</td>
<td>+ Exceeded 2020 Target</td>
</tr>
<tr>
<td>Produce/procure 35% of electricity from renewable sources by 2020; aspire to power all facilities with renewable energy by 2050.</td>
<td>+ Exceeded 2020 Target</td>
</tr>
<tr>
<td>Conduct a comprehensive water risk assessment at 100% of manufacturing/R&amp;D locations and implement resource protection plans at the high-risk sites.</td>
<td>✔ Achieved</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Collaborate with our suppliers to accelerate environmental and social improvements across the value chain.</th>
<th>Status¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll suppliers covering 80% of our spend⁵ in our Supplier Sustainability Program.</td>
<td>✔ Not Achieved⁷</td>
</tr>
<tr>
<td>Consistently achieve benchmark spending with U.S. diverse suppliers and small suppliers and double the number of countries with established supplier diversity and inclusion programs.⁶</td>
<td>+ Exceeded</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Empower and engage the Johnson &amp; Johnson family of employees to become the healthiest workforce.</th>
<th>Status¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empower and engage employees toward a “personal best” in health and well-being via: training of at least 100,000 employees in the principles of ENERGY FOR PERFORMANCE;⁶ connecting at least 100,000 employees to their health via innovative digital health tools; and providing access to at least 100,000 employees to both fully implemented healthy eating and fully implemented healthy movement cultures.</td>
<td>+ Exceeded</td>
</tr>
</tbody>
</table>

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¹  Progress against our Health for Humanity 2020 Goals, and associated data, have been assured by ERM CVS. See independent assurance statement by ERM CVS.

²  “Underserved” refers to populations that are disadvantaged because of ability to pay, ability to access care, ability to access comprehensive healthcare, or other disparities for reasons of race, religion, language.

³  The COVID-19 pandemic impacted both Johnson & Johnson’s capacity to meet business goals.

⁴  As communicated through the product label, SIRTURO is taken for six months as part of a combination therapy with multiple other drugs; in total, a patient often requires up to two years of treatment to be cured.

⁵  Engagements are defined as contacts made between Johnson & Johnson’s Government Affairs & Policy and Global Public Health teams and the government in each market. Pilots are defined as projects implemented among the population in markets to expand healthcare access and coverage.

⁶  In 2018 Johnson & Johnson Consumer Inc. signed the New Plastics Economy Global Commitment. By joining this global multi-stakeholder initiative, we set a new ambitious 2025 plastics packaging commitment, which supersedes our 2020 target. Progress against the new 2025 commitment is reported in the Product Sustainability section of this Report.

⁷  Based on spend data from prior calendar year.

⁸  The COVID-19 pandemic impacted both Johnson & Johnson’s capacity to perform supplier assessments and our suppliers’ ability to dedicate time and resources to meet the requirements of our Supplier Sustainability Program. As a result, we were unable to assess, and therefore unable to enroll enough of our supply base to achieve our 2020 target.

⁹  Represents spend we have control over/addressable spend, defined as products and services that procurement teams can negotiate with suppliers to meet business goals.

¹⁰  We count our 28,000 active employees who completed ENERGY FOR PERFORMANCE training prior to January 1, 2016, toward progress against this target.

¹¹  Defined as 100% implementation of policies, programs and practices for both healthy eating and healthy movement.
**UN SDGs Commitment Progress Summary**

The cumulative progress reported here is for the 2016 – 2020 timeframe and represents an at-a-glance view of final progress made against 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 footnote below). For additional details on progress see our full [UN SDGs Commitment Progress Scorecard](#).

### UN Sustainable Development Goals Commitment Progress Scorecard

<table>
<thead>
<tr>
<th>At-A-Glance</th>
<th>Progress for 2016 – 2020† implementation years</th>
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<tbody>
<tr>
<td><strong>Health Workforce:</strong> A world where the current and future healthcare workforce has the necessary competencies to deliver high-quality healthcare.</td>
<td>902,000 healthcare providers (139% of overall goal achieved) + Exceeded</td>
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<tr>
<td>650,000 health workers will have received training to better deliver quality healthcare.</td>
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<tr>
<td><strong>Women’s &amp; Children’s Health:</strong> A world where every woman and child survives and has the opportunity for a healthy future.</td>
<td>50.9 million women and children (85% of overall goal achieved)* Not Achieved</td>
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<td>60 million women and children will have received support and tools to enable a healthy future.</td>
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<tr>
<td><strong>Essential Surgery:</strong> 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.</td>
<td>74.9 million beneficiaries (150% of overall goal achieved) + Exceeded</td>
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<tr>
<td>50 million people will have had access to safe, essential and timely surgical care.</td>
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<tr>
<td><strong>Global Disease Challenges:</strong> A world where innovations and holistic health solutions prevent, control and eliminate global disease challenges and epidemics.</td>
<td>520 million beneficiaries (297% of overall goal achieved) + Exceeded</td>
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<tr>
<td>175 million individuals will have benefited from Johnson &amp; Johnson solutions that prevent, control and eliminate global diseases.</td>
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<tr>
<td><strong>Environmental Health:</strong> A world where all people have healthy places to live, work and play.</td>
<td>74 million citizens across 30 cities benefited from climate and air quality actions through 2020 + Exceeded</td>
</tr>
<tr>
<td>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.</td>
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† Progress against our UN SDGs Commitment, and associated data, have been assured by ERM CVS. See independent assurance statement by ERM CVS.

* This five-year target is predominantly supported by Johnson & 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 commitment 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.
Health for Humanity 2025 Goals

Our new Health for Humanity 2025 Goals represent an ambitious next step in our journey to profoundly impact the trajectory of health for billions of people. Our Goals were informed by our Priority Topics Assessment, the SDGs and the trends and events of 2020. They were based on a collaborative cross-functional approach, supported by a clear governance and oversight structure including two Executive Committee sponsors, and informed by internal and external stakeholder feedback. The 2025 Goals were reviewed and approved by our full Executive Committee and reviewed by the Board of Directors’ Science, Technology & Sustainability Committee. The 21 Goals reflect our commitment to advance a healthier world where people and communities can thrive so the next generation is healthier than the last. Through our Goals, we will actively contribute to 11 SDGs, which span global health, social justice, environmental stewardship and responsible business practices, while taking on two of the most fundamental health challenges of our time: pandemics and epidemics, and global health equity.

Our Goals progress in future years will be tracked and independently assured against Key Performance Indicators identified for each Goal. Our 2025 Goals are highlighted throughout this Report.

Learn more: Health for Humanity 2025 Goals.

UN Sustainable Development Goals

Johnson & Johnson strongly supports the 2030 Agenda for Sustainable Development. Through our Health for Humanity 2025 Goals, we are contributing to the global effort to achieve a majority of the SDGs by supporting 11 of the 17, spanning the spheres of global health, social justice, environmental stewardship and responsible business practices.
Sustainability Governance

GRI 102-19, 102-20, 102-21, 102-26, 102-29, 102-32

Robust governance structures with clear chains of accountability enable us to deliver on both our commitments and stakeholder expectations. Our sustainability governance includes Board of Directors oversight, management accountability, corporate policies and management systems, and clearly stated public policies and positions on key environmental, social and governance (ESG) topics. We view effective management of these matters as a business fundamental and seek continuous improvement in these areas because they underpin the long-term success of our Company and our ability to deliver value for our stakeholders.

The Johnson & Johnson Enterprise Governance Council (EGC) serves as the primary governance body overseeing ESG topics and supporting the implementation of the Company’s Enterprise Risk Management Framework. The EGC is comprised of senior leaders who represent our Pharmaceutical, Medical Devices and Consumer Health business segments and our global enterprise functions with oversight of these priority issues.

In 2020, the EGC considered an assessment of its current governance structure and kicked off a project to optimize governance to reflect the evolving nature of management of ESG topics across the Company. The EGC also oversaw the work of the Enterprise Human Rights Governance Council, which reports to the EGC and is responsible for strengthening our approach to human rights due diligence and management. See our section on Human Rights. In addition to developing an ESG training program for EGC members and their teams launching in 2021, the EGC oversaw the process for setting our Health for Humanity 2025 Goals. The EGC also oversaw and supported the Company’s Priority Topics Assessment (PTA) update undertaken in late 2020 to better understand the impacts of the COVID-19 pandemic and the social and racial injustice movement on stakeholder views regarding sustainability priorities for Johnson & Johnson.

For more information, see our Position on Sustainability Governance.

Engaging with Our Stakeholders

GRI 102-12, 102-13, 102-40, 102-42, 102-43, 102-44

As a global healthcare company, Johnson & Johnson interacts with numerous stakeholder groups at the global, national and local levels. Our Credo, written more than 75 years ago, embraces the diversity of stakeholders to whom we are responsible, and serves as our guide to creating long-term value for our Company and for society. Ongoing and proactive engagement with these groups makes our Company stronger and better informed. It helps us gain valuable insight into our stakeholders’ perspectives and the topics that matter to them. It enables us to develop products and services that are responsive to their needs. This engagement also allows us to share information about our Company’s strategy, practices and performance. The following are select examples of stakeholder engagements conducted in 2020.

Stakeholder engagement on ESG: The PTA is an important mechanism to engage with and understand the views of our key stakeholders on ESG topics that they believe are priority for Johnson & Johnson. In 2020, we conducted a PTA update that engaged Johnson & Johnson leaders spanning multiple functions and geographies, and external stakeholders including NGOs, partners, suppliers and customers.

Members of both our management team and the Board of Directors met virtually with many shareholders around the world to discuss our Health for Humanity sustainability approach and our progress in key ESG measures. In June 2020, we hosted our third Health for Humanity Report investor webcast to accompany the release of our annual Health for Humanity Report. It provided shareholders the opportunity to ask questions of leaders in Investor Relations, Quality & Compliance, Medical Safety, Global Public Health and Environmental Health, Safety & Sustainability.

Participation in strategic initiatives: To support dialogue and efforts related to the role of business in society, we continued to participate in important initiatives like the Council for Inclusive Capitalism with The Vatican, Chief Executives for Corporate Purpose’s CEO Investor Forum and Business Roundtable (BRT). Johnson & Johnson’s Chairman and CEO, Alex Gorsky, serves as Chair of BRT’s Corporate Governance Committee while Wanda Hope, Johnson & Johnson’s Chief Diversity, Equity & Inclusion Officer, chairs BRT’s Diversity and Inclusion Working Group. In December 2020, Johnson & Johnson was recognized as the first foreign-funded open innovation platform to have been accredited by the Shanghai Municipal People’s Government, allowing Johnson & Johnson to support Shanghai in the development of globally influential scientific innovation centers. In September 2020, Johnson & Johnson joined other life sciences companies and the Bill & Melinda Gates Foundation in signing an unprecedented communiqué that outlined a commitment to equitable access to the innovations being developed to fight the COVID-19 pandemic.

Engaging with policymakers: As a global company, Johnson & Johnson works with patient groups, providers, governments, and other stakeholders worldwide to ensure patients have access to affordable, safe, quality healthcare. We work with health systems, so they may recognize and value medical innovation, and we support others who share our goals. We are committed to working with stakeholders so they have a better understanding of the positions we take, why we take them and how we work to advance them.

In 2020, we engaged in a variety of forums in the United States and around the world to advance policy related to the efficient and equitable access for COVID-19 vaccines. Further, recognizing the pandemic’s impact on health inequities and the importance of addressing the needs of diverse populations, we supported the Pharmaceutical Research and Manufacturers of America’s release of industry-wide principles to address diversity in clinical trials and participated in a Women’s Congressional Policy Institute briefing on “Childbirth Should Not be a Death Sentence: Global Maternal Health and the Impact of COVID-19.” We also advocated for key
pieces of legislation, including the Black Maternal Health Momnibus Act of 2020 in Congress and extending Medicaid’s postpartum insurance coverage for pregnant women from an arbitrary 60-day period to the 12 months following birth. As the founding knowledge partner and sponsor of All Policies for a Healthy Europe, in 2020 we helped develop numerous publications across thematic areas of the economy of well-being (covering COVID-19, health systems sustainability, value-based healthcare, mental health and cancer), digital health and environmental health. Please see our approach to Public Policy Engagement.

Engaging with ESG standard setters: In 2020, the Global Reporting Initiative (GRI) in partnership with the Robert Wood Johnson Foundation, published a new framework called the Culture of Health for Business (COH4B), as part of a goal to stimulate private sector contribution to health through the practice of sustainability reporting. The publication followed two years of consultation and development, in which Johnson & Johnson participated as a member of the COH4B Advisory Committee. In this 2020 Health for Humanity Report, we report our performance against COH4B practices and metrics. Visit the Reporting Hub to see our COH4B Framework.

Improving our ESG Policies and Positions: As transparency and disclosure on ESG has become of increasing interest among various stakeholders, we have continued to improve our disclosure on key ESG topics in 2020 with separate positions on a discrimination-free workplace, our innovative ecosystem, our efforts to strengthen health systems and our commitment to business continuity. For more information see ESG Policies & Positions.

Stakeholder engagement for this Report: Various internal stakeholders across Johnson & Johnson’s global teams provided their input for this Report. The Chairman and CEO, the Disclosure Sub-Committee and the Disclosure Committee reviewed the Report outline and new metrics, and the Disclosure Committee reviewed the full Report. The final content was reviewed by the full Executive Committee, including the Chairman and CEO. See also our Position on Stakeholder Engagement.

We have been conducting PTAs every two to three years since 2008, with our most recent in-depth assessment conducted in 2019. In light of the global events of 2020, we conducted an interim 2020 PTA update to understand if and how this pivotal year may have shifted the stakeholder perceptions regarding Johnson & Johnson’s ESG priorities. The update showed evidence for increases in importance of 13 topics with the largest increases for Diversity, Equity & Inclusion, Strengthening Health Systems and Access. A detailed description of the 2020 PTA process, methodology and definitions of topics can be found here.

### Sustainability Priorities

**GRI 102-47**

Stakeholder expectations and the business environment in which we operate constantly evolve. Our PTA process helps us identify and prioritize the environmental, social and governance (ESG) topics that matter most to our stakeholders and to our Company. The results inform and shape our sustainability priorities, public goal setting and reporting.

![2020 Priority Topics Matrix](image-url)
In late 2019, reports of a novel coronavirus sparked international concern among the scientific community. Within months, SARS-CoV-2 had spread to nearly every continent, shutting down entire cities and countries and igniting a global effort to find a vaccine that could stop the virus from impacting more damage.

Since then, the COVID-19 pandemic has stretched global healthcare systems and posed a critical challenge for governments, healthcare authorities, health professionals and the industries supporting the healthcare infrastructure.

Whether directly or indirectly, COVID-19 has had a drastic and oftentimes devastating impact on the lives of people worldwide. Restrictions and isolation have placed people under great stress where limited access to healthcare continues to take a severe toll on mental health leading to increased anxiety and fear.

Throughout our more than 130-year history, Johnson & Johnson has a legacy of responding during crisis. We have actively engaged in fighting global outbreaks from tuberculosis to HIV and Ebola. Our knowledge and experience, successes and setbacks alike inform everything we have done to tackle COVID-19.

Johnson & Johnson moved swiftly, mobilizing our research teams, establishing key partnerships and collaborations, and committing to put every resource at the Company’s disposal to develop a vaccine to help combat the pandemic. In just over a year, our dedication came to fruition with the delivery of a COVID-19 vaccine candidate at a not-for-profit price that has been approved for emergency use as a single-dose injection in countries around the world. Taking into account issues of access, equity, supply chain infrastructure and the varied needs of a global population, we are providing an important component to a worldwide vaccination strategy for a virus unlike anything we’ve seen in a century.
COVID-19 Pandemic Governance: Structure and Roles

Executive Committee
- Enterprise oversight, strategic direction and approvals

Global Pandemic Crisis Management Team
- 30 subject matter experts in relief and emergency supplies, employee well-being and support, travel and security, facility opening readiness, communications and clinical services
- Global guidance and governance
- Global standards for employee protection and business continuity
- Providing resources in support of our business and our people

Regional Subject Matter Experts
- Formed at a regional/country level to coordinate response and recovery
- Operational coordination and regional alignment

Local Leadership & Crisis Management Teams
- Local teams formed at site level to manage site responses to a business continuity question
- Pandemic plan execution
- Facilities management in accordance with global guidelines
- Local communications and leadership/employee engagement
- Local feedback

While our global efforts have focused on combating the COVID-19 pandemic and ensuring care for those directly affected, the need to maintain healthcare for those with other medical conditions while also providing support for those feeling the social, economic and mental health impacts of the pandemic has been equally important. We have leveraged the full scale of our science, capabilities, expertise and team of more than 136,000 compassionate colleagues to address the many different facets of one of the most significant healthcare crises in our history.

Structuring our COVID-19 response: From the outset, Johnson & Johnson formed a dedicated Global Pandemic Crisis Management Team to combat and mitigate the negative impact of the COVID-19 pandemic on our business. More than 50 global cross-functional teams with representation at all levels worked together to make the best decisions for their local geography while driving global alignment and consistency.

See here for the most recent updates on our continued efforts to address the COVID-19 pandemic.

In this section, we describe the main elements of how we are united in defeating COVID-19 under four themes:

- Caring for Patients
- Supporting the Front Lines of Care
- Protecting Employees
- Supply Chain Resilience
Caring for Patients

During the COVID-19 pandemic, we have maintained a dual approach to caring for patients:

First, we continued to meet the ongoing needs of patients and the continuity of supply of our lifesaving medicines, consumer health products and medical devices during these challenging times.

Second, we leveraged our resources to accelerate the development of an effective COVID-19 vaccine and screened compounds in discovery and development within our organization to determine whether previously tested medicines can be used to help patients.

Advancing a Vaccine

Vaccines are key to eradicating the COVID-19 pandemic. For years, Johnson & Johnson has invested in building state-of-the-art antiviral and vaccine capabilities, which we have used to develop and manufacture our Ebola vaccine regimen and construct our investigational Zika, RSV and HIV vaccine candidates. We have used these capabilities and facilities to accelerate our efforts to develop a COVID-19 vaccine, moving with the utmost urgency while ensuring quality, compliance and safety protocols are observed. Within a year, we began manufacturing our single-shot COVID-19 vaccine, authorized by the Food and Drug Administration for emergency use.

ABOVE: Wang D., a Senior Strategic Account Manager for Medical Devices at Johnson & Johnson China, helped coordinate Johnson & Johnson’s donations of Company products and globally sourced personal protective equipment in Wuhan, where he lives with his family, during the pandemic.

LEFT: Laura G., Health Economics & Access Manager, Johnson & Johnson Medical GmbH, is a former general nurse who used Johnson & Johnson’s COVID-19 Medical Personnel Leave Policy — which enabled medically trained employees worldwide to take a paid leave to provide medical services and help diagnose, treat and contribute to public health support for COVID-19 — to volunteer in the ICU at a hospital in Hamburg, Germany.
Timeline of Johnson & Johnson’s COVID-19 Vaccine Development (through March 31, 2021)

PRIOR TO COVID-19

More than 100 years of experience, research and development expertise in combating epidemics, pandemics and global pathogens that threaten public health.

Johnson & Johnson introduced the epidemic mask in 1919 to help contain the Spanish Flu. Thereafter followed notable successes in vaccine technology for diseases such as Ebola, Zika and HIV, creating a strong foundation for the development of a vaccine that is effective in containing COVID-19.

JANUARY 2020

Initiated development of a vaccine candidate against COVID-19 and collaborations to screen a library of antiviral therapies that provide relief in advance of new therapy development.

Our vaccine program leverages Janssen’s ADVAC technology that was used in the development of our investigational Ebola vaccine, which is currently deployed in the Democratic Republic of the Congo and Rwanda, and also used to construct our investigational Zika, RSV and HIV vaccine candidates.

FEBRUARY 2020

Formed an expanded collaboration on the vaccine program with BARDA.

Together with BARDA, we committed to invest more than $1 billion to co-fund vaccine research, development, and clinical testing.

APRIL 2020

Cofounded the Pandemic Action Network with the Bill & Melinda Gates Foundation, with support from additional global partners.

This new advocacy and communications initiative aims to advocate for policy changes and increased resources to ensure countries are better prepared to prevent, detect and respond to future pandemic threats.

SEPTEMBER 2020

Joined biopharma companies in a #WeStandWithScience pledge to prioritize the safety and well-being of vaccinated individuals in the development of COVID-19 vaccines.

The pledge, signed by Johnson & Johnson’s CEO and CEOs of eight major biopharma companies, outlines a united commitment to uphold the integrity of the scientific process as we all worked toward potential global regulatory filings and approvals of the first COVID-19 vaccines.
Timeline of Johnson & Johnson’s COVID-19 Vaccine Development (through March 31, 2021)

**DECEMBER 2020**
Signed an Agreement in Principle with Gavi to supply our COVID-19 vaccine to lower-income countries in 2021. We will provide up to 500 million doses of our COVID-19 vaccine in 2021 and 2022 under our Agreement in Principle with The Vaccine Alliance (Gavi), the leading multilateral organization responsible for equitable access to vaccines and coordination of COVID-19 vaccine distribution, including to lower-income countries, via the COVAX Facility.

**FEBRUARY 2021**
Received EUA from the FDA for our single-dose COVID-19 vaccine to prevent COVID-19 in individuals 18 years of age and older. To learn more about our COVID-19 vaccine, see the Product Fact Sheet.

**MARCH 2021**
Received additional authorizations and approved listings for our single-dose COVID-19 vaccine. Received Conditional Marketing Authorization (CMA) by the European Commission, Authorization under Interim Order by Health Canada for Emergency Use, and Emergency Use Listing (EUL) by World Health Organization.

Read the full details of each of these milestone events in our vaccine development in our COVID-19 Media Center.
We are harnessing our deep scientific expertise, collaborations and global reach to keep the public informed on the latest scientific developments relating to COVID-19 and vaccines. We raised the bar for transparency with the introduction of The Road to a Vaccine, an educational video series hosted by Lisa Ling, which examines the latest efforts to respond to the COVID-19 pandemic and breaks down the complex process of developing a vaccine. The series also shares the latest developments on the work underway by many to bring access to a vaccine to billions around the world.

Additional considerations and initiatives in our COVID-19 vaccine program included:

**Resourcing for quality during COVID-19:** We joined our peer companies in signing a historic pledge to uphold the integrity of the scientific and manufacturing processes in developing an investigational COVID-19 vaccine. And, at Johnson & Johnson, we continue to ensure all aspects of our COVID-19 vaccine development program meet our safety and quality standards. This includes:

- Dedicating employees with deep expertise in infectious disease and vaccines to focus solely on vaccine development;
- Appointing a senior Quality Leader to serve in a newly created role focused on the execution of vaccine development, manufacturing, storage and distribution;
- Creating a new website to enable customer access to product information and up-to-date expiry date of COVID-19 vaccines under EUA; and

**Quality and compliance in the development of our COVID-19 vaccine:** We maintain a strong focus on **quality, compliance and excellence** in our COVID-19 vaccine program through a dedicated Quality & Compliance team to ensure compliance readiness at all levels; collaborating with regulatory agencies including the FDA and EMA, and enlisting an independent Data and Safety Monitoring Board (DSMB) made up of clinical research experts, physicians, and statisticians to monitor safety data and clinical trial progress.

We are committed to our high-quality, safety and ethical standards each and every day, and the quality of our investigational vaccine candidate is no different; we will never compromise quality and safety for speed.

Carol Montandon, Worldwide Vice President, Global Chief Quality Officer, Johnson & Johnson

**Commitment to safety in COVID-19 vaccine clinical trials:** We set up an independent, external expert Safety Advisory Board for advice on post-authorization safety planning through our COVID-19 vaccine clinical trial program. We have partnered with external independent safety panels, health authorities, institutional review boards and cross-industry consortia. We have also published our statistical approaches and clinical trial protocols, an unprecedented step in our commitment to transparency throughout clinical development. Further, we are collaborating with other companies developing COVID-19 vaccines to enable the sharing of and access to datasets relevant to vaccine safety surveillance and the development of a registry to monitor vaccine safety in pregnancy.

**Assuring cyber protection for vaccine development:** Our Information Security & Risk Management (ISRM) team launched a COVID-19 Vaccine Cybersecurity Program, dedicated to the security of our vaccine development, manufacturing and distribution. The program included targeted protection for key personnel or those with a public or media presence, detection and response activities, securing collaboration methods with internal and external partners, raising user awareness of secure methods for data sharing, enhancing security measures through focused security monitoring, conducting security assessments of critical partners and vendors, and deploying advanced threat detection and protection capabilities. We also collaborated with government agencies, industry groups, and key partners to share threat intelligence. See also our Positions on Information Security and Data Privacy.

**Diverse representation in COVID-19 vaccine trials:** As part of our commitment to the communities most impacted by COVID-19, we have ensured a diverse and representative group of study volunteers in our vaccine clinical trials. Such representation helps us learn how differences like age, race and ethnicity may impact the efficacy and safety of our vaccine candidate. The ENSEMBLE Phase 3 clinical trial for our single-dose COVID-19 vaccine enrolled approximately 45,000 participants from eight countries, with volunteers representing age and ethnic/racial diversity.

Approximately 45,000 enrolled participants globally across eight countries

![Diverse representation in COVID-19 vaccine trials](image)
Leveraging real-world data to support COVID-19 vaccine development: Our teams from Epidemiology, Research & Development, Data Sciences, Global Clinical Organization and scientists across the United States collaborated to analyze data to predict the optimal locations for our vaccine trials, enabling enrollment of people with a higher likelihood of developing COVID-19, thereby enhancing the design of the clinical trials for our COVID-19 vaccine candidate. This data-driven prioritization of participants at high risk of symptomatic infection based on demographics, occupation, and/or underlying health conditions involved extensive collaboration with local healthcare systems leaders in different regions. Our Johnson & Johnson Office of the Chief Medical Officer (OCMO) team also co-led the COVID19 Rapid Collaboration Call with the European Health Data & Evidence Network (EHDEN) in spring 2020 to provide financial and technical support for harmonizing data to the Observational Medical Outcomes Partnership (OMOP) common data model, to help facilitate more rapid open science on COVID-19.

Solving critical COVID-19 questions with health data science: In March 2020, Johnson & Johnson co-led the Observational Health Data Sciences and Informatics (OHDSI) four-day Virtual Study-A-Thon to generate immediate RWE on prioritized questions shared by national governments and other healthcare organizations and design COVID-19-specific studies that can be validated when such data are available. Eighty-eight hours of collaboration between more than 350 participants from 30 countries resulted in innovative studies aimed to generate new findings to aid decision-making in response to the pandemic. The studies were published in The Lancet Rheumatology, Nature Communications and The Lancet Digital Health.

Partnering to accelerate response to health threats: We announced the first companies to participate in BLUE KNIGHT™, our joint initiative with BARDA. This joint initiative aims to stimulate innovation and incubation of technologies that improve health security and response through companies focused on public health threats and emerging infectious diseases. Blue Knight companies continue to be selected on a rolling basis and include those working to fill gaps in the current set of potential COVID-19 solutions, as well as solutions for future health threats.

"Because we never stopped putting the world’s most vulnerable and underserved populations at the heart of everything we do, we have never been in a better position to secure their health.

Martin Fitchet, M.D., Global Head, Global Public Health, Johnson & Johnson

Helping Eradicate Health Inequities

While developing a safe and effective vaccine against COVID-19 has been a major focus since the start of the pandemic, we have placed equal importance on addressing the disproportionate effect of the pandemic on ethnically diverse communities. Through Our Race to Health Equity initiative, we seek to help eradicate health inequities for people of color, many of which have emerged or been exacerbated by the COVID-19 crisis. We are working directly with many branches of government and partnering with advocates, NGOs and leadership bodies like the U.S. Congressional Black Caucus Foundation (CBCF) to lend our voice and expertise to improving health outcomes in Black communities. In 2020, we supported as a title sponsor CBCF’s “Policy for the People” webinar series with experts, prominent thought leaders and CBC members, debating issues of public policy related to COVID-19. In February 2021, we partnered with CBCF to deliver the 2021 Health Equity Summit addressing the impact of the COVID-19 vaccine on the Black community and mental health realities for Black America.

Advocating for health equity: In the context of the AIDS 2020 conference, Macaya Douoguih, Head, Janssen Clinical Development and Medical Affairs, Vaccines, published an open letter on systemic racism and health disparities, in which she urged all to understand that COVID-19 causes substantially more morbidity and mortality in underserved, underrepresented populations and that more must be done to drive equity in our global approach to managing through the pandemic.

Dr. Douoguih noted: No single organization can solve the full range of these challenges. However, together as a community we must step up and act. At Johnson & Johnson, our actions are focused in three areas that we believe are essential to drive change:

1. Strengthening data and insights on COVID-19 health disparities;
2. Driving health education and awareness, to accelerate the development of solutions and strategies to address health disparities; and
3. Supporting community leaders and frontline health workers with the resources they need to improve the health and vitality of underserved communities.

Promoting Black maternal health: In 2020, our Health of Women team within OCMO prioritized two maternal health issues: understanding COVID-19 in pregnancy and addressing the Black maternal health crisis in the United States. Colleagues from Health of Women introduced a “No Patient Safety Without Equity” campaign to educate women about the relationship between COVID-19 and maternal health. They worked with our Worldwide Government Affairs & Policy team and other partners to advocate for key pieces of legislation, including the Black Maternal Health Momnibus Act of 2020 in Congress and extending Medicaid’s postpartum insurance coverage for pregnant women from an arbitrary 60-day period to the 12 months following birth.
Addressing Patient Needs

Our initiatives addressing broader patient needs in the context of the COVID-19 pandemic include providing tools to help people through the pandemic, developing solutions to health issues exacerbated by COVID-19, and securing the availability of urgent equipment and products. Examples are:

**Leveraging our innovation platforms:** In May 2020, Johnson & Johnson GPH and JLABS together launched the **DR-TB Lifeline QuickFire Challenge**, a hackathon-style initiative aimed at finding creative, community-based solutions to help ensure continuity of care for drug-resistant tuberculosis (DR-TB) patients in high-burden countries in the midst of the COVID-19 pandemic. These solutions will be critical in addressing the serious disruptions in DR-TB care caused by COVID-19, which has weakened already-fragile health systems. Infrastructure typically used to diagnose and provide in-patient care for DR-TB patients has been reallocated to the fight against COVID-19. Lockdowns have made it difficult for DR-TB patients to access face-to-face care, putting efforts to ensure treatment adherence and prevent the development of drug resistance at risk. The five winning innovators received grant funding from a total of $250,000 and the opportunity to engage with experts from Johnson & Johnson to help bring their ideas to life.

**Engaging nurses in COVID-19 innovation:** The Johnson & Johnson Nurses Innovate QuickFire Challenge Series invites nurses worldwide to develop and share novel treatment approaches that have the power to profoundly change human health. Nurse innovators with the best ideas receive up to $100,000 in grant funding, access to mentoring from Johnson & Johnson and access to our JLABS ecosystem to help bring their ideas to life. In 2020, we launched two challenges directly related to COVID-19, one relating to **COVID-19 patient care**, and one relating to **mental health**. Both challenges received hundreds of submissions. Additionally, Johnson & Johnson partnered with SONSIEL, Microsoft and dev up to launch the **NurseHack4Health virtual hackathon series** to encourage nurses and technology specialists to find tech-based solutions for the most pressing COVID-19 healthcare challenges. More than 500 hackers joined the first NurseHack4Health event in May 2020 and over 650 participated in the second event in November 2020. View the video [here](#).

**Doubling access to ventilators:** In March 2020, Ethicon, a part of **JJMDC**, and Prisma Health collaborated to deliver an urgently needed ventilator expansion device called the **VESper™ Ventilator Expansion Splitter**. VESper was authorized by the FDA for emergency use, allowing a single ventilator to be fitted with the Ventilator Splitter to enable two rescuable COVID-19 patients to receive ventilatory support until individual ventilators could be made available. The innovative collaboration used 3D printing technology to bring the splitter rapidly from prototype to launch in just 10 days. Leveraging our key supplier relationships, we manufactured and distributed thousands of VESper units at no cost to healthcare providers in the United States. In March 2021, Johnson & Johnson earned a Gartner, Inc. Power of the Profession Award in the category of “Customer or Patient Innovation of the Year” recognizing VESper’s contribution.

![The VESper™ Ventilator Expansion Splitter](image)

**Helping patients prioritize healthcare:** Following a survey conducted by The Harris Poll on behalf of Johnson & Johnson, in which it was found that 68% of Americans said they or someone in their household delayed or canceled healthcare services due to COVID-19, **JJMDC** introduced **My Health Can’t Wait**, a public information and resource hub, aimed to inspire people to prioritize their health and reach out to their healthcare professionals about deferred care. My Health Can’t Wait offers resources for patients and for healthcare professionals, including personal stories of patients facing different health challenges during the pandemic.

**Meeting demand for consumer health products:** As the COVID-19 pandemic swept across the globe, Consumer Health responded to support nurses, hospitals and local community organizations; convert manufacturing lines to produce hand sanitizer; and increase production of high-demand products to meet the needs of consumers everywhere.

**Adding hand sanitizer availability:** Given the spike in demand for hand sanitizer with the outbreak of COVID-19, our China Consumer Health team rapidly led the development and launch of BAND-AID® Isopropyl Alcohol (BIPA) hand sanitizer for Chinese consumers, increasing local production capacity by a third while increasing the alcohol concentration from 60% to 70% for increased efficacy. Completing regulatory licensing approval and new bottle designs, the team launched in a record two months, with a target annual volume of two million units. The manufacturing technology for BIPA has now been introduced at our facilities in Thailand to enable further access in Southeast Asia. Similarly, our LISTERINE manufacturing facility in the United States switched several lines from making mouthwash to producing hand sanitizer for distribution to our employees and health and community service workers on the front lines of care. To date, we have donated hundreds of thousands of bottles to frontline workers in communities most impacted by COVID-19.

**Minimizing COVID-19 risks from tobacco use:** In 2020, a new Access Initiative for Quitting Tobacco (AIQT) was launched by the **World Health Organization**, aimed at helping the world’s 1.3 billion tobacco users stop smoking through improved access to smoking cessation services and medicines such as nicotine replacement therapy. This program became an even more urgent priority given the higher likelihood of smokers to have severe outcomes from COVID-19 than non-smokers.
To support this effort, Johnson & Johnson Consumer Health donated nearly 380,000 NICORETTE InvisiPatch nicotine patches to treat 5,400 people in Jordan, supporting the Jordanian Ministry of Health in its comprehensive AIQT smoking cessation programs.

**Contributing to eye health:** As part of ongoing initiatives to help support eye care in the wake of COVID-19, Johnson & Johnson Vision, part of JJMDC and a global leader in eye health, made a donation of $320,000 to Optometry Cares – The American Optometric Association (AOA) Foundation and the American Academy of Optometry Foundation. As we are an AOA Recovery Partner, our donation provides financial support to practitioners uniquely impacted by COVID-19. Additionally, shortly after the outbreak of COVID-19 in Wuhan, China, the Johnson & Johnson Vision team responded to requests for disposable contact lenses for medical workers in Wuhan, due to problems wearing eyeglasses under newly required safety goggles. Within eight days, the team packed off a shipment of 1,364 1-DAY ACUVUE TRUEYE packs along with hand cream and LISTERINE.

### Supporting Local Communities

Alongside broader support we provided to healthcare professionals, nurses and caregivers, (see the section Supporting the Front Lines of Care), Johnson & Johnson made several meaningful contributions in our communities, for example:

**Resources for medical professionals:** We created the COVID-19 Resources Center to help meet the immediate and pressing needs of surgeons and other healthcare professionals. The Center is powered by dialogEDU and was created by our Johnson & Johnson Institute in collaboration with the Advances in Surgery (AIS) Channel. More than 30,000 healthcare professionals viewed the AIS resources the first day they became available.

**Helping healthcare providers with online care:** Building on our established HealtheVoices online patient advocate platform, we launched HealtheVoices for healthcare providers in partnership with an advisory board of healthcare experts. Through this new platform, we delivered virtual sessions to guide care providers of all specialties in topics such as using social media to build a supportive community, practicing self-care, elevating issues of health inequities and continuing to reach and provide care for patients online.

**Improving tools for patient outreach in Africa:** Johnson & Johnson supported repurposing patient outreach tools to help local health workers provide real-time support as part of an intensified COVID-19 response. In Uganda, our mobile health (mHealth) platform, CONNECT FOR LIFE, originally introduced to help encourage adherence to ARV therapy among people living with HIV, is now being used to make automated phone calls to individuals quarantined because of COVID-19. In Zimbabwe, a local youth-led organization, Youth Advocates Zimbabwe, leveraged its Youth Helpline to disseminate messaging on COVID-19 to thousands of recipients and respond to calls regarding COVID-19. The Youth Helpline was developed as part of the DREAMS Partnership that supports young women with and at risk of HIV infection; Johnson & Johnson is an anchor partner of the DREAMS Partnership which is also supported by PEPFAR, the Bill & Melinda Gates Foundation, Girl Effect, Gilead Sciences, and Viiv Healthcare.

> We are humbled and proud to use our legacy and resources to invite more people to put care in the world during a time when we need it most.

**Dawn Hampton, Vice President, North America Consumer Experience Organization (CxO), Johnson & Johnson Consumer Health**

**Caring for caregivers:** BAND-AID® Brand Adhesive Bandages and Care® partnered to deliver “CARE Packages” including meals, personal protective equipment (PPE) and critical healthcare and delivery services to caregivers on the front lines of the COVID-19 pandemic. BAND-AID® Brand Adhesive Bandages donated $100,000 to Care® and encouraged consumers to send Care Packages to support frontline heroes and caregivers around the world for 100 days, aligning with the 100th anniversary of BAND-AID® Brand Adhesive Bandages.

**Donating PPE:** While not a manufacturer of PPE, Johnson & Johnson donated significant quantities of PPE, hand sanitizer and other needed support to local communities, including healthcare workers around the world. For example, in the initial period of the pandemic, we donated over $3.7 million (20 million yuan) in PPE for frontline health workers in China, one million masks, 100,000 protective suits and 100,000 pairs of goggles.
Supporting the Front Lines of Care

At no other time in our history have frontline health workers been more prominent than during the COVID-19 pandemic. Their importance was no revelation for Johnson & Johnson: we have consistently acknowledged, recognized and supported health workers since the 1800s, appreciating their contribution to improving access, adherence and providing multiple services for patients.

The Center for Health Worker Innovation is delivering a global portfolio of programs in regions with the highest community health burdens and frontline health worker gaps. In March 2020, we added a further $50 million to this budget to support frontline health workers battling COVID-19, with a focus on the safety, well-being and resilience of health workers while helping to improve the quality and availability of digital tools to further empower their work. The Center supported the front lines of healthcare in 2020 in a range of ways working with multiple partners across the globe.

Donating resources
Partnering to donate PPE for health workers, training, technology, and other immediate support for communities

Deploying digital health technologies
Building connected health systems by making mobile technology accessible, supporting real-time information technology and using digital platforms to help educate health workers

Supporting the resilience of frontline health workers
Providing mental health and psychosocial support for health workers in overwhelming need

Raising awareness and support
Leveraging the power of social media to raise awareness and garner support for frontline health workers

Our Center for Health Worker Innovation, launched in 2019, catalyzes our efforts to build a thriving health workforce and is underpinned by a $250 million, 10-year commitment by the Johnson & Johnson Family of Companies and the Johnson & Johnson Foundation to support one million nurses, midwives and community health workers reaching 100 million patients by 2030, as reflected in our Health for Humanity 2025 Goals.

Our #BacktheFrontline campaign on social media generated thousands of messages in support of our frontline healthcare professionals, raising awareness for specific needs and encouraging donations and engagement.
Protecting Employees

Protecting and supporting our employees has been a top priority throughout the pandemic and our approach has included:

• Keeping employees informed;
• Ensuring the health and safety of our employees in the workplace;
• Supporting employees with pay continuity, benefits and well-being tools; and
• Recognizing employee contributions at work and in our communities.

We have instituted a variety of workplace enhancements for the one-third of our global 136,000+ employees who, as essential workers, continued to work at Johnson & Johnson sites and facilities every day throughout the pandemic, and supported others as they adapted to remote work arrangements. In line with our own standards and guidance from local healthcare and governmental authorities, we have gradually and thoughtfully been returning our people to the many places we work.

Keeping Employees Informed

At the start of the crisis, we established several communication channels so that employees could stay informed about the COVID-19 situation in their region, receive guidance in relation to Johnson & Johnson’s approach, and ask any question at any time and receive a fast response. We also conducted employee sentiment surveys weekly to gather feedback on a number of topics, including engagement, organizational support, and awareness and availability of resources. These surveys help to uncover how we can best support our employees and shape our approach. Key channels, in addition to these surveys and regular employee communications, included:

• J&J Responds intranet
  COVID-19 resources and regular newsletter
• COVID-19 questions
  Bank of responses to wide-ranging questions on any aspect of COVID-19
• COVID-19 hotline
  7 days a week, 24 hours a day, in local language
• AskGS
  Global Services team portal providing rapid responses to COVID-19 questions
• Video messages from our CEO and leaders
  Regular updates and encouragement to our global employees

Ensuring the Health and Safety of our Employees in the Workplace

We transitioned nearly two-thirds of our workforce to remote working at the onset of the pandemic, providing employees where relevant with necessary equipment and connectivity to work effectively while informing them of the necessary health and safety precautions for the remote working environment. Similarly, we developed guidance, tools and tracking mechanisms to effectively leverage Flexible Work Arrangements, as for many, a “regular” working day was not possible because of individual remote working circumstances.

Return to work in Waves: For the return to the workplace, we developed a comprehensive, phased approach, prioritizing employee health and safety. We categorized five return to work “Waves,” with Wave 0 representing our Onsite Superheroes who remained in the workplace for essential work through the pandemic, Waves 1 through 3 representing gradual expansion of workplaces, and Wave 4 representing unrestricted workplaces that we hope to achieve globally in 2021.

Onsite safety measures: Across our workplaces, we put in place safety measures that addressed key site-specific needs in our various types of environments including:

- Workplace physical distancing
- Enhanced cleaning, sanitization practices and new signage at our facilities
- Mandatory use of masks
- Visitor restrictions
- Temporary physical barriers and furniture reconfiguration
- Temperature screening and symptom questionnaires in line with government recommendations and indirect screening for symptomatic employees

In March 2020, with an impending shortage of alcohol-based hand sanitizer to protect our essential onsite colleagues, we retrofitted manufacturing lines across several operations to produce hand sanitizer. In just four days, we created a formula, assessed manufacturing capabilities, and ensured the standards met U.S. and European safety and quality regulations. Our first shipment commenced with 140,000 bottles to our essential U.S. sites and employees, followed by a ramp-up in production to allow for worldwide internal distribution. We subsequently distributed this alcohol-based hand sanitizer to hospitals in need around the world.
Medical support: Within days of identifying the first risk of COVID-19 for our employees in China, Johnson & Johnson established a clinical team around the world to support employees who had been potentially exposed to or infected with COVID-19. The global medical staff within Global Health Services provided tens of thousands of employees with medical case management and clinical support throughout the pandemic.

COVID-19 testing and vaccinations: During the year, Johnson & Johnson employees were able to receive COVID-19 tests at any approved testing facility, and in the United States, employees covered by Johnson & Johnson health insurance benefited from a home diagnostic test for COVID-19 at no charge. We established a COVID-19 Workforce Vaccination Taskforce to enable our workforce and their families to gain efficient access to COVID-19 vaccines through a coordinated, appropriate, and informed approach in line with governmental guidelines and priorities in each country.

Guidance for employees on information security and data privacy: In response to the COVID-19 pandemic, our Information Security & Risk Management team launched an employee awareness campaign around protecting our employees’ own data, and that of others, and also the security of Company data and systems, especially in remote working situations. We provided guidance on secure remote working practices, guidelines for social media use and how to recognize COVID-19 social engineering and phishing scams, highlighting ransomware attack methods and how to protect against them. We utilized our security technology capabilities to both identify and block inbound email scams and phishing threats sent under the guise of COVID-19.

Supporting Employees with Pay Continuity, Benefits and Well-Being Tools

At Johnson & Johnson, we have long championed policies that provide flexibility for our employees to balance personal and professional responsibilities, and we are continuously evaluating our offerings to meet the ever-changing needs of employees. When the pandemic hit, our teams acted quickly and strategically in order to adapt to meet the health and well-being needs of employees, enhancing our available resources into virtual programs that are accessible across our global network.

Peter Fasolo, Executive Vice President, Chief Human Resources Officer, Johnson & Johnson

During the pandemic, our objective was not only to protect the safety of our employees, but also to help them navigate the pandemic financially, practically and in a healthy state of mind. A selection of the benefits we provided follows:

- **Continuing salary and benefits**: 9 weeks of base salary and benefits for those unable to work remotely
- **A one-time Onsite Superhero award**: Approximately $1,000 (differing by country) and one additional working week of paid time off for tens of thousands of essential on-site employees
- **Coverage of the full cost of in-network telemedicine visits** for any diagnosis, including COVID-19 for employees in the U.S. and for telemedicine advice for COVID-19-related symptoms for employees outside the U.S.
- **Continuity of our global Employee Assistance Program**: 24/7 access to counselors who understand pandemic-related stress for employees and their family members
- **Additional back-up dependent care**: in the U.S. to support caregiving needs for children and elders when regular care is unavailable
- **Expanded access to a digital resilience tool**: Resiliency assessments, mental well-being educational and engagement resources and daily tips to support mental well-being
- **Expanded global exercise reimbursement**: Substantial reimbursement for health and well-being activities, including the purchase of home exercise equipment and subscriptions (including mental health apps)
- **Hosted health and well-being webinars**: Live and on-demand trainings worldwide to support total health and well-being and build resiliency while navigating the pandemic
- **Remote home office reimbursement**: Reimbursement for home office equipment, including monitors, printers, furniture, office supplies, incremental internet or mobile service and more
- **Coverage of the full cost of in-network telemedicine visits** for any diagnosis, including COVID-19 for employees in the U.S. and for telemedicine advice for COVID-19-related symptoms for employees outside the U.S.
- **Engagement in our 2020 global activity challenge**: Employees took part in 70 countries, demonstrating a significant increase in physical activity
- **Recharge days**: Our offices and sites closed Company-wide for two days, one in May and one in September, to allow colleagues to recharge
Recognizing Employee Contributions at Work and in our Communities

We could not be prouder of our employees’ resilience through the pandemic, both those who transitioned to remote working and those who continued in the workplace. We saw an outpouring of compassion and caring from our colleagues in every country at every level and a sense of solidarity as we brought our respective energies together to help each other and our communities make it through the crisis. Employees volunteered time and donated to relief efforts, and we all celebrated the inspiring dedication of those who maintained onsite operations.

Employee volunteering: At the outset of the pandemic, Johnson & Johnson introduced a new global Medical Personnel Leave Policy. Medically trained employees who were called to serve, or who volunteered, benefited from paid leave to serve their communities in diagnosing, treating and providing health support for patients with COVID-19. More than 100 medically trained employees volunteered their time to combat COVID-19, supported by an investment of $600,000 by Johnson & Johnson.

Employee fundraising: Employees across Johnson & Johnson engaged in raising funds for COVID-19 response efforts through CARINGCROWD—our crowdsourcing platform created and operated by Johnson & Johnson Global Public Health (GPH). Through CARINGCROWD, employees led 27 distinct pandemic relief projects, including providing meals to frontline healthcare workers, supporting hospital staff, fighting COVID-19-related hunger, and addressing the needs of underserved people, including members of the Latinx community and the Navajo nation. Johnson & Johnson contributed 20% of the funding goal to kick off every employee-led COVID-19 project. In total, CARINGCROWD efforts garnered over $340,000 in pledges for COVID-19 relief in 2020.

Celebrating Onsite Superheroes: On our global intranet platform, we shared several personal stories of our Onsite Superheroes and their dedication in the workplace during the COVID-19 pandemic. Their individual stories illustrate the strength of Johnson & Johnson employees from around the world and their contributions in the most challenging of times.

"Every day, I went to the hospitals to communicate with medical workers. I was afraid of infecting my son, so I wore a mask all the time. Every night, we’d do a video call with his mom.

Wang Donghua, Senior Strategic Account Manager for Medical Devices, Johnson & Johnson China, who hand-delivered PPE and other supplies to healthcare facilities at the outset of the outbreak in Wuhan, China. Wang’s wife is the head nurse in the respiratory and critical care department of a hospital in Wuhan, and at the time she was staying in a hotel to avoid infecting her family with COVID-19.

"Every day, when I leave home I think of my family and hope I come back safely. It helps so much that when I arrive at work, our leaders tell us that we need to return home as safely as when we got there—and then they back up their words with actions. At this critical moment, they are providing hand sanitizer and masks, increasing cleaning procedures, holding extra safety meetings and asking us about our families and daily routines. We are the on-site superheroes and appreciate that the Company is taking such good care of us!"

Elaine Faria de Almeida, Production Operator, Johnson & Johnson Consumer Health, Brazil
Supply Chain Resilience

We have robust business continuity plans in place across our global supply chain network, prioritizing our response efforts across two key dimensions – potential impact to public health, followed by level of impact to critical lifesaving products.

Ensuring Supply Chain Continuity

Throughout the pandemic we have worked closely with suppliers, distributors, local governments and regulators and have continued to provide critical medicines, products and services, while protecting the health and safety of our more than 136,000 employees around the world.

As a Company, we have maintained robust business continuity plans across our global supply chain network to prepare for unforeseen events and to meet the needs of the patients, customers and consumers who depend on our products. These steps include maintaining critical inventory at major distribution centers away from high-risk areas around the world and working with external suppliers to support our preparedness plans. See our Position on Business Continuity Management.

A key component of assuring business continuity is our employees. We have instituted a variety of workplace enhancements for the one-third of our people who have remained on-site, while the other two-thirds have adapted to remote work arrangements. The next phase of our journey involves the continuation of gradually and thoughtfully returning more of our people to the many places we work. See COVID-19: Protecting Employees.

Our technology ecosystem in action: Through our Johnson & Johnson Technology teams, we supported a wide range of activities within the scope of our COVID-19 response with several technology innovations and data science-driven tools. For example, we created a COVID-19 Visibility Dashboard to help understand near-real-time product availability for fact-based decisions regarding planning, distribution and business continuity as a result of emerging demand impacted by COVID-19. We also developed an End-to-End Network Scenario Impact Simulation tool to help minimize supply disruptions using highly automated scenario risk simulation technology. In Consumer Health and Medical Devices, we have been able to predict the impact of raw material supply fluctuations on our capacity to better sustain supply and meet demand surges. At Janssen, we can predict the impact of changes to external supplier capacity on our inventories and service levels. These and many more initiatives have enabled business continuity and ongoing supply for our patients, consumers and customers.

Our frontline Superheroes were instrumental in distributing the initial shipments of the first doses of our COVID-19 vaccine.
Expanding vaccine manufacturing capacity: We launched unprecedented efforts to develop and scale a COVID-19 vaccine to address the global pandemic. We are establishing new vaccine production capabilities through collaborations with external manufacturers in the United States and various other countries, while also scaling up our in-house manufacturing. Importantly, we expect these efforts will enable us to deliver our vaccine at scale worldwide. Our Supply Chain teams worked closely with our external manufacturing collaborators to help them gain the knowledge and government approvals required to receive, manufacture, package and transport our Johnson & Johnson COVID-19 vaccine. We will continue to invest in collaborations so we can bring our full resources and best scientific minds to combat this pandemic.

Navigating regulatory processes: In a rapidly changing regulatory environment, our Quality and Regulatory Affairs teams navigated multi-country regulatory regimes, interpreting regulations and reviewing manufacturing processes to facilitate EUA strategies and readiness to support the delivery of critical existing and new products needed to fight the pandemic. This included regulatory approvals for our innovative VESper™ Ventilator Expansion Splitter, TYLENOL production ramp-up, hand sanitizer line conversion, and most notably, our COVID-19 rapid vaccine development program.

Preparing delivery capabilities: To further enhance our global delivery capabilities while meeting Johnson & Johnson’s high quality and safety standards, we took several new measures. These included adding cold chain capacity by building new freezer storage and distribution capabilities in under four months; and working extensively with transportation partners to ensure suitable logistics capabilities, including temperature monitoring and track and trace technologies for transactions across the supply chain. The use of innovative technology solutions and increased collaboration across the supply chain assisted in supporting these new requirements.

Watch the journey of our COVID-19 vaccine candidate.

Partnering with our suppliers: Through the pandemic, the strength of our longstanding partnerships with suppliers and service providers was demonstrated through the many initiatives led by our Procurement organization to meet critically urgent needs arising from the disruption caused by COVID-19. Such initiatives included:

- using data science to identify high-risk individuals to shorten clinical trial recruitment times and increase representation of diverse populations;
- expanding our supplier financing program to protect small and diverse businesses during the pandemic;
- establishing dual sourcing channels where necessary and reserving capacity for materials and equipment;
- implementing efficient and robust selection and onboarding procedures for external manufacturing;
- developing product and materials testing procedures by engaging with new testing facilities;
- tailoring a solution to accelerate contractor hiring to support elevated resourcing needs; and
- partnering to develop a globally managed contact center for medical information to support customer engagement demands.

Enabling virtual auditing and manufacturing: In response to stay-at-home orders around the world, our Quality & Compliance organization expanded its “See What I See” (SWIS) Smart Glasses internal program. SWIS is currently used to support virtual auditing and clean room sterilization, allowing us to conduct elements of various processes and inspections virtually, eliminating health risks to employees for on-site inspections. We are expanding use of the SWIS program, allowing more employees to reduce physical contact points wherever possible. At many Johnson & Johnson locations, the combination of smart glasses technology and privileged remote access to essential data has enabled manufacturing to continue without interruption.

Paul Lefebvre, Vice President, COVID-19 Vaccine Supply Chain program, Johnson & Johnson

Achieving end-to-end supply chain readiness on a global level takes the effort of thousands of people—all of whom are committed to putting the patient first. We are setting up a global supply chain network that we expect will enable us to deliver at a rate of more than one billion doses per year.

Paul Lefebvre, Vice President, COVID-19 Vaccine Supply Chain program, Johnson & Johnson
Better Health for All

Our progress in advancing better health for all reflects our 130+ year legacy, the efforts of 136,000+ employees who make up the Johnson & Johnson Family of Companies, and our extensive global networks and partnerships. A vision for better health for all unites our employees and ignites our passion to improve healthcare for patients, consumers and their families, and for all the healthcare professionals and caregivers who support them.

Our commitment to advancing better health for all includes multiple focus areas:

- innovating to eradicate, prevent and cure disease;
- engaging and partnering to improve access and affordability;
- investing to build the capacity of health systems;
- catalyzing efforts to support the people on the front lines of care; and
- delivering medicines, medical devices and consumer health products to billions of people in a way that is ethical, compliant, efficient and respectful of human needs.

At Johnson & Johnson, the largest, most broadly based healthcare company in the world, we believe better health for all is within reach. We work tirelessly toward this goal.

In this section, we share our progress in 2020 in the following areas:

- Innovation
- Global Public Health Strategy
- Access & Affordability
- Strengthening Health Systems

Children participate in national de-worming campaign in Kenya, in partnership with The END Fund. Photo by Mo Scarpelli/The END Fund.
Innovation

Innovation has been the key to delivering our wide range of important breakthroughs in health for humanity over our 130+ years as a diversified healthcare company. Our vast scope of R&D expertise across multiple pharmaceutical, medical devices and consumer health applications works synergistically to deliver medicines and products that save and improve lives and strengthen society. Our global scale and extensive collaborative partnerships and networks amplify the reach of our innovation. The thread that runs through all our innovation investments is our vision to positively impact human health and build a future where everyone’s best health is within reach.

Innovation at Johnson & Johnson is catalyzed through:

- R&D, supporting a full scale of innovation processes;
- Dedicated innovation centers, accessing innovation from all sources;
- Incubation for hundreds of startups through Johnson & Johnson Innovation—JLABS;
- Strategic venture capital through Johnson & Johnson Innovation—JJDC, Inc. (JJDC); and
- Business development for mid- and late-stage deals and collaborations.

All these innovation channels work across our three business segments, often leveraging synergies between the different groups and focus areas. For more information about our innovation systems and how innovation is structured across Johnson & Johnson, see our Position on Innovation.

Celebrating our Innovators

Across Johnson & Johnson, at any given time, there are tens of thousands of scientists, researchers, engineers, designers and clinicians who are dedicated to driving innovation for the benefit of our patients and consumers. We celebrate their achievements and contribution to healthcare.

The Johnson Medal for Research and Development, named in honor of General Robert Wood Johnson, Johnson & Johnson chairman from 1932 to 1963, and author of Our Credo, is the most prestigious award given for R&D excellence within our Company. Since 1960, 423 scientists and engineers from our three business segments have received this award, representing a proud legacy of innovation at Johnson & Johnson.

The winning teams of 2020 included 21 innovators who delivered four new technologies:

- Six scientists developed the AVEENO ABSOLUTELY AGELESS Blackberry Complex, a new, proprietary technology to fight multiple signs of skin aging.
- Four engineers developed the EMBOTRAP II Revascularization Device, an innovative stent retriever that allows physicians to capture and remove life-threatening blood clots from the brain.
- Five scientists and specialists developed the SURGICEL Powder Absorbable Hemostat, an innovative product that stops disruptive bleeding during surgery.
- Six scientists and clinicians discovered and developed TREMFYA (guselkumab) to treat plaque psoriasis and psoriatic arthritis that leverages the body’s immune system and harnesses scientific advances in immunology.

The 2020 Nobel Prize in Chemistry was awarded to Drs. Emmanuelle Charpentier of the Max Planck Unit for the Science of Pathogens, Berlin, Germany, and Jennifer A. Doudna of the University of California, Berkeley and member of the Johnson & Johnson Board of Directors, for their revolutionary discovery of CRISPR-Cas9 gene-editing technology, considered one of the most significant breakthroughs in molecular biology in the past decade. Both were the recipients of the Dr. Paul Janssen Award for Biomedical Research in 2014. They join 18 scientists who have received the Dr. Paul Janssen Award since 2004, including three who went on to win the Nobel Prize.
Innovation in Practice

Across all our business segments, 2020 was another year filled with inventive ideas that were brought to fruition through our diverse innovation systems and platforms. Our achievements in 2020 include:

**Pharmaceutical innovation:** Our pharmaceutical R&D focuses on areas of medicine where we can make the most meaningful impact on unmet patient needs. These include: Cardiovascular & Metabolism, Immunology, Infectious Diseases & Vaccines, Neuroscience, Oncology, and Pulmonary Hypertension. We apply our R&D expertise in small molecules, monoclonal antibodies, cell and gene therapies, RNA therapeutics and vaccines, and study biological pathways that underpin more than one disease to help speed the development of new therapies for multiple diseases. We leverage data science to reimagine the discovery of new medicines.

In addition to innovation noted in our section on Global Public Health Strategy and in our United in Defeating COVID-19 section, we progressed across several fronts in 2020 to provide transformational medicines to patients, including:

- **Pioneering treatment for inherited retinal disease:** Inherited retinal disease X-linked retinitis pigmentosa (XLRP) causes progressive vision loss from childhood to adulthood, resulting in legal blindness typically by age 40. Currently, there are no approved treatments. Our investigational adeno-associated virus (AAV)-RPRG gene therapy for the treatment of XLRP, jointly developed with MeiraGTx Holdings plc, was granted Fast Track Designation by the FDA and PRIME (PRIority MEdicines) and Advanced Therapy Medicinal Product designations by the EMA.

- **Reducing treatment time for patients with multiple myeloma:** We received approval from the FDA for DARZALEX FASPRO (daratumumab and hyaluronidase-fihj), and from the EMA for DARZALEX SC, for the treatment of patients newly diagnosed or with relapsed or refractory multiple myeloma. This subcutaneous, fixed-dose formulation reduces treatment time from several hours to minutes.

- **Advancing cell therapy science in multiple myeloma:** We submitted a Biologics License Application to the FDA for ciltacabtagene autoleucel (cilta-cell), an investigational chimeric antigen receptor T cell (CAR-T) therapy, for the treatment of adults with relapsed or refractory multiple myeloma. In 2017, Janssen entered into an exclusive worldwide agreement with Legend Biotech USA Inc. to develop and commercialize cilt-a-cell.

- **Working to reduce the risk of stroke:** We continued in the second year of our HEARTLINE Study in collaboration with Apple, which aims to analyze whether a heart health engagement program and Apple Watch can enable the early detection of irregular heart rhythms consistent with atrial fibrillation, and potentially improve heart health outcomes, including reducing the risk of stroke and other cardiovascular conditions.

- **Revolutionizing adherence for schizophrenia patients:** We filed a supplemental New Drug Application to the FDA for paliperidone palmitate six-month (PP6M) for the treatment of adults diagnosed with schizophrenia. If approved, PP6M will be the first and only long-acting injectable schizophrenia medication with a twice-yearly dosing regimen (previously requiring monthly or quarterly treatments), revolutionizing how adults with schizophrenia can be treated and facilitating higher rates of adherence. See more in our section on Mental Healthcare.

- **Breakthrough treatment for lung cancer:** We sought FDA and EMA approval of amivantamab for the treatment of patients with metastatic non-small cell lung cancer whose disease has progressed during or after chemotherapy. This marks the first-ever regulatory submission for the precision treatment of patients with this lung cancer variation.

- **Predicting risk factors in E. Coli vaccine clinical trial:** Extraintestinal pathogenic Escherichia coli (ExPEC) is a leading cause of bacteremia and sepsis worldwide and can cause severe invasive ExPEC disease (IED). To combat ExPEC, we are developing a novel vaccine candidate to prevent IED in adults aged 60 and older. Using real-world electronic health record data and data science algorithms, we predicted risk factors for patients most likely to develop IED and incorporated these insights into our development plan. By working to reduce the total sample size required and to improve trial speed and efficiency, we can help bring this treatment option to patients faster.

- **New research collaboration and licensing agreements:** We are continuously seeking new partnerships to advance our pharmaceutical innovation, and in 2020, examples include an agreement with Xencor, Inc. to focus on the discovery and development of antibodies for the treatment of patients with prostate cancer, an agreement with MacroGenics, Inc. to develop a potential best-in-class antibody to treat autoimmune diseases, and an agreement with Lava Therapeutics N.V. to develop antibodies to gamma-delta T cells for the treatment of cancer. We also entered into an expanded R&D agreement with Monash University to further advance the clinical development of inhaled oxytocin for the prevention of post-partum hemorrhage (PPH) in developing countries. PPH, a condition of excessive blood loss after birth, is the world’s leading cause of maternal mortality, resulting in an estimated 60,000 deaths per year in resource-limited countries. In these countries, access to oxytocin is often limited as current products are only available in an injectable form requiring refrigerated supply and storage and trained personnel to administer the product safely. An inhaled form of oxytocin, that does not require refrigeration, would offer a unique solution that could save the lives of thousands of women.

- **Expanding our capabilities in autoimmune diseases:** Our immunology pathway strategy creates an opportunity to develop therapies for multiple potential indications across autoimmune diseases with substantial unmet medical need. Our acquisition of Momenta Pharmaceuticals,Inc., a company that discovers and develops novel therapies for immune-mediated diseases, advances our progress in developing medicines for rare and autoantibody-driven diseases including maternal-fetal disorders, neuroimmune disorders, rheumatology, dermatology, and autoimmune hematology.
As pioneers in medical devices, Johnson & Johnson Medical Devices Companies (JJMDC) continually focuses on elevating the standard of care, working to expand patient access, improve outcomes, reduce health system costs and drive value. We use our extensive expertise in surgery, orthopaedics, interventional solutions and vision care to deliver innovative solutions for doctors and patients, often in partnership with experts and specialist organizations around the world.

JJMDC innovation progress in 2020 includes:

- **Success in treating atrial fibrillation:** This year, our Biosense Webster business received European CE mark approval for QDOT MICRO Catheter, a next-generation high-power, short-duration ablation catheter that has demonstrated the ability to reduce total procedure time,4 and FDA approval for the treatment of persistent atrial fibrillation with the THERMOCOOL SMARTTOUCH SF Ablation Catheter. These are important milestones to further treatment options for the millions of people who suffer from atrial fibrillation.

- **Seeing surgery remotely:** JJMDC in the UK completed its first digitally assisted case using Rods&Cones surgical glasses as part of a groundbreaking pilot that ensures we can continue to help surgeons remotely, a benefit especially relevant during the COVID-19 pandemic that continues to impact hospital access. These glasses provide a “surgeon’s eye view,” allowing remote communication with the surgical team throughout a procedure. This first case was a laparoscopic liver resection carried out at University Hospital Southampton, assisted virtually by a technical expert from our Ethicon business.

- **A better way to staple:** Ethicon launched ECHELON ENDOPATH Staple Line Reinforcement (SLR), a novel buttressing device designed to further strengthen staple lines and reduce potential complications during bariatric, thoracic and general surgical procedures. The SLR device complements our existing stapling technology that has been associated with a lower rate of air leaks and bleeding complications. The prevention and reduction of leaks in complex surgical cases is a critical success factor in these procedures.

- **Managing astigmatism:** Our new CATALYS cOS 6.0 software with advanced astigmatism management, developed for the CATALYS Precision Laser System by Johnson & Johnson Vision in collaboration with Cassini Technologies, received FDA clearance. Limitations of the currently available diagnostic and surgical methods are some of the key barriers to surgical correction of astigmatism. CATALYS cOS 6.0 software offers improved astigmatism management and improved patient experience.

- **New surgical instruments for obstetric fistula repair:** There have been few innovations in surgical instrumentation for obstetric fistula repair in the last 50 years. In 2020, we collaborated with Dr. Rachel Pope, Assistant Professor, Urology Institute, University Hospitals Cleveland Medical Center, to develop or improve three surgical instruments used during fistula surgery. These improvements aim to provide high-quality instrumentation to increase patient comfort, maximize surgeon visibility, and improve safety for both the patient and the surgeon. By reducing cost and surgery time, the goal is to develop a sustainable sourcing model in resource-limited settings.

In 2020, we achieved a milestone of one million patients globally who have received our ATTUNE Knee System, delivered by our DePuy Synthes company, part of JJMDC. Backed by comprehensive clinical and performance data, the ATTUNE Knee System alleviates the chronic pain and disability associated with osteoarthritis that affects millions of people worldwide. DePuy Synthes continues to innovate to provide state-of-the-art knee solutions to meet the full spectrum of patient needs with the ATTUNE Knee System.

As we look to the future, Johnson & Johnson Medical Devices is driving innovation in a fast-evolving MedTech industry and technology landscape. Our vision for the future of medical devices is to make medical intervention smarter, less invasive and more personalized.

Ashley McEvoy, Executive Vice President, Worldwide Chairman, Johnson & Johnson Medical Devices Companies (JJMDC), Johnson & Johnson
Consumer Health innovation: Johnson & Johnson

Consumer Health advances personal health for consumers every day with products that are rooted in science and endorsed by professionals. We combine the power of science with meaningful human insights and digital-first thinking to deliver life-enhancing, first-to-market innovation, including over-the-counter and naturally inspired health and wellness products; high-performance products for healthy skin; and everyday products that deliver effective outcomes for healthier consumers at every stage of life.

Consumer Health innovation achievements in 2020 include:

- **Better outcomes for smoking cessation:** In the UK, we launched NICORETTE QUICKMIST SMARTTRACK, the first connected OTC product in the world. This groundbreaking product is a mouth spray for rapid craving relief, connected to a smartphone app for tracking usage and progress against goals, as well as receiving tips and support on how to stop smoking. Developed in partnership with our behavioral science experts, QUICKMIST is clinically proven to improve “quit” outcomes significantly when compared to willpower alone.

- **Healthier scalps:** We launched the NEUTROGENA Healthy Scalp collection, bringing the science of skincare to scalp and haircare. Healthy Scalp is clinically proven to cleanse and moisturize the scalp without stripping strands, starting with a healthy, gentle daily approach to overall scalp and hair health, while traditional haircare focuses on the strand, and therapeutic scalp solutions tailored to addressing specific scalp concerns.

- **Faster and more convenient pain relief:** We rolled out TYLENOL Dissolve Packs for adults, building on the success of last year’s similar product designed for children. This offers fast effective relief in a convenient powder form that dissolves without water on the tongue in seconds.

Accelerating external innovation: A significant benefit of our broad and diversified capabilities across our three pharmaceutical, medical devices and consumer health segments is our ability to leverage the specialist capabilities of each to deliver innovations that span a range of health outcomes. Through Johnson & Johnson Innovation, for instance, startups, entrepreneurs and academic researchers, among others, can discuss early-stage deals and collaborations, company incubation and other startup services, venture capital funding—or combinations of these and further support measures—with Johnson & Johnson. In 2020, Johnson & Johnson Innovation launched 12 QuickFire Challenges inviting innovators to receive funding and support for new technologies and therapies relating to mental health, oncology, tuberculosis, pediatric surgery, respiratory infections, digital surgery, digital beauty and much more. A total of $1.7 million in grant funding was awarded to 31 innovators. Read more about these and other initiatives including our JLABS incubation and startup services in the [JLABS 2020 Review](https://www.johnsonandjohnson.com/innovation).  

Supporting breakthrough healthcare innovation: In 2020, we were thrilled to see impressive innovators in healthcare receive recognition and awards worth $50,000 each for their breakthrough innovations to improve human health and help people age well and live longer, healthier lives. The awards were granted in the first round of the National Academy of Medicine’s (NAM) Healthy Longevity Catalyst Awards in the United States. These awards are sponsored by Johnson & Johnson Innovation and are part of a larger NAM initiative called the [Healthy Longevity Global Competition](https://www.nationalacademies.org/longevity), which is aimed at spurring innovation that has the potential to transform the field of healthy longevity. Globally, approximately 450 awards of $50,000 each will be made available by NAM and its sponsoring partners over the duration of the multiphase competition. In the final phase, by 2025, one or more Grand Prize winner(s) will each be awarded up to $5 million to help make their game-changing innovations a reality.
Global Public Health Strategy

GRI J&J20-2

Johnson & Johnson has a longstanding commitment to addressing unmet needs of underserved populations. As the largest healthcare company in the world, we have an opportunity, and a duty, to impact the health of people everywhere, and this is especially relevant today as the COVID-19 pandemic continues to lay bare and exacerbate the disparities in healthcare systems worldwide. Our industry-first, fully dedicated Global Public Health (GPH) organization combines world-class research and development, global strategy and external affairs capabilities with local implementation and impact teams to tackle the biggest health challenges facing the underserved, measuring our success in lives improved.

Over the past five years since the launch of GPH, we have realized significant progress in key areas including HIV, TB, Ebola, and more recently, COVID-19, among many others. Our ambitions for the future are captured in our Health for Humanity 2025 Goals that are embedded in the new, ambitious public health strategy that sets our direction for the next decade. Our legacy and progress give us confidence to take on the world’s toughest healthcare challenges and substantially increase our public health impact for billions of people in underserved communities around the world.

We will achieve our expanded impact by:

• Focusing on innovation to deliver transformational outcomes for patients across the full spectrum of our GPH portfolio, using next-gen science to combine (i) R&D with (ii) real-world evidence with potential for public health impact in resource-limited settings;

• Tackling emerging pathogens by establishing the capabilities needed to identity and develop counter measures for potential threats by building on our existing work against dengue and recent efforts on COVID-19;

• Significantly scaling up our organizational capabilities to lead, manage, deliver and partner on a broad range of GPH initiatives, using integrated technology, patient insights, unique collaborations and a core internal team of specialists;

• Reaching more underserved populations through even closer collaboration across all the Johnson & Johnson companies to leverage the full scale and synergies of our resources, including deeper engagement with our Global Community Impact organization and its commitment to support frontline health workers; and

• Expanding our scope to include a focus on global surgery, in close collaboration with JJMDC. This includes obstetric fistula, a preventable and treatable birth injury caused by prolonged labor, which occurs most frequently in areas where it is difficult to access professional medical care. For many years, we have pioneered programs with organizations like the United Nations Population Fund and the Fistula Foundation. Such programs reduce the suffering and stigma of obstetric fistula through community outreach, surgeon and surgical team training, product donations, and post-surgical rehabilitation. We are continuing to support women who suffer from this devastating injury through our new Health for Humanity 2025 Goal:

2025 Goals

Reduce Burden of Obstetric Fistula

By 2025, reach 10,000 women living with obstetric fistula by strengthening the capacity of health workers and supporting delivery of surgical repair.

For full details of this Goal and KPI, see our Health for Humanity 2025 Goals.

In this section, we share our progress in 2020 in the following areas:

HIV
Tuberculosis
Global Health Security
Neglected Tropical Diseases
Mental Healthcare
HIV
SASB HC-BP-240a.1

HIV continues to be a priority global health concern, affecting millions of people and their families each year.

At Johnson & Johnson we aspire to make HIV history, including through the public goals we set relating to HIV. See our Health for Humanity 2020 Goals Progress Scorecard for progress we made on HIV in the last five years.

Our Health for Humanity 2025 Goal relating to HIV is no less ambitious and focuses on providing expanded access to our most innovative treatments.

### 2025 Goals

**Access to HIV Treatment**

By 2025, develop and enable HIV long-acting injectable (LAI) access solutions to provide care for people living with HIV in two countries in Resource-Limited Settings (RLS).

For full details of this Goal and KPI, see our Health for Humanity 2025 Goals.

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### Global HIV Prevalence

- **38 million**
  - people living with HIV in 2019
- **1.7 million**
  - people newly infected with HIV in 2019
- **25.4 million**
  - people accessed antiretroviral therapy in 2019, up from 6.4 million in 2009

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**Treating HIV in Resource-Limited Settings**

In collaboration with ViIV Healthcare, our focus is to bring a new, long-acting injectable treatment regimen to high-burden countries where new treatment options are needed. Initially, we are planning regulatory filings in two countries to demonstrate a path for access and availability in resource-limited countries, where Janssen will be the lead company.

The new regimen’s availability in resource-limited countries would be significant. Because of advances in modern medicine, HIV should no longer be considered a death sentence; however, people with HIV must currently maintain strict, lifelong treatment regimens. Reducing the frequency of medication from daily to six times a year may make adherence easier on a long-term basis. Also, daily pill regimens may create stigma for those living with HIV, creating a barrier to seeking and adhering to treatment due to fear of disclosure. Long-acting injectable regimens could provide solutions to these challenges.

The youth-led, peer-to-peer HIV prevention program DREAMS Thina Abantu Abasha reached over 1.1 million adolescent girls and young women in South Africa in 2020.
Our HIV treatment and vaccine progress in 2020 includes:

**Phase 3 success in HIV treatment regimen:** We confirmed 48- and 96-week results of our global Phase 3 trials demonstrating the safety and efficacy of long-acting injectable HIV treatment with our rilpivirine long-acting (LA) and ViiV Healthcare’s cabotegravir LA, offering people living with HIV a new approach for maintaining viral suppression. This novel regimen was co-developed as part of a collaboration with ViiV Healthcare.

**Approvals for use of HIV treatment regimen:** The first long-acting, two-drug injectable regimen, co-developed in collaboration with ViiV Healthcare, has been approved for the treatment of HIV-1 infection in adults by health authorities around the world. This breakthrough two-drug injectable regimen, combining Janssen's rilpivirine LA with ViiV Healthcare's cabotegravir LA, enables reduction of daily treatment to just 12 treatment days a year (administered once-monthly), or in some countries, only six treatment days per year (administered once-every-two-months)—see table below. The long-acting injectable regimen was preferred by a majority of clinical trial patients who tried the treatment over their previous daily, oral, three-drug regimen and represents a milestone in enabling a better quality of life for adults living with HIV.

### HIV treatment regimen approvals

<table>
<thead>
<tr>
<th>2020</th>
<th>2021</th>
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<tr>
<td><strong>March:</strong> Once-monthly regimen approved by Health Canada</td>
<td><strong>January:</strong> Once-monthly regimen approved by the FDA</td>
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<tr>
<td><strong>December:</strong> Once-monthly and once-every-two-months regimens approved by the European Commission</td>
<td><strong>February:</strong> Once-monthly and once-every-two-months regimens approved by the Australian Therapeutic Goods Administration</td>
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<tr>
<td><strong>March:</strong> Once-every-two-months regimen approved by Health Canada</td>
<td><strong>March:</strong> Once-every-two-months regimen approved by Health Canada</td>
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Regulatory review is ongoing in several other countries around the world.

**Progress in Imbokodo and Mosaico vaccine programs:** We won’t stop until we make HIV history. Since 2005, we have progressed the development of our preventive HIV vaccine; we are currently the only company with an HIV vaccine in late-stage clinical development, including two large-scale efficacy studies (Mosaico and Imbokodo) underway. The investigational HIV vaccine regimen is based on ADVAC viral vector technology, which we have successfully reapplied in our development of a COVID-19 vaccine and an Ebola vaccine.

At Janssen, we are incredibly proud of this progress in achieving our goal to address some of the biggest health threats of our time. We will continue building on our 25-year commitment to make HIV history and to change the course of the epidemic through our passionate pursuit of innovation, from long-term remission to effective prevention of HIV.

Paul Stoffels, M.D., Vice Chairman of the Executive Committee, Chief Scientific Officer, Johnson & Johnson

Our two investigational preventive vaccine efficacy studies are progressing in 13 countries with enrollment of 6,000+ participants, despite the challenges presented by COVID-19. As the COVID-19 pandemic spread, the teams overseeing and staffing the Imbokodo study sites in five different African countries quickly secured additional supplies of PPE for trial staff and implemented a variety of controls to ensure the safety of study participants. Despite these challenges, all participants have since completed vaccination. Additionally, the Mosaico trial has now opened enrollment in all trial countries.

Our GPH team is also collaborating with organizations like the U.S. President's Emergency Plan For AIDS Relief, the Elizabeth Glaser Pediatric AIDS Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria and others in those countries hardest hit by HIV.
HIV prevention for women: The first long-acting HIV prevention method specifically designed for women, the monthly dapivirine ring, developed by the International Partnership for Microbicides using exclusive rights to our ARV compound, received a positive opinion from EMA as part of its EU-M4all program. In addition, the WHO prequalified the ring and recommended the product in its updated HIV guidelines, which many countries use to inform their own policies. The dapivirine ring offers women an alternative to existing methods, which can present challenges for some women, such as side effects, adherence to daily dosing regimens or a need for partner cooperation. The flexible, silicone ring is discreet, easy to use, has minimal side effects and only needs to be replaced monthly.

HIV prevention for adolescent girls and young women (AGYW): In sub-Saharan Africa, our collaboration with DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) Thina Abantu Abasha (DTAA), a youth-led, peer-to-peer HIV prevention program, continues to empower AGYW aged 14 – 24 with leadership, employability, sexual and reproductive health and rights information and skills in six high-incidence districts in two provinces in South Africa. The program reached 1.4 million young women in 2018 and 2019. In 2020, results of an independent qualitative evaluation of DTAA were published, with encouraging outcomes. Of those evaluated, 64% of sexually active young women aged 19 – 24 reported starting to use condoms, 88% reported starting to use contraception, and 100% reported they were tested for HIV as a result of program participation. In light of challenges due to COVID-19, more extensive use was made of social media and communication tools to ensure continued reach to over 1.1 million AGYW in 2020.

HIV treatment for children in sub-Saharan Africa: Our founding role in the New Horizons Collaborative (NHC) aims to provide children with HIV therapies in 11 countries across the region, through drug donation—including our PREZISTA (darunavir) and INTELENCE (etravirine)—and capacity building. Preliminary analysis from a real-world evidence study conducted by EGPAP found that among the children and adolescents enrolled in NHC receiving our medicines, 78% achieved virologic suppression at 12 months. In 2020, despite the COVID-19 pandemic, NHC onboarded one new country, the Republic of the Congo, and continued to enroll new patients. We are now collaborating with NHC partners to increase the program impact through greater technical assistance and other measures. We have also participated in the High Level Dialogues on Pediatric HIV organized by The Vatican, which resulted in the 2020 Rome 5 Action Plan and a set of specific commitments from Johnson & Johnson focused on young people living with HIV.

HIV diagnosis and treatment for men: As a founding member, in 2018, of the MenStar Coalition, aiming to expand the diagnosis and treatment of HIV infections in men, particularly in sub-Saharan Africa, we have worked with our five collaborators to guide the development of the MenStar strategy and programs. In 2020, we played a key role in launching MINA, a campaign in South Africa that speaks directly to men on health and well-being, including HIV care and treatment. The MINA campaign includes real-life stories from men living with HIV, and resources such as a roadmap to health that depicts the healthcare journey in a clear, concise and motivating manner.

Piloting drones in Uganda: We are currently funding a multiyear pilot program with the Infectious Diseases Institute in Kampala, Uganda, to explore the feasibility of using medical drones to deliver critical treatments where they are needed most, for example, in Uganda’s Kalangala District, which comprises 84 islands in Lake Victoria and has the highest HIV prevalence in the nation. The goals of the program are to bring lifesaving solutions to patients directly and efficiently, protect healthcare workers and allow them more time with patients within their health centers. Today, health workers must travel to patients by small boats, where they face inclement weather and risk drowning to access these areas which will now be served by drones.

For more about our progress in HIV vaccines, treatments and collaborations, see our HIV webpage.
Tuberculosis (TB), despite being preventable and curable, continues to claim more than one million lives each year. Our aim to enable a world without TB has for more than 20 years guided our investment in developing an innovative treatment, expanding access and improving TB-related healthcare capacity. This investment includes our 10-year initiative, announced in 2018, to combat TB, and a further commitment of $500 million to advance TB and HIV innovation over four years, starting in 2019.

The achievement of our TB Health for Humanity 2020 Goals is a significant milestone. We continue to set ambitious targets as we progress toward eliminating this disease.

Our progress in advancing and partnering to tackle TB in 2020 includes:

**FDA approval of bedaquiline for children aged 5 and older:** The FDA has approved SIRTURO (bedaquiline) as part of combination therapy for the treatment of multidrug-resistant tuberculosis (MDR-TB) in infected children aged 5 years and older weighing at least 15 kg. This new 20 mg formulation allows for dispersal in water for those unable to swallow pills and represents an important step in modernizing pediatric therapies for some of the most vulnerable MDR-TB patients.

**Supporting the uptake of recommended MDR-TB treatment:** Johnson & Johnson and the Stop TB Partnership joined forces to scale up use of bedaquiline in an effort to accelerate global implementation of the 2019 WHO treatment guidelines. These guidelines recommend the inclusion of bedaquiline in all-oral treatment regimens, thus enabling home-based care and helping protect the safety of drug-resistant TB patients, a critical measure during the COVID-19 pandemic. To facilitate this, we made bedaquiline available to the Stop TB Partnership’s Global Drug Facility at a reduced price per six-month treatment course for more than 135 eligible countries, including an escalating percentage of free goods when certain volume thresholds are reached on an annual basis.

As the world responds to COVID-19, it is critical that we don’t just fight the new pandemic but act decisively to mitigate the knock-on impact on other diseases, protecting lifesaving programs and shoring up overstretched health systems. This new bedaquiline access agreement offers an opportunity to save more lives through scaling up more effective treatment of a difficult-to-treat and deadly disease.

Peter Sands, Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria
Current tools are insufficient for accelerating and sustaining global progress against TB. Innovative partnerships, such as the PAN-TB collaboration, are urgently needed to develop new drugs and treatment regimens that can address TB and advance progress towards achieving global elimination TB goals.

Trevor Mundel, President, Global Health, Bill & Melinda Gates Foundation

New collaboration to treat TB: We were the founding members of the Project to Accelerate New Treatments for Tuberculosis (PAN-TB collaboration), a consortium of philanthropic, nonprofit and private sector organizations aiming to accelerate the development of novel “pan-TB” drug regimens. The regimens will be designed to have little to no drug resistance and an acceptable safety profile, and be better-tolerated, shorter in duration and simpler to use than existing options. Together with PAN-TB collaboration members, we committed to leveraging our resources and scientific expertise to advance the development of such new treatments that will address the current complexities and challenges of tackling TB.

TB initiatives during COVID-19: With the COVID-19 pandemic creating acute challenges for TB patients and access to treatment, we advanced several initiatives to maintain and enhance access to MDR-TB treatment during 2020. For example, our Global Public Health and JLABS teams launched the Drug-Resistant Tuberculosis (DR-TB) Lifeline QuickFire Challenge to generate solutions to help ensure continuity of care for DR-TB patients. Read more about this in the section United in Defeating COVID-19: Addressing Patient Needs.

Patient finding: We have supported the MTV Staying Alive Foundation to launch a first-of-its-kind “edutainment” campaign called MTV Nishedh to raise awareness and reduce stigma around TB among young people in India, as a way to encourage those with TB symptoms to seek care. MTV Nishedh demonstrated the reality of living with TB through TV, radio and online content, reaching nearly 200 million people in India and directing more than 100,000 viewers to the National TB helpline. In China, we are also working with the National Health Commission and the Chinese Center for Disease Control and Prevention to improve MDR-TB case detection rates, covering 10 million people in poverty-stricken regions.

Preventing TB in cities: We support the Harvard Medical School and other members in the ambitious Zero TB Initiative that aims to create “islands of elimination” that will contribute to lowering rates of TB in cities. In 2020, using its “Search-Treat-Prevent” strategy in 31 cities across high-burden countries, the Zero TB Initiative continued to lay the foundation for TB elimination, as well as care delivery for other infectious and non-communicable diseases.

Educating healthcare professionals: In the Philippines, Johnson & Johnson and local partners, supported by the Union, a global organization working to improve health in low- and middle-income countries, launched the TB Academy, an online learning platform aimed to further the education of Filipino healthcare practitioners and specialists in treating MDR-TB. The TB Academy program consists of three certification training levels for clinical officers and nurses, clinicians and DR-TB experts.

For more about our progress in tackling TB, see our TB Factsheet and our TB web page.
Global Health Security
SASB HC-BP-240a.1

In 2020, global health security was dominated by the COVID-19 pandemic, which highlighted rapidly and painfully how small the world really is when it comes to the spread of disease. See our COVID-19 section for our enterprise-wide response. The incidence and scale of disease outbreaks with epidemic potential appear to be worsening in the 21st century due largely to urbanization, deforestation, globalization and greater human/animal interaction.10

Outsmarting pandemics is a complex challenge, requiring fundamentally robust healthcare systems around the world and collaborative, coordinated preparedness across multiple disease areas that have pandemic potential. Johnson & Johnson is actively engaged in responding to and preventing a broad range of pandemic threats; our experience in these areas has been built over more than a century.

We maintain a wide range of collaborations to advance global health security and pandemic preparedness. One such collaboration is with the Biomedical Advanced Research and Development Authority (BARDA), part of the U.S. Department of Health and Human Services, to accelerate the research and development of solutions for a range of diseases with pandemic potential.

Our Health for Humanity 2025 Goals include a key focus on combating pandemics and epidemics.

See sections HIV and TB, and our United in Defeating COVID-19 section for further information. In addition to our work in these areas, we continue to advance ways to protect global health from diseases such as Ebola, Zika, influenza and others.

In 2020, we made advancements in the prevention of Ebola:

Approval of Janssen’s Ebola11 vaccine regimen: In 2020, the European Commission granted marketing authorization for our vaccine regimen for the prevention of disease caused by Ebola virus. The vaccine regimen leverages Janssen’s ADVAC technology (that is also being used to develop vaccines against COVID-19, RSV, HIV and Zika) and Bavarian Nordic’s MVA-BN technology. This approval marks the first major regulatory approval of a vaccine developed by Janssen and enables us to collaborate with the WHO on vaccine pre-qualification to help accelerate broader access to those most in need, including registration of our Ebola vaccine regimen in African countries. This regimen is for active immunization for prevention of disease caused by Ebola virus in individuals one year of age or older.

Continued use of our Ebola vaccine regimen: In 2020, our Ebola vaccine regimen continued to be used in response to the second-worst outbreak on record, in the North Kivu province of the Democratic Republic of the Congo (DRC), which was declared over in June 2020. Our vaccine continues to be used as part of the Rwanda Ministry of Health’s UMURINZI vaccination campaign, which was launched in December 2019 in response to the North Kivu outbreak, and is aimed at protecting people living along Rwanda’s border with the DRC from the threat of Ebola. To date, nearly 200,000 individuals have received at least the first dose of our Ebola vaccine regimen, many of whom live in Ebola-prone areas in Africa.

2025 Goals

Preventive Viral Vaccine Capabilities

By 2025, demonstrate the capabilities to be ready to respond to a pandemic or epidemic threat within 12 – 18 months of an outbreak by generating data to support an emergency use submission to a stringent regulatory authority for a preventive viral vaccine (as first demonstrated through our COVID-19 vaccine program).

Global Access Plans

Contribute to addressing endemic diseases by establishing global access plans for all relevant Johnson & Johnson Global Public Health and Janssen Infectious Diseases & Vaccines R&D pipeline assets by 2025.
Supporting Ebola vaccination awareness and engagement: We are supporting the Ebola vaccination campaign and community engagement through our work in the EBODAC (Ebola Vaccine Deployment, Acceptance and Compliance) consortium, which is funded by the Innovative Medicines Initiative and also includes the London School of Hygiene & Tropical Medicine, World Vision and Grameen Foundation. Innovative iris scanning technology and automated phone reminders help track the uptake and impact of the Janssen Ebola vaccine while a mobile training platform reinforces key Ebola messages for the community health worker population.

Our Health for Humanity 2025 Goals include a focus on using digital technologies to combat pandemics and epidemics.

**2025 Goals**

**Vaccination Monitoring Platform**

By 2025, enable global/open access to a vaccination monitoring platform for Global Health Security vaccination programs.

For full details of this Goal and KPI, see our Health for Humanity 2025 Goals.

New trial for Ebola vaccine in pregnant women:

In 2020, we initiated a trial of our two-dose Ebola vaccine regimen in healthy pregnant women in Rwanda called INGABO. Pregnant women who have contracted Ebola face increased mortality and morbidity, and a near 100% rate of adverse pregnancy outcomes. For more about our work to combat Ebola, see our Ebola web page.

Collaborating to reduce emerging and endemic infectious disease risk: In 2020, we continued our Forest Health Futures collaboration with EcoHealth Alliance, a nonprofit dedicated to addressing emerging infectious diseases, and the Government of Liberia. Our focus was on advancing modeling efforts that will help the Liberian government better predict the potential risk of emerging infectious diseases, including Lassa Fever, from development activities, and the potential risk of increasing rates of endemic diseases (e.g., malaria).

Other areas of progress in 2020 include:

**Unlocking the collective power of the global community:** In December 2020, Johnson & Johnson’s JLABS and BARDA convened a virtual three-day symposium of the BLUE KNIGHT™ community comprised of thought leaders, innovators and entrepreneurs to explore infectious disease, public health and acceleration of response. The sessions explored high-priority areas of interest for scientific and technological innovation aimed at improving our preparedness and response to emerging health security threats. Blue Knight is a new joint initiative formed by JLABS and BARDA to stimulate innovation and incubation of technologies that improve health security.

**Protection from respiratory pathogens:** In 2020, we named the winner of our JLABS QuickFire Challenge, launched in 2019, inviting innovators to submit potential solutions that repel and protect against airborne viruses while integrating seamlessly into everyday life. The winner, Taza Aya, specializes in non-thermal plasmas used to sterilize or deodorize ventilation air across a range of industries and applications.

**Overcoming Antimicrobial Resistance (AMR):**

In 2020, Johnson & Johnson joined more than 20 leading pharmaceutical companies to collectively invest nearly $1 billion through the AMR Action Fund with the goal of bringing two to four new antibiotics to patients by the end of the next decade. This is the world’s largest public-private partnership now working to address AMR, acknowledging that immediate action is required. As a founding member, we committed $100 million to the Fund. For more information on our approach to AMR, see our Position on Antimicrobial Resistance.

WHO has declared that AMR is one of the top 10 global public health threats facing humanity. Growing drug resistance is compounding AMR as a public health challenge. For example, drug-resistant TB (DR-TB) now accounts for nearly one-third of all deaths from AMR, with hundreds of thousands of new cases of DR-TB detected each year. See also the section on TB.

For more about Global Health Security and our ongoing work to address other diseases such as Malaria, Zika, Chagas disease and more, see our Factsheet and our We Must Outsmart Pandemics webpage.

For more information on how the intersection of human health and climate health impacts are related to pandemics, read our Position on Human Health and the Environment.
Neglected Tropical Diseases
SASB HC-BP-240a.1

Our work to deliver critical solutions to combat Neglected Tropical Diseases (NTDs) includes both ensuring access to our medicine for soil-transmitted helminthiasis (STH), also known as intestinal worms, as well as advancing R&D for dengue, Chagas and leprosy. In collaboration with WIPO Re:Search, the Janssen Pharmaceutical Companies of Johnson & Johnson (Janssen) share 80,000+ chemical compounds from its Jump-stARter molecular library with the global research community to help collaborators accelerate treatment and prevention of NTDs and other diseases common in the developing world. Our efforts are supportive of the World Health Organization NTD Roadmap and its 2030 global targets to reduce the impact of NTDs.

More than 1.7 billion people are affected by NTDs, comprising about 20 communicable diseases that cause debilitating conditions and morbidity.15

NTDs disproportionately impact the most vulnerable individuals in low-resource countries, often due to inadequate sanitation and living in areas infested with vectors that transmit these diseases.

Our progress in 2020 in reducing the impact of NTDs includes:

Using data science to advance innovation in combating NTDs: We are currently working on the development of an affordable Artificial Intelligence (AI)-based digital pathology tool that will enable country programs to effectively monitor and target treatment for STH. The prototype currently being tested automatically counts parasite eggs in stool that would develop into STH parasitic worms, eliminating the need for lab technicians to manually read slides and reducing the burden of reporting and surveillance for country NTD program managers. In 2020, we formed a collaboration with Merck KGaA, Darmstadt, Germany, through its Global Health Institute, to include schistosomiasis, an NTD caused by parasitic flatworms, in the AI platform.

Continuing to combat intestinal worms: Our VERMOX (mebendazole) donation program achieved its Health for Humanity 2020 Goal of one billion doses donated from 2016 – 2020. In 2020, our donations included 50 million doses of VERMOX to the WHO to treat expanded populations such as adults and women of reproductive age. This donation enabled The END Fund to unlock additional philanthropic funding through its Deworming Innovation Fund to support treatment delivery and broader efforts to build health systems capacity in Ethiopia, Rwanda and Kenya.

Since the VERMOX (mebendazole) donation program’s inception in 2006, approximately 1.8 billion doses have been donated, treating up to 100 million children annually.

Milestone in preventing dengue fever: Our first-in-class antiviral for the prevention of dengue, both for travelers and vulnerable populations living in dengue-endemic areas, was granted fast-track designation by the FDA in 2020. This is strong recognition of our efforts over the past seven years to combat dengue, for which there is currently no effective pharmaceutical prevention or treatment option. Our antiviral treatment is now in Phase 2a clinical development. Also, during 2020, we signed a Memorandum of Understanding agreeing to collaborate with King Abdullah University of Science and Technology to explore opportunities for research and innovation in NTDs with a specific focus on dengue fever.

Combating leprosy: More than 200,000 new cases of this ancient disease were reported in 2019,16 and we continue to investigate how to simplify and shorten the current multi-drug therapy regimen, address the challenge of drug resistance and decrease transmission. A Phase 2/3 trial is being planned to evaluate the efficacy and safety of bedaquiline in participants with leprosy.

For more about our progress in tackling NTDs, see our webpage on NTDs.

More than 2020, 2020 Health for Humanity Report

Johnson & Johnson’s donation will improve the lives of millions and fast-track progress towards the elimination of disease caused by parasites that have held back human progress for millennia.

Ellen Agler, CEO, The END Fund
Mental Healthcare
SASB HC-BP-240a.1

Mental health impacts the physical, social, and economic health of individuals and societies worldwide. Many people suffering from mental illness live in low- and middle-income countries (LMICs), where access to quality mental healthcare is limited. In fact, more than 75% of people with mental health disorders in LMICs receive no care at all.1” With more than 60 years of supporting those affected by mental illness, Johnson & Johnson is committed to expanding access to mental healthcare to positively impact people’s lives.

Building on strong progress made to date, our new Health for Humanity 2025 Goals include a specific ambition to improve mental health in Rwanda.

2025 Goals
Access to Schizophrenia Treatment

By 2025, we will have demonstrated the health, economic, social value and affordability, of using paliperidone palmitate LAI to treat schizophrenia in Rwanda through proof-of-concept.

Following a feasibility study with one-month and three-month injectables, we are conducting the first-ever mental health clinical study on the benefits of our long-acting injectable antipsychotic (paliperidone palmitate) for the treatment of schizophrenia in Rwandan healthcare settings. The study, to be completed by 2024, will help build an evidence base for policy-making and healthcare decisions to provide innovative solutions for mental health.

Our work in Rwanda builds on our progress to date in significantly advancing the standard of care for schizophrenia patients, including:

- Registration of paliperidone palmitate for the treatment of schizophrenia, and
- Registration of paliperidone palmitate three-month as the first long-acting injectable in Rwanda.

Focus on community-based mental healthcare:

In 2020, we continued to support Partners in Health as they scaled up their comprehensive model of community-based mental healthcare to all targeted health centers and district hospitals in two districts of Rwanda, Kirehe and Kayonza. During the COVID-19 pandemic, the project continued to provide routine mental healthcare and social support to patients at district hospitals and community health centers via online platforms, including developing COVID-19-specific mental health training and psychosocial materials for healthcare professionals and community health workers when in-person training was not possible.

Raising awareness for mental health needs: We continue to be active on many fronts to raise awareness for the prioritization of mental health care at the global and national levels. In 2020, in honor of World Mental Health Day, we collaborated with international advocacy organization Global Citizen to raise awareness of the global burden of mental illness.

Ending mental health stigma: We collaborated in a new global coalition, Science Over Stigma (SOS), composed of public, private and non-governmental organizations committed to ending the stigma related to mental health challenges, by bringing together advocacy, social and biologic sciences, and arts and culture to improve collective impact, deepen understanding of the physiologic aspects of mental illness and fuel fresh dialogue about stigma through storytelling and expressive arts.

Partnering to develop transformative treatments:

Through our Janssen Neuroscience group, we joined a new cross-sector collaboration to accelerate the development of urgently needed early-stage treatments for patients at risk of developing schizophrenia. The five-year Accelerating Medicines Partnership in Schizophrenia (AMP SCZ) project, continues our longstanding commitment to develop transformational therapies for patients who are living with this devastating disease.

Additional investments in mental health: We invest in improving resilience and providing mental health and psychosocial support for health workers. See the section Strengthening Health Systems, and specifically through 2020, our support during COVID-19 in the section Supporting the Front Lines of Care. Similarly, we provide extensive support for Johnson & Johnson employees around the world, both as part of our ongoing employee programs and in response to the COVID-19 pandemic. See sections Employee Health, Safety & Wellness and COVID-19: Protecting Employees.

For more information on our 2020 neuroscience pharmaceutical innovation, see the section Innovation in Practice. For more about our progress in addressing mental health, see our web page.
Access & Affordability

GRI J&J20-1, SASB HC-BP-240a.1, SASB HC-BP-240a.2

At Johnson & Johnson, the world's largest healthcare company, we tirelessly strive to improve access to our innovative medicines, vaccines, devices and diagnostics in all countries, and especially for underserved and vulnerable populations in resource-limited settings. For almost one-third of the global population, medicines and vaccines are not an option.18

Access and pricing: Through active collaboration, we make our medicines readily accessible and affordable for patients and health systems in accordance with the specific reimbursement systems and laws of different countries. Using tools such as equity-based tiered pricing and collaborations with public health organizations, we strive to help achieve broad and timely access to our medicines in a way that is affordable locally. Our Global Public Health achievements over several years have transformed access to treatments for HIV, TB, NTDs and more (see the Global Public Health Strategy section). As a signatory to the Business for Social Responsibility (BSR) Guiding Principles on Access to Healthcare, we collaborate broadly across our industry to improve access for patients around the world.

Leading the global access ranking: The 2021 Access to Medicine Index (ATMI) was released in January 2021 and we are proud to again rank as one of the top three companies advancing access to medicines in low- and middle-income countries around the world. Our consistent, decade-long recognition of leadership in this independent evaluation is the result of a longstanding, deliberate and focused strategy aimed at solving some of the most difficult global health challenges and advancing equitable access to care for everyone, everywhere.

The ATMI evaluates the world's 20 largest pharmaceutical companies on their efforts to expand access to medicines. Each new Index raises the bar for the industry as the global health landscape changes and expectations for companies evolve.

6 Johnson & Johnson products are included in the WHO List of Prequalified Medicinal Products:

<table>
<thead>
<tr>
<th>Darunavir (ethanolate), Tablet, Film-coated 75mg</th>
<th>Darunavir (ethanolate), Tablet, Film-coated 150mg</th>
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<tr>
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<tr>
<td>Etravirine, Tablet 25mg</td>
<td>Mebendazole, Tablets, Chewable 500mg</td>
</tr>
</tbody>
</table>

ATMI notes: "Johnson & Johnson has a total of 95 R&D projects featuring a relatively large priority R&D pipeline compared to its peers: 51 projects. Remarkably, Johnson & Johnson has the second largest pipeline and more than half of its R&D projects target priority diseases."
Pricing transparency in the United States: In early 2021, we published our fifth annual Janssen U.S. Transparency Report, which highlights information related to our R&D investment, approach to pricing and patient support programs. Updates from this year’s report include:

- The average net price decline of Janssen medicines in 2020 was 5.7%.*
- Janssen paid $29.4 billion in rebates, discounts and fees to payers and others in the health system in 2020.*
- Nearly 1.2 million patients were helped with access, affordability and treatment support through Janssen CarePath during COVID-19.**
- 646,000 commercially insured patients reduced their out-of-pocket costs through Janssen CarePath during COVID-19.**

Intellectual property (IP) management: We believe that flexible IP management is a key element to ensuring sustainable access to medicines, especially in low-income and low- to middle-income countries. We work with international funders, local governments and non-governmental organizations to develop approaches that benefit patients in need while continuing to uphold the value of IP in all parts of the world. For more information, see our Position on Intellectual Property.

Universal Health Coverage (UHC): We are advocates for global UHC and are committed to helping turn the promise of UHC into reality. We believe tailored strategies that align local needs, resources and market conditions must be part of the solution. For more information, see our Position on Universal Health Coverage. In 2020, we achieved our Health for Humanity Goal to drive policy thought leadership and strategic engagements to expand healthcare access and coverage in emerging markets. Several of our Health for Humanity 2025 Goals also address and support progress toward UHC.

In 2020, in support of Universal Health Coverage Day, celebrated each year in December to advocate for equitable health systems worldwide, we drove awareness about our efforts to strengthen health systems and promote public policy that will enable UHC. A key focus for Johnson & Johnson in recent years has been in Kenya, where we maintain a longstanding relationship with the Kenya Ministry of Health through which we continue to support multiple programs, including the Community Health Units for Universal Health Coverage platform, funded by our Johnson & Johnson Foundation, that formally integrates Community Health Volunteers into the health system.

Throughout the world, we play an active role in dialogue forums and policy initiatives that will move us closer to achieving UHC. In recent years, we have participated in programs in Brazil, Indonesia, Singapore and certain African countries, including Kenya.

Patient engagement: Active collaboration with patients and caregivers helps us understand access needs and inform our development programs. This involves partnering with patients and caregivers to help guide our decision-making throughout the product lifecycle and accelerate patient-inspired innovation. We aim to incorporate patients’ perspectives early in the development of medicines and medical devices, include the patient’s voice in clinical trial protocols and collaborate with patients to develop tailored solutions that empower them in managing their disease.

In 2020, in Europe, we launched a website dedicated to inflammatory bowel disease for patients. This provides a one-stop shop for patients and guides visitors through the patient journey. With this website, we aim to lower the threshold for patients, relatives, caregivers and patient organizations to retrieve relevant, value-added content and services on this disease.

In 2020, we completed more than 800 engagements and launched projects to expand access in two countries. We also exceeded our commitment to SDG #3 to advance access to safe, essential and timely surgical care for 50 million people, actually reaching more than 70 million people.

The Community Health Units for Universal Health Coverage platform is geared towards strengthening our community health systems that will empower our communities to demand and participate in quality health systems, and ensure universal access to healthcare, which is equitable, even to the most marginalised populations.

Dr. Maureen Kimani, Head, Division of Community Health, Ministry of Health, Kenya

* Figure according to Janssen Internal Financial Accounting.
** Data are an approximate number of patients supported by Janssen CarePath provided by the program administrator.
Similarly, in several markets, we enhanced our use of digital tools to reach out to patients and gain their perspectives, especially during 2020 when more people were engaging online because of COVID-19 restrictions. In South Korea, we launched a Patient Engagement Program that provides patient support capabilities through various channels including call center, text service and website.

**Patient feedback in clinical trials:** Now in its fourth year, our Patient Voice in Clinical Trials (PVCT) program continues to incorporate patient perspectives into the design and plans of our pharmaceutical clinical trials. To date, more than 2,500 patients and caregivers from 32 countries have provided feedback in the formal PVCT program. These patient insights have resulted in changes to clinical trials in response to patient feedback, for example:

- Replacing biopsies with imaging;
- Measuring fatigue;
- Reversing the order of assessments;
- Providing transportation; and
- Modifying inclusion or exclusion criteria and informed consent forms.

**Patient Engagement Research Councils (PERC):** Janssen Scientific Affairs maintains PERCs covering five key disease areas. PERCs are a group of contracted individuals living with a condition of interest that our scientists can work with to quickly gather patient insights over time, and thereby improve how we research, design studies and generate information. In 2020, we added the fifth PERC, covering pulmonary arterial hypertension (PAH), which met to understand attitudes and perceptions toward technology and its use in managing PAH patient health. The insights gathered during the PERC engagement, especially in relation to wearable technology, coupled with data provided through the PAH statistics group, informed the medical affairs study design to expand the inclusion criteria to allow for broader PAH patient trial participation. We also successfully piloted a psoriatic arthritis (PsA) Patient Engagement Day, uniting our employees with PsA PERC members in a virtual dialogue to better understand the patient perspective. In 2020, our PERC communities were especially useful in helping us understand the patient experience during COVID-19 and potential ways in which we could support healthy communities.

**Building the next generation of clinical trial design:** In our role as the Project Lead of the EU Patient-Centric Clinical Trial Platforms, or EU-PEARL, a public-private alliance to develop a common framework for “master protocol” trials to accelerate the development and approval of drugs, we continued our collaboration and engagement. Master protocol trials are used to simultaneously test the effectiveness of multiple medicines on multiple diverse diseases. OCMO is currently collaborating to develop a Clinical Trial Platform Framework that actively incorporates input from patient representatives for four specific diseases: major depressive disorder, tuberculosis, non-alcoholic steatohepatitis and neurofibromatosis.

**Optimizing clinical trials and patient follow-up:** Hugo is a novel digital platform that enables the capture and integration of patient real-world data (RWD) from electronic health records, empowering patients to become active partners in health research. During 2020, OCMO continued assessments of the feasibility and value of RWD capture via the Hugo platform and collaborated to publish joint findings in *Nature Digital Medicine*, highlighting the potential of the platform to optimize clinical trials by facilitating long-term patient follow-up.
Strengthening Health Systems

GRI 201-1, 203-1, 203-2, J&J20-11, SASB HC-BP-240a.1

At Johnson & Johnson, we contribute to advancing health and well-being in the communities in which we live and work. Our Global Community Impact (GCI) organization, through funding from the nonprofit Johnson & Johnson Foundation and other functional divisions and operating companies across the three Johnson & Johnson business segments, drives programming for our community giving, social impact and other philanthropic initiatives around the world. For more information, see our Position on Strengthening Health Systems and Position on Community Impact.

In 2020, we made significant progress toward our UN SDG Commitment across our community impact work. Our new Health for Humanity 2025 Goals include a specific commitment to support nurses and other frontline health workers.

2025 Goals

Support Frontline Health Workers

By 2030, in its efforts to strengthen health systems globally, the Johnson & Johnson Center for Health Worker Innovation will support and champion at least one million nurses, midwives and community health workers with skills, tools and growth opportunities.

Race to Health Equity: In 2020, we announced Our Race to Health Equity platform, backed by $100 million in commitments and collaborations over the next five years to invest in and promote health equity solutions for Black people and other communities of color in the United States. Society has been significantly impacted by systemic racism, the COVID-19 pandemic and the economic decline throughout 2020, which have all spotlighted healthcare inequities.

Our commitment prioritizes three key areas:

- **Healthier Communities** – investing in programs that help provide equitable healthcare for underserved communities;
- **Enduring Alliances** – forging partnerships and alliances that combat racial and social health determinants; and
- **Diverse & Inclusive Corporate Culture** – ensuring a diverse and inclusive workforce.

For more information, see Our Race to Health Equity web page.

In 2020, we engaged to create more equitable health systems through several collaborations. We partnered with Penn Medicine's Center for Community Health Workers to scale up community health worker programs in communities of color; and with National Medical Fellowships to introduce new scholarships and mentoring for students entering the medical, scientific and health fields. We invested in diverse entrepreneurs whose solutions address healthcare through Johnson & Johnson Impact Ventures (JJIV), an impact investment initiative founded in 2019 within the Johnson & Johnson Foundation. JJIV invests in mission-driven social enterprises that offer solutions for low-income populations. In particular, we believe that impact should be built into the business model and we typically engage once the business model has some early traction and has proven market viability.

We also leveraged our innovation platforms to support health equity. For example, in the face of increasing maternal mortality rates, JLABS launched the Maternal Health QuickFire Challenge, with a goal to spark new technologies that will improve pregnancy, birth, and postpartum care outcomes for women, making birth safer in the United States.

There is an urgent need to take on the inequities rooted in systemic racism that threaten health in communities of color across the United States. That’s why Johnson & Johnson is focusing its efforts and committing $100 million to address racial and social injustice as the critical public health issue that it is. As the largest and most broadly based healthcare company in the world, we are uniquely positioned to convene private, public and community organizations in pursuit of this shared aspiration and work together to make a meaningful impact through science, business, public health, and philanthropy.

Alex Gorsky, Chairman and Chief Executive Officer, Johnson & Johnson
Four challenge winners are advancing technology, surgical instrumentation or training methodologies that improve mothers’ health literacy, access to services, or clinical outcomes.

Several Consumer Health brand initiatives supported Our Race to Health Equity in 2020 around the world. LISTERINE and JOHNSON’S Baby joined the UN Foundation’s “Unite for Health” program, bringing partners together to demand greater cooperation and equity in health. In Brazil, STAYFREE partnered with NGO Plan International to engage consumers in choosing a social project in areas that can help other girls to progress in life: education, entrepreneurship and women’s health. In France, our teams partnered with Secours Populaire Français to donate VANIA napkins and NETT tampons to women unable to access sanitary products.

Additional progress in strengthening health systems in 2020 includes:

**Investing in frontline health workers:** Our daily lives and global economies are intricately tied to the strength of our health systems, and in turn resilient health systems depend on a trained, supported and empowered frontline health workforce. In 2020, continuing our long track record in this area, Johnson & Johnson announced a $250 million commitment to support frontline health workers to help close the global health worker gap and make health for all a reality. To that end, our Center for Health Worker Innovation is working with partners around the globe to develop a portfolio of programs in regions with the highest community health burdens and health worker gaps, aiming to support one million frontline health workers (nurses, midwives and community health workers) and reach 100 million people by 2030.

**Meeting the needs of nurses:** We collaborated with the American Organization for Nursing Leadership on a new learning program for nurses on LinkedIn and conducted a study with Montana State University, examining COVID-19’s effect on the U.S. nursing workforce to help identify new needs. In addition, we supported a new study led by WHO and other organizations that documents the potential impact of midwives in preventing and reducing maternal and newborn mortality and stillbirths.

**A call to action to support frontline health workers:** We call on all stakeholders to advance policies and programs that support frontline health workers and ensure the global health workforce is adequately resourced to care for future generations. In 2020, we published our Frontline Health Workers Policy Position that advocates for policies and programs including fair pay, ongoing professional development, work-life balance, safety and security, and meaningful diversity in leadership. Our advocacy for frontline health workers focuses on five key areas:

- Training and education;
- Leadership and management;
- Well-being and resilience;
- Connection and integration; and
- Respect and recognition.

**Impact investment to support health worker innovation:** In 2020, JJIV’s global investment portfolio grew to include a total of 12 exciting enterprises in the Americas, Europe, East Africa and Southeast Asia, covering a broad range of health innovation including: education, municipal monitoring of public health, diagnostics, healthcare models, financing and access to clean water.

**Supporting African American physicians:** In 2020, we entered into a joint initiative with the Medical Society Consortium on Climate & Health and the National Medical Association (NMA), the largest and oldest national organization representing the interests of African American physicians, to help educate and recruit climate advocates within NMA to protect their communities from the disproportionate health impacts of climate change. Through this partnership, we created the first fellowship program for physicians of color focused on climate and health equity.
Our Giving & Partnerships
GRI 413-1

At Johnson & Johnson, inspired by Our Credo, we use our scale and resources for good, contributing to many causes around the world to help advance health and improve people’s lives through targeted initiatives providing local support, engaging employees in our communities, supporting them in cases of emergencies and donating products for a range of needs.

Our giving is funded by the Johnson & Johnson Foundation, a registered charitable organization that reflects the commitment of the Johnson & Johnson Family of Companies to advancing better health for all. Funded solely by the Johnson & Johnson Family of Companies, the Foundation currently operates worldwide as Johnson & Johnson Foundation US (founded 1953) and Johnson & Johnson Foundation Scotland (founded 2007). These independent entities support both global and in-country partnerships and initiatives, opportunities for employee engagement, and disaster response activities managed by the Global Community Impact team at Johnson & Johnson, including the Center for Health Worker Innovation. See our Position on Community Impact.

Signature partnerships: We also maintain several global partnerships and platforms that advance healthcare and the quality of life for patients, consumers and communities. In 2020, we continued to engage across our range of partnerships, in many cases, intensifying our support to help combat the challenges of COVID-19. (See also our section United in Defeating COVID-19). These partnerships include:

• CARINGCROWD: A crowdfunding platform for global public health.

• Save the Children: A longstanding partnership, supporting a range of programs such as newborn survival, support for refugees, response to humanitarian crises and joint advocacy.

• UNICEF: A 30-year partnership to strengthen health systems in 20 countries and territories.

• Johnson & Johnson One Young World Program: A partnership since 2013 to provide young leaders in healthcare with opportunities to contribute to solving health issues.

• Global Citizen: A partnership since 2016 to address public health challenges through this social action platform.

Product donations and financial support: In the United States, we also support independent initiatives by donating medicines and funding to the Johnson & Johnson Patient Assistance Foundation, Inc. (JJPAF), an independent, nonprofit organization committed to helping eligible patients without insurance coverage receive prescription products donated by Johnson & Johnson operating companies.

In 2020, we donated $1.9 billion in products and financial support to JJPAF, enabling the Foundation to provide medicines at no cost to approximately 95,000 patients.*


Our Giving

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<th>2020</th>
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<td>Total products and cash contributed globally (millions)</td>
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<tr>
<td>Cash contributed globally (millions)</td>
<td>$524†</td>
<td>$423†</td>
<td>$313</td>
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† See PwC’s Report of Independent Accountants.

See Our Position on Community Impact.
Disaster Preparedness & Relief

We work with trusted partners including Americares, Heart to Heart International, Mercy Ships and Direct Relief on the front lines of care to help communities by coordinating product donations, and through programs that help communities recover, rebuild and become resilient. In the immediate aftermath of any major disaster, our response includes providing an array of our Pharmaceutical, Medical Devices and Consumer Health products, as well as monetary donations and support to help people and communities recover mentally and physically. Our approach is to stay closely connected with our partners and colleagues to assess what needs may arise in the long term and determine how we can support them. See our Position on Disaster Relief.

In 2020, much of our emergency and relief effort was focused on supporting communities through the COVID-19 pandemic. See our section United in Defeating COVID-19. However, we also supported communities struck by disaster, including:

- **Earthquakes in Puerto Rico**: Southwestern Puerto Rico was struck by a series of over 2,000 earthquakes in late 2019 and early 2020, devastating communities and demolishing homes and buildings, forcing roughly 7,500 people to look for other kinds of shelter, including cars and tents.

- **Explosion in Lebanon**: In the aftermath of the devastating blast in Beirut in August, we donated $500,000 for relief efforts, and partnered extensively in the region with local NGOs including the Lebanese Red Cross, Médecins Sans Frontières (MSF), UNICEF, Save the Children, and the International Rescue Committee to provide hygiene kits and help support the affected communities. We also contributed to the establishment of free mental health walk-in clinics and a 24/7 hotline.

- **Hurricanes Eta and Iota in Latin America**: We partnered with colleagues and relief organizations such as the Red Cross in Latin America to offer cash support for local communities affected by damage caused by Hurricanes Eta and Iota in Nicaragua, Honduras, Panama and Colombia. We also shipped thousands of Johnson & Johnson hygiene kits to Honduras.

- **Hurricanes in North America**: In the aftermath of Hurricane Laura that hit Louisiana, we partnered with several organizations to distribute Johnson & Johnson’s One Child One Blanket kits and thousands of hygiene kits and Medical Mission Packs. Employees volunteered to provide storage containers, tarps, water and other supplies, and assisted in clean-up efforts. We continued these activities in response to Hurricanes Delta and Zeta that followed the path of Laura within months, causing further disruption and damage.

- **Forest fires in North America**: Following the deadly wildfires that raged in California, Colorado, Oregon and Washington, we partnered with Direct Relief to support affected communities by distributing hygiene products and protective equipment.

$0.57 million
allocated in support for immediate, mid- and long-term response, as well as readiness, to natural disasters around the world.

$1.86 million
worth of Johnson & Johnson product provided to communities impacted by natural disasters around the world.
At Johnson & Johnson, we aim to create an open and honest environment where we can achieve our best work both compliantly and with integrity. That’s what we mean by responsible conduct, and we strive to ensure it’s reflected in every decision and interaction of every employee throughout every day at work. There’s no compromising when it comes to ethical and responsible practices. We expect all our employees to help us sustain the trust earned over the course of more than 130 years of business operations. In doing so, we are empowered to advance Our Purpose of blending heart, science and ingenuity to profoundly change the trajectory of human health.

We apply this solid foundation of ethical and values-based conduct to every area of our business practices, including how we govern our organization; engage and inspire a diverse, skilled workforce; apply the highest standards of ethics in our research; assure the safety of our products for our patients and consumers; act as stewards of the environment and maintain a global supply network that supports our mission.

In this section, we share our progress in 2020 in the following areas:

- Ethics & Values
- Our People
- Product Quality & Safety
- Environmental Health
- Responsible Supply Base

Starting in March 2020, some of our employees have adjusted to a flexible working environment.
Ethics & Values

Our responsibilities to patients, consumers, healthcare professionals, employees, communities and shareholders are embedded in Our Credo. Our comprehensive policies, procedures and trainings help our employees and contingent workers comply with applicable laws, regulations and industry codes, as well as the Company’s internal standards and expectations for responsible conduct. We use our biennial Our Credo Survey to assess how our values come to life across the Enterprise. In 2020, the survey results showed an all-time high across many dimensions, including 94% of respondents who agreed that Johnson & Johnson “acts responsibly to the communities in which we live and work and the world community as well.” For more information about the 2020 Our Credo Survey, see the Employee Engagement section.

Compliance & Bioethics

Our Code of Business Conduct (CBC) and Health Care Compliance (HCC) policies list comprehensive ethical standards for decisions and actions in every market where we operate. Mandatory CBC training is conducted every two years (results for the 2020 – 2021 CBC training cycle will be published in the 2021 Health for Humanity Report), and HCC training is conducted each year.

In our policies, we comprehensively address anti-corruption and anti-bribery, following the U.S. Foreign Corrupt Practices Act, the UK Bribery Act 2010, and other applicable local anti-bribery and anti-corruption laws and regulations. See our Positions on Ethics and Compliance and Anti-Corruption. Similarly, we value transparency as a key component of building trust with all those engaged with our business and aim to comply with multiple regulatory reporting requirements in different jurisdictions around the world. Beyond meeting our regulatory reporting requirements, we also publish a wide range of voluntary disclosures. See our Position on Transparency.

Aspects of compliance and transparency we advanced in 2020 include:

- **Pricing transparency in the United States:** In early 2021, we published our fifth annual Janssen U.S. Transparency Report. See the Access & Affordability section for highlights.

- **Third Party Intermediary (TPI) compliance:** We continued to enhance end-to-end TPI Risk Management processes leaning on updated risk segmentation to drive a risk-based TPI Due Diligence process and background checks, red flag management, monitoring, and risk mitigation. All employees are directed to utilize these standards when selecting and managing TPIs and other intermediaries.

- **Supporting distributor compliance:** In collaboration with the Advanced Medical Technology Association (AdvaMed) and member industry partners, the AdvaMed Distributor Capability Working Group completed the development of a Global Compliance Distributor Toolkit. This publicly available Toolkit offers access to compliance guidance, training and other resources to help third-party distributors formalize and strengthen their compliance program to meet the expectations and standards for doing business in the medical devices and diagnostics industry.

81,000 employees and 96% of sales and marketing employees completed HCC training in 2020.

100% of senior leaders certified* the compliance of their organizations with the CBC.

* Certifiers include senior leaders at VP2 level and above, selected Managing Directors and General Managers based on country or business segment risk profile, and executives of recently acquired companies.
We continued to adhere to strict bioethics principles and practices in 2020:

- To address the complex ethical questions arising in the field of biological research, science and medicine, our Enterprise Johnson & Johnson Bioethics Committee (JJBC), sponsored by OCMO, serves as an advisory body to our worldwide teams on bioethical issues, advocating adherence to bioethical principles, providing an expert forum for teams to obtain guidance on bioethical issues and championing our commitment to bioethical decision-making across the Enterprise. The JJBC is guided by the fundamental principles of bioethics, including beneficence, non-maleficence, autonomy and justice and our Ethical Code for the Conduct of Research and Development. See also our Position on Bioethics.

- As part of our COVID-19 response, OCMO convened a working group of internal and external experts to develop an ethical framework to guide the allocation of donated supplies of PPE globally. The working group also established guidance on ethically balancing a drug’s current approved use and its potential usefulness in fighting COVID-19 in the absence of peer-reviewed data from randomized clinical trials. See the United in Defeating COVID-19 section.

- Since 2014, we have been working with the Yale University Open Data Access (YODA) Project to enable a consistent approach for assessing external research proposals requesting the use of clinical trial data generated by Johnson & Johnson companies. As of 2020, 206 research proposals have been reviewed and 41 articles published using data shared through the YODA Project, enabling researchers to build on existing findings to accelerate research that leads to improvements in public health.

- We continued to uphold the ethical treatment of animals used in laboratory settings to advance patient safety and well-being. Johnson & Johnson companies have policies and guidelines in place to assure the ethical and humane treatment of the animals and promote the use of non-animal alternatives whenever feasible. We support and participate in efforts to obtain regulatory acceptance of alternative testing methods. See our Humane Care and Use of Animals Policy.

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Since 2015, we have collaborated with New York University (NYU) School of Medicine to support Janssen decision making for investigational medicine requests, also known as "compassionate use," or "pre-approval access." The Compassionate Use Advisory Committee (CompAC), comprised of ethicists, physicians and patient representatives independently selected by NYU, provides guidance to Janssen on pre-approval access plans and individual requests received at Janssen. CompAC affirms Johnson & Johnson’s commitment to ensuring a transparent, ethical and objective approach to reviewing compassionate use requests. See our Position on Pre-Approval Access and Compassionate Use.

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Inquiries and Complaints as Filed with Our Credo Integrity Line by Category

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<tr>
<td>General information questions</td>
<td>10%'</td>
<td>11%</td>
<td>13%</td>
</tr>
<tr>
<td>Product quality and patient safety-related</td>
<td>2%'</td>
<td>2%</td>
<td>2%</td>
</tr>
</tbody>
</table>

* See PwC’s Report of Independent Accountants.

† Changes to Our Credo Integrity Line complaint categories were made in December 2020 as a part of a broader project to enhance the overall user experience of and accessibility to Johnson & Johnson’s anonymous reporting mechanism. As such, certain inquiries and complaints received in December 2020 under newly created or updated categories are excluded. These exclusions comprise less than 0.49% of total inquiries and complaints made in 2020. These changes will be included in next year’s 2021 Health for Humanity Report.

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Compliance-Related Investigations and Responsible Marketing Indicators

<table>
<thead>
<tr>
<th>Category</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of compliance-related allegations investigated through Triage Committee</td>
<td>559‡</td>
<td>738</td>
<td>707</td>
</tr>
<tr>
<td>Percentage of compliance-related allegations investigated through Triage Committee, by category</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare compliance</td>
<td>41%'</td>
<td>40%</td>
<td>46%</td>
</tr>
<tr>
<td>Financial</td>
<td>51%'</td>
<td>50%</td>
<td>40%</td>
</tr>
<tr>
<td>Other</td>
<td>8%'</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td>Number of warning letters or untitled letters issued by OPDP or APLB in the U.S.</td>
<td>0</td>
<td>0</td>
<td>Not reported</td>
</tr>
</tbody>
</table>

† See PwC's Report of Independent Accountants.

Corporate Governance
GRI 102-18, 102-22, 102-23, 102-24, 102-25, 102-26, 102-33

Our Board of Directors oversees our Company in alignment with Our Credo values, enabling us to put the patients we serve first and create value for society while maintaining a thriving business. Our governance structure, policies and processes are designed to serve the needs of our business, our shareholders and other stakeholders, and to promote a culture of accountability across the Enterprise. Our Board of Directors remains accessible to all stakeholders and can be contacted via several channels.

We are a signatory to the Commonsense Corporate Governance Principles 2.0 and are committed to using these standards to inform Johnson & Johnson's corporate governance practices. The Commonsense Principles 2.0 aspire to promote a constructive dialogue on good corporate governance for the benefit of millions of Americans who work for and invest in America's public companies.

We maintain a full suite of information and resources relating to corporate governance on our corporate website, including our Principles of Corporate Governance, governance structures, Board Charters, organizational documents and all SEC filings. See also our Position on Corporate Governance.

Environmental, Social and Governance (ESG) matters are regular topics on the agenda of our Board of Directors. The Science, Technology & Sustainability Committee reviews annual progress against our Health for Humanity strategy and goals, initiatives being advanced by the Enterprise Governance Council, and our overall sustainability efforts. Other Committees of the Board oversee specific ESG risks and opportunities. For further information, see the section on Sustainability Governance. Our Enterprise Risk Management Framework provides a systematic process for our management teams and employees to identify, assess and manage business risks, and for our Board to oversee risk management.

We aim for a diverse membership of our Board of Directors in order to benefit from different backgrounds, expertise and perspectives, and to serve the Board in understanding and addressing the needs of our global patient and consumer base.

In 2020, we introduced initiatives to strengthen our corporate governance:

• Our Policy on Outside Board Memberships was updated to reflect Johnson & Johnson's current operations and the complexities applicable to our businesses. The new policy clarifies the definition of Board memberships and the approvals required for senior leaders in the Company to accept external Board positions and under which conditions.

• In order to further align the long-term financial interests of Johnson & Johnson executive officers with those of shareholders, the Board increased the number of shares executive officers must own. The Company ownership guidelines now require our CEO to own a number of shares equal to 12 times his base salary and each of our other executive officers to own sufficient shares to equal six times their base salaries.

ESG disclosure plays an essential role in presenting to our shareholders and all stakeholders how Johnson & Johnson operates as a responsible and accountable corporate citizen. It is important to have a strong financial balance sheet and to disclose it in financial statements, but we are also committed to demonstrating how we are living Our Purpose. The Board of Johnson & Johnson supports sound ESG practices, and we believe that continued transparency on these matters is critical to building trust with our stakeholders and those we serve.

Anne M. Mulcahy, Lead Director, Johnson & Johnson
• At our 2020 Annual Meeting of Shareholders, the Board recommended, and shareholders approved, an amendment to Johnson & Johnson’s Restated Certificate of Incorporation to allow directors to be removed without cause. This initiative reflected the Board’s recognition of the emerging practice to permit removal of directors without cause by shareholders as a measure to increase the accountability of the Company’s directors to shareholders.

• In response to a shareholder proposal presented at our 2020 Annual Meeting of Shareholders, as well as to valuable shareholder feedback requesting updates regarding key corporate governance developments, the Board prepared and published a report on the governance measures implemented to monitor and manage financial and reputational risks, specifically opioids-related risks. The report can be viewed here.

In 2020, Dr. Nadja West, retired U.S. Army Lieutenant General and former U.S. Army Surgeon General, was appointed to our Board of Directors, bringing decades of strategic and operational experience in national and international executive leadership, strategic planning and healthcare management.

<table>
<thead>
<tr>
<th>Corporate Governance Indicators</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Directors on the Board</td>
<td>14</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Number of independent Directors on the Board</td>
<td>13</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Percentage of independent Directors on the Board</td>
<td>93%</td>
<td>93%</td>
<td>91%</td>
</tr>
<tr>
<td>Independent Lead Director</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Independent Audit Committee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Independent Compensation &amp; Benefits Committee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Independent Nominating &amp; Corporate Governance Committee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Independent Regulatory Compliance Committee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Independent Science, Technology &amp; Sustainability Committee</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of regular and special meetings held by the Board of Directors</td>
<td>10</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>
Information Security & Data Privacy

Johnson & Johnson is strongly committed to protecting the privacy of those who entrust us with their personal information. In addition to our Code of Business Conduct and all the laws that apply to our operating companies’ handling of personal information, we also maintain global privacy policies to which all our businesses worldwide must adhere. Our policies reflect our commitment to fair and transparent information practices. Similarly, through our Information Security and Risk Management organization, we safeguard the Company’s networks, systems, products and information against evolving cyber threats to prevent unintended or unauthorized access to both business and personal information.

In 2020, we increased efforts to ensure compliance with the growing number of new privacy and cybersecurity laws around the globe which all have security or data protection requirements, including the California Consumer Privacy Act, the Brazilian LGPD (Lei Geral de Proteção de Dados Pessoais) compliance law, as well as other new regulations in China, South Korea and Thailand. Generally, these regulations require new processes and systems to help ensure consumers and patients have greater knowledge of their privacy rights, and the ability to exercise such rights with respect to access, correction of and deletion of their data. We are updating websites controlled by Johnson & Johnson and establishing new or enhanced processes to support consumer, patient and other data subject requests to address these requirements. Furthermore, to enhance our cybersecurity capabilities, we deployed a new Medical Device Product Cybersecurity Quality Standard, increasing confidence that cybersecurity controls are in place to ensure the availability of the devices and the confidentiality and integrity of their associated data. We also expanded our cybersecurity controls to address the expanding and evolving global cybersecurity threats.

Externally, we partnered with industry groups in different regions—both to help ensure new privacy regulations are effective in addressing the needs of patients, consumers and businesses in managing the use of personal information, and to share cybersecurity threat intelligence and best practices. These partnerships are critical for research, innovation and building patient and consumer engagement, particularly in emerging areas of health technology.

Also, as part of our global COVID-19 response, we worked intensively across the Enterprise to assist in the rapid transitioning to virtual business models and remote working in ways that protect Company information and respect the privacy rights of individuals, including privacy support and guidance for on-site COVID-19 testing and our vaccine development. Additionally, we launched a separate cybersecurity program dedicated to the security of Janssen vaccine development, manufacturing and distribution.

See also our Positions on Information Security and Data Privacy.
Human Rights
GRI 102-41, 402-1, 406, 407, 408, 409, 412-2

Our commitment, policies and governance: Johnson & Johnson is committed to respecting human rights of individuals throughout our value chain. We have established policies, programs and a governance structure to fulfill our human rights responsibilities.

See the policies and positions available on our website for more information:
- Code of Business Conduct
- Position on Human Rights
- Human Trafficking Policy
- Position on Employment and Labor Rights
- Position on the Conduct of Clinical Trials
- Responsibility Standards for Suppliers
- California Transparency in Supply Chains Act and United Kingdom Modern Slavery Act Statement
- Position on Human Right to Water
- Position on Conflict Minerals

Ongoing due diligence approach: In 2020, Johnson & Johnson continued our engagement with Shift, a leading center of expertise on the United Nations (UN) Guiding Principles on Business and Human Rights, to refine and further define our salient human rights issues, socialize those issues internally and develop a framework for identifying and managing human rights issues in our supply base. We also continued our participation in Shift’s Business Learning Program, to ensure awareness of emerging human rights issues and due diligence approaches and be part of a cross-industry network of companies working to advance implementation of the UN Guiding Principles. Throughout 2020, we addressed, from a human rights standpoint, the impact of the COVID-19 pandemic on our employees, communities and other stakeholders. For more information on our COVID-19 response, please see the United in Defeating COVID-19 section.

Our own operations: Our Position on Employment and Labor Rights articulates our expectations for labor and employment practices at our sites, including preventing forced labor and child labor, and non-discrimination, among other matters. Our operating companies are required to respect each employee’s right to make an informed decision, free of coercion, about membership in associations and/or labor unions. Employees have the right to organize or join associations, and bargain collectively, if they so choose. The Company and its operating companies are required to bargain in good faith with these associations.

In 2020, we developed a risk-based approach to assessing compliance with our internal standards related to the human rights of our employees by initiating a project to conduct human rights audits at our sites. We have partnered with a third party who will conduct audits in conformance with the Ethical Trading Initiative (ETI) Base Code, an internationally recognized set of labor standards based on the International Labour Organization (ILO) Conventions, the UN Guiding Principles, and local labor regulatory requirements. Our audit risk screening criteria are based on the Supplier Ethical Data Exchange (SEDEX) Members Ethical Trade Audit (SMETA) best practice guidance and measurement criteria. We tailored risk screening criteria to include additional considerations relevant to Johnson & Johnson. The new audit program will be piloted within one of our three business segments in 2021.

Minimum notice periods, the management of reorganizations and layoffs and the policies associated with such actions vary depending on the location, nature, size and scale of the action and applicable law. Local operating leaders endeavor to communicate significant plans of operational changes to employees and their representatives, where they are present, in a timely and practical manner in advance of actions being taken. The Company maintains responsible approaches to redundancies and organizational changes. Many of our collective bargaining agreements contain negotiated provisions covering severance or separation pay and benefits. Where there is no legal minimum notice period, Johnson & Johnson operating companies typically provide 30 days’ notice.

Our approach to talent management puts a strong focus on diversity and inclusion principles. We promote diversity and equal opportunity in recruiting, development and promotion as well as all other aspects of employee careers. To read more, please see our Diversity, Equity & Inclusion Policy. As outlined in our Positions on Providing a Safe and Harassment-Free Workplace and on Providing a Discrimination-Free Workplace, we do not tolerate discrimination, harassment or bullying, and provide various training courses on this policy, including within our Code of Business Conduct scenario-based training, which is assigned every two years to all employees and to select contingent workers.

To reinforce our commitment to fair pay as defined by Our Credo and the Position on Employee Compensation and Benefits, in 2020 we completed a living wage assessment ensuring pay is not only equitable and market competitive, but also more than sufficient to provide the means for our employees and their families to attain a sustainable standard of living. Living wage rates were provided by the global non-profit organization, Business for Social Responsibility (BSR). The scope of the analysis included the 77 countries where our 136,000 employees are located, and a very small number of minor pay adjustments were made. We have integrated the living wage assessment into our standard processes and plan to conduct this analysis on a regular basis going forward.
Our suppliers: The Johnson & Johnson Responsibility Standards for Suppliers outline our expectations of supplier business conduct. The Standards were developed to align with the UN Guiding Principles on Business and Human Rights and the Consumer Goods Forum Social Resolution on Forced Labour and Priority Industry Principles. We continue to strengthen our due diligence approach to human rights issues in the supply base. In 2020, we further enhanced our supplier selection process with a deeper focus on human rights evaluation criteria. Through our participation in the Consumer Goods Forum, in September 2020 Johnson & Johnson signed onto a letter to the UN, calling for measures to protect seafarers’ well-being and human rights in line with the UN Guiding Principles and in support of ILO’s Decent Work Agenda, while supporting the global economy, unblocking sea transportation routes and ensuring the supply of critical goods. To read more about our supplier due diligence approach, see our Position on Responsible Supply Base.

Training and communication: Our Human Rights in the Supply Base training covering all aspects of our Johnson & Johnson Position on Human Rights is mandatory for all Procurement employees and is also assigned to other relevant functions as needed. In addition, in late 2020 we launched a foundational human rights training course available to all employees. This foundational course, which has been translated into 26 languages, educates employees about our commitment to human rights, the impact our operations can have on human rights and the responsibilities we have as Johnson & Johnson employees.

Grievance mechanisms: We are committed to providing effective resolution where we have caused or contributed to adverse human rights impacts. Where we find impacts directly linked to our business relationships, we will use our influence to work with our suppliers or business partners to prevent, mitigate and address adverse impacts on human rights. The Johnson & Johnson Our Credo Integrity Line—a grievance mechanism available to all employees, suppliers and other business partners—offers a secure mechanism for anonymous reporting, where permitted, of suspected concerns or potential violations of our policies or the law, including potential human rights violations. We communicate the Our Credo Integrity Line access broadly, and the visibility of this access and the mechanism’s functionality is in scope for enterprise-wide audit procedures. Concerns raised through the Our Credo Integrity Line are reported at an enterprise level. More information on the Our Credo Integrity Line is available in our Compliance & Bioethics section.

In addition to the Our Credo Integrity Line, our employees can report potential violations to Human Resources either locally or through our Global Services team. Alternatively, they can report potential violations to management. To read more, see our Position on Resolving Employee Grievances.

Acquisitions: We firmly believe that identifying and understanding environmental, safety and employee issues, including potential human rights concerns, are critical components of our acquisition and other business development activities. We conduct thorough due diligence investigations prior to acquiring businesses and apply a commensurately higher level of scrutiny to businesses with operations or suppliers in countries where there are traditionally higher risks of compliance violations and/or human rights abuses. We continue to be mindful of these concerns as we transition newly acquired businesses into the Johnson & Johnson Family of Companies and are prepared to escalate and appropriately remediate any issues uncovered.
Our People

The culture of Johnson & Johnson, inspired and guided by Our Credo for over 75 years, continues to energize more than 136,000 individuals around the world to advance a shared purpose: to blend heart, science and ingenuity to profoundly change the trajectory of health for humanity.

Every one of us at Johnson & Johnson plays a role in bringing these values to life through what we say and do, the stakeholders we connect with and the people we serve. COVID-19 has tested us all; but in 2020, heart, science and ingenuity came together in incredible ways. From the delivery of our COVID-19 vaccine, to making it available on a not-for-profit basis for emergency pandemic use, to our Onsite Superheroes who kept our plants running so that we could continue to make needed products available to patients and consumers, to our thousands of employees who volunteered in their local communities, to every single individual who adjusted to remote working—Our Credo is visible in millions of daily actions from our thousands of colleagues. For more about how we protected employees through 2020, see the section COVID-19: Protecting Employees.

Here at one of the world’s largest corporations, we have a considerable impact on the lives of many, including the employees of the Johnson & Johnson Family of Companies. Our Credo values underpin our approach to leadership, management and human resources strategy and policy. They guide us to create a safe and caring workplace that embraces diversity, nurtures equity and inclusion, focuses on performance while providing the tools to succeed, ignites creativity, fosters collaboration and partnership, and recognizes and rewards contribution. By creating an organization in which people thrive, we create a corporation that helps society thrive.

For more information, see our policies and positions relating to Employment and Labor Practices.

In this section, we share our progress in 2020 in the following areas:

- Employee Attraction & Development
- Employee Engagement
- Diversity, Equity & Inclusion
- Employee Health, Safety & Wellness

Peter Fasolo, Executive Vice President, Chief Human Resources Officer, Johnson & Johnson
Employee Attraction & Development
GRI 401-2, 401-3, 404-2, 404-3, SASB HC-BP-330a.1, HC-BP-330a.2

In 2020, we continued to expand our organization with hiring around the world to meet the demands of our growing business, placing focus on diverse talent that reflects the communities we serve.

In 2020, we hired **13,594** new colleagues across the Enterprise, of whom **52.5%** were women.

1 See PwC’s Report of Independent Accountants.

Promoting employee development: The opportunity to develop personally and professionally is a core aspiration both for employees who have newly joined our organization and for those who have been with Johnson & Johnson for years. We maintain a suite of leadership and other professional development programs that engage employees in improving their skills and competencies in line with career and personal growth objectives. For details of these programs, see our Position on Employee Development. In 2020, in the context of restrictions on on-site presence, we pivoted our entire portfolio of accelerated leadership development programs to a virtual format.

Attracting employees back to a meaningful career: In 2020, we expanded our paid four-month returnship program, Re-Ignite, to India, where the focus is on professionals who are ready to get back to their STEM careers after a break, such as a break to manage family care responsibilities. After we reviewed more than 100 applicants, six talented individuals joined the Re-Ignite program in India after successfully completing a detailed evaluation process, including career discussions to understand how Re-Ignite can help them achieve their professional aspirations. The program includes onboarding, mentoring, technical training and alumni guidance during the returnship period and offers a nurturing, inclusive environment for returning employees to rebuild a meaningful career.

For more information, see our Re-Ignite videos.

Our suite of leadership and development programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AEO</td>
<td>Accelerate Executive Orientation (AEO)</td>
</tr>
<tr>
<td>AEL</td>
<td>Accelerate Enterprise Leadership (AEL)</td>
</tr>
<tr>
<td>ASCEND</td>
<td>Accelerated Development Program for Women (ASCEND)</td>
</tr>
<tr>
<td>RISE</td>
<td>Accelerated Program for Racially and Ethnically Diverse Talent (RISE)</td>
</tr>
<tr>
<td>IDP</td>
<td>International Development Program (IDP)</td>
</tr>
<tr>
<td>TAP</td>
<td>Talent Acceleration Process (TAP)</td>
</tr>
</tbody>
</table>

Early Career

- Hundreds of high potential colleagues participated in eight cohorts of our ASCEND, TAP and RISE leadership programs.
- Thousands of leaders completed First Line Leader and Leaders Developing Leaders programs across more than 140 individual courses.
- We launched Leading People at J&J, a new six-month development program for first-time line leaders with participation from employees across all functions and business segments.
- Hundreds of individuals continued to benefit through our Executive Committee Sponsorship program.
Alongside leadership development, we provide opportunities for employees to acquire new skills across a broad range of professional functions and skill areas. For example, in 2020:

- Tens of thousands of employees in more than 70 countries completed programs offered through our LinkedIn Learning platform, accessible in different languages.
- We continued promoting the development of capabilities in data science and digital literacy through our Digital Learning Academy, including a three-day Women in Data Science Summit. Hear the story of Sarah Asio, Data Science Lead, Johnson & Johnson Medical Devices.

**Employee compensation and benefits:** Our compensation framework includes a set of core principles that guide all compensation decisions, recognizing the important contributions of our employees to deliver our mission in ways that align with our values. We are committed to pay equity, including gender and ethnic/racial group pay equity. From time to time, we analyze our pay across functions and levels, and strive to eliminate unconscious bias or other barriers to full pay equity across the Enterprise. In 2020, we completed a living wage assessment to ensure pay is not only equitable and market competitive, but also more than sufficient to provide the means for our employees and their families to attain a sustainable standard of living. For more details, see the section on Human Rights.

In addition to salary and wages, our benefits packages aim to improve the quality of life for employees by providing practical support for family, health and well-being, education and long-term financial management needs. We continuously review and update the range of benefits we offer in line with new needs as they arise, employee feedback and changes in market practices. See also our Position on Employee Compensation and Benefits.

In 2020, 93% of employees completed year-end performance reviews.

Many Johnson & Johnson employees have been able to adjust to a flexible working arrangement that allows for growth and development via remote digital tools.

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**3,206**
new leaders participated in our Enterprise Leader Development Program in 2020, bringing the total number of leaders trained to date to 11,202.

**44.6%‡**
Of Managers and above moved across functions, country or business segment lines, building diversity of experiences.*

**1,178**
employees in the U.S. and Puerto Rico participated in the tuition reimbursement program.

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† See PwC’s Report of Independent Accountants.

* Career progression movement includes upward promotion, lateral transfer and excludes employees in the research and development organizations.
### Year-End Performance Reviews Completed by Job Category

<table>
<thead>
<tr>
<th>Category</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice President</td>
<td>83%</td>
<td>76%</td>
<td>72%</td>
</tr>
<tr>
<td>Manager &amp; Director</td>
<td>93%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Professional</td>
<td>93%</td>
<td>90%</td>
<td>89%</td>
</tr>
<tr>
<td>Other*</td>
<td>88%</td>
<td>82%</td>
<td>86%</td>
</tr>
<tr>
<td>Overall for all employees</td>
<td>93%</td>
<td>89%</td>
<td>89%</td>
</tr>
</tbody>
</table>

* Category includes employees who don't have a merit plan as part of their compensation package.

### Spend on Employee Learning and Development by Category (millions)

<table>
<thead>
<tr>
<th>Category</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other professional skills</td>
<td>$56</td>
<td>$52</td>
<td>$47</td>
</tr>
<tr>
<td>General leadership training &amp; assessments</td>
<td>$12</td>
<td>$17</td>
<td>$22</td>
</tr>
<tr>
<td>E-learning</td>
<td>$4</td>
<td>$5</td>
<td>$7</td>
</tr>
<tr>
<td>Executive coaching</td>
<td>$5</td>
<td>$10</td>
<td>$6</td>
</tr>
<tr>
<td>Other</td>
<td>$31</td>
<td>$14</td>
<td>$8</td>
</tr>
<tr>
<td>Total</td>
<td>$108</td>
<td>$98</td>
<td>$90</td>
</tr>
</tbody>
</table>

### U.S. Employee Benefits

#### U.S. employees who took parental leave, by gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>45%</td>
<td>47%</td>
<td>44%</td>
</tr>
<tr>
<td>Men</td>
<td>55%</td>
<td>53%</td>
<td>56%</td>
</tr>
</tbody>
</table>

#### U.S. employees who returned to work after parental leave ended, by gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>97%</td>
<td>98%</td>
<td>98%</td>
</tr>
<tr>
<td>Men</td>
<td>97%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Employee Turnover

<table>
<thead>
<tr>
<th>Turnover</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall voluntary turnover</td>
<td>5%†</td>
<td>8%*</td>
<td>8%</td>
</tr>
<tr>
<td>Voluntary turnover of high performers</td>
<td>3%†</td>
<td>4%*</td>
<td>4%</td>
</tr>
</tbody>
</table>

† See PwC’s Report of Independent Accountants.

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A Johnson & Johnson employee spends time outside with his family.
Employee Engagement
GRI 413-1

Across our Enterprise, we encourage employees to take an active role in advancing Our Purpose to change the trajectory of health for all. We provide platforms, tools and resources to help everyone contribute at their best. Similarly, we foster an inclusive culture that embraces creativity combined with care for others, our communities and our planet.

One of the platforms we use to track employee sentiment and feeling of being connected to our colleagues and our values is our biennial Our Credo Survey which, in 2020, was administered in 78 countries and made available in 36 languages. In a year of unprecedented change, the survey resulted in an all-time high for both participation rate and favorability.

Following an analysis of the detailed results, which were communicated to all employees, we developed plans to address the main areas of opportunity identified by our employees’ feedback, both at the Enterprise level and within individual teams.

In alternate years, we issue a global Our Voice Survey, which serves as an indicator of employee satisfaction and measures important aspects of our culture such as employee engagement, inclusion, development, health and wellness, collaboration, execution, innovation, and compliance and risk.

Inspiring recognition: In 2019, we introduced our employee recognition program, Inspire, which reaches at least 90% of our global workforce in more than 70 countries. During 2020, the program continued to live up to its name by inspiring hundreds of thousands of recognition moments that celebrated meaningful contributions and purpose-led behaviors.

Women in STEM: In our new Health for Humanity 2025 Goals, we further encourage our employees to play an active role in engaging with our nonprofit partners to expose more girls to science, technology, engineering, mathematics, manufacturing and design (STEM®D) activities, in the knowledge that advancing gender equality in technical professions will not only strengthen society, it will also build a stronger pipeline of diverse talent in these under-resourced professions.

Our WiSTEM®D initiative (Women in Science, Technology, Engineering, Mathematics, Manufacturing and Design) has been active since 2015, and each year since 2017, we have selected female STEM®D tenure-track professors who are making key STEM®D discoveries and shaping the future of tomorrow, as part of our ongoing WiSTEM®D Scholars Award Program. Each awardee receives a grant of $150,000 and three years of mentorship. In 2020, six female scholars were selected from more than 540 highly qualified nominees from around the world. Their work is an inspiration to us all and represents pivotal global innovations across diverse fields of interest for better healthcare outcomes.

Innovative research areas of Johnson & Johnson’s WiSTEM®D 2020 Scholars

- **Science**: how pre-planet chemistry and physics affect a future planet’s ability to support life
- **Technology**: machine learning to address critical clinical problems in brain tumors
- **Engineering**: microbiology that can help treat inflammatory bowel disease
- **Manufacturing**: soft, foldable robots that can be used in healthcare procedures
- **Mathematics**: statistics, causal-inference and agent-based modeling to make clinical analyses more robust and free of bias
- **Design**: hospital lighting design to help improve health outcomes and energy efficiency

Meet our 2020 WiSTEM®D Scholars Awardedees in [this video](https://www.jnj.com). Read more about our WiSTEM®D program [here](https://www.jnj.com).
Engaging employees for healthy communities: We inspire our employees to be a part of creating healthy communities through our Talent for Good Strategy, led by our Global Community Impact organization. Talent for Good offers a wide range of engagement opportunities for employees around the globe, inviting each to take part at their preferred level of participation in a focus area of their interest. Programs include blood drives, donations to help support frontline health workers and skill-based volunteering opportunities via short-term programs or secondments with nonprofit partner organizations. For more information see our Position on Community Impact.

During 2020, most of our Talent for Good programs converted to virtual platforms to enable participation. For example:

- **Bridge to Employment** continued to serve students through college preparation provided by university partners and thousands of hours of mentoring by Johnson & Johnson colleagues. Pathways to Success provided virtual internships for college seniors.
- Hundreds of employees took part in skills-based pro bono programs serving 81 NGOs across Talent for Good platforms.
- Thousands of Johnson & Johnson employee volunteers and nonprofit partners engaged more than 300,000 girls with STEM2D education through our WiSTEM2D Youth Pillar. Activities included a live Facebook series featuring Johnson & Johnson volunteers supporting STEM2D activities at home, distribution of educational kits and virtual summer camps.
- We launched the VV100 ScopeAthon program, to continue to support women leaders at the forefront of change and global progress. The program pairs Johnson & Johnson with VV100 leaders in four-hour virtual consulting sessions to help address organizational challenges.
- Where virtual platforms were not possible, certain activities were temporarily postponed, for example, our One Young World program, which we expect to continue in 2021.

**Strategic Talent for Good programs:**

- **Bridge to Employment**: engages employees as mentors to help young people improve performance and learn about different career opportunities. The extension progam, Pathways to Success, provides internships at Johnson & Johnson.
- **WiSTEM2D**: engages Johnson & Johnson employees globally to inspire young girls and women to enter STEM2D fields. See the section Women in STEM.
- **Secondment programs**: assigns employees to NGO partners for secondments of up to six months and senior leaders engaging for four to six months in strategic and advisory roles.
- **Global Pro Bono**: pairs teams of employees with NGO partners working on the front lines of health for capacity building over a four-week period (12-week virtually in 2020).

- **Talent for Healthy Communities**: connects employees with local community partners in a remote pro bono program to address critical capacity-building needs.
- **Vital Voices Global Partnership**: engages colleagues in helping scale and accelerate the impact of women leaders at the forefront of change and global progress.
- **One Young World**: convenes the brightest young talent working to accelerate social impact around the world with support from Johnson & Johnson employees who guide and mentor participants.

Additionally, several signature partnerships provide opportunities for employee engagement. See the section Our Giving & Partnerships.
Engaging employees for a healthy planet: We Sustain, our environmental sustainability employee engagement program, mobilizes passionate employees to improve the environmental health of the places where we live, work and sell our products. In 2020, 67 We Sustain teams across the globe engaged their colleagues to protect the environment and human health through education, idea sharing and community volunteerism in environmental programs. Additionally, during our annual Environmental Month, we asked employees to take personal action to reduce their carbon footprint (Pause on Carbon) through reducing food waste, eating more plants and being energy smart. Through this online campaign, employees recorded tens of thousands of personal actions, which signals strong awareness and motivation by employees to be active stewards of the planet and connect to our environmental health strategy.
Diversity, Equity & Inclusion
GRI 405-1

Our mission is to make diversity, equity and inclusion (DEI) how we work every day. We know that bringing together our diverse backgrounds, cultures and perspectives drives innovation to solve today’s complex health problems. We continue to challenge ourselves on what it means to prioritize DEI in every business decision we make, and we leverage our DEI strategy, policies and programs to provide our workforce with the support and opportunities they need to help create a healthier, more equitable world. For more information, see our Diversity, Equity & Inclusion Policy.

In 2020, we published our second You Belong: Diversity, Equity & Inclusion Impact Review, which shares stories of how we have advanced DEI across all the different dimensions of our business and in line with our strategic goals. As part of our Health for Humanity 2025 Goals, we have committed to a new set of ambitious targets to further improve our internal resilience and to contribute to greater social equity.

Complementing and reinforcing our DEI strategy and initiatives that we have been pursuing for years, Our Race to Health Equity initiative, launched in 2020, is a bold aspiration to help eradicate racial and social injustice as a public health threat by eliminating health inequities. Internally, we are prioritizing areas that will enable us to take meaningful, deliberate and thoughtful actions, including: accelerating inclusive leadership behaviors and cultural competencies; transforming human resources processes to optimally access, hire, develop and deploy diverse individuals; and strengthening our pipeline of diverse talent by partnering with Historically Black Colleges and Universities (HBCUs) and other diverse associations. Our Race to Health Equity platform will help us evolve our capabilities, sharpen our strategic focus and amplify our contribution to a more just society.

“...no one company can build a more equitable and just society alone. We need to engage even more deeply in our communities and partner with representative groups at national, regional and local levels so that we can leverage our size and scale to drive systemic change. Together, we can advance diversity, equity and inclusion to change the trajectory of health for all.”

Wanda Bryant Hope, Chief Diversity, Equity & Inclusion Officer, Johnson & Johnson

2025 Goals

Women in Management
By 2025, achieve 50% of women in management positions globally.

Ethnic/Racial Diversity in Management
By 2025, achieve 35% ethnic/racial diversity in management positions within the U.S.

Black/African Americans in Management
By 2025, achieve 50% growth of our Black and African American employees in management positions in the U.S.

For full details of these Goals and KPIs, see our Health for Humanity 2025 Goals.

24,300 employees engaged in Employee Resource Groups (ERGs)
260 U.S. ERG Chapters
183 non-U.S. ERG Chapters

“...no one company can build a more equitable and just society alone. We need to engage even more deeply in our communities and partner with representative groups at national, regional and local levels so that we can leverage our size and scale to drive systemic change. Together, we can advance diversity, equity and inclusion to change the trajectory of health for all.”

Wanda Bryant Hope, Chief Diversity, Equity & Inclusion Officer, Johnson & Johnson

2025 Goals

Women in Management
By 2025, achieve 50% of women in management positions globally.

Ethnic/Racial Diversity in Management
By 2025, achieve 35% ethnic/racial diversity in management positions within the U.S.

Black/African Americans in Management
By 2025, achieve 50% growth of our Black and African American employees in management positions in the U.S.

For full details of these Goals and KPIs, see our Health for Humanity 2025 Goals.

24,300 employees engaged in Employee Resource Groups (ERGs)
260 U.S. ERG Chapters
183 non-U.S. ERG Chapters
### Gender Diversity of Global Employees\(^1,2\)

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>48.1%‡</td>
<td>47.8%‡</td>
<td>47.1%‡</td>
</tr>
<tr>
<td>Men</td>
<td>51.9%</td>
<td>52.2%</td>
<td>53.0%</td>
</tr>
</tbody>
</table>

### Gender Diversity by Job Category\(^1\)

<table>
<thead>
<tr>
<th>Job Category</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vice Presidents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>35.3%‡</td>
<td>34.2%‡</td>
<td>35.0%‡</td>
</tr>
<tr>
<td>Men</td>
<td>64.7%</td>
<td>65.8%</td>
<td>65.0%</td>
</tr>
<tr>
<td>Managers and Directors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>46.8%‡</td>
<td>46.2%‡</td>
<td>45.6%</td>
</tr>
<tr>
<td>Men</td>
<td>53.2%</td>
<td>53.8%</td>
<td>54.4%</td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>49.8%‡</td>
<td>49.5%‡</td>
<td>48.5%‡</td>
</tr>
<tr>
<td>Men</td>
<td>50.2%</td>
<td>50.5%</td>
<td>51.5%</td>
</tr>
</tbody>
</table>

### Gender Diversity in Management and Executive Positions\(^3\)

<table>
<thead>
<tr>
<th>Position</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women in management positions</td>
<td>46.4%‡</td>
<td>45.8%‡</td>
<td>45.3%‡</td>
</tr>
<tr>
<td>Women in executive positions</td>
<td>14.3%‡</td>
<td>14.3%‡</td>
<td>14.3%‡</td>
</tr>
</tbody>
</table>

### Gender Diversity by Region\(^1\)

<table>
<thead>
<tr>
<th>Region</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia Pacific</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>46.2%‡</td>
<td>46.0%‡</td>
<td>45.6%‡</td>
</tr>
<tr>
<td>Men</td>
<td>53.8%</td>
<td>54.0%</td>
<td>54.4%</td>
</tr>
<tr>
<td>Europe, Middle East &amp; Africa</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>49.8%‡</td>
<td>49.7%‡</td>
<td>48.5%‡</td>
</tr>
<tr>
<td>Men</td>
<td>50.2%</td>
<td>50.3%</td>
<td>51.5%</td>
</tr>
<tr>
<td>Latin America</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>51.1%‡</td>
<td>50.2%‡</td>
<td>49.4%‡</td>
</tr>
<tr>
<td>Men</td>
<td>48.9%</td>
<td>49.8%</td>
<td>50.7%</td>
</tr>
<tr>
<td>North America(^4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>46.3%‡</td>
<td>46.1%‡</td>
<td>45.6%‡</td>
</tr>
<tr>
<td>Men</td>
<td>53.6%</td>
<td>53.9%</td>
<td>54.4%</td>
</tr>
</tbody>
</table>

### Gender Diversity by Employment Type\(^1\)

<table>
<thead>
<tr>
<th>Employment Type</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>47.1%‡</td>
<td>46.7%‡</td>
<td>46.0%‡</td>
</tr>
<tr>
<td>Men</td>
<td>52.9%</td>
<td>53.3%</td>
<td>54.0%</td>
</tr>
<tr>
<td>Part-time employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>82.9%‡</td>
<td>82.6%‡</td>
<td>83.6%‡</td>
</tr>
<tr>
<td>Men</td>
<td>17.1%</td>
<td>17.4%</td>
<td>16.4%</td>
</tr>
</tbody>
</table>

\(^1\) See PwC’s Report of Independent Accountants.


\(^3\) As of 2020, new categories were added to allow employees to actively decline self-identification or remain unidentified. Where the value for ‘Declined to answer’ rounded to zero, we excluded from the reported table.

\(^4\) “Employee” is defined as an individual working full-time or part-time, excluding fixed term employees, interns and co-op employees. Employee data may not include full population from more recently acquired companies and individuals on long-term disability are excluded. Contingent workers, contractors and subcontractors are also excluded.

\(^3\) Management positions are defined as paygrade 30 and above; executives are defined as employees reporting directly to the Chairman and CEO.

\(^4\) Values have been rounded to the nearest tenth. Due to rounding, the numbers presented do not add up precisely to the totals provided and percentages may not precisely reflect the absolute figures.
### Age Diversity by Job Category

<table>
<thead>
<tr>
<th>Job Category</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vice Presidents</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 30</td>
<td>0%‡</td>
<td>0%†</td>
<td>0%‡</td>
</tr>
<tr>
<td>30 – 50</td>
<td>44.2%</td>
<td>46.3%</td>
<td>46.6%</td>
</tr>
<tr>
<td>50+</td>
<td>55.8%</td>
<td>53.7%</td>
<td>53.4%</td>
</tr>
<tr>
<td><strong>Managers and Directors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 30</td>
<td>1.3%</td>
<td>1.3%</td>
<td>1.4%</td>
</tr>
<tr>
<td>30 – 50</td>
<td>72.4%</td>
<td>73.2%</td>
<td>73.9%</td>
</tr>
<tr>
<td>50+</td>
<td>26.4%</td>
<td>25.6%</td>
<td>24.7%</td>
</tr>
<tr>
<td><strong>Professionals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 30</td>
<td>20.7%</td>
<td>21.4%</td>
<td>21.4%</td>
</tr>
<tr>
<td>30 – 50</td>
<td>61.7%</td>
<td>61.7%</td>
<td>61.7%</td>
</tr>
<tr>
<td>50+</td>
<td>17.5%</td>
<td>16.9%</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

### Ethnic/Racial Diversity in the U.S. by Job Category

<table>
<thead>
<tr>
<th>Job Category</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vice Presidents</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>72.7%</td>
<td>75.4%</td>
<td>74.9%</td>
</tr>
<tr>
<td>Asian</td>
<td>11.2%</td>
<td>10.4%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>6.6%</td>
<td>6.7%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>8.4%</td>
<td>6.9%</td>
<td>7.7%</td>
</tr>
<tr>
<td>Other</td>
<td>0.9%</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Declined to answer†</td>
<td>0.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Managers and Directors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>67.7%</td>
<td>70.2%</td>
<td>70.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>17.2%</td>
<td>16.6%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>5.4%</td>
<td>5.0%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>7.3%</td>
<td>7.0%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Other</td>
<td>1.3%</td>
<td>1.2%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Declined to answer†</td>
<td>1.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professionals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>66.4%</td>
<td>68.0%</td>
<td>68.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>12.9%</td>
<td>12.0%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>7.5%</td>
<td>7.6%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>10.2%</td>
<td>10.4%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Other</td>
<td>2.2%</td>
<td>2.0%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Declined to answer†</td>
<td>0.9%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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1 See PwC's Report of Independent Accountants.


3 As of October 2020, new categories were added to allow employees to actively decline self-identification or remain unidentified. Where the value for ‘Declined to answer’ rounded to zero, we excluded from the reported table.

4 Values have been rounded to the nearest tenth. Due to rounding, the numbers presented do not add up precisely to the totals provided and percentages may not precisely reflect the absolute figures.
### Diversity in Board Composition

<table>
<thead>
<tr>
<th>Metric</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>35.7%</td>
<td>28.6%</td>
<td>27.0%</td>
</tr>
<tr>
<td>Ethnic/racial diversity</td>
<td>21.4%</td>
<td>21.4%</td>
<td>27.0%</td>
</tr>
</tbody>
</table>

### New Employee Hires

<table>
<thead>
<tr>
<th>Metric</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of New Hires</td>
<td>13,594</td>
<td>21,948</td>
<td>Not reported</td>
</tr>
<tr>
<td>By Region</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>28.4%</td>
<td>28.9%</td>
<td>30.1%</td>
</tr>
<tr>
<td>Europe, Middle East &amp; Africa</td>
<td>22.7%</td>
<td>27.0%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Latin America</td>
<td>22.4%</td>
<td>16.5%</td>
<td>16.9%</td>
</tr>
<tr>
<td>North America</td>
<td>26.4%</td>
<td>27.6%</td>
<td>25.7%</td>
</tr>
<tr>
<td>By Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>52.5%</td>
<td>51.4%</td>
<td>51.6%</td>
</tr>
<tr>
<td>Men</td>
<td>47.5%</td>
<td>48.6%</td>
<td>48.4%</td>
</tr>
<tr>
<td>Declined to answer</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 30</td>
<td>46.5%</td>
<td>52.7%</td>
<td>47.1%</td>
</tr>
<tr>
<td>30 – 50</td>
<td>48.5%</td>
<td>42.8%</td>
<td>48.0%</td>
</tr>
<tr>
<td>50+</td>
<td>4.9%</td>
<td>4.5%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

As additional information, we have included our most recently filed [U.S. Federal Employer Information Report EEO-1](#). Because federal reporting requirements group employees in the EEO-1 differently than the Company does in its Health for Humanity Report (which aligns with the Company’s organizational structure and employee level or pay grade), the numbers are not directly comparable. While we are making the EEO-1 Report available, we believe the data as presented in our Health for Humanity Report is the most meaningful measure of our diversity progress.

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1 See PwC's Report of Independent Accountants.


4 Values have been rounded to the nearest tenth. Due to rounding, the numbers presented do not add up precisely to the totals provided and percentages may not precisely reflect the absolute figures.
Employee Health, Safety & Wellness
GRI 403-9, 403-10

At Johnson & Johnson, our investment in employee health, well-being and safety is built on our conviction that advancing health for humanity starts with advancing the health of our employees. With the right awareness, focus, practices and tools, we aim to ensure that all our employees around the world, as well as temporary contractors and visitors to our sites, can work safely. Beyond occupational health and safety, we aspire to have the healthiest workforce and have continuously expanded health and well-being programs throughout Johnson & Johnson globally, incorporating new thinking and technologies to help employees achieve their personal mind and body health goals. See our Positions on Environmental Health and Safety Management and Employee Health and Well-Being.

Following the successful achievement of our health and well-being goals in 2020 (see Health for Humanity 2020 Goals Scorecard), this year, as part of our Health for Humanity 2025 Goals, we have an innovative, first-of-its-kind commitment for Johnson & Johnson to ensure our managers across the organization realize the imperative of protecting, supporting and advancing health and well-being for all employees. Through this new goal, we will reinforce our commitment to protecting employee health, prioritizing employee mental health and sustaining our focus on energy management to help build employee resiliency.

2020 was atypical in terms of our operations and the addition of new safety protocols to protect our workforce from the risks of COVID-19 (see the section COVID-19: Protecting our Employees). However, as the pandemic persisted, we maintained our uncompromising focus on health and safety and ended the year with strong results across all our safety metrics.

We continued our safety programs and activities during 2020 even given the challenging circumstances throughout the year. Where relevant, we conducted training and team activities virtually. Examples of our activities during the year include:

Safety Month: We leveraged our annual Safety Month to introduce the Six Habits for Safety Success program. Safety teams at our global sites introduced the Habits with virtual engagement for all those working remotely and appropriate activities for employees onsite, in line with social distancing protocols. Tens of thousands of employees participated in Safety Month activations and made commitments to safety actions.

Health and wellness support online: We launched a new digital health and well-being tool to support employees to stay physically energized, emotionally connected and mentally focused, especially when facing heightened stress levels during this difficult year. The online program includes a confidential health risk assessment that helps employees understand how lifestyle choices, health status and behavior influence their current and future well-being and learn how to address modifiable health risks. In addition, we introduced a weekly health newsletter connecting employees to health and well-being resources available from Johnson & Johnson.

Global Activity Challenge: Our annual Global Activity Challenge engaged more than 28,000 employees from 70 countries for 21 days of movement, resulting in the largest increase in physical activity (63%) for any Johnson & Johnson activity challenge to date.

We operate 119 on-site healthcare clinics in 35 countries across all sectors of our business.

In 2020, we maintained core clinical services for our on-site employees and expanded to provide remote telehealth support as we managed the ongoing health risks to our workforce during the COVID-19 pandemic.

2025 Goals

Healthiest Workforce Score

By 2025, x%* of Johnson & Johnson leaders and their managers will be accountable to achieve ≥ x%* annual Healthiest Workforce Score.

For full details of this Goal and KPI, see our Health for Humanity 2025 Goals.

* Baseline to be established in 2021.
World Mental Health Day: In 2020, we placed emphasis on increasing our understanding of mental health conditions, breaking down stigma and empowering us to care for our mental health and well-being and that of those around us. Through a series of online interactions across the globe in our 24-hour Global Virtual Mindfulness Relay, Johnson & Johnson set a Guinness World Record with nearly 13,000 employees from 79 countries taking a moment to unplug, increase self-awareness and learn new strategies to help manage stress.

Energy management: Our enterprise-wide ENERGY FOR PERFORMANCE program helps employees manage their energy capacity so that they can be their best at work and in life. We have consistently expanded the use of this program in line with our Health for Humanity 2020 Goals and introduced virtual courses to continue to deliver this important training during the pandemic.

ENERGY FOR PERFORMANCE Progress

102,000 employees completed ENERGY FOR PERFORMANCE training since 2016, with 9,924 employees completing training in 2020.

129,000 and 126,000 employees were provided with access to and fully implemented healthy eating and healthy movement cultures, respectively.

A Johnson & Johnson employee in the U.S. and his sons kept healthy by exercising together while he worked from home.
### Employee Safety, Global

<table>
<thead>
<tr>
<th>Metric</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost Workday Case rate**</td>
<td>0.05†</td>
<td>0.07+</td>
<td>0.08</td>
</tr>
<tr>
<td>Total Recordable Injury Rate</td>
<td>0.24†</td>
<td>0.31†</td>
<td>0.41</td>
</tr>
<tr>
<td>Serious Injury and Illness Case rate</td>
<td>0.02†</td>
<td>0.04†</td>
<td>0.05</td>
</tr>
<tr>
<td>Number of fatalities</td>
<td>0†</td>
<td>0†</td>
<td>2</td>
</tr>
<tr>
<td>Crashes Per Million Miles (CPMM) rate**</td>
<td>4.86</td>
<td>5.54</td>
<td>5.81</td>
</tr>
<tr>
<td>Injuries Per Million Miles (IPMM) rate**</td>
<td>0.05</td>
<td>0.06</td>
<td>0.07</td>
</tr>
</tbody>
</table>

### Employee Safety by Region

#### Lost Workday Case rate**

<table>
<thead>
<tr>
<th>Region</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia Pacific</td>
<td>0.02†</td>
<td>0.06+</td>
<td>0.05</td>
</tr>
<tr>
<td>Europe, Middle East &amp; Africa</td>
<td>0.04†</td>
<td>0.05†</td>
<td>0.05</td>
</tr>
<tr>
<td>Latin America</td>
<td>0.08†</td>
<td>0.06†</td>
<td>0.11</td>
</tr>
<tr>
<td>North America</td>
<td>0.07†</td>
<td>0.08†</td>
<td>0.10</td>
</tr>
</tbody>
</table>

#### Total Recordable Injury Rate

<table>
<thead>
<tr>
<th>Region</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia Pacific</td>
<td>0.08†</td>
<td>0.12+</td>
<td>0.17</td>
</tr>
<tr>
<td>Europe, Middle East &amp; Africa</td>
<td>0.21†</td>
<td>0.27†</td>
<td>0.29</td>
</tr>
<tr>
<td>Latin America</td>
<td>0.18†</td>
<td>0.25†</td>
<td>0.43</td>
</tr>
<tr>
<td>North America</td>
<td>0.35†</td>
<td>0.42†</td>
<td>0.57</td>
</tr>
</tbody>
</table>

#### Serious Injury and Illness Case rate

<table>
<thead>
<tr>
<th>Region</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia Pacific</td>
<td>0.02†</td>
<td>0.04†</td>
<td>0.01</td>
</tr>
<tr>
<td>Europe, Middle East &amp; Africa</td>
<td>0.01†</td>
<td>0.03†</td>
<td>0.02</td>
</tr>
<tr>
<td>Latin America</td>
<td>0.01†</td>
<td>0.02†</td>
<td>0.01</td>
</tr>
<tr>
<td>North America</td>
<td>0.04†</td>
<td>0.06†</td>
<td>0.09</td>
</tr>
</tbody>
</table>

---

† See PwC’s Report of Independent Accountants.
* LWDC rate, TRIR, SIIC rate, and fatalities are calculated for Johnson & Johnson employees and contingent workers. Contingent workers (i.e. workers supplied by third-party agencies that are the worker’s employer of record) are intended to supplement or temporarily replace existing workforce and are directly supervised by a Johnson & Johnson employee.
** "Lost days" are calendar days counted beginning the day after an incident has taken place.
*** CPMM and IPMM rates are based on Safe Fleet data. Rate calculation methodology uses both actual and estimated data on miles driven. We collect Safe Fleet data on employees who drive Company-owned or -leased, and personally owned vehicles for Company business. Employees in the latter category are those who: 1) drive for Company business as a “regular part” of their job, and 2) receive a car allowance to purchase their own vehicle, and/or are reimbursed for vehicle expenses such as fuel, maintenance, insurance and other miscellaneous charges associated with vehicle upkeep.
Product Quality & Safety

As the world’s largest and most broadly based healthcare company, Johnson & Johnson reaches patients and consumers across the world with its medicines, consumer health products and medical devices. Their safety when using our products is a critical priority for Johnson & Johnson: we insist on quality and safety at every stage of product development, manufacturing, supply chain and commercialization to ensure our products are as effective and safe as possible.

Our effective management of consumer and patient safety includes:

- Adherence to strict quality standards;
- Ethically led, science-driven decision-making in all matters relating to medical safety; and
- Protecting those who use our products from counterfeit and illicit trade.

In this section, we share our progress in 2020 in the following areas:

Quality Management
Medical Safety
Counterfeiting & Illicit Trade

Quality Management

The Johnson & Johnson Quality Policies and Standards across our Family of Companies cover the lifecycle of our products from R&D to the consumer and patient experience. They provide a framework and common foundation of quality expectations and help ensure a reliable supply of high-quality products across all our business segments. See our Position on Quality and Compliance and our Johnson & Johnson Quality Management Framework.

In 2020, we continued to assess and improve our internal quality policies and standards to ensure we are keeping pace with the changing regulatory demands for our diverse portfolio of products. Employing thousands of individuals across the Enterprise, our Quality and Compliance functions are increasingly adopting digital innovations to drive effectiveness and efficiency within our quality processes. In our clinical quality programs, we are expanding data science partnerships with external experts and providers, as well as industry peers, to accelerate insights and embed predictive signaling.

We have deployed Robotic Process Automation capabilities that deliver process efficiencies and increase the accuracy of trial monitoring and data management activities.

Areas of progress in 2020 include initial deployments of:

Digital acceleration: With the rise of digital, artificial intelligence (AI), and Big Data we are advancing our digital strategy in different ways:

- AI for complaints: Our team developed AI and machine learning methods that read narratives from customer complaints and turn the customer feedback into insights. The algorithms can predict categorization, allowing higher automation of the process and greater contextualization of information, helping to share actionable insights.
- Intelligent Automation: We have expanded our use of Intelligent Automation in our partnership with our Regulatory Affairs organization that enables us to evaluate Company data more rapidly, more consistently and with improved accuracy.

- Real-time controls: We are raising the visibility of data through highly targeted dashboarding and signaling, accompanied by decision assist methods that present data clearly and support real-time, data-driven decisions in our product development process. We have developed tools that offer significant reductions in cycle time and lower levels of error.

- Natural Language Processing: We are currently using Natural Language Processing methods to unlock knowledge from quality text data with new methods that compare the similarity of new quality records to past data. This allows rapid identification of similar historic occurrences with a proven track record of solutions.

Shaping the future regulatory model for software-based medical devices: We continue to partner with the FDA in the Digital Health Software Precertification (Pre-Cert) Pilot Program. The FDA’s Pre-Cert Program is envisioned to accelerate speed to U.S. market for Software as a Medical Device solution. The intention is to grant streamlined product regulatory reviews for digital health technology companies that demonstrate and maintain a culture of quality and organizational excellence. The focus of the pilot phase of the program is to build and test the pre-cert model with select pilot participants within the industry, including Johnson & Johnson. In 2020, we shared with the FDA our perspective on key measures to evaluate and monitor organizations and to conduct excellence appraisals of organizations. In addition, we tested and suggested improvements for the FDA’s proposed tools and enablers, which would drive components of the pre-cert model. For 2021, our focus will continue to be on testing the pre-cert model and helping the FDA develop policy related to device classification. Upon completion, we believe the Pre-Cert Program will provide an innovative regulatory pathway for organizations to submit their products with ease and efficiency while meeting high product quality and safety standards.

In this section, we share our progress in 2020 in the following areas:
Annual Quality Month: In October 2020, we activated our annual quality month under the theme: “Quality starts with me!” We embarked on a modified virtual program to engage our global sites and employees in reflection, celebration, and recommitment to quality through virtual workshops and interactive educational sessions.

Enabling clinical trial execution using digital tools: Innovations within clinical trial execution grew rapidly in response to the constraints of the COVID-19 pandemic. Working together with R&D partners, we introduced new capabilities for digital quality monitoring of clinical sites and created new means for conducting quality oversight of innovative methods of patient data capture to enable home healthcare. We also rapidly expanded virtualization of audits, which aided in continued quality oversight during periods of reduced on-site interactions. See our United in Defeating COVID-19 section.

<table>
<thead>
<tr>
<th>Product Quality Indicators</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of regulatory inspections of Johnson &amp; Johnson sites by worldwide health authorities</td>
<td>452¹</td>
<td>521⁺</td>
<td>619</td>
</tr>
<tr>
<td>Percentage of regulatory inspections that resulted in zero observations</td>
<td>82%²</td>
<td>73%⁺</td>
<td>78%</td>
</tr>
<tr>
<td>Number of FDA inspections of Johnson &amp; Johnson sites</td>
<td>10¹</td>
<td>17⁺</td>
<td>24</td>
</tr>
<tr>
<td>Percentage of FDA inspections that resulted in zero observations</td>
<td>80%¹</td>
<td>76%⁺</td>
<td>75%</td>
</tr>
<tr>
<td>Average number of observations per FDA inspection</td>
<td>1.7¹</td>
<td>0.6⁺</td>
<td>0.6</td>
</tr>
<tr>
<td>Number of independent audits of Johnson &amp; Johnson sites to ensure compliance with Johnson &amp; Johnson Quality Policy &amp; Standards</td>
<td>165¹</td>
<td>156⁺</td>
<td>179</td>
</tr>
<tr>
<td>Number of independent audits of external manufacturing sites to ensure compliance with Johnson &amp; Johnson Quality Policy &amp; Standards</td>
<td>230¹</td>
<td>264⁺</td>
<td>237</td>
</tr>
<tr>
<td>Number of FDA warning letters issued</td>
<td>0¹</td>
<td>1⁺</td>
<td>0</td>
</tr>
<tr>
<td>Product recall rate,* by business segment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical</td>
<td>0%¹</td>
<td>0.002%</td>
<td>Not reported</td>
</tr>
<tr>
<td>Medical Devices</td>
<td>0.034%</td>
<td>0.041%</td>
<td>Not reported</td>
</tr>
<tr>
<td>Consumer Health</td>
<td>0%¹</td>
<td>0.091%</td>
<td>Not reported</td>
</tr>
</tbody>
</table>

¹ See PwC’s Report of Independent Accountants.
* Product recall rate is defined as number of lots removed from market per total globally manufactured, based on field action removals where it has been determined internally by a Quality Review Board, and aligned by Johnson & Johnson Enterprise Compliance, that there is a reasonable probability that the product may cause temporary or medically reversible adverse health consequences and in certain cases will cause serious adverse health consequences. Consumer Health over-the-counter (OTC) product removals are included.
Medical Safety

GRI 416-1

Patient and consumer well-being is a priority in our decision-making and actions. The Office of the Chief Medical Officer (OCMO) leads medical safety globally at Johnson & Johnson, championing patient-centered, evidence- and science-based decisions across our three business segments. Our work is underpinned by a single medical safety standard to which all our products are held.

In addition to our standards, policies and processes, our approach to medical safety is also informed by RWD to enhance our understanding of the safety and effectiveness of our medicines and medical devices outside clinical trial settings. In partnership with leading organizations, OCMO is working to advance novel methodologies and tools for real-world data analysis to further inform clinical and regulatory decision-making and advance public health.

One of our Health for Humanity 2025 Goals reflects the growing importance of RWE in improving health outcomes.

Organizations we regularly collaborate with and/or support to improve RWD and RWE methodologies and tools:

- OHDSI
- NEST
- FDA
- EMA
- MRCP
- IMI
- EHDEN
- Duke

For full details of this Goal and KPI, see our Health for Humanity 2025 Goals.
In September 2020, Johnson & Johnson joined the WHO and the International Alliance of Patients’ Organizations (IAPO) to bring attention to patient and health worker safety through World Patient Safety Day, and to increase public awareness and engagement, enhance global understanding, and spur global action to promote patient safety. Our OCMO colleagues participated as keynote speakers and panelists in IAPO’s annual Global Patients Congress.

In 2020, we further advanced medical safety for our diverse patients and consumers in innovative and collaborative ways, including:

**Leveraging artificial intelligence for pharmacovigilance:**
We are advancing a first-in-kind AI capability to streamline pharmacovigilance processes for faster handling of complaint cases. At the Medicines and Healthcare Products Regulatory Agency (MHRA) Symposium 2020, Johnson & Johnson was recognized for our Literature Assist Tool, noting we are one of the few companies to demonstrate a first-in-kind AI capability in production and commending our unique intelligent automation strategy that includes both prescription and OTC products. The Literature Assist Tool, developed by Janssen R&D, leverages artificial neural networks and natural language processing to review scientific literature and identify safety cases, enabling faster complaint case processing with the capability to review hundreds of thousands of literature abstracts and articles each year. This technology reduces the burden of data entry from the labor-intensive literature review process so that pharmacovigilance experts can focus on verifying data accuracy and ensuring the safety of drugs and products.

**Improving maternal health outcomes:** In partnership with the Center for Maternal Health Equity at the Morehouse School of Medicine, OCMO convened the Georgia Maternal Health Research for Action Steering Committee, a group of clinical and academic experts in Black maternal health in Georgia, U.S., which has one of the highest maternal mortality and morbidity rates in the United States. The Committee aims to provide guidance on an integrated suite of scalable programs to improve maternal health outcomes for Black mothers. We are conducting ethnographic research to understand the unique concerns and needs of Black mothers in Georgia during their pregnancy journey that will guide potential digital solutions to increase postpartum co-morbidity self-management and to promote early notification of postpartum complications.

**Accelerating access to medicines for young patients:** Typically, there is a small and widely dispersed pediatric patient population available for clinical trials, which presents a challenge in terms of assessing efficacy and safety of medicines for children. Utilizing existing databases to supplement pediatric clinical trial data can reduce drug development time by years. In 2020, OCMO championed the use of data extrapolation from adult clinical trials to seek a pediatric indication for SIMPONI ARIA (golimumab) in pediatric patients with arthritis. The submission was approved by the FDA, leading to a pediatric indication for SIMPONI ARIA, and accelerated access to this medicine to help children get the treatment they need faster.

**Innovating to prevent accidental ingestions and medication errors in children:** Child safety has always been a cornerstone of our medical safety work. Thousands of children are rushed to emergency departments every day due to accidental unsupervised ingestions. In 2020, we worked with JLABS to introduce the Pill Protect QuickFire Challenge: Designing for Medication Safety with support from the Scientific Education and Patient Advocacy in coordination with the CDC PROTECT Initiative. The best potential solution to prevent or reduce the accidental access by children to medications in pill dispensers will be announced in 2021 and receive up to $100,000 in grant funding, access to the global JLABS network and mentorship from Johnson & Johnson experts.

**Talc safety:** We continue to address allegations that JOHNSON’S Baby Powder can cause adverse health effects. We sympathize deeply with cancer patients and their families and appreciate that they are seeking answers. However, the science and the facts show that their illnesses were not caused by their use of our talcum-based products. Our website factsabouttalc.com includes independent studies from leading universities, research from medical journals and third-party opinions confirming that our talc is safe. Johnson & Johnson remains steadfastly confident in the safety of talc-based JOHNSON’S Baby Powder. Decades of scientific studies by medical experts around the world support the safety of our product. The facts are that JOHNSON’S Baby Powder is safe, does not contain asbestos and does not increase the risk of cancer. In 2020, as a response to declining demand for this product, we discontinued sales in the United States and Canada.
Counterfeiting & Illicit Trade
GRI J&J20-4, SASB: HC-BP-260a.1; HC-MS-430a.2

Counterfeit, illegally diverted and tampered-with healthcare products place people at risk of serious health problems—potentially even death—and undermine confidence in product quality, safety and reliability, which, at Johnson & Johnson, is central to everything we do. Additionally, counterfeit healthcare products negatively impact the economy of healthcare by diverting income and tax revenues from those who work to improve healthcare. Illicit trade adds a cost burden of monitoring and control for healthcare systems, and can negatively impact health outcomes.

We believe the illicit trade of healthcare products must be stemmed for the benefit of all, and we strongly support stricter regulation in this area. For example, we supported the passage of the H.R. 5663 Safeguarding Therapeutics Act, giving the FDA the authority to destroy counterfeit medical devices and combination products at ports of entry. The bill was enacted after being signed by the President on January 5, 2021.

Our mandatory biennial Code of Business Conduct training for all employees includes a module on counterfeit products and illicit trade to help employees be proactive in protecting our patients and consumers.

Illicit trade complaints are also incorporated as a category of complaints into the Product Quality Complaint/Adverse Event training that all employees are required to take. In addition, we provide dedicated training modules for employees in certain functions to continue their education on anti-counterfeiting and product protection best practices. Outside of the Company, we regularly train government officials to help them identify suspect versions of Johnson & Johnson products. In 2020, we launched our Global Brand Protection Customs Program for customs and border protection officials, which delivered global product protection training virtually via 37 sessions due to the COVID-19 pandemic.

In 2020, we deployed multi-faceted protection capabilities to reduce the threat of counterfeiting, theft, cyberattacks and other forms of illicit trade for our COVID-19 vaccine, as described in the section COVID-19: Advancing a Vaccine and Therapies. We also continued the ongoing fight against counterfeit healthcare products in several ways:

**Customs, government and other partnerships:**
We record our trademarks with customs and border protection agencies to stop illicit trade at ports of entry around the world. Our customs and government partnerships resulted in an increase of suspect product notifications and related seizures from the previous year. This increases confidence that our patients and consumers will receive genuine Johnson & Johnson products. We also continue to engage with seven external trade groups, alliances, organizations and agencies—either in leadership positions or as a member of industry working groups—to help collaboratively combat trade in counterfeit healthcare products.

**Introducing a tool to assess counterfeit risk:** During 2020, we deployed a new prioritization tool that analyzes data from various sources to determine the brands at the greatest risk for illicit trade. Our Segmentation Tool uses market and business intelligence and multiyear internal data to improve decision-making in the best interests of patient protection.

**Adding security measures:** We introduced a sophisticated security feature to the existing tamper-evident seal already in use at our pharmaceutical packaging sites in Europe. The new seal was designed for use on critical pharmaceutical products in markets at high risk for illicit trade. We also started using digital authentication features across our product portfolios to enhance the ability to authenticate products when they are in the market.

Anti-counterfeiting best practices training delivered in 2020:

<table>
<thead>
<tr>
<th>145</th>
<th>Johnson &amp; Johnson employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,164</td>
<td>customs and border patrol officials</td>
</tr>
</tbody>
</table>
Environmental Health

GRI 307-1

At Johnson & Johnson, the world's largest and most broadly based healthcare company, we are deeply motivated to be active stewards of the environment and contributors to sustainable development. We know that human health is inextricably linked to the health of the planet, and the health of the planet depends on us, individually and collectively. See our Position on Human Health and the Environment.

Environmental stewardship is grounded in Our Credo and is essential to delivering on Our Purpose of profoundly changing the trajectory of health.

"We must maintain in good order the property we are privileged to use, protecting the environment and natural resources.

Our Credo, Johnson & Johnson, 1943

Johnson & Johnson's latest climate goals build on a longstanding commitment to environmental health, which includes more than two decades of public climate commitments. Building on our strong legacy of climate action, in September 2020, we announced Johnson & Johnson's next generation of Health for Humanity climate goals:

2025 Goals

Renewable Electricity
By 2025, source 100% of our electricity needs from renewable sources.

Carbon Neutrality for Our Operations
By 2030, achieve carbon neutrality for our operations, going beyond our Science-Based Target to reduce absolute Scope 1 and 2 emissions 60% from 2016 levels.

Scope 3 Emissions Reductions
By 2030, reduce absolute upstream value chain (Scope 3) emissions 20% from 2016 levels.

For full details of these Goals and KPIs, see our Health for Humanity 2025 Goals.

Our operational (Scope 1 & 2) emissions goal has been validated by the Science-Based Targets initiative (SBTi) as being consistent with the reductions required to keep global warming to 1.5°C and goes beyond what the latest climate science deems necessary to meet the goals of the Paris Climate Agreement. Our value chain (Scope 3) goal meets the SBTi's criteria for ambitious value chain goals, meaning it is in line with current best practice.
Our EH&S Standards reflect industry best practices and aim to ensure that all Johnson & Johnson entities around the world are compliant with applicable environmental laws and regulations, and that they maintain consistently high-quality EH&S performance in line with our goals and the multiple metrics that we track at every facility. Our progress in environmental sustainability encompasses our engagement with suppliers (see section Responsible Supply Base) and includes a focus on:

- Advancing climate resilience;
- Managing our waste and water impacts; and
- Improving product sustainability.

See also our Environmental Health and Safety Policy and our suite of ESG policies and positions including those relating to environmental health.

In this section, we share our progress in 2020 in the following areas:

- Climate Resilience
- Water & Waste Management
- Product Sustainability

### EH&S Governance Indicators

<table>
<thead>
<tr>
<th>Metric</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of manufacturing and R&amp;D sites certified to ISO 14001(a)</td>
<td>95†</td>
<td>100*</td>
<td>112</td>
</tr>
<tr>
<td>Percentage of manufacturing and R&amp;D sites certified to ISO 14001(a)</td>
<td>96%†</td>
<td>97%*</td>
<td>99%</td>
</tr>
<tr>
<td>Percentage of manufacturing and R&amp;D sites certified to OHSAS 18001(Occupational Health and Safety Assessment Series) or ISO 45001(b)</td>
<td>21%†</td>
<td>24%*</td>
<td>32%</td>
</tr>
<tr>
<td>Number of environmental non-compliances (c)</td>
<td>50†</td>
<td>61*</td>
<td>44</td>
</tr>
<tr>
<td>Fines paid for environmental non-compliances (d) (thousands)</td>
<td>$5.9†</td>
<td>$41*</td>
<td>$2</td>
</tr>
</tbody>
</table>

* See PwC's Report of Independent Accountants.
(a) Environmental non-compliances represent instances of non-compliance with environmental regulatory requirements or laws that were either (i) self-reported to authorities in the reporting year or (ii) identified by authorities and the non-compliance occurred in the reporting year. The authorities include regional, national, state/country/province, and local/city regulatory agencies.
(b) Environmental non-compliances and fines paid exclude newly acquired sites (i.e., owned less than 2 years as of December 31, 2020).
(c) Fines paid for environmental non-compliances include those paid in the reporting year. It does not include fines assessed and/or under negotiation that were not paid as of December 31, 2020.
(d) Certified to ISO 14001, OHSAS 18001 or ISO 45001 means the site has received an external certification that is valid as of December 31, 2020.
(e) The denominator of total manufacturing and research & development (R&D) sites excludes small R&D and manufacturing sites (defined as having less than 50 employees) and newly acquired sites (i.e., owned less than 3 years as of December 31, 2020).
Climate Resilience
GRI 302-1, 302-2, 302-3, 302-4, 305-1, 305-2, 305-3, 305-4, 305-5, 305-6, 305-7

We believe industry has an important role to play in responding to climate change by implementing voluntary reductions of the greenhouse gases (GHGs) within their control. We have made strong progress in transitioning to renewable electricity, achieving over 50% globally in 2020 as we strive toward 100% over the next five years. Additionally, we expect to make further investments in energy efficiency across our operations and are evaluating alternative fuel sources and fleet vehicle choices.

We have several renewable energy initiatives underway at Johnson & Johnson facilities across the globe:

Renewable Electricity Use Across Regions*

Global: 54%‡
Europe: 82%‡
North America: 72%‡

Globally, our on-site clean/renewable energy technology capacity in 2020 was 61.4 MW.

On-site Clean/Renewable Energy Capacity, by Type

Johnson & Johnson supported climate action as a signatory of the America Is All In pledge, launched in 2020 on the five-year anniversary of the Paris Climate Agreement as a call to action for the incoming Biden-Harris Administration to support national mobilization on climate and recovery.

* Percentage of electricity used by Johnson & Johnson that is generated from renewable sources. Europe includes Belgium, France, Germany, Greece, Ireland, Italy, Netherlands, Poland, Spain, Sweden, and Switzerland. North America includes United States and Canada only.
‡ Metric has been assured by ERM CVS. See independent assurance statement by ERM CVS.

Johnson & Johnson is a founding member of the Renewable Energy Buyers Alliance (REBA), an association for large-scale energy buyers working toward the creation of a resilient, zero-carbon energy system across the United States.
In 2020, we made progress in achieving energy efficiency and GHG emission reductions. Examples include:

**Green electricity:** In 2020, we signed a green tariff electricity contract for our operations in the Philippines, which went into effect in October 2020. Through this contract, our electricity supplier matches Johnson & Johnson's electricity consumption from the grid with renewable electricity produced or purchased from renewable sources within the same market. This follows our signature of renewable Power Purchase Agreements (PPAs) in 2019 for our operations in Belgium, Ireland, Mexico and the Netherlands, as well as green tariff electricity contracts in Germany, Greece and Japan, all of which took effect in 2019 or early 2020.

**Capital expenditure for energy efficiency:** Energy efficiency programs at our most energy-intensive manufacturing and R&D sites are allocated up to $40 million per year in capital relief through our CO₂ Capital Relief Program, for energy projects that demonstrate potential CO₂ savings and a financial return of at least 15%.

**Geothermal energy expansion:** We continue to expand our use of geothermal energy to provide substantial reductions in GHG emissions. In Belgium, we completed drilling of two geothermal energy wells at our Janssen Beerse campus. When completed, it is anticipated that the renewable sourced hot water will significantly reduce the site's CO₂ emissions. At our Ethicon campus in Cincinnati, U.S., we commenced installation of a closed-loop, geothermal system to provide heating and cooling for half of the campus, with the capacity to serve the entire 45-acre campus in the future. The geothermal system replaces two large natural gas steam boilers, saves millions of gallons of water per year and reduces natural gas consumption and corresponding GHG emissions significantly.

**Solar energy expansion:** We installed a solar photovoltaic power system capable of generating 2,000 MWh per year at the São José dos Campos Campus in Brazil. This is Johnson & Johnson's first photovoltaic system in South America. At Janssen's facility in Xi'an, China, we completed a 1 MW carport plus ground mount solar installation where the solar panels also serve as a covered roof for parked employee vehicles and include charging stations for electric bicycles.

**Green building:** We continue to pursue LEED (Leadership in Energy & Environmental Design) certification across our facilities. For example, in 2020, we received LEED Gold certification for our laboratory building on our Beerse, Belgium campus, making it the first LEED Gold-certified analytical laboratory in Belgium. Additionally, we achieved LEED Gold certification for two facilities in China, a manufacturing site for medical devices in Suzhou and a state-of-the-art pharmaceuticals plant in Xi'an. Environmental features of these sites include local plants for landscaping, reserved parking spaces for low-emitting vehicles and dimmable lighting fixtures in meeting and training rooms to minimize energy consumption.

For the third consecutive year, Johnson & Johnson was recognized with a CDP A List rating for our leadership in climate action.

6 Johnson & Johnson buildings were newly LEED-certified in 2020, bringing the total number of LEED-certified buildings to 60. In total, 8.7 million square feet—or 14.5% of our built space—was LEED-certified by the end of the year.

Our LEED Gold-certified Xi’an, China, Janssen facility with a 1 MW solar array installed in 2020.

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**CO₂ Capital Relief Program Overview (2005 – 2020)**

- 280 projects approved
- 241 projects completed
- $445 million total spent on completed projects
- $83 million annual energy cost savings
- 2,345 TJ annual energy savings
- 298,905 MT CO₂ annual GHG emissions avoided

*Results from completed projects. Based on fuel and electricity reduction calculations. Avoidance of energy consumption and GHG emissions calculated by comparing energy consumption before project implementation and expected consumption after implementation using engineering estimates at the time the projects are approved.*
In 2020, Johnson & Johnson received the [EPA SmartWay Excellence Award](#) for outstanding environmental performance and climate-efficient transportation.

More than 99% of Johnson & Johnson freight in North America is transported with SmartWay-registered carriers with a strong record of fuel efficiency and GHG reduction.

<table>
<thead>
<tr>
<th>Energy Use¹</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total energy use (TJ)</td>
<td>11,954</td>
<td>12,702</td>
<td>13,208</td>
</tr>
<tr>
<td>From renewable sources</td>
<td>3,483</td>
<td>2,118</td>
<td>2,246</td>
</tr>
<tr>
<td>From non-renewable sources</td>
<td>8,471</td>
<td>10,584</td>
<td>10,962</td>
</tr>
<tr>
<td>Energy intensity ratio (TJ/billion USD)²</td>
<td>145</td>
<td>155</td>
<td>162</td>
</tr>
<tr>
<td>Percentage change in energy intensity compared to 2010 baseline (TJ/billion USD)²</td>
<td>(33)%</td>
<td>(29)%</td>
<td>(24)%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Purchased Energy Use by Type (TJ)¹</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity</td>
<td>5,922</td>
<td>6,421</td>
<td>6,583</td>
</tr>
<tr>
<td>Natural gas</td>
<td>4,412</td>
<td>4,808</td>
<td>5,020</td>
</tr>
<tr>
<td>Diesel</td>
<td>613</td>
<td>465</td>
<td>592</td>
</tr>
<tr>
<td>Direct heating/cooling</td>
<td>265</td>
<td>274</td>
<td>180</td>
</tr>
<tr>
<td>Propane</td>
<td>53</td>
<td>51</td>
<td>90</td>
</tr>
<tr>
<td>Biogas</td>
<td>28</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Fuel oil</td>
<td>13</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Total purchased energy</td>
<td>11,306</td>
<td>12,059</td>
<td>12,507</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>On-Site Generated Energy Use by Type (TJ)¹</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-generation</td>
<td>418</td>
<td>439</td>
<td>525</td>
</tr>
<tr>
<td>Wind</td>
<td>129</td>
<td>97</td>
<td>78</td>
</tr>
<tr>
<td>Solar PV</td>
<td>73</td>
<td>78</td>
<td>56</td>
</tr>
<tr>
<td>Geothermal</td>
<td>18</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Fuel cell</td>
<td>7</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>Biomass</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total on-site generated energy</td>
<td>647</td>
<td>643</td>
<td>701</td>
</tr>
</tbody>
</table>

¹ Includes site-specific data from all Johnson & Johnson owned and leased sites over 50,000 square feet where Johnson & Johnson has operational control, as well as manufacturing and R&D sites under 50,000 square feet, unless otherwise noted.

² Our diverse product portfolio makes it difficult to track an organization-specific metric; therefore we use revenue as a denominator for energy intensity. Energy intensity ratio includes electricity, stationary fuels, and district heating and cooling.
### Greenhouse Gas (GHG) Emissions

<table>
<thead>
<tr>
<th>Scope 1 GHG emissions, total (MT CO₂)</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilities</td>
<td>363,924†</td>
<td>415,094*</td>
<td>452,407*</td>
</tr>
<tr>
<td>Sales fleet</td>
<td>269,329</td>
<td>278,717</td>
<td>308,200</td>
</tr>
<tr>
<td>Refrigerants</td>
<td>76,720</td>
<td>114,681</td>
<td>122,194</td>
</tr>
<tr>
<td>Aviation</td>
<td>14,139</td>
<td>12,979</td>
<td>12,298</td>
</tr>
<tr>
<td><strong>Scope 2 GHG emissions, facilities (MT CO₂)†, ‡</strong></td>
<td>3,736</td>
<td>8,717</td>
<td>9,715</td>
</tr>
<tr>
<td><strong>Location-based</strong></td>
<td>641,489‡</td>
<td>648,598*</td>
<td>681,416*</td>
</tr>
<tr>
<td><strong>Market-based</strong></td>
<td>383,745†</td>
<td>518,542*</td>
<td>583,361*</td>
</tr>
<tr>
<td><strong>Scope 3 GHG emissions, by source (MT CO₂)§, †, ‡</strong></td>
<td>2020</td>
<td>2019</td>
<td>2018</td>
</tr>
<tr>
<td><strong>Purchased goods and services</strong></td>
<td>9,437,330†</td>
<td>9,229,943*</td>
<td>8,826,462*</td>
</tr>
<tr>
<td>Upstream transportation and distribution</td>
<td>2,043,109</td>
<td>2,201,590</td>
<td>2,039,872</td>
</tr>
<tr>
<td>Business travel§</td>
<td>303,249</td>
<td>601,637</td>
<td>768,392</td>
</tr>
<tr>
<td>Employee commuting§</td>
<td>131,128</td>
<td>267,881</td>
<td>351,260</td>
</tr>
<tr>
<td>Capital goods§</td>
<td>271,206</td>
<td>281,092</td>
<td>271,422</td>
</tr>
<tr>
<td>Fuel- and energy-related activities§</td>
<td>183,087</td>
<td>190,386</td>
<td>203,498</td>
</tr>
<tr>
<td>Upstream leased assets§</td>
<td>28,969</td>
<td>39,830</td>
<td>39,981</td>
</tr>
<tr>
<td>Waste generated in operations§</td>
<td>8,065</td>
<td>3,618</td>
<td>3,702</td>
</tr>
<tr>
<td>Downstream transportation and distribution§</td>
<td>Available 12/2021</td>
<td>58,184*</td>
<td>65,447*</td>
</tr>
</tbody>
</table>

#### Use of sold products§

| Direct            | 108,165 | 168,612 | 78,051 |
| Indirect          | 7,635,771 | 7,248,612 | 6,894,347 |

#### GHG emissions intensity ratio (Scope 1 and Scope 2) per revenue (MT CO₂e/million USD)

<table>
<thead>
<tr>
<th>Percentage decrease in GHG emissions intensity (Scope 1 and Scope 2) per revenue compared to 2010 baseline (MT CO₂e /million USD)</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>12</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>59%</td>
<td>46%</td>
<td>43%</td>
<td></td>
</tr>
</tbody>
</table>

1. Metric has been assured by ERM CVS. See independent assurance statement by ERM CVS.
2. See ERM CVS’s independent assurance statements in 2019 and 2018 Health for Humanity Reports.
3. Includes site-specific data from all Johnson & Johnson owned and leased sites over 50,000 square feet where Johnson & Johnson has operational control, as well as manufacturing and R&D sites under 50,000 square feet, unless otherwise noted.
4. In accordance with guidance from World Resources Institute Corporate Accounting and Reporting Standard, we restated the 2018 and 2019 values to reflect newly released electricity grid emission factors as well as addition or removal of acquisitions and divestitures. This threshold for restatement deviates from the one included in the About this Report section. We do not currently use purchases, sales or transfers of offsets in our GHG accounting. Gases covered in these calculations include CO₂, CH₄, N₂O, and HFCs. Perfluorinated chemicals, sulfur hexafluoride and nitrogen trifluoride do not result from our operations. Biogenic CO₂ Emissions in 2020 were 1,565 MT CO₂. Electricity emission factors are obtained from the International Energy Agency’s CO₂ Emissions from Fuel Combustion Report and the U.S. Environmental Protection Agency’s eGRID publication for location-based Scope 2 reporting, and from supply contracts and residual emission factors, where available, for market-based Scope 2 reporting. Fuel emission factors are obtained from the EPA Climate Leadership publication. Global Warming Potentials are obtained from the Intergovernmental Panel on Climate Change Fifth Assessment Report. The chosen consolidation approach for emissions is operational control.
5. We did not report Scope 2 emissions using the market-based method prior to 2017. Starting from 2017, we have reported Scope 2 emissions using both location-based and market-based methods, based on the latest Scope 2 guidance from the World Resources Institute in the Corporate Accounting and Reporting Standard.
6. Emissions were calculated using Company spend in the reporting year paired with appropriate economic input/output (IO) emission factors from the Carnegie Mellon 2002 dataset. Where more specific primary data were available, they were used in place of the IO calculation methodology.
7. Business travel emissions from personal vehicle travel reflect CO₂ only.
8. Emissions from the Use of Sold Products and the End-of-Life Treatment of Sold Products were calculated for both non-hazardous and hazardous waste emissions. Previous years used the same scope to report waste from manufacturing and R&D operations using DEFRA’s emissions factors for waste. Previously, only non-hazardous waste emissions were reported.
9. Emissions from Upstream Leased Assets were calculated by applying the energy intensity from office locations in our Scope 1 and 2 footprint to the building area of leased assets less than 50,000 SqFt, or those greater than 50,000 SqFt outside of our operational control which are excluded from Scope 1 and 2 reporting.
10. Emissions from Waste Generated in Operations were calculated for all non-hazardous and hazardous waste from manufacturing and R&D operations using DEFRA’s emissions factors for waste. Previously, only non-hazardous waste emissions were reported.
11. Emissions from Downstream Transportation and Distribution were calculated using the U.S. EPA’s SmartWay Program, and are provided for U.S. shippers only. Greenhouse gases covered in these calculations include CO₂ only, for the 2019 calendar year, the most up-to-date available, and 2020 data will be available in December of 2021. We have identified a level of uncertainty around the reporting boundary, and the reported value is potentially overstated.
12. Emissions from the Use of Sold Products and the End-of-Life Treatment of Sold Products were calculated using sales volumes for all Johnson & Johnson products combined with lifecycle assessment (LCA) models where sales volumes could be obtained; where they could not be obtained, sales revenues and average unit prices were used to estimate volumes. Due to the size of our product portfolio, LCAs were not performed for every Johnson & Johnson product, so products were placed into LCA categories and a representative product LCA was applied. It should be noted that due to the assumptions that were made, Johnson & Johnson did not receive third-party limited assurance for these scopes, but will work to improve these assumptions in the coming years.
13. Emissions from Upstream Leased Assets were calculated by applying the energy intensity from office locations in our Scope 1 and 2 footprint to the building area of leased assets less than 50,000 SqFt, or those greater than 50,000 SqFt outside of our operational control which are excluded from Scope 1 and 2 reporting.
14. Emissions from Waste Generated in Operations were calculated for all non-hazardous and hazardous waste from manufacturing and R&D operations using DEFRA’s emissions factors for waste. Previously, only non-hazardous waste emissions were reported.
15. Emissions from the Processing of Sold Products, Downstream Leased Assets, Franchises, and Investments are not applicable to Johnson & Johnson operations.
16. Emissions from the Use of Sold Products and the End-of-Life Treatment of Sold Products were calculated using sales volumes for all Johnson & Johnson products combined with lifecycle assessment (LCA) models where sales volumes could be obtained; where they could not be obtained, sales revenues and average unit prices were used to estimate volumes. Due to the size of our product portfolio, LCAs were not performed for every Johnson & Johnson product, so products were placed into LCA categories and a representative product LCA was applied. It should be noted that due to the assumptions that were made, Johnson & Johnson did not receive third-party limited assurance for these scopes, but will work to improve these assumptions in the coming years.
17. Emissions from Upstream Leased Assets were calculated by applying the energy intensity from office locations in our Scope 1 and 2 footprint to the building area of leased assets less than 50,000 SqFt, or those greater than 50,000 SqFt outside of our operational control which are excluded from Scope 1 and 2 reporting.
18. Emissions from Waste Generated in Operations were calculated for all non-hazardous and hazardous waste from manufacturing and R&D operations using DEFRA’s emissions factors for waste. Previously, only non-hazardous waste emissions were reported.
19. Emissions from the Use of Sold Products and the End-of-Life Treatment of Sold Products were calculated using sales volumes for all Johnson & Johnson products combined with lifecycle assessment (LCA) models where sales volumes could be obtained; where they could not be obtained, sales revenues and average unit prices were used to estimate volumes. Due to the size of our product portfolio, LCAs were not performed for every Johnson & Johnson product, so products were placed into LCA categories and a representative product LCA was applied. It should be noted that due to the assumptions that were made, Johnson & Johnson did not receive third-party limited assurance for these scopes, but will work to improve these assumptions in the coming years.
Air Emissions by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous air pollutant (HAP) emissions (MT)</td>
<td>34.62</td>
<td>39.98</td>
<td>30.25</td>
</tr>
<tr>
<td>Volatile organic compound (VOC) emissions (MT)</td>
<td>366.08</td>
<td>394.07</td>
<td>414.05</td>
</tr>
<tr>
<td>Particulate matter (PM) emissions (MT)</td>
<td>89.20</td>
<td>116.56</td>
<td>247.14</td>
</tr>
<tr>
<td>Refrigerant emissions (MT)</td>
<td>9.58</td>
<td>8.01</td>
<td>7.85</td>
</tr>
<tr>
<td>Ozone depleting substances emissions (MT)</td>
<td>1.86</td>
<td>1.11</td>
<td>1.53</td>
</tr>
<tr>
<td>Sulfur oxide (SOx) emissions (MT)</td>
<td>65†</td>
<td>51†</td>
<td>64†</td>
</tr>
<tr>
<td>Mono-nitrogen oxides (NOx) emissions (MT)*</td>
<td>45†</td>
<td>35†</td>
<td>46†</td>
</tr>
</tbody>
</table>

† Metric has been assured by ERM CVS. See independent assurance statement by ERM CVS.
+ See ERM CVS's independent assurance statements in 2019 and 2018 Health for Humanity Reports.
* Due to a unit conversion error, 2018 and 2019 figures are restated. The previous emissions data in 2018 and 2019 Health for Humanity Reports were historically assured and the restatement calculations have been reviewed as part of this year’s assurance engagement.
Water & Waste Management

We continue to advance initiatives across all our facilities and throughout our supply chain to systematically minimize our impacts on the planet through responsible use of water, avoidance of waste and reduction of waste to landfill. See also our Position on Water and Waste Management.

Over the past three years, we decreased non-hazardous waste disposed to landfills from 15,356 metric tons in 2017 to 7,860 metric tons in 2020.

Examples of progress at our facilities in 2020 include:

**Water risk assessment:** We completed a comprehensive water risk assessment at 100% of manufacturing and R&D locations in 2019. By the end of 2020, 100% of all high-risk sites identified developed mitigation plans, 61% completed their action plans and remaining sites have ongoing mitigation plans with budget assigned for completion in 2021.

**Water purification in Thailand:** At our Johnson & Johnson Thailand facility, our team made a focused effort to reduce purified water consumption by implementing improvements such as downsizing the hosing that cleans production equipment, improving the efficiency of the equipment cleaning process and optimizing hot water consumption in stainless steel mobile storage tanks. This “fit for purpose” cleaning approach delivered significant water savings and reduced energy consumption for water heating.

**Reuse of solvents:** At our facility in Geel, Belgium, we have adopted a process to make our solvents reusable through distillation. Our detailed analysis of around 20 regularly used solvents shows that distillation in an open- or closed-loop cycle—whether conducted at our site or via external partners—delivers significant solvent saving and an overall reduction in GHG emissions. In this way, in 2020, we distilled more than 1.5 million liters of solvent, thereby avoiding more than 14,800 metric tons of CO₂e emissions.

**Plastic waste reduction:** At Johnson & Johnson Consumer Health Shanghai, our team found opportunities to make improvements, not only improving the process to reduce waste plastic generation, but also to recycle and/or reuse those plastics as some form of raw material to produce other products. Since then, the site has deployed a robust environmental sustainability strategy and implemented a series of programs that have reduced 52.5 tons of plastic materials and have saved 47 tons of plastic waste from incineration by diverting them to recycling streams instead.

For the second year in a row, Johnson & Johnson was recognized with a CDP A List rating for Water Security.
## Water Use Summary

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total water withdrawn (million m³)</td>
<td>11.09</td>
<td>11.71</td>
<td>11.64</td>
</tr>
<tr>
<td>Total water consumed (million m³)</td>
<td>4.28</td>
<td>4.57</td>
<td>Not reported</td>
</tr>
<tr>
<td>Total water recycled and reused (million m³)</td>
<td>0.75</td>
<td>0.81</td>
<td>0.84</td>
</tr>
<tr>
<td>Total water discharge (million m³)</td>
<td>7.56</td>
<td>7.95</td>
<td>7.69</td>
</tr>
<tr>
<td>Percentage of water withdrawn in regions of high or extremely high baseline water stress</td>
<td>39%</td>
<td>39%</td>
<td>Not reported</td>
</tr>
<tr>
<td>Percentage of water consumed in regions of high or extremely high baseline water stress</td>
<td>50%</td>
<td>48%</td>
<td>Not reported</td>
</tr>
</tbody>
</table>

## Water Withdrawn by Source (million m³)

<table>
<thead>
<tr>
<th>Source</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal</td>
<td>7.72</td>
<td>8.68</td>
<td>8.21</td>
</tr>
<tr>
<td>Groundwater</td>
<td>3.08</td>
<td>2.85</td>
<td>3.26</td>
</tr>
<tr>
<td>Greywater</td>
<td>0.15</td>
<td>0.06</td>
<td>0.06</td>
</tr>
<tr>
<td>Other</td>
<td>0.06</td>
<td>0.07</td>
<td>0.06</td>
</tr>
<tr>
<td>Rainwater</td>
<td>0.06</td>
<td>0.03</td>
<td>0.04</td>
</tr>
<tr>
<td>Surface water</td>
<td>0.02</td>
<td>0.02</td>
<td>0.02</td>
</tr>
<tr>
<td>Total water use</td>
<td>11.09</td>
<td>11.71</td>
<td>11.64</td>
</tr>
</tbody>
</table>

## Water Discharge by Destination (million m³)

<table>
<thead>
<tr>
<th>Destination</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wastewater treatment plant</td>
<td>5.12</td>
<td>5.46</td>
<td>5.21</td>
</tr>
<tr>
<td>Surface water</td>
<td>2.00</td>
<td>2.12</td>
<td>2.11</td>
</tr>
<tr>
<td>Irrigation</td>
<td>0.19</td>
<td>0.19</td>
<td>0.19</td>
</tr>
<tr>
<td>Other</td>
<td>0.07</td>
<td>0.06</td>
<td>0.10</td>
</tr>
<tr>
<td>Ocean</td>
<td>0.18</td>
<td>0.12</td>
<td>0.08</td>
</tr>
<tr>
<td>Total water discharge</td>
<td>7.56</td>
<td>7.95</td>
<td>7.69</td>
</tr>
</tbody>
</table>

## Operational Waste (MT)

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total waste generated</td>
<td>183,034</td>
<td>195,272</td>
<td>194,442</td>
</tr>
<tr>
<td>Hazardous waste</td>
<td>53,944</td>
<td>53,425</td>
<td>52,672</td>
</tr>
<tr>
<td>Non-hazardous waste</td>
<td>129,090</td>
<td>141,848</td>
<td>141,770</td>
</tr>
</tbody>
</table>

## Non-Hazardous Waste by Disposal Method (MT)

<table>
<thead>
<tr>
<th>Disposal Method</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recycled</td>
<td>82,184</td>
<td>83,118</td>
<td>79,827</td>
</tr>
<tr>
<td>Energy recovery</td>
<td>17,969</td>
<td>20,793</td>
<td>22,356</td>
</tr>
<tr>
<td>Landfilled</td>
<td>7,860</td>
<td>12,512</td>
<td>13,878</td>
</tr>
<tr>
<td>Reused</td>
<td>13,271</td>
<td>13,282</td>
<td>12,796</td>
</tr>
<tr>
<td>Bio/chemical treatment</td>
<td>4,948</td>
<td>9,192</td>
<td>8,704</td>
</tr>
<tr>
<td>Incinerated</td>
<td>2,799</td>
<td>2,923</td>
<td>4,167</td>
</tr>
<tr>
<td>Other</td>
<td>59</td>
<td>28</td>
<td>42</td>
</tr>
<tr>
<td>Total non-hazardous waste</td>
<td>129,090</td>
<td>141,848</td>
<td>141,770</td>
</tr>
</tbody>
</table>

## Hazardous Waste by Disposal Method (MT)

<table>
<thead>
<tr>
<th>Disposal Method</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recycled</td>
<td>22,813</td>
<td>25,897</td>
<td>24,652</td>
</tr>
<tr>
<td>Energy recovery</td>
<td>19,836</td>
<td>16,684</td>
<td>16,374</td>
</tr>
<tr>
<td>Landfilled</td>
<td>2,533</td>
<td>3,449</td>
<td>3,462</td>
</tr>
<tr>
<td>Incinerated</td>
<td>4,824</td>
<td>3,373</td>
<td>2,953</td>
</tr>
<tr>
<td>Reused</td>
<td>2,234</td>
<td>1,756</td>
<td>2,758</td>
</tr>
<tr>
<td>Bio/chemical treatment</td>
<td>1,599</td>
<td>2,181</td>
<td>2,372</td>
</tr>
<tr>
<td>Other</td>
<td>104</td>
<td>86</td>
<td>101</td>
</tr>
<tr>
<td>Total hazardous waste</td>
<td>53,944</td>
<td>53,425</td>
<td>52,672</td>
</tr>
</tbody>
</table>
We are committed to developing more sustainable products that contribute to a healthier planet. Our approach is based on science and a lifecycle accountability for product impacts, from discovery and design, raw material sourcing and manufacturing to product use and end of life. See also our Position on Sustainable Products and Packaging.

Examples of products with sustainability improvements in 2020 include:

**NEUTROGENA Skin Balancing Cleanser Line:**
A new product range in the United States that includes a cleansing wipe made with plant-based, home compostable fibers and facial cleansers sold in bottles made of 30% post-consumer recycled material.

**VISTASEAL:** VISTASEAL Fibrin Sealant for surgical use was relaunched with an innovative shipping method that enables the product to remain frozen during transport in a reusable container. Compared to the previous shipping method, the new packaging reduces GHG emissions by 75% and post-consumer waste by 95%.

**Lifecycle Assessment with EARTHWARDS**
Since 2009, EARTHWARDS has been our approach for guiding the development of more sustainable products. We use the EARTHWARDS approach to drive continuous sustainable improvement by ensuring that new products meet specific product stewardship requirements and helping product teams to understand the product category’s lifecycle impact areas. In 2020, we continued to make further progress with EARTHWARDS recognitions:

- **Green Chemistry**
  Janssen continues to integrate principles of green chemistry and engineering to develop our medicines. For example, our R&D team collaborated with a supplier to create a more efficient chemistry process to develop an ingredient in a treatment for major depressive disorder, which reduced raw materials by close to half. In another example, our R&D team applied continuous forward processing principles to reduce the synthesis process for an ingredient in a cardiovascular treatment. The approach reduced the amount of energy and raw materials required, and reduced waste, while increasing the yield of ingredient produced.

  Our Janssen R&D team also collaborated with suppliers to adopt green chemistry and engineering principles to make a prescription medicine used with other antiretroviral medicines to treat HIV-1 infection in adults. By adopting a novel continuous catalytic process to create a component in the final product, our suppliers were able to improve raw material and hazardous waste profiles, contributing to decreasing the overall environmental footprint of the product.

- **Sustainable Packaging & Recycling**
  Packaging plays a critical role in maintaining the quality, safety and integrity of our products throughout our value chain. In addition to complying with packaging regulations in the countries where our products are sold, we are proactive about increasing recycled content of our packaging and improving its recyclability.

  In 2020, our Consumer Health business announced its Healthy Lives Mission, an $800 million sustainability investment over 10 years that includes goals to reduce packaging waste. In 2020, we made progress to reduce the impact of plastic packaging in several areas, including:

  - Began several projects to replace carbon black plastic bottles across our Consumer Health portfolio, including changing OGX Purifying+Charcoal Detox Shampoo and Conditioner bottles from black to clear, which reduces the brand’s output of non-recyclable plastic in North America by more than 120,000 pounds.

The full NEUTROGENA Skin Balancing Cleanser line

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**6 new products** achieved EARTHWARDS recognition in 2020.

**68 EARTHWARDS-recognized products** resulted in annual impact reductions as follows:

- Material reduced: 19,255 MT
- Water saved: 368,507 liters
- Waste reduced: 125 MT
- GHG emissions avoided: 38,906 MT CO₂e

* Products recognized between 2009 – 2020; excludes products that are no longer EARTHWARDS-recognized due to discontinuations, divestitures or changes to the product.

** Savings are for products recognized through the end of 2020 and are estimated based on best available methodologies for each impact reduction area; select products are not included in savings estimation because of lack of detailed data.
Continued actions to address two remaining PVC rigid plastic containers by transitioning away from a PVC tray in Latin America and replacing a PVC bottle in Asia.

Launched four new refill at-home shower gels in Europe through our LE PETIT MARSEILLAIS brand to minimize packaging waste, and actively advanced several options for additional products such as adult and baby body washes and lotions in different markets for launch in the coming years.

Began removing pumps from JOHNSON’S Baby lotions and washes in smaller sizes in several markets, replacing them with a flip-top cap, avoiding millions of non-recyclable pumps being routed to landfill.

Implemented a new process to produce a plastic film for packaging that includes 30% post-consumer recycled waste for STAYFREE in Brazil.

Examples of recycling and packaging solutions from our Pharmaceutical and Medical Devices segments include:

- Launched an innovative recycling project for ETHICON single-use surgical instruments in Germany, enabling recycling of their metal and plastic components while digitally capturing and communicating the environmental impact made.

- Developed new Pulp Injection Molding tray packaging platform, image below, that will eliminate the use of plastic trays as part of our pharmaceutical combination product portfolio.

Partnerships for circularity: In 2020, we continued to engage with partners on projects that advance a circular economy, for example:

- The Recycling Partnership's Film & Flexibles Coalition: Industry-wide collaborative to identify ways to collect more flexible packaging in the United States.

- Stina Tubes CORE Project: Partnership to advance the recycling of plastic squeeze tube packaging in North America and Europe.


- We continue our partnership with the Healthcare Plastics Recycling Council and the Sustainable Healthcare Coalition, collaborating with industry leaders to increase healthcare recycling, reduce waste, and elevate sustainability in global health systems.

- We extended our original investment in the Closed Loop Infrastructure Fund for an additional five years to continue to build the recycling infrastructure in North America and spur technological innovation toward a more circular economy.

Products in the Environment

We recognize that the products we create to help patients, doctors and consumers can have environmental impacts after use. We assess the end-of-life impacts of our products and develop category-specific action plans to improve performance over time. See our Position on Impact of Pharmaceuticals and Personal Care Products in the Environment.

Pharmaceutical Products: We continue to advance our progress in understanding and reducing the impact of pharmaceuticals in the environment. As an active and founding member of the Antimicrobial Resistance Industry Alliance, we continue to collaborate across the industry to address AMR. For more information on our approach to AMR, see our Position on Antimicrobial Resistance. We are also expanding our pharmaceutical products packaging and device take-back programs in different markets. For example, we expanded the Janssen SAFE RETURNS Program for home-administered immunology products in the United States and collaborated on pharmaceutical disposal options as members of the Pharmaceutical Product Stewardship Work Group.

Medical Devices: The Johnson & Johnson Medical Devices Companies (JJMDC) are committed to helping health systems reduce expenses and decrease environmental impact while meeting or exceeding original equipment manufacturing medical device functional requirements. Offering reprocessed single-use devices manufactured by Sterilmed, Inc., a part of the Johnson & Johnson Family of Companies, is one way in which we fulfill this commitment.

As a leading provider of reprocessing services, in addition to reprocessing devices originally manufactured by members of the JJMDC, we also offer reprocessed products from the other original manufacturers, which gives customers more options to meet their needs.
Responsible Supply Base

GRI 102-9, 204-1, 205-2, SASB HC-MS-430a.3

Our extended supply chain comprises more than 51,000 suppliers across our three business segments, serving our 90 manufacturing facilities and distribution operations in virtually all countries of the world.

A critically important link in our value chain, Johnson & Johnson’s supplier network underpins our business continuity, expands our capabilities and innovation and enables our ability to serve our patients, consumers and customers and their need for our essential products and services. We aim to maintain collaborative and trusting supplier relationships and encourage a broad diversity of suppliers to work with us. We aim to ensure our supplier base operates in line with Our Credo values, in compliance with laws and regulations and in support of our Health for Humanity Goals. We do this through our Responsibility Standards for Suppliers, our Supplier Sustainability Program (SSP) and Global Supplier Diversity & Inclusion Program. For more information, see our Position on Responsible Supply Base and our Position on Business Continuity Management.

In 2020, as part of our multiyear Health for Humanity 2020 Goals, we made progress in advancing our responsible supply base. We have now established challenging goals to drive further impact across our supplier base.

In this section, we share our progress in 2020 in the following areas:

Supplier Engagement
Supplier Diversity
Responsible Sourcing
Supplier Engagement
GRI 308-1, 308-2, 407-1, 408-1, 409-1, 412-1, 414-1

We encourage and invite suppliers to enroll in our Supplier Sustainability Program (SSP) which requires, among other things, suppliers to complete an assessment by EcoVadis, a recognized provider of business sustainability ratings for global supply chains.

Since the inception of the SSP in 2015, the number of suppliers enrolled in the program has increased from approximately **100 to over 1,100**. Our spend with SSP suppliers has increased from **40% of our spend** in 2016 to over **73% of our spend** in 2020.

We aim to partner more extensively with our suppliers to help them deliver measurable improvements and significant impacts over the next five years and beyond. Our Sustainable Procurement Council, comprised of procurement category managers across all our procurement categories, manages the ongoing outreach to suppliers in the SSP. This intensive annual program includes monthly meetings to discuss our progress in enrolling suppliers in the SSP and engaging them to disclose to EcoVadis and CDP, with a more recent focus on going beyond disclosure to improve performance and impact. The program kicks off each year with a meeting with suppliers in partnership with EcoVadis and CDP, in which we provide context for our SSP, explain elements of the program and our goals, and define actions we request suppliers to undertake. In 2020, our virtual meetings were held in English and Mandarin.

As part of our own commitment to the CDP Supply Chain program, we encourage our suppliers to be transparent about their supply chain impacts and publicly disclose to CDP their environmental performance, including GHG emissions and water use. The strong participation of our suppliers earned recognition for Johnson & Johnson in 2020 as we were again named to the CDP Supplier Engagement leader board. We were the first healthcare company to achieve this recognition in 2017 and remain the only healthcare company on this list for four consecutive years. Furthermore—and of greater importance—this progress reflects our consistent focus on improving the sustainability of our supply chain for our communities and our planet, as well as the value-creating partnerships that benefit the resilience of our collective business.

Johnson & Johnson was one of two recipients of the EcoVadis 2021 Sustainable Procurement Leadership Awards in the Best Value Chain Engagement category. The award acknowledges excellence in engaging trading partners in sustainability initiatives and honors best-in-class examples of driving internal engagement to roll out global supplier sustainability programs. The award was based on EcoVadis’ assessment of our performance in 2020.

CDP engagement in 2020

423 of our suppliers were invited to participate in the CDP Supply Chain Climate Program, an increase of 23% over 2019. Over **80% of these suppliers** disclosed emissions data.

Our analysis shows that, with each year of our engagement with EcoVadis, suppliers are progressively improving performance and moving from high-risk categorization to low-risk.
Education and resources for suppliers: In partnership with EcoVadis and CDP, we delivered inaugural, year-end educational webinars to review the progress of our SSP and supplier performance and share our progress toward our Health for Humanity 2020 Goals. We also shared new tools, for example, the Johnson & Johnson CDP Climate and Water maturity ladder we created with CDP to guide suppliers on their CDP disclosure journey from beginner to leader.

Improving supply chain resilience: We rely on the resilience of our global supply chains to help ensure patients, providers and consumers have access to medical goods, including during major public health threats. During 2020, we worked closely across our supply base to engage, assist and support suppliers as they partnered with us to maintain their own operations and supply essential products during the COVID-19 pandemic. For more information, see the section COVID-19: Supply Chain Resilience.

Engaging suppliers to improve impacts: In 2020, we undertook to improve the environmental impacts generated through our external manufacturing supply chain by engaging widely across the Asia Pacific region with more than 150 external supply sites. We assessed several dimensions of Environmental Health and Safety (EH&S) performance, including process safety management, industrial hygiene, occupational health and workplace safety, and several risk assessment topics related to various environmental impacts, working within the Pharmaceutical Supply Chain Initiative (PSCI) framework. We offered specialist training for suppliers in several of these areas. Our initial assessment showed that most of the suppliers participating in the assessment program could demonstrate improvement in at least one area of EH&S performance, and were eager to continue to learn, apply best practice and improve their overall impacts.

Auditing supplier compliance: We verify and monitor supplier compliance with laws and regulations, and with our Responsibility Standards for Suppliers, through formal assessment and audits. Our EH&S audit program, which has been in place since 2006, is conducted using the audit protocol and checklist developed by the PSCI. Our social audits program is conducted in accordance with SMETA 4 guidelines and with a focus on human rights.

In 2020, we completed 104 EH&S audits, the majority in Asia, and five social audits. Our audit programs were affected by COVID-19, mostly due to travel restrictions, minimizing on-site workforces and limited resources at suppliers to support audits. Toward the middle of 2020, both programs began to complete virtual audits using video and other online tools. By year-end, more than half of our EH&S audits had been completed remotely and our social audits were rolled into our expanded Supplier Sustainability Program as part of our EcoVadis assessments.

“Tessy saw the Supplier Sustainability Program from Johnson & Johnson as a great opportunity for our company to improve our sustainability practices. After years of collaborating with Johnson & Johnson and participating in the program, I am excited to see our achievements and Tessy’s efforts in leading our supply base into this space.”

Roland Beck, Owner & President, Tessy Plastics, Johnson & Johnson supplier
### Supplier Sustainability Program (SSP)

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spend with suppliers enrolled in SSP (billions)*</td>
<td>$18.9</td>
<td>$17.1</td>
<td>$16.3</td>
</tr>
<tr>
<td>Percentage of total supplier spend attributable to suppliers enrolled in SSP</td>
<td>74%</td>
<td>71%</td>
<td>61%</td>
</tr>
<tr>
<td>Number of suppliers newly enrolled in SSP, annual</td>
<td>328</td>
<td>279</td>
<td>139</td>
</tr>
<tr>
<td>Number of suppliers enrolled in SSP, cumulative since the program launch (2015)</td>
<td>1,107</td>
<td>779</td>
<td>500</td>
</tr>
<tr>
<td>Suppliers invited to participate in CDP Supply Chain Climate program</td>
<td>423</td>
<td>344</td>
<td>305</td>
</tr>
<tr>
<td>Percentage participated</td>
<td>80%</td>
<td>84%</td>
<td>90%</td>
</tr>
<tr>
<td>Suppliers invited to participate the CDP Supply Chain Water program</td>
<td>153</td>
<td>112</td>
<td>108</td>
</tr>
<tr>
<td>Percentage participated</td>
<td>79%</td>
<td>84%</td>
<td>88%</td>
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### Supplier EcoVadis Audits

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<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>EcoVadis assessments completed</td>
<td>1,119</td>
<td>750</td>
<td>542</td>
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<tr>
<td>Supplier risk ranking based on EcoVadis assessments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low-risk</td>
<td>729</td>
<td>462</td>
<td>323</td>
</tr>
<tr>
<td>Medium-risk</td>
<td>349</td>
<td>259</td>
<td>195</td>
</tr>
<tr>
<td>High-risk</td>
<td>41</td>
<td>29</td>
<td>24</td>
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### Supplier Social Audits

<table>
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<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplier social audits completed, total</td>
<td>5</td>
<td>50</td>
<td>11</td>
</tr>
<tr>
<td>Completed using SMETA 4-pillar protocol</td>
<td>5</td>
<td>37</td>
<td>9</td>
</tr>
<tr>
<td>Completed using PSCI protocol</td>
<td>0</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>Social audits completed, by region</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>4</td>
<td>37</td>
<td>8</td>
</tr>
<tr>
<td>Europe, Middle East &amp; Africa</td>
<td>0</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Latin America</td>
<td>1</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>North America</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Number of critical findings** identified as a result of supplier social audits</td>
<td>3</td>
<td>5</td>
<td>0</td>
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</tbody>
</table>

### Supplier EH&S Audits

<table>
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<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
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<tbody>
<tr>
<td>EH&amp;S audits and technical visits completed, total</td>
<td>156</td>
<td>206</td>
<td>185</td>
</tr>
<tr>
<td>EH&amp;S audits</td>
<td>104</td>
<td>134</td>
<td>101</td>
</tr>
<tr>
<td>Technical visits***</td>
<td>52</td>
<td>72</td>
<td>84</td>
</tr>
<tr>
<td>Audits and technical visits, by region</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>133</td>
<td>174</td>
<td>155</td>
</tr>
<tr>
<td>Europe, Middle East &amp; Africa</td>
<td>13</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Latin America</td>
<td>2</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>North America</td>
<td>8</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Number of suppliers identified as high-risk for non-conformance to Johnson &amp; Johnson Responsibility Standards for Suppliers</td>
<td>24</td>
<td>32</td>
<td>23</td>
</tr>
<tr>
<td>Number of critical EH&amp;S findings** identified as a result of EH&amp;S audits</td>
<td>2</td>
<td>34</td>
<td>27</td>
</tr>
<tr>
<td>Safety-related findings</td>
<td>2</td>
<td>23</td>
<td>21</td>
</tr>
<tr>
<td>Environmental-related findings</td>
<td>0</td>
<td>11</td>
<td>6</td>
</tr>
</tbody>
</table>

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* Represents spend we have control over/addressable spend, defined as products and services that procurement teams can negotiate with suppliers to meet business goals.

** We define a critical finding as evidence of very high risk to human life or potential catastrophic impact to facility, community or environment. We expect suppliers and potential suppliers to address critical findings immediately.

*** A technical visit is a follow-up visit to the initial audit.
Supplier Diversity

Maintaining a diverse and inclusive supplier base reflects the way we think about our business, our people, our innovation, our markets and our communities. We believe our differences are our strength, and our inclusive culture unleashes our potential. Our Global Supplier Diversity & Inclusion Program provides a platform for proactive outreach to diverse and small suppliers, collaboration with partners advancing supplier diversity and guiding suppliers on how to engage with Johnson & Johnson. We exceeded our Health for Humanity 2020 Goals, which were to achieve benchmark spending for Tier 1 and Small Business in the United States, and we increased our global footprint from six countries in 2016 to 17 countries in 2020.

Our global supplier diversity and inclusion goal sets a new ambitious target that will galvanize our organization to achieve an even more inclusive supplier network.

2025 Goals

Global Supplier Diversity and Inclusion

By 2025, achieve $4.5 billion Global Impact Spend with small and diverse suppliers, representing a 20% increase from 2020.

For full details of this Goal and KPI, see our Health for Humanity 2025 Goals.

For the 10th consecutive year, Johnson & Johnson maintained membership in the Billion Dollar Roundtable, a group of companies that advance best practices for supplier diversity, and that spend at least $1 billion (Tier 1) annually with certified minority-, women-, veteran-, LGBT- and disability-owned businesses.

Guided by Our Credo, we have a responsibility to the communities in which we live and work. Increasing our diverse supplier base—and engaging all suppliers on the importance of diversity, equity and inclusion—helps us drive social and economic inclusion, and reflects the diversity of our patients and consumers around the world.

Kathy Wengel, Executive Vice President & Chief Global Supply Chain Officer, Johnson & Johnson

In 2020, the COVID-19 pandemic placed great strain on our entire supply chain. We worked closely across our supplier network where needed to help manage the issues suppliers faced in maintaining operations. For more information, see the United in Defeating COVID-19 section.

Promoting diverse businesses: In 2020, we evolved our procurement processes and strategy through which we aim to identify, engage with and contract with diverse enterprises, and we strengthened our collaborative relationships with key advocacy organizations that support diverse businesses.

Part of this supplier diversity evolution included the launch of strategies focused on growing spend and footprint across the Johnson & Johnson Enterprise. They included education campaigns, engagement of senior level sponsorship both in and outside of procurement, and dedicated teams to develop and execute strategies. Highlights include:

• We augmented our longstanding support for Black-owned and African American enterprises:
  • In response to the heightened focus on racial justice by Johnson & Johnson, we launched a Black-owned business strategy to grow spend with this key demographic group. We sponsored the “In This Together” campaign of the National Minority Supplier Development Council (NMSDC) to support their Rebuilding Fund, helping minority businesses recover from the economic
We continued to serve as a major sponsor and expanded our partnership with MSDUK and the African American Chamber of Commerce of New Jersey, and as a New Jersey-based company, we supported its annual awards program recognizing accomplished African Americans. We also supported the State of Black New Jersey 2020 Economic Virtual Summit and an educational program for African American- and Black-owned businesses.

We expanded our alliance with the African American Supply Chain Alliance, where we sponsor diverse firms and partnered with Social Supermarket, an online, social enterprise marketplace that sells products that have a demonstrable social or environmental impact. We also expanded our partnership with Social Supermarket, an online, social enterprise marketplace that sells products that have a demonstrable social or environmental impact.

In 2020, minority-owned suppliers provided over $1.2 billion in goods and services to Johnson & Johnson.

Our work with the Social Supermarket not only provided our employees access to unique social impact products but also allowed suppliers to demonstrate their capabilities and access seed funding to enable them to scale their enterprises.

Driving supplier diversity in our R&D supply chain: Despite the challenges of COVID-19 and its impact on our business and our critical suppliers, we were able to leverage our existing R&D diverse supplier strategies and strong relationships built over decades to support our COVID-19 vaccine development, not only maintaining critical supplies and services, but simultaneously growing R&D’s diverse supplier spend.

Our engagement with R&D suppliers will also play a significant role as we roll out Our Race to Health Equity platform that includes partnerships that will advance diverse enrollment in clinical trials.

In 2020, Johnson & Johnson was recognized as the winner of the Supplier Diversity & Inclusion Category at the 2020 World Procurement Awards for value expressed by the business, partnership with peer companies through peer ideation events, advocacy partnerships, and our positive impact on the economy and job creation.

Expanding our Buy Diverse eMarketplace platform: The goal of Buy Diverse, which was piloted on a limited basis in the United States during 2018, is to drive increased visibility for diverse suppliers in the buying platform. In 2020, we expanded the scope of the platform to include South Africa and the UK.

Boosting social enterprises: As one of seven founding partners of the Buy Social Corporate Challenge (BSCC) in the UK, the flagship program of Social Enterprise UK that seeks to promote the use of social enterprises in corporate supply chains, we continued taking a lead role in advancing this program. Through the efforts of partners, in 2020 BSCC achieved the highest level of collective spend since its inception among the 24 participating social enterprise companies. We also partnered with Social Supermarket, an online, social enterprise marketplace that sells products that have a demonstrable social or environmental impact.

Mentoring women-owned businesses: In 2020, we launched the third year of our global Women Mentoring Women program with 28 program participants comprising 14 certified Women-Owned Business Enterprise owners and 14 Johnson & Johnson leaders from a range of business functions. For the first time since the program’s inception in 2017, 50% of participating Women-Owned Business Enterprises are based outside of the United States, covering all regions of the world. Due to COVID-19 restrictions, the program ran virtually in 2020.

In addition to sponsorships and engagements to drive awareness, capabilities and connections for diverse businesses, we also maintained and expanded other supplier diversity programs, including:

- Mentoring women-owned businesses
- Expanding our Buy Diverse eMarketplace platform
- Boosting social enterprises
- Mentoring women-owned businesses
- Expanding our Buy Diverse eMarketplace platform
- Boosting social enterprises
- Our engagement with R&D suppliers will also play a significant role as we roll out Our Race to Health Equity platform that includes partnerships that will advance diverse enrollment in clinical trials.

As part of our Veteran-owned business focus, we continued our relationship with key advocacy organizations, such as the National Veterans Business Development Council, for which we were honored to receive the Corporation of the Year Award in 2020. We also provided sponsorship of the New Jersey State Veterans Chamber of Commerce in support of their initiative to provide support for small businesses impacted by the pandemic.

We expanded our partnership with MSDUK and sponsored the Global Supplier Diversity Alliance (GSDA) Conference. In addition, during 2020, we partnered with GSDA members in six markets (Australia, Brazil, Canada, China, South Africa and the UK) to advance minority business enterprises in markets around the world.

We continued to serve as a major sponsor and corporate member of the Diverse Manufacturing Supply Chain Alliance, where we sponsor diverse firms to participate in their Supplier Development System.

As part of our Veteran-owned business focus, we continued our relationship with key advocacy organizations, such as the National Veterans Business Development Council, for which we were honored to receive the Corporation of the Year Award in 2020. We also provided sponsorship of the New Jersey State Veterans Chamber of Commerce in support of their initiative to provide support for small businesses impacted by the pandemic.

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Spotlight on PRA Health Sciences

In 2020, one of our primary Contract Research Organizations, PRA Health Sciences, expanded its own diversity, equality and inclusion program, focusing on people, patients, partners, and community with initiatives that are important for Johnson & Johnson and also critical for our industry which employs and engages many frontline workers. Elements of PRA’s progress include:

- Greater focus on hiring diversity, including engagement with Historically Black Colleges and Universities (HBCUs), with military veterans and those with differing learning abilities;
- Increased participation in women’s mentoring and leadership programs;
- Global conscious and unconscious bias training for all employees; and
- Expansion of their Employee Resource Groups, including one for nurses, to help them connect with one another, support local communities and engage in innovation initiatives.

Supplier Diversity Spend*

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diverse supplier spend in the U.S. (billions)</td>
<td>$1.7</td>
<td>$1.6</td>
<td>$1.4</td>
</tr>
<tr>
<td>Diverse supplier spend in countries outside the U.S. (billions)</td>
<td>$0.29</td>
<td>Not Reported</td>
<td>Not Reported</td>
</tr>
<tr>
<td>Small business spend in the U.S. (billions)</td>
<td>$2.7</td>
<td>$2.6</td>
<td>$2.8</td>
</tr>
<tr>
<td>Lesbian, gay, bisexual, transgender supplier spend in the U.S. (millions)</td>
<td>$4.5</td>
<td>$3.7</td>
<td>$2.0</td>
</tr>
<tr>
<td>Veteran- and disabled veteran-owned supplier spend in the U.S. (millions)</td>
<td>$193.2</td>
<td>$169.6</td>
<td>$139.0</td>
</tr>
<tr>
<td>Women-owned supplier spend, global (millions)</td>
<td>$826.0</td>
<td>Not Reported</td>
<td>Not Reported</td>
</tr>
<tr>
<td>Minority-owned supplier spend, global (millions)</td>
<td>$1,223.4</td>
<td>Not Reported</td>
<td>Not Reported</td>
</tr>
<tr>
<td>Tier 2 diverse supplier spend, global (millions)</td>
<td>$372.1</td>
<td>Not Reported</td>
<td>Not Reported</td>
</tr>
</tbody>
</table>

* Except Tier 2 diverse spend, all indicators represent spend we have control over/addressable spend, defined as products and services that procurement teams can negotiate with suppliers to meet business goals.
Responsible Sourcing
SASB HC-MS-430a.3

Across our business, we source several commodities and raw materials in multiple categories. Some of these require heightened procurement focus due to critical environmental or biodiversity concerns or elevated human rights risks in the supply chain. Beyond our overall sustainable sourcing framework that applies to all the materials and goods we purchase, as encompassed in our Responsibility Standards for Suppliers, we collaborate with partners to understand the potential risks and impacts of our procurement activities and to define appropriate standards and controls in responsible sourcing of commodities and materials of concern.

In 2020, we scored A- for palm oil disclosures and B for timber disclosures in the CDP Forests Program, representing progress since our first submissions for 2018, in which we scored C across both categories. We are one of 687 companies worldwide that disclose to this important CDP framework addressing deforestation impacts.

Forest Partnerships
We maintain two multiyear forest partnerships with the World Wildlife Fund in Sabah, Malaysia, and Sumatra, Indonesia, to enable the protection of tropical rain forests that are critical for climate mitigation, wildlife conservation, and long-term community well-being.

Palm Oil
We implement our sourcing criteria with our top suppliers by volume, building transparency and monitoring non-conformance as part of our partnership with Earthworm Foundation.

Wood-Fiber Products
We partner with Rainforest Alliance to implement our wood-fiber product sourcing criteria, leveraging technology to enhance the accuracy and efficiency of our sourcing assessments of these products.

Conflict Minerals
As members of the Responsible Minerals Initiative and in line with regulatory requirements, we remain committed to taking steps to determine the use, country of origin and source of conflict minerals in our global product portfolio.

See our positions and updates relating to responsible sourcing of key commodities or materials of concern:
Reporting Hub

Downloads:
- ESG Summary
- Performance Data
- GRI Content Index
- GRI Culture of Health for Business Framework
- SASB Index
- TCFD
- UNGC Communication on Progress
- CDP Climate Change 2020
- CDP Water Security 2020

2019 Health for Humanity Report
Progress in Sustainability

Health for Humanity Report covers from the past three years.
Photo credits: 2019 cover photos (TOP) by Rwanda Ministry of Health; 2018 cover photo (BOTTOM LEFT) by Jonathan Burton; and 2017 cover photo (BOTTOM RIGHT) by Susan Warner for Save the Children.
About this Report

Johnson & Johnson's 2020 Health for Humanity Report (the Report) details our progress in sustainability. It is also our primary source of annual disclosure on environmental, social and governance (ESG) performance and should be reviewed in conjunction with disclosures on the ESG Policies & Positions page. Data in this Report cover the period between January 1, 2020, and December 31, 2020, unless otherwise indicated. Reporting on other matters specific to financial performance of the Company and its subsidiaries can be found in our 2020 Annual Report.

This Report covers Johnson & Johnson's worldwide operations across our three business segments: Pharmaceutical, Medical Devices and Consumer Health. For select metrics, we report segment-level data. Contract manufacturers are excluded from the scope of this Report, unless otherwise noted. References in this Report to “Johnson & Johnson,” the “Company,” “we,” “us” and “our” and all similar references are to Johnson & Johnson and its consolidated subsidiaries, unless otherwise stated or the context otherwise requires.

The Report has been prepared in accordance with the Global Reporting Initiative (GRI) Standards: Core option. New this year, we report our performance against GRI's new framework, the Culture of Health for Business (COH4B) practices and metrics. The Report also includes the Sustainability Accounting Standards Board (SASB) Index, providing disclosures against relevant SASB Standards, and our first qualitative Task Force on Climate-related Financial Disclosures (TCFD) disclosure, building on our responses to the CDP climate questionnaire in previous years. The Report also serves as our annual United Nations Global Compact Communication on Progress.

Materiality Approach: The content in this Report is guided by our Priority Topics Assessment (PTA), which helps us identify and prioritize the environmental, social and governance topics that matter most to our stakeholders and to our Company (for more information, please see Sustainability Priorities). As we navigate the rapidly evolving space of ESG frameworks, standards and guidelines, we leverage these material issues to prioritize our disclosures and effectively communicate to our stakeholders. We will continue to evaluate these topics in the future and, accordingly, our ESG disclosure may evolve over time.

Independent Review and Assurance: ERM Certification and Verification Services (ERM CVS) conducted independent review and assurance of the following information and data in the Report (see independent assurance statements by ERM CVS):

- Progress against our Health for Humanity 2020 Goals, and associated data presented in the Health for Humanity 2020 Goals Progress Scorecard.
- Progress against United Nations Sustainable Development Goals (UN SDGs) commitments, and associated data presented in the UN SDGs Commitment Progress Scorecard.
- Select year 2020 global greenhouse gas (GHG) emissions inventory, the percentage of electricity use generated by renewable energy sources, and NOx and SOx emissions (from combustion sources).

PricewaterhouseCoopers LLP (PwC) performed limited assurance on certain data in the following categories (see PwC's Report of Independent Accountants and Management’s Assertion):

- Our Giving
- Diversity, Equity & Inclusion (select metrics)
- Environmental Health & Safety (EH&S) Governance
- Employee Turnover
- Employee Safety (select metrics)
- Ethics and Compliance (Our Credo Integrity Line Complaints & Inquiries)
- Ethics and Compliance (Triage Committee Investigations)
- Product Quality

Our Global Audit & Assurance reviewed select data for accuracy, completeness and validity. The financial data and general information about the business in this Report were previously audited for disclosure in our 2020 Annual Report.

Acquisitions: EH&S data of recently acquired companies, except for employee road safety data and site ISO and OHSAS certification data, are included in the Report two years after acquisition, unless otherwise noted. This grace period allows the new acquisitions to adjust their EH&S management and reporting systems to Johnson & Johnson standards. Road safety data are integrated the first year after acquisition, where available, and two years after acquisition at the latest. ISO and OHSAS certification data are integrated three years after acquisition. The dates and details of recent acquisitions can be found in Note 18 (Acquisitions and Divestitures) on page 83 of our 2020 Annual Report.

Divestitures: Except for injury statistics and violations or fines, EH&S data of divested companies are excluded in the reporting year.

Restatements: We use a 5% change threshold to apply to significant changes in data or information that is restated, unless otherwise noted. There are a number of potential reasons that may lead to a restatement of either prior periods or baseline data (e.g., a significant change in newly published measures, new acquisitions or divestitures, data errors, or improvements in data collection methodology over time). Depending on circumstances, each is evaluated using this threshold, and appropriate disclosures are included in the Report. Data that were not disclosed in prior years are noted as “not reported” in relevant tables throughout the Report.

Contact us:
We welcome your queries and feedback on this Report. Please contact the Johnson & Johnson Enterprise ESG Program Office at WW-Corporate-Governance@its.jnj.com.
Cautionary Note Regarding Forward-Looking Statements: This Report contains “forward-looking statements” as defined in the Private Securities Litigation Reform Act of 1995 regarding, among other things: future operating and financial performance, product development, market position and business strategy. The reader is cautioned not to rely on these forward-looking statements. These statements are based on current expectations of future events. If underlying assumptions prove inaccurate or known or unknown risks or uncertainties materialize, actual results could vary materially from the expectations and projections of Johnson & Johnson. Risks and uncertainties include, but are not limited to: risks related to the impact of the COVID-19 global pandemic, such as the scope and duration of the outbreak, government actions and restrictive measures implemented in response, material delays and cancellations of medical procedures, supply chain disruptions and other impacts to the business, or on the Company’s ability to execute business continuity plans, as a result of the COVID-19 pandemic, economic factors, such as interest rate and currency exchange rate fluctuations; competition, including technological advances, new products and patents attained by competitors; challenges inherent in new product research and development, including uncertainty of clinical success and obtaining regulatory approvals; uncertainty of commercial success for new and existing products; challenges to patents; the impact of patent expirations; the ability of the Company to successfully execute strategic plans; the impact of business combinations and divestitures; manufacturing difficulties or delays, internally or within the supply chain; product efficacy or safety concerns resulting in product recalls or regulatory action; significant adverse litigation or government action, including related to product liability claims; changes to applicable laws and regulations, including tax laws and global healthcare reforms; trends toward healthcare cost containment; changes in behavior and spending patterns of purchasers of healthcare products and services; financial instability of international economies and legal systems and sovereign risk; increased scrutiny of the healthcare industry by government agencies. A further list and descriptions of these risks, uncertainties and other factors can be found in Johnson & Johnson's Annual Report on Form 10-K for the fiscal year ended January 3, 2021, including in the sections captioned “Cautionary Note Regarding Forward-Looking Statements” and “Item 1A. Risk Factors,” in the Company’s most recently filed Quarterly Report on Form 10-Q and the Company’s subsequent filings with the Securities and Exchange Commission. Copies of these filings are available online at www.sec.gov, www.jnj.com or on request from Johnson & Johnson. Any forward-looking statement made in this release speaks only as of the date of this release. Johnson & Johnson does not undertake to update any forward-looking statement as a result of new information or future events or developments.

Third-party trademarks used herein are trademarks of their respective owners.
Independent Assurance Statement
Health for Humanity 2020 Goals Progress

ERM Certification and Verification Services (ERM CVS) was engaged by Johnson & Johnson to provide limited assurance on cumulative progress over 2016 - 2020 against the Health for Humanity 2020 Goals reported in the Johnson & Johnson 2020 Health for Humanity Report (the Report) and on healthforhumanityreport.jnj.com as set out below.

<table>
<thead>
<tr>
<th>Engagement Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scope of our assurance engagement</strong></td>
</tr>
<tr>
<td><strong>Assurance level</strong></td>
</tr>
<tr>
<td><strong>Respective responsibilities</strong></td>
</tr>
</tbody>
</table>
Our conclusion
Based on our assurance activities, as described below, nothing has come to our attention to indicate that the cumulative progress (2016 - 2020) against the Health for Humanity 2020 Goals and Targets, as reported in the Scorecard in the Reporting Hub section on healthforhumanityreport.jnj.com, is not fairly presented, in all material respects, in accordance with the reporting criteria.

Our assurance activities
We planned and performed our work to obtain all the information and explanations that we believe were necessary to provide a basis for our assurance conclusions. A multi-disciplinary team of sustainability and assurance specialists performed assurance procedures as follows:

• Conference calls with Johnson & Johnson Enterprise ESG Program Office to discuss, understand, and evaluate the systems and processes (including internal review/audit) used for collecting, consolidating, evaluating and reporting the information and data used to report progress against the Health for Humanity 2020 Goals and Targets;

• Conference calls with management representatives responsible for each of the Health for Humanity 2020 Goals and Targets and the implementation of the related activities undertaken in 2020;

• A review of the reporting principles, boundaries, definitions and internal guidelines for each of the selected Health for Humanity 2020 Goals and Targets;

• A high-level review of the GHG and renewable energy data to confirm consistency with the findings of our separate GHG and renewable energy verification engagement including completeness and consistency over time and the restatements of the baseline and prior year data;

• A review of samples of underlying documentary evidence and data to support the reported cumulative progress for each Health for Humanity 2020 Goal and Target, including internal and external documents; and

• A review of the presentation of information relevant to the scope of our work on healthforhumanityreport.jnj.com and in the PDF version of the Report to ensure consistency with our findings.

The limitations of our engagement
The reliability of the assured information is subject to inherent uncertainties, given the available methods for determining, calculating, or estimating the underlying information. It is important to understand our assurance conclusions in this context. In addition, the assured information should be read in conjunction with the boundary and consolidation policies under ‘About this Report’ on page 99 of the report and the disclosures provided under the column ‘Notable’ in the Scorecard.

Regarding the formation on healthforhumanityreport.jnj.com, we provide no assurance over any information other than as described in our assurance scope above nor on changes to the content of the assured information after the date of this assurance statement.

Our observations
We have provided Johnson & Johnson with a separate management report with our detailed findings and recommendations.

Beth Wyke
Partner, Global Head of Corporate Assurance Services
1 June 2021
Independent Assurance Statement
UN Sustainable Development Goals Commitment Progress

ERM Certification and Verification Services (ERM CVS) was engaged by Johnson & Johnson to provide limited assurance on the cumulative 2016 – 2020 progress against the Company’s 2020 Goals related to its Sustainable Development Goals (SDG) 2030 Vision and aspirations as presented in the Johnson & Johnson 2020 Health for Humanity Report (the Report) and on healthforhumanityreport.jnj.com as set out below.

<table>
<thead>
<tr>
<th>Engagement Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scope of our assurance engagement</strong></td>
</tr>
<tr>
<td><strong>Reporting criteria</strong></td>
</tr>
<tr>
<td><strong>Assurance level</strong></td>
</tr>
<tr>
<td><strong>Respective responsibilities</strong></td>
</tr>
</tbody>
</table>
Our conclusion
Based on our assurance activities, as described below, nothing has come to our attention to indicate that the cumulative progress (2016 – 2020) against the 2020 SDG Goals as reported in the SDG Scorecard in the Reporting Hub section on healthforhumanityreport.jnj.com is not fairly presented, in all material respects, in accordance with the reporting criteria.

Our assurance activities
We planned and performed our work to obtain all the information and explanations that we believe were necessary to provide a basis for our assurance conclusions. A multi-disciplinary team of sustainability and assurance specialists performed assurance procedures as follows:

• A review of the reporting principles, boundaries, definitions and internal guidelines for each of the 2020 SDG Goals;

• Conference calls with Johnson & Johnson team to discuss, understand, and evaluate the systems and processes (including internal review/audit) used for collecting, consolidating, evaluating and reporting the information and data used to report progress against the 2020 SDG Goals;

• Review of selected information provided by Johnson & Johnson partners responsible for delivering programs and providing the data used to report the 2016 – 2020 progress towards the 2020 SDG Goals;

• A review of completeness and the consolidation of the program results for 2016 – 2020 for each Goal in order to reduce the risk of double counting and to understand assumptions as well as overlaps with some of the Johnson & Johnson Health for Humanity 2020 Goals for which we undertook a separate assurance engagement; and

• A review of the presentation of information relevant to the scope of our work including explanatory notes in the ‘Notable’ column in the SDG Scorecard and in the section on ‘Challenges of reporting and assuring progress against the SDG goals’ to ensure consistency with our findings.

The limitations of our engagement
The reliability of the assured information is subject to inherent uncertainties, given the nature of the ambitious Johnson & Johnson aspirations and Targets and the dependence on partner organisations to deliver programs and provide performance information, as well as the use of estimates, assumptions, and extrapolations to report progress. Johnson & Johnson describes these uncertainties in the ‘Challenges of reporting and assuring progress against the SDG goals’ in the SDG Scorecard. It is important to understand our assurance conclusions in this context. Regarding the information on healthforhumanityreport.jnj.com, we provide no assurance over changes to the content of the web-based information after the date of this assurance statement.

Our observations
We have provided Johnson & Johnson with a separate management report with our detailed findings and recommendations.

Beth Wyke
Partner, Global Head of Corporate Assurance Services
1 June 2021

ERM Certification and Verification Services, Inc.
www.ermcvs.com
Email: post@ermcvs.com

ERM CVS is a member of the ERM Group. The work that ERM CVS conducts for clients is solely related to independent assurance activities and auditor training. Our processes are designed and implemented to ensure that the work we undertake with clients is free from bias and conflict of interest. ERM CVS and the staff that have undertaken work on this assurance exercise provide no consultancy related services to the client in any respect.
**Independent Assurance Statement**

**GHG Emissions and Electricity Data**

ERM Certification and Verification Services (ERM CVS) was engaged by Johnson & Johnson to provide assurance in relation to the information set out below and presented on pages 81, and 83 to 85 in the Johnson & Johnson 2020 Health for Humanity Report (the Report) and on healthforhumanityreport.jnj.com as set out below.

### Engagement Summary

<table>
<thead>
<tr>
<th>Scope of our assurance engagement</th>
<th>Whether the corporate 2020* data for the following selected indicators are fairly presented, in all material respects, in accordance with the reporting criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Total absolute Scope 1 GHG emissions in metric tonnes (MT) of CO₂e</td>
</tr>
<tr>
<td></td>
<td>• Total absolute Scope 2 GHG emissions in metric tonnes (MT) of CO₂e reported using the location based and market based methods</td>
</tr>
<tr>
<td></td>
<td>• Total absolute Scope 3 GHG emissions in metric tonnes (MT) of CO₂e for the following categories:</td>
</tr>
<tr>
<td></td>
<td>• 1: Purchased goods and services</td>
</tr>
<tr>
<td></td>
<td>• 2: Capital goods</td>
</tr>
<tr>
<td></td>
<td>• 3: Fuel and energy-related activities</td>
</tr>
<tr>
<td></td>
<td>• 4: Upstream transportation and distribution</td>
</tr>
<tr>
<td></td>
<td>• 5: Waste generated in operations</td>
</tr>
<tr>
<td></td>
<td>• 6: Business travel</td>
</tr>
<tr>
<td></td>
<td>• 8: Upstream leased assets</td>
</tr>
<tr>
<td></td>
<td>• 9: Downstream transportation and distribution for U.S. operations (from the EPA SmartWay program for the year ending 31st December 2019)</td>
</tr>
<tr>
<td></td>
<td>• Total NOx and SOx from facility combustion sources in metric tonnes (MT)</td>
</tr>
<tr>
<td></td>
<td>• Percentage of electricity use generated by renewable energy sources globally</td>
</tr>
<tr>
<td></td>
<td>• Percentage of electricity use generated by renewable energy sources in North America (U.S. and Canada)</td>
</tr>
<tr>
<td></td>
<td>• Percentage of electricity use generated by renewable energy sources in the EU</td>
</tr>
</tbody>
</table>

* 2019 for Scope 3 downstream transportation and distribution.

<table>
<thead>
<tr>
<th>Reporting criteria</th>
<th>The WBCSD/WRI GHG Protocol (2004, as updated January 2015) for the Scope 1, 2 and 3 emissions. Johnson &amp; Johnson’s internal reporting criteria and definitions for the other metrics.</th>
</tr>
</thead>
</table>

|--------------------|------------------------------------------------------------------------------------------------------------------|

<table>
<thead>
<tr>
<th>Assurance level</th>
<th>Limited assurance.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Respective responsibilities</th>
<th>Johnson &amp; Johnson is responsible for preparing the data and for its correct presentation in the Report to third parties, including disclosure of the reporting criteria and boundary.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ERM CVS’ responsibility is to provide conclusions on the agreed scope based on the assurance activities performed and exercising our professional judgement.</td>
</tr>
</tbody>
</table>
Our conclusions
Based on our activities, nothing has come to our attention to indicate that the following selected 2020* corporate metrics are not fairly presented, in all material respects, with the reporting criteria. This conclusion is to be read in the context of the remainder of this statement, in particular the information in the emphasis of matter and inherent limitations paragraphs below.

Scope 1 GHG emissions: 363,924 MT CO₂e
Scope 2 GHG (location-based) emissions: 641,489 MT CO₂e
Scope 2 GHG (market-based) emissions: 383,745 MT CO₂e

Scope 3 GHG emissions for the following categories:
• Category 1: Purchased goods and services 9,437,330 MT CO₂e
• Category 2: Capital goods 271,206 MT CO₂e
• Category 3: Fuel and energy-related activities 183,087 MT CO₂e
• Category 4: Upstream transportation and distribution 2,043,109 MT CO₂e
• Category 5: Waste generated in operations 8,065 MT CO₂e
• Category 6: Business travel 303,249 MT CO₂e
• Category 8: Upstream leased assets 28,969 MT CO₂e
• Category 9: Downstream transportation and distribution (*2019, from the EPA SmartWay program for U.S. operations only) 58,184 MT CO₂e

Our assurance activities
Our objective was to assess whether the assured emissions data are reported in accordance with the principles of completeness, comparability (across the organisation) and accuracy (including calculations, use of appropriate conversion factors and consolidation). We planned and performed our work to obtain all the information and explanations that we believe were necessary to provide a basis for our assurance conclusions. We applied a 5% material error threshold.

A team of GHG and assurance specialists performed the following key activities:
• Virtual interviews with relevant staff to understand internal reporting processes, including the use of its GHG Management Plan, internal spreadsheets, and its various internal data management and reporting systems;
• Virtual site visits to seven sites (Georgia, U.S.; Gurabo, Puerto Rico; Helsingborg, Sweden; Jacksonville, U.S.; Latina, Italy; Limerick, Ireland; Shanghai, China) to review local reporting processes and consistency of reported annual data with selected underlying source data for each indicator. We interviewed relevant staff, reviewed site data capture and reporting methods, checked calculations and assessed the local internal quality and assurance processes;
• A review of samples of primary data such as invoices;
• A review of the calculations undertaken, including conversion factors and emission factors used;
• A review of estimates, extrapolations and assumptions made in relation to the data for relevant GHG Scope 3 emissions categories;
• A review of the calculations for restatement of NOx and SOx data for 2018 and 2019; and
• An analytical review of the consolidated year end data for each metric.

The limitations of our engagement
The reliability of the assured information is subject to inherent uncertainties, given the available methods for determining, calculating or estimating the underlying information. It is important to understand our assurance conclusions in this context. Our independent assurance statement provides no assurance on the maintenance and integrity of the website, including controls used to achieve this, and in particular whether any changes may have occurred to the information since it was first published.

Due to COVID travel restrictions, we planned our assurance engagement to include virtual site visits. While we believe this approach does not affect our limited assurance conclusion(s) above, we draw attention to the possibility that if we had undertaken in person visits we may have identified errors and omissions in the assured information that we did not discover through the alternative assurance program.

Our observations
We have provided Johnson & Johnson with a separate management report with our detailed (non-material) findings and recommendations. Without affecting the conclusions presented above, we have the following key observation:

• Johnson & Johnson should document its uncertainty information for each GHG Scope 3 emissions category, particularly regarding Category 9, and describe its efforts to record uncertainty in future revisions of the Scope 3 emissions inventory.

Beth Wyke
Partner, Global Head of Corporate Assurance Services
1 June 2021

ERM CVS is a member of the ERM Group. The work that ERM CVS conducts for clients is solely related to independent assurance activities and auditor training. Our processes are designed and implemented to ensure that the work we undertake with clients is free from bias and conflict of interest. ERM CVS and the staff that have undertaken work on this assurance exercise provide no consultancy related services to the client in any respect.
Report of Independent Accountants

To the Board of Directors of Johnson & Johnson

We have reviewed the accompanying Johnson & Johnson management assertion, that the sustainability metrics as of or for the year ended December 31, 2020 in management’s assertion are presented in conformity with the assessment criteria set forth in management’s assertion.

Johnson & Johnson’s management is responsible for its assertion and for the selection of the criteria, which management believes provide an objective basis for measuring and reporting on the sustainability metrics. Our responsibility is to express a conclusion on management’s assertion based on our review.

Our review was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants (“AICPA”) in AT-C section 105, Concepts Common to All Attestation Engagements, and AT-C section 210, Review Engagements. Those standards require that we plan and perform the review to obtain limited assurance about whether any material modifications should be made to management’s assertion in order to be fairly stated. A review is substantially less in scope than an examination, the objective of which is to obtain reasonable assurance about whether management’s assertion is fairly stated, in all material respects, in order to express an opinion. Accordingly, we do not express such an opinion. We believe that our review provides a reasonable basis for our conclusion.

In performing our review, we have complied with the independence and other ethical requirements of the Code of Professional Conduct issued by the AICPA.

We applied the Statements on Quality Control Standards established by the AICPA and, accordingly, maintain a comprehensive system of quality control.

The preparation of the sustainability metrics requires management to establish the criteria, make determinations as to the relevancy of information to be included, and make assumptions that affect reported information. The selection by management of different but acceptable measurement techniques could have resulted in materially different amounts or metrics being reported.

Based on our review, we are not aware of any material modifications that should be made to Johnson & Johnson’s management assertion in order for it to be fairly stated.

June 8, 2021
Management of Johnson & Johnson is responsible for the completeness, accuracy, and validity of the sustainability metrics included in the tables below as of December 31, 2020 or for the year then ended (the reporting year) for global operations, unless otherwise noted. The metrics have been rounded to the nearest whole number unless otherwise indicated.

Management asserts that the metrics reported in the tables below, which are also included in the Health for Humanity Report as identified by the “‡” symbol, are presented in conformity with the assessment criteria set forth below. Management is responsible for the selection or development of the criteria, which management believes provide an objective basis for measuring and reporting on the selected metrics. The preparation of the metrics requires management to establish the criteria, make determinations as to the relevancy of information to be included, and make assumptions that affect reported information. The selection by management of different but acceptable measurement techniques could have resulted in materially different amounts or metrics being reported.

### Our Giving

<table>
<thead>
<tr>
<th>Metric Description</th>
<th>Metric Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total products and cash contributed globally (millions)</td>
<td>$2,567</td>
</tr>
<tr>
<td>Products contributed globally (millions)</td>
<td>$2,043</td>
</tr>
<tr>
<td>Cash contributed globally (millions)</td>
<td>$524</td>
</tr>
</tbody>
</table>

(a) Contributions are products or cash donations made to qualified nonprofit entities (i.e., 501(c)(3) organizations in the US or with an NGO-source 501(c)(3) equivalency determination for organizations outside the US) by Johnson & Johnson during the reporting year, or are pledged and accrued during the reporting year, with confirmation of payment in 2021. Administrative costs incurred by Johnson & Johnson during the contribution process are also included in cash contributions (3% of the total amount).

(b) Products contributed are measured at fair market value, which is the price of the product, as determined by an internal price list in USD as of December 31, 2020, that Johnson & Johnson would sell to consumers on the market.
## Diversity, Equity & Inclusion (DE&I)

<table>
<thead>
<tr>
<th>Metric Description</th>
<th>Metric Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees(^{(a)})</td>
<td>136,400</td>
</tr>
<tr>
<td>Gender Diversity of Global Employees(^{(a)(b)})</td>
<td>Women 48.1%</td>
</tr>
</tbody>
</table>
| Global Workforce\(^{(a)}\) by Region\(^{(d)}\) | Asia Pacific: 27,939  
Europe, Middle East & Africa (EMEA): 41,201  
Latin America: 20,320  
North America: 46,900 |
| Gender Diversity\(^{(b)}\) by Employment Type\(^{(j)}\) | Full-time employees: Women 47.1%  
Part-time employees: Women 82.9% |
| Gender Diversity\(^{(b)}\) by Region\(^{(d)}\) | Asia Pacific: Women 46.2%  
EMEA: Women 49.8%  
Latin America: Women 51.1%  
North America: Women 46.3% |
| Gender Diversity\(^{(b)}\) by Job Category\(^{(d)}\) | Vice Presidents: Women 35.3%  
Managers and Directors: Women 46.8%  
Professionals: Women 49.8% |
| Age Diversity\(^{(e)}\) by Job Category\(^{(d)(d)}\) | Vice Presidents  
Under 30: 0%  
30-50: 44.2%  
50+: 55.8%  
Managers and Directors  
Under 30: 1.3%  
30-50: 72.4%  
50+: 26.4%  
Professionals  
Under 30: 20.7%  
30-50: 61.7%  
50+: 17.5% |

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\(^{(a)}\) Global Workforce is the global employee headcount as of December 31, 2020, excluding fixed term employees, interns, co-op employees, employees on long-term disability and employees from more recently acquired companies who are not yet reflected in the Johnson & Johnson Human Resources Information Systems (HRIS) (which does not exceed 2 years from the date of acquisition). Contingent workers, contractors and subcontractors are also excluded. This data is based on headcount from the HRIS. Global Workforce is rounded to the nearest hundred.

\(^{(b)}\) Gender and ethnic/racial diversity are reported in accordance with the gender, ethnicity and race as self-reported by the employee and recorded in HRIS as of December 31, 2020. Other is defined as employees who self-reported as American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander or two or more races.

\(^{(c)}\) An individual working full-time is defined as an employee working 40 hours or more a week. An individual working part-time is defined as an employee working less than 40 hours a week.

\(^{(d)}\) The region and job category is obtained from HRIS as of December 31, 2020.

\(^{(e)}\) Age diversity is reported in accordance with the age group as self-reported by the employee and recorded in HRIS as of December 31, 2020, and due to rounding may not equal 100.0%.

\(^{(j)}\) As of October 2020, new categories were added to allow employees to actively decline self-identification or remain unidentified. Where the value for “Declined to answer” rounded to zero, we excluded from the reported table.
### Diversity, Equity & Inclusion (DE&I) continued

<table>
<thead>
<tr>
<th>Metric Description</th>
<th>Metric Value</th>
</tr>
</thead>
</table>
| Ethnic/Racial Diversity in the U.S. by Job Category | Managers and Directors  
  Asian 17.2%  
  Black/African American 5.4%  
  Hispanic/Latino: 7.3%  
  Other 1.3%  
  Declined to answer 1.1%  
 Professionals  
  Asian 12.9%  
  Black/African American 7.5%  
  Hispanic/Latino 10.2%  
  Other 2.2%  
  Declined to answer 0.9% |
| Diversity in Board Composition | Women 35.7%  
  Ethnic/Racial Diversity 21.4% |
| Gender Diversity in Management and Executive Positions | Women in management positions 46.4%  
  Women in executive positions 14.3% |
| Total Number of New Hires | 13,594 |
| New Hires by Gender | Women 52.5%  
  Men 47.5%  
  Declined to answer 0% |
| New Hires by Age | Under 30 46.5%  
  30-50 48.5%  
  50+ 4.9% |
| New Hires by Region | Asia Pacific 28.4%  
  Europe, Middle East & Africa 22.7%  
  Latin America 22.4%  
  North America 26.4% |

**Notes:**
- Gender and ethnic/racial diversity are reported in accordance with the gender, ethnicity and race as self-reported by the employee and recorded in HRIS as of December 31, 2020. Other is defined as employees who self-reported as American Indian or Alaskan Native, Native Hawaiian or Other Pacific Islander or two or more races.
- The region and job category is obtained from HRIS as of December 31, 2020.
- Diversity in age group is reported in accordance with the age group as self-reported by the employee and recorded in HRIS as of December 31, 2020, and due to rounding may not equal 100.0%.
- Gender and ethnic/racial diversity in the Board composition is reported in accordance with the gender and ethnicity as confirmed by board members as of December 31, 2020.
- Management position is considered paygrade 30 and above. The paygrades are obtained from HRIS as of December 31, 2020.
- Executives are defined as employees reporting directly to the Chairman and Chief Executive Officer based on an organization chart including names and positions as of December 31, 2020.
- As of October 2020, new categories were added to allow employees to actively decline self-identification or remain unidentified. Where the value for “Declined to answer” rounded to zero, we excluded from the reported table.
## Environmental Health & Safety (EH&S) Governance

<table>
<thead>
<tr>
<th>Metric Description</th>
<th>Metric Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of environmental non-compliances(^{(a)(b)})</td>
<td>50</td>
</tr>
<tr>
<td>Fines paid for environmental non-compliances(^{(b)(c)}) (thousands)</td>
<td>$5.9</td>
</tr>
<tr>
<td>Number of manufacturing and R&amp;D sites certified to ISO 14001(^{(d)(e)})</td>
<td>95</td>
</tr>
<tr>
<td>Percentage of manufacturing and R&amp;D sites certified to ISO 14001(^{(d)(e)})</td>
<td>96%</td>
</tr>
<tr>
<td>Percentage of manufacturing and R&amp;D sites certified to OHSAS 18001 (Occupational Health and Safety Assessment Series) or ISO 45001(^{(d)(e)})</td>
<td>21%</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Environmental non-compliances represent instances of non-compliance with environmental regulatory requirements or laws that were either (i) self-reported to authorities in the reporting year or (ii) identified by authorities and the non-compliance occurred in the reporting year. The authorities include regional, national, state/country/province, and local/city regulatory agencies.

\(^{(b)}\) Environmental non-compliances and fines paid exclude newly acquired sites (i.e., owned less than 2 years as of December 31, 2020).

\(^{(c)}\) Fines paid for environmental non-compliances exclude those paid in the reporting year. It does not include fines assessed and/or under negotiation that were not paid as of December 31, 2020.

\(^{(d)}\) Certified to ISO 14001, OHSAS 18001 or ISO 45001 means the site has received an external certification that is valid as of December 31, 2020.

\(^{(e)}\) The denominator of total manufacturing and research & development (R&D) sites excludes small R&D and manufacturing sites (defined as having less than 50 employees) and newly acquired sites (i.e., owned less than 3 years as of December 31, 2020).

## Employee Turnover

<table>
<thead>
<tr>
<th>Metric Description</th>
<th>Metric Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Managers and above moved across functions, country or business segment lines, building diversity of experiences(^{(a)(b)(c)})</td>
<td>44.6%</td>
</tr>
<tr>
<td>Overall voluntary turnover(^{(d)})</td>
<td>5%</td>
</tr>
<tr>
<td>Voluntary turnover(^{(d)}) of high performers(^{(d)})</td>
<td>3%</td>
</tr>
</tbody>
</table>

\(^{(a)}\) Represents the percentage of employees in Manager and above job categories (defined as paygrade 30 or above in HRIS as of December 31, 2020) who in their career progression moved through upward promotion or lateral transfer during the reporting year.

\(^{(b)}\) Excludes fixed term, intern, and co-op employees, employees on long-term disability, employees from more recently acquired companies who are not yet reflected in HRIS, and employees under research & development leaders in the Pharmaceutical, Medical Devices and Consumer Health segments.

\(^{(c)}\) Employee movement is tracked monthly in HRIS and then consolidated at year end. If an employee moves, for example, across both function and country in the same month, it is only counted as one move.

\(^{(d)}\) Employee count excludes fixed term, intern, and co-op employees, employees on long-term disability, and employees from more recently acquired companies who are not yet reflected in HRIS. Voluntary turnover (the numerator) excludes employees leaving the company due to retirement or death.

\(^{(e)}\) High performer is defined as an individual with two consecutive annual performance ratings of Exceeds/Exceeds, Exceeds/Fully Meets, or Fully Meets/Exceeds (note that “exceeds” is one out of four possible dimension ratings). Employees who are not part of the performance management process are excluded from the voluntary turnover of high performers metric.
## Employee Safety

<table>
<thead>
<tr>
<th>Metric Description</th>
<th>Metric Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lost Workday Case (LWDC) rate&lt;sup&gt;(b)(c)(d)&lt;/sup&gt;</td>
<td>Global 0.05</td>
</tr>
<tr>
<td></td>
<td>Asia Pacific 0.02</td>
</tr>
<tr>
<td></td>
<td>Europe, Middle East &amp; Africa 0.04</td>
</tr>
<tr>
<td></td>
<td>Latin America 0.08</td>
</tr>
<tr>
<td></td>
<td>North America 0.07</td>
</tr>
<tr>
<td>Total Recordable Injury rate (TRIR)&lt;sup&gt;(b)(e)&lt;/sup&gt;</td>
<td>Global 0.24</td>
</tr>
<tr>
<td></td>
<td>Asia Pacific 0.08</td>
</tr>
<tr>
<td></td>
<td>Europe, Middle East &amp; Africa 0.21</td>
</tr>
<tr>
<td></td>
<td>Latin America 0.18</td>
</tr>
<tr>
<td></td>
<td>North America 0.35</td>
</tr>
<tr>
<td>Serious Injury and Illness Case (SIIC) rate&lt;sup&gt;(b)(f)&lt;/sup&gt;</td>
<td>Global 0.02</td>
</tr>
<tr>
<td></td>
<td>Asia Pacific 0.02</td>
</tr>
<tr>
<td></td>
<td>Europe, Middle East &amp; Africa 0.01</td>
</tr>
<tr>
<td></td>
<td>Latin America 0.01</td>
</tr>
<tr>
<td></td>
<td>North America 0.04</td>
</tr>
<tr>
<td>Number of fatalities</td>
<td>Global 0</td>
</tr>
</tbody>
</table>

<sup>(a) Includes data as of December 31, 2020 and hours worked in the reporting year. More recently acquired sites (i.e., owned less than 2 years as of December 31, 2020) are excluded from employee safety metrics.</sup>

<sup>(b) LWDC rate, TRIR, SIIC rate, and fatalities are calculated for Johnson & Johnson employees and contingent workers. Contingent workers (i.e., workers supplied by third party agencies that are the worker’s employer of record) are intended to supplement or temporarily replace existing workforce and are directly supervised by a Johnson & Johnson employee. Cases from contractor/subcontractors (who are not contingent workers) are excluded.</sup>

<sup>(c) “Lost days” are calendar days where an employee is unable to work due to illness or injury, beginning the day after an incident has taken place through the last day of leave (excluding holidays and vacations).</sup>

<sup>(d) LWDC rate is calculated as follows and the data used in the calculation is obtained from the internal Johnson & Johnson CURVE system: (number of LWDC * 200,000 work hours) / total work hours.</sup>

<sup>(e) TRIR is calculated as follows and the data used in the calculation is obtained from the internal Johnson & Johnson CURVE system: (number of recordable cases * 200,000 work hours) / total work hours.</sup>

<sup>(f) SIIC rate is calculated as follows and the data used in the calculation is obtained from the internal Johnson & Johnson CURVE system: (number of SIIC * 200,000 work hours) / total work hours.</sup>
### Ethics and Compliance (Our Credo Integrity Line Complaints & Inquires)

<table>
<thead>
<tr>
<th>Metric Description</th>
<th>Metric Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of inquiries and complaints as filed with Our Credo Integrity Line by Category</td>
<td></td>
</tr>
<tr>
<td>(a)</td>
<td>Human Resources-related 51%</td>
</tr>
<tr>
<td>(b)</td>
<td>Financial-related 14%</td>
</tr>
<tr>
<td></td>
<td>Business integrity-related 12%</td>
</tr>
<tr>
<td></td>
<td>Other 11%</td>
</tr>
<tr>
<td></td>
<td>General information questions 10%</td>
</tr>
<tr>
<td></td>
<td>Product quality and patient safety-related 2%</td>
</tr>
</tbody>
</table>

(a) There are 47 inquiry and complaint categories for the complainant to select from when reporting inquiries and complaints through Johnson & Johnson’s anonymous reporting mechanism which are then summarized into six reported categories by Johnson & Johnson. Other consists of the following categories: privacy, information security, general security, EH&S, legal/regulatory and follow up.

(b) Johnson & Johnson introduced a 48th human rights category in December 2020 but has excluded those inquiries and complaints in calculating the 2020 percentages presented. This category will be included in the 2021 Health for Humanity Report.

### Ethics and Compliance (Triage Committee Investigations)

<table>
<thead>
<tr>
<th>Metric Description</th>
<th>Metric Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of compliance-related allegations investigated through Triage Committee(a)</td>
<td>559</td>
</tr>
<tr>
<td>Percentage of compliance-related allegations investigated through Triage Committee, by category</td>
<td></td>
</tr>
<tr>
<td>(a)</td>
<td>Healthcare compliance 41%</td>
</tr>
<tr>
<td></td>
<td>Financial 51%</td>
</tr>
<tr>
<td></td>
<td>Other 8%</td>
</tr>
</tbody>
</table>

(a) Compliance-related allegations can be filed by internal or external parties, and for those allegations that meet the internal escalation criteria, they are logged and categorized by Johnson & Johnson management within the iSight Case Management System and then presented to and investigated through the Johnson & Johnson Triage Committee. Internal escalation criteria includes actual or alleged: expense violations exceeding $1,000; theft, fraud or misuse of funds exceeding $1,000; non-compliance with laws and regulations, such as anti-corruption laws or human trafficking rules; governmental non-compliance, such as failure to abide by relevant terms of a US government invoice, contract or pricing program, financial conflicts of interest, false or incomplete statements made to the US government; non-compliance with internal Johnson & Johnson policies that could result in termination of the employee; data breach or privacy incidents; and misconduct by members of the senior leadership team.

(b) Healthcare compliance-related allegations consist of violations of Healthcare Compliance guidelines including Foreign Corrupt Practices Act (FCPA) violations.

(c) Financial compliance-related allegations consist of asset misappropriation, conflicts of interest, and financial statements.

(d) Other compliance-related allegations consist of legal, quality, anti-trust, product registration, and privacy.
# Product Quality

<table>
<thead>
<tr>
<th>Metric Description</th>
<th>Metric Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of regulatory inspections(^{(a)}) of Johnson &amp; Johnson sites by worldwide health authorities(^{(b)})</td>
<td>452</td>
</tr>
<tr>
<td>Percentage of regulatory inspections(^{(a)}) that resulted in zero observations(^{(b)})</td>
<td>82%</td>
</tr>
<tr>
<td>Number of FDA inspections of Johnson &amp; Johnson sites(^{(c)})</td>
<td>10</td>
</tr>
<tr>
<td>Percentage of FDA inspections that resulted in zero observations(^{(c)})</td>
<td>80%</td>
</tr>
<tr>
<td>Average number of observations per FDA inspection(^{(d)})</td>
<td>1.7</td>
</tr>
<tr>
<td>Number of independent audits of Johnson &amp; Johnson sites to ensure compliance with Johnson &amp; Johnson Quality Policy and Standards(^{(d)})</td>
<td>165</td>
</tr>
<tr>
<td>Number of independent audits of external manufacturing sites(^{(e)}) to ensure compliance with Johnson &amp; Johnson Quality Policy and Standards(^{(e)})</td>
<td>230</td>
</tr>
<tr>
<td>Number of FDA warning letters issued</td>
<td>0</td>
</tr>
<tr>
<td>Product recall rate(^{(f)}), by business segment</td>
<td></td>
</tr>
<tr>
<td>Pharmaceutical: 0%</td>
<td></td>
</tr>
<tr>
<td>Medical Devices: 0.034%</td>
<td></td>
</tr>
<tr>
<td>Consumer Health(^{(g)}): 0%</td>
<td></td>
</tr>
</tbody>
</table>

\(^{(a)}\) A regulatory inspection is defined as an inspection conducted by the health authority to determine compliance with applicable laws and regulations.  
\(^{(b)}\) Health authorities are organizations with authority over the development, manufacture, distribution, placing on the market, and post market surveillance of products. For example, the US Food and Drug Administration (FDA), Korean Food and Drug Administration (KFDA), British Standards Institution (BSI), and Health Canada. The observations identified during the inspection are listed on a form provided by the third-party health authority who conducted the inspection.  
\(^{(c)}\) An FDA inspection is defined as a regulatory inspection performed by the FDA and an observation is defined as the observed condition or practice indicating that an FDA-regulated product may be in violation of FDA requirements. The observations are listed on FDA Form 483 during inspections conducted by the FDA and then provided to the manufacturer following the FDA inspection.  
\(^{(d)}\) Independent audits are conducted by internal Johnson & Johnson Regulatory Compliance auditors at Johnson & Johnson sites and external manufacturing sites.  
\(^{(e)}\) An external manufacturing site is defined as not owned or operated by Johnson & Johnson.  
\(^{(f)}\) Product recall rate is defined as the number of lots removed from the market as a percentage of total lots globally manufactured, based on field action removals where it has been determined internally by a Quality Review Board and aligned by Johnson & Johnson Enterprise Compliance, that there is a reasonable probability that the product may cause temporary or medically reversible adverse health consequences and in certain cases will cause serious adverse health consequences. A lot is defined as a specific quantity of material that has uniform character and quality and was released to market during the 2020 calendar year.  
\(^{(g)}\) The Consumer Health product recall rate reflects over-the-counter (OTC) products.
# Glossary

<table>
<thead>
<tr>
<th>ACRONYM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMR</td>
<td>Antimicrobial Resistance</td>
</tr>
<tr>
<td>ARV</td>
<td>Antiretroviral</td>
</tr>
<tr>
<td>BARDA</td>
<td>Biomedical Advanced Research and Development Authority, part of the U.S. Department of Health and Human Services</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>EH&amp;S</td>
<td>Environmental Health and Safety</td>
</tr>
<tr>
<td>EMA</td>
<td>European Medicines Agency</td>
</tr>
<tr>
<td>ESG</td>
<td>Environmental, Social and Governance</td>
</tr>
<tr>
<td>EUA</td>
<td>Emergency Use Authorization</td>
</tr>
<tr>
<td>FDA</td>
<td>U.S. Food and Drug Administration</td>
</tr>
<tr>
<td>GPH</td>
<td>Global Public Health</td>
</tr>
<tr>
<td>JJBC</td>
<td>Johnson &amp; Johnson Bioethics Committee</td>
</tr>
<tr>
<td>JJMDC</td>
<td>Johnson &amp; Johnson Medical Devices Companies</td>
</tr>
<tr>
<td>JLABS</td>
<td>Johnson &amp; Johnson Innovation—JLABS</td>
</tr>
<tr>
<td>LMICs</td>
<td>Low- and middle-income countries</td>
</tr>
<tr>
<td>MDR-TB</td>
<td>Multidrug-resistant tuberculosis</td>
</tr>
<tr>
<td>OCMO</td>
<td>The Johnson &amp; Johnson Office of the Chief Medical Officer</td>
</tr>
<tr>
<td>OCMS</td>
<td>Office of Consumer Medical Safety</td>
</tr>
<tr>
<td>PTA</td>
<td>Priority Topics Assessment</td>
</tr>
<tr>
<td>RSV</td>
<td>Respiratory syncytial virus</td>
</tr>
<tr>
<td>RWD</td>
<td>Real-world data</td>
</tr>
<tr>
<td>RWE</td>
<td>Real-world evidence</td>
</tr>
<tr>
<td>SDG</td>
<td>Sustainable Development Goal (of the United Nations)</td>
</tr>
<tr>
<td>STH</td>
<td>Soil Transmitted Helminths (or intestinal parasites)</td>
</tr>
<tr>
<td>USAID</td>
<td>U.S. Agency for International Development</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
References

1. The tax information contained in this section is intended to provide the reader with an overview of all taxes contributed by Johnson & Johnson, and not just income taxes. It should be read in conjunction with the Company’s tax information filed with the Securities and Exchange Commission (SEC), including in the most recently filed Quarterly Reports on Form 10-Q and Annual Report on Form 10-K. This tax information is supplemental to, and not a substitute for, the information reported in the Company’s SEC filings.


4. Comparison based on a weighted average of the procedure time with QDOT MICROTM Technology in QMODE (129.8 min; N = 42) and in QMODE+™ (105.2 min; N = 52), and the weighted average of the procedure time with irrigated, contact force RF catheters (202.8 min; 5 studies, N = 622). Comparison of non-randomized, independent single-arm studies.


6. This combined treatment regimen is marketed as CABENUVA in North America.


11. Johnson & Johnson also acknowledges its many strategic partners in the ongoing global clinical program for the vaccine regimen, including Bavarian Nordic A/S, Centre Muraz, College of Medicine and Allied Health Sciences, Democratic Republic of the Congo Ministry of Public Health, Emory University’s Project San Francisco, Epicentre, Grameen Foundation, Inserm, Inserm Transfert, Institut National de Recherche Biomédicale, London School of Hygiene & Tropical Medicine, Médecins Sans Frontières, Republic of Rwanda Ministry of Health, Rinda Ubuzeima, Rwanda Biomedical Center, Sierra Leone Ministry of Health and Sanitation, Uganda Virus Research Institute, Université de Kinshasa, University of Antwerp, University of Oxford, Walter Reed Army Institute of Research, World Health Organization, World Vision Ireland, Wellcome Trust, Coalition for Epidemic Preparedness Innovations, Vibalogics, and all the people who participated in clinical trials during the Ebola epidemic in West Africa and the DRC.


