What companies say

About their relations with patient groups 2025–2026

With a special focus on patient engagement in R&D

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PATIENT VIEW

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What Companies Say, 2025-2026
Foreword

For the 11th year in a row, PatientView invited pharma companies to input their own company perspectives on their patient-group relations into the 2026 series of reports on '*The Corporate Reputation of Pharma—from the Patient Perspective*'.

This year's theme for pharma-company patient-related achievements is one that emerged from previous 'Corporate Reputation' results as being of increasing interest to patient groups:

"How EFFECTIVELY does your company currently address five R&D DEMANDS from patient groups?"

Companies' stories about their latest achievements in engaging patients in R&D, and published in April 2026 by PatientView in this stand-alone document, '*What Companies Say, 2025-2026*', has been placed into the public domain—available to anyone. Additionally, all respondent companies (and all patient groups responding to the 2025-2026 'Corporate Reputation' survey) have been sent a copy of these corporate-contributions.

The companies participating in 'What Companies Say, 2025-2026':

→ **Boehringer Ingelheim**

→ **Novartis**

→ **Servier**

Boehringer Ingelheim

What is the name of your company? **Boehringer Ingelheim**

Which views are you expressing in this questionnaire on your company's patient-related R&D activities in 2025 and 2026? **Global**

Approximately how many patient groups (PAGs) did your company PARTNER WITH in 2025? **> 500**

Question 1 of 5.

How EFFECTIVE is your company at involving patients or patient groups THROUGHOUT the R&D processes—from identifying unmet needs, onwards?

→ We are not yet effective: We have not started to deliver on this PAG demand.

→ We are beginning to be effective: We are just starting to deliver—we still have significant gaps.

→ **We are effective**: We are delivering—and have identified clear areas suitable for further improvement.

→ We are very effective: We are well advanced, and we are delivering consistently.

Key examples of your company's progress in addressing PAG demands for patient/patient-group input THROUGHOUT R&D processes—examples of which your company is particularly proud.

At Boehringer Ingelheim, patient partnerships inform, challenge, and elevate our innovation. They fuel what we call patient-powered progress—ensuring that our science is guided by real experiences, real needs, and has real impact. Patient insights show us where unmet needs exist, and help us develop solutions that truly matter. Patient partnerships power our progress, and enable us to improve outcomes and transform lives. Our purpose is rooted in patient centricity. As Shashank Deshpande, chairman of the Board of Managing Directors & head of Human Pharma, says: **"Innovation has to be seen from the perspective of the patient … It must serve the patient … Our objective, truly, is to integrate all stakeholders, especially patients, in what we do on a daily basis."**

This principle shows up across our organization. We partner with the patient community to ensure our innovations address unmet needs, and to accelerate and expand access that transforms patient health globally. At Boehringer, patient engagement is a strategic value driver: **"Without patient engagement, we simply cannot design, deliver, or demonstrate value in ways that resonate with patients or health systems. They are integral to our development,"** says Vanessa Pott Semêdo, head of global patient engagement at Boehringer. **"With their partnership, we're transforming patient insights into action, innovation, and impact."**

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Partnering with patient organizations throughout R&D ensures our innovation has real-world impact. By involving people with lived experience in the identification of unmet needs onward, we gain essential insights that shape more relevant research, improve study design, and help deliver treatments that truly matter.

Patient engagement in early-stage R&D

Vanessa Pott Semêdo explains why we consult patients early in the therapeutic lifecycle: **"Value is created upstream. The eventual value of a product or service is largely determined early in the development process. So, we involve people with lived experience early and consistently; to strengthen evidence plans and ensure we're not only proving clinical effect but also demonstrating meaningful impact. Their perspectives influence research priorities, trial design, and the usefulness of evidence for decision-makers."**

Patient Experience Data (PED) enables us to embed patient insights at scale. It captures lived experience in a structured, evidence-driven way that can inform development, access, and policy conversations. As Vanessa Pott Semêdo says: **"It moves us from guessing what people need to understanding what outcomes, burdens, and trade-offs truly look like in daily life."** To that end, we've focused heavily on empowering patient organizations to generate and submit high-quality PED through dedicated workshops and practical learning resources. The more PED we bring into the datasphere, the stronger the evidence base we can draw on to develop meaningful solutions to unmet patient needs.

Examples of how people with lived experience are involved in our R&D processes

Patient Experience Assessments (PEAs)
We use PEAs to guide asset development and inform strategic decisions. Each PEA outlines what is known—and not yet known—about the patient experience in a given disease area. Importantly, PEAs help shape core Target Product Profiles (TPPs) before molecule selection, ensuring that early development decisions are anchored in real patient needs. They are updated at every research milestone, with new insights from patients and patient organizations informing each subsequent development phase. This early and continuous understanding of patient needs strengthens cross-functional decision-making, and ultimately leads to better medicines and services.

Global Oncology Partnership Panel (GOPP)
We partner with patient leaders to shape oncology innovation. Our Global Oncology Partnership Panel (GOPP) is a prime example. GOPP enables cross-functional teams to integrate patient voices and partnerships from the earliest phases of innovation. It ensures that strategic R&D decisions are informed by what matters most to people living with cancer.

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From GOPP's inception, we partnered with global patient organizations to co-develop a partnership framework that defines shared ways of working, guiding principles, and prioritized strategic focus areas.

In **March 2026**, we convened our second in-person GOPP meeting, with 12 leaders from patient organizations worldwide. Together, we progressed three key strategic pillars:

1. **Unmet Patient Needs and Access to Care**

- Identified critical gaps in patient awareness and their understanding of **cancer biomarker testing**, a foundational enabler of precision medicine.
- Included internal cross-functional teams to address various areas of patient unmet need. Boehringer's Digital Health team collaborated with GOPP members to start co-creating and integrating companion diagnostic solutions at scale (a key enabler for precision medicine).

2. **Clinical Trials and Drug Development**

- Explored concrete approaches to **embed patient preferences directly into early clinical trial design**, informing endpoints, eligibility criteria, and trial experience.
- Identified opportunities to **expand access to clinical trials across tumor types**, including underrepresented populations.
- Examined ways to **streamline referral and care pathways** to enable earlier trial entry and broader participation.

3. **Real-World Evidence and Patient-Reported Outcomes in HTA, Access, and Reimbursement**

- Conducted in-depth working sessions on the **generation, analysis, and communication of patient experience data (PED)**.
- Aligned on best practices to ensure patient-reported outcomes and real-world evidence meaningfully inform decision-making by regulators, payers, and health technology assessment bodies, in line with evolving expectations.

Early Research Patient Steering Committees

We organize Early Research Patient-Steering Committees with people living with a specific disease. They provide forums for our R&D teams to consult with patient stakeholders early in the therapeutic lifecycle. They help us ask the right questions and gather feedback with sufficient runway to pivot, optimize trial protocols, and better meet patients' needs. For example, the Pulmonary Fibrosis Patient Steering Committee—which includes people living with various forms of PF and patient advocates—highlighted the practical challenges of traveling to clinical trial sites, especially for those experiencing severe shortness of breath, or relying on oxygen equipment. In response, Boehringer introduced a travel concierge service to ease these burdens. The committee also shared that spirometry can be difficult for individuals with a persistent, severe cough, prompting the team to implement additional supportive measures during testing. Based on further patient feedback, we simplified the overall protocol design. Together, these adjustments

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contributed to a successful clinical trial, and ultimately, the FDA approval of a new treatment option—a long-awaited therapy that slows the progression of PF, an otherwise aggressive and fast-advancing disease.

Patient Experience Conceptual Model (HEOR)

Our Health Economics Outcomes Research team has developed an extrapulmonary neuroendocrine carcinomas (epNEC) Patient Experience Conceptual Model. The model provides a systematic means of capturing patient-reported signs, symptoms and disease impacts, along with their average "bothersome" ratings. The insights create a holistic picture of living with this rare cancer. The model can be applied across multiple disease areas, and is especially valuable for amplifying the voices of patients with rare diseases—where the burden of signs, symptoms, and life impacts is often poorly understood or undocumented. By offering a structured, rigorous approach to capturing patient experience data, the model enables us to identify unmet needs earlier in the R&D process. We will publish the methodology externally, allowing other organizations to adopt and apply it within their own research.

Patient Experience Data (PED) training and tools

At our 2023 Global Patient Partnership Summit (GPPS), our patient partners told us that many patient organizations lack confidence in generating and submitting Patient Experience Data. Together with patient experts, we audited existing PED training materials, and created the PED Training Resource Finder [https://patientengagement.synapseconnect.org/resources/ped-training-resource-finder-1], a single hub for all available PED learning resources. We then began developing a comprehensive, end-to-end PED curriculum, incorporating feedback from the 2025 GPPS. This work will culminate in a new PED learning hub, launching in 2026. By equipping people with lived experience to generate, analyze, and share PED, we are empowering them to advocate for their communities by:

- **Providing evidence to drive meaningful change.**
- **Helping decision-makers respond to patient generated data.**
- **Expanding the availability and use of PED, so the wider healthcare ecosystem can act on patient insights at scale.**

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Question 2 of 5.

How EFFECTIVE is your company at ensuring that DIVERSE patient types are represented within R&D activities and outputs?

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→ **We are effective**: We are delivering—and have identified clear areas suitable for further improvement.

→ We are very effective: We are well advanced, and we are delivering consistently.

Examples of your company's progress, thus far, in addressing PAG demands for DIVERSE patient types to be included throughout R&D activities (examples of which your company is particularly proud).

Our commitment to patient-powered progress is non-exclusive. We seek to engage with all patient communities in our disease areas, for the benefit of all people. To this end, we aim to ensure our clinical trials represent all populations affected by a disease. We achieve our strategy for population representation with:

Tools and dashboards
We've developed new dashboards that capture all relevant communities in scientific research, and implemented a Regional Patient Footprint Strategy to ensure country and demographic representation in global trials. Our population representation goals are grounded in scientific evidence.

Including the full spectrum of patients
We strive to include people most affected by a disease, including smaller, often overlooked populations, to generate evidence that reflects the full spectrum of patients. For instance, we're running a clinical trial for patients with bronchiectasis and have been intentional about including all affected patient groups, particularly ones who face a disproportionately high burden of chronic respiratory disease, such as Aboriginal and Torres Strait Islander communities. We have also included patients with cystic fibrosis (CF) who subsequently developed bronchiectasis—a relatively rare but well-established causal pathway. Historically, CF patients have been excluded from the development of anti-inflammatory treatments for bronchiectasis. As Wiebke Sauter, development lead at Boehringer Ingelheim, explains: **"We set up a trial for all people with bronchiectasis, including people with CF, because we believe that meaningful innovation must reflect the full spectrum of patients who live with this condition."**

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Collaborations with community health organizations on clinical designs

Boehringer Ingelheim codesigns clinical trials with patient communities. Where a disease disproportionately impacts a particular demographic, we also collaborate with community health organizations that represent the community.

For instance, Lupus affects African, Caribbean, Asian, and Hispanic populations more frequently and severely, yet these groups are often underrepresented in research. In 2025, when preparing for a new global Lupus clinical trial, a global project was set up to gather patient insights, early and before the trial design was made.

Through 36 structured interviews across five countries, patients and site coordinators shared not only the daily realities of living with Lupus, but also practical barriers to trial participation, such as lengthy visits, biopsy concerns, culturally unfamiliar materials, and protocols misaligned with real-world disease experiences.

The global team worked with local colleagues to ensure insights from underrepresented groups were embedded. In the UK, collaboration with the Caribbean & African Health Network (CAHN) surfaced important considerations—ranging from scoring tools only validated in White populations, to challenges in capturing darker skin tones, and inclusion criteria that could inadvertently exclude people of African or Caribbean descent.

CAHN's frank assessment drove substantial improvements to the protocol. As a result, the team broadened inclusion criteria, made biopsies optional, adjusted steroid tapering, expanded visit windows, improved cultural and language accessibility, and introduced guidance for accurately photographing skin lesions on darker skin. They also developed a global mapping of Lupus patient representation, and trained teams to identify representative clinical trial sites using an advanced healthcare data platform.

By integrating these insights into the study design, the trial will be more aligned with real patient needs and lived experiences. This strengthens scientific relevance, improves accessibility for underrepresented groups and increases the likelihood of generating evidence that truly reflects the diverse population affected by Lupus. Ultimately, it increases the likelihood of generating clinically meaningful evidence that leads to treatments that truly benefit patients.

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Question 3 of 5.

How EFFECTIVE is your company at involving patients/patient groups in the CO-DESIGN of …

i.) Clinical-research trials?

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Examples of your company's progress, thus far, in addressing PAG demands for patient/patient-group involvement in the CO-DESIGN of clinical-research trials (examples of which your company is particularly proud).

In 2025, we engaged with patients for the design of 100% of our trials (Phase I to Phase III). This percentage has grown steadily in the last years, from sporadic activities to systematic trial patient engagement across all trials. The value of co-designing trials with patients is clear and measurable. Over the last five years, studies that incorporated patient feedback recruited 30% faster—an average of 220 days earlier. Their insights help us identify barriers, streamline study procedures, and accelerate access to much needed treatments. Trials developed with people with lived experience also required, on average, one fewer global amendment, reducing delays and operational burden.

National patient consultation on clinical trials
Our country patient engagement and clinical trial teams actively and extensively consult with patient groups on trial design outlines, prior to finalizing global trial protocols. This is still relatively uncommon across the pharmaceutical industry. The same Lupus clinical trial cited above illustrates this impact. Without patient input, the proposed skin imaging procedure would not have captured symptoms on darker skin. With patient input, we selected a more appropriate imaging method and introduced targeted site training—an important adjustment that ultimately contributed to the trial's smooth and inclusive execution.

Our collaborative approach extends beyond protocol design
Together with patients and caregivers, we developed a Virtual Study Site, an innovative, interactive platform that enhances clinical research understanding and engagement. Through virtual rooms and accessible educational content, users can learn about clinical studies and the patient journey. By increasing awareness, dispelling myths, and strengthening connections between patients, caregivers, and study teams, we can address high unmet needs more quickly and effectively. At the heart of this work is our commitment to transforming lived experience into meaningful action, driving innovation,

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and delivering lasting impact. Every partnership, every conversation, and every co-created solution brings us closer to clinical research that is not only scientifically rigorous, but truly shaped by the people it aims to serve.

ii.) And … in RWE studies?

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At Boehringer, we talk about integrated evidence generation as our north star. It includes real-world data, patient experience and clinical trial data. Chief Medical Officer and Head of Global Medicine, Lykke Hinsch Gylvin, explains that integrated evidence helps us **"get the right medicines to the right people at the right time. At Boehringer, we are aware that behind every data point is a person who needs to be seen and heard. Real change is shaped by their insights and their humanity."**

Bringing integrated evidence to life requires grounding data in real lived experience—which is why patient partnership sits at the core of our approach. We partner with patient organizations and patient experts to co-design real-world studies, because their lived experience provides essential insights that cannot be captured through clinical data alone. By involving people with lived experience from the outset, we ensure that study questions reflect what truly matters to those affected, that outcomes are meaningful to their daily life, and study designs are practical and respectful of participants' needs. This collaborative approach improves the relevance, quality, and inclusivity of real-world evidence, helps build trust and transparency, and ultimately, leads to findings that are more actionable for improving care, informing decision-making, and advancing patient-centered healthcare.

The following practices demonstrate how integrating lived experience with real-world evidence strengthens every stage of our work—from supporting the development of national research agendas, to improving internal decision-making, and deepening clinical understanding.

Advancing Patient-Centered Drug Development in China

In recent years, China's health authorities have issued guidelines promoting patient-centered drug development, emphasizing the importance of incorporating patients' perspectives throughout the R&D lifecycle. In September 2024, the China Center for Drug Evaluation (CDE) launched the Patient-Centered Action for Rare Diseases Encouragement (CARE) Project—a pilot initiative designed to embed patient-centered principles into R&D for rare disease therapies. We are contributing to this national effort through our work in idiopathic pulmonary fibrosis (IPF), with a particular focus on the needs of patients in the region. In collaboration with Peking University, we

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conducted qualitative interviews with 50 IPF patients and 15 physicians, to better understand quality-of-life factors. These insights, published in *BMJ China*, are now being complemented by quantitative research involving 245 patients. Where we are new to a disease area, or to a demographic, combining PED with RWE can play a pivotal role in guiding future drug development and clinical trial design that better reflects patients' unmet needs.

Involving patients to combat bias internally, and safeguard future real-world evidence

We actively collaborate with patient organizations to help ensure our real-world evidence (RWE) research reflects genuine patient experiences. For example, when designing a UK piece of market research on obesity, we engaged patient groups to co-develop the research questions. Their involvement helped ensure the questions were truly relevant, and safeguarded the market research design from inadvertently incorporating our own biases, or narrowing the scope of patient responses. The resulting insights now play an important role in shaping our internal understanding, and guiding our R&D efforts. This approach was later recognized by the regulatory body for market research as an advancement in promoting diversity and inclusion within research practice.

Identifying disease awareness gaps with patients' input

We also work closely with patient organizations to identify gaps in both patient and clinician awareness, ensuring that real-world insights meaningfully inform our scientific approach and conversations with healthcare providers. For example, we commissioned a global study to better understand how aware patients with connective tissue disorders—such as rheumatoid arthritis—are at increased risk of developing interstitial lung disease (ILD), a serious and often life-limiting condition. Early recognition is critical, yet awareness remains low. Our strong patient relationships helped us achieve a robust and statistically meaningful dataset. So much so, that in the UK alone, we had sufficient data to publish a paper, coauthored by both patients and respected clinicians, and presented to the National Rheumatoid Arthritis Society (NRAS). One of the resulting abstracts was also selected for an oral presentation at a major healthcare-professional conference, where the data helped clinicians recognize an important and previously underappreciated gap in awareness. The initiative is one example of how patient insights can be harnessed to improve clinical understanding and advance patient care.

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Question 4 of 5.

How EFFECTIVE is your company at communicating research results in PATIENT-FRIENDLY FORMATS—objectively, and in a timely way?

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→ We are beginning to be effective: We are just starting to deliver—we still have significant gaps.

→ We are effective: We are delivering—and have identified clear areas suitable for further improvement.

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Examples of your company's progress, thus far, in addressing PAG demands for research results in PATIENT-FRIENDLY FORMATS (examples of which your company is particularly proud).

Boehringer Ingelheim is one of the few pharma companies to have a dedicated Lay Language team. Clinical trials are published with summaries that use everyday language, so that information is accessible to patients and the general public.

Patients are also involved in the process. We test the content with people with lived experience and incorporate their feedback. This aligns with the Good Lay Summary Practice (GLSP), and the shift from producing documents FOR patients, to co-creating them WITH patients. You can access these clinical study summaries here [https://www.clinicalstudies.boehringer-ingelheim.com/trials/disease/completed/-1/All]. In 2025, all Phase II and III Lay Summaries included patient input. Typically, three adult patient reviewers are involved in each study to review the lay language summaries. All patient reviewers have direct lived experience of the condition being studied, ensuring that their feedback is grounded in real world insight, and truly reflects the needs and perspectives of those affected.

Patients are engaged through:

- Live discussions, fostering dialogue and immediate clarification.
- Self-paced reviews, with PDFs sent via email, or platforms with survey functionality.
- Combined review models, allowing both interactive and reflective feedback.

Patient reviewers consistently confirm that the Lay Summaries are written in a neutral, balanced, and non-promotional way, ensuring that the information is factual, unbiased, and easy to understand. Patients usually have five days to complete their review, which runs in parallel with internal review processes. We publish Lay Summaries within 12 months after study end, and within 6 months for paediatric studies, ensuring timely access to study results for patients and families. For Phase III Lay Summaries, we also create video versions, to further enhance accessibility. People with lived experience are actively involved in shaping the storyboard, refining the narrative, and ensuring that the visual and spoken content reflects what patients find most helpful, relatable, and

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easy to understand. Example video: A Study to Find Out whether BI 1015550 Improves Lung Function in People with Progressive Fibrosing Interstitial Lung Diseases (PF-ILDs) [https://www.mystudywindow.com/trial/completed/339349/1305-0023].

For paediatric studies, we develop child-friendly Lay Summary Comic and Videos. In 2025, we worked with the European Young People Advisory Group Network (eYPAGnet,) involving 26 young people from France, the United Kingdom, and Spain. Example of a paediatric Lay Summary comic, which was developed WITH young advisors: *A Study to Evaluate Long-term Safety of Nintedanib in Children and Adolescents With Interstitial Lung Disease (InPedILD®-ON)* [https://www.mystudywindow.com/trial/completed/336943/1199-0378]. All Lay Summaries are translated into the local languages of the participating countries, and distributed via investigators to the trial participants. Together, these practices form a sustainable, patient-centred communication model that reliably delivers clear, understandable study results across therapeutic areas.

Question 5 of 5.

And finally, a very-new demand from patient groups (first mentioned in the results to last-year's 'Corporate Reputation' survey) …

How EFFECTIVE is your company at including patients/patient groups in re-designing R&D processes to harness AI, MACHINE LEARNING, and DIGITAL-ENABLED TRIALS?

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Examples of your company's progress, thus far, in addressing PAG demands for THEIR INVOLVEMENT in AI-oriented redesign of R&D processes (examples of which your company is particularly proud).

We are continuously exploring ways to harness lived experience insights and technology to optimise our R&D processes. For instance, through patient advisory groups, trial pilots, collaborations with patient advocates, we're using wearable devices, remote monitoring tools and AI-driven analytics to reduce the patient burden while improving data quality. Machine learning models are trained on patient-consented datasets to tailor our R&D. By involving patients, we're ensuring technology-enabled innovation translates into outcomes.

Here are some examples that demonstrate how we are collaborating with patient groups to improve clinical trials with digital technology.

Co-designing digital-enabled clinical trials

We are increasingly involving patient experts in the design of clinical trials—particularly as we integrate AI and digital technologies into study design. Patient advisory boards play a central role in this work. We gather their feedback, then partner with the appropriate vendors to translate suggestions into practical solutions. Based on these recommendations, we have refined processes, and updated handling and instructions for several digital tools to improve the patient experience. For example, we gathered patient and site feedback on digital solutions planned for use in Boehringer studies. These include:

- A cough-monitoring patch for patients with pulmonary fibrosis (PF).
- A home-use spirometer, supported by video-call for sites to guide patients through the process.
- A trial simulation with patients, to test a data collection tool for usability.
- eDiaries that allow participants to answer study questionnaires from their home, thereby reducing onsite time.

We continue to see that listening to people with lived experience—and designing studies around their needs—helps optimize clinical trials, and delivers meaningful business value. Where appropriate, we leverage AI-enabled product features. Alongside the cough patch, for example, the product offers an AI-based speech filter designed to obfuscate speech, as well as automatically identify and count coughs in corresponding recordings. Once validated, these innovations will reduce human workload, eliminate the risk of human error, and protect privacy, as ambient conversations are automatically filtered out.

Across all initiatives, our goal remains consistent**: to put patient-powered progress into action, by transforming patient insights into action, innovation, and impact.**

What is the name of your company? **Novartis AG**

Which views are you expressing in this questionnaire on your company's patient-related R&D activities in 2025 and 2026? **Global**

Approximately how many patient groups (PAGs) did your company PARTNER with in 2025? **953**

Question 1 of 5.

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Key examples of your company's progress in addressing PAG demands for patient/patient-group input THROUGHOUT R&D processes—examples of which your company is particularly proud.

References:
Our Novartis Commitment to Patients & Caregivers - 2025 Factsheet:
https://www.novartis.com/sites/novartis_com/files/novartis-commitment-patients-caregivers-factsheet.pdf

Example of publication:
Incorporating Patient Input into the Target Product Profile:
https://link.springer.com/article/10.1007/s43441-025-00783-1

Novartis AG

Question 2 of 5.

How EFFECTIVE is your company at ensuring that DIVERSE patient types are represented within R&D activities and outputs?

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Examples of your company's progress, thus far, in addressing PAG demands for DIVERSE patient types to be included throughout R&D activities (examples of which your company is particularly proud).

Our Novartis Diversity Commitment to Diversity in Clinical Trials: https://www.novartis.com/sites/novartis_com/files/commitment-for-diversity-in-clinical-trials.pdf

We seek input, through patient organizations, to have representative patients; and we establish representativeness targets in our clinical trials.

Question 3 of 5.

How EFFECTIVE is your company at involving patients/patient groups in the CO-DESIGN of …

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Examples of your company's progress, thus far, in addressing PAG demands for patient/patient-group involvement in the CO-DESIGN of clinical-research trials (examples of which your company is particularly proud).

Our Novartis Commitment to Patients & Caregivers—2025 Factsheet: https://www.novartis.com/sites/novartis_com/files/novartis-commitment-patients-caregivers-factsheet.pdf

Novartis AG

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Examples of your company's progress, thus far, in addressing PAG demands for patient/patient-group involvement in the CO-DESIGN of RWE studies (examples of which your company is particularly proud).

A few examples of recent collaborations:

Co-design of RWE study with the Sjögren's community:
https://pmc.ncbi.nlm.nih.gov/articles/PMC12815198/pdf/rmdopen-12-1.pdf

Co-design of RWE study with the CML (chronic myeloid leukaemia) community:
https://ashpublications.org/blood/article/146/Supplement%201/4425/549476/A-multinational-study-to-explore-patient

Co-design of RWE study with the CSU (chronic spontaneous urticaria) community:
https://link.springer.com/article/10.1007/s13555-025-01498-9

Patient involvement in health-technology assessment (HTA):
https://link.springer.com/chapter/10.1007/978-3-032-11284-2_31#:~:text=This%20means%20including%20representative%20patients,dossiers%20and%20post%2Dlaunch%20product

Question 4 of 5.

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Novartis AG

Examples of your company's progress, thus far, in addressing PAG demands for research results in PATIENT-FRIENDLY FORMATS (examples of which your company is particularly proud).

As a company policy, all trials initiated (as of 2018) have a PLS of the clinical results posted on our Novartis website:
https://www.novctrd.com/#/trialsummariesforpatients?category=MedicalCondition

https://www.novartis.com/sites/novartis_com/files/novartis-commitment-patients-caregivers-factsheet.pdf

Question 5 of 5.

And finally, a very-new demand from patient groups (first mentioned in the results to last-year's 'Corporate Reputation' survey) ...

How EFFECTIVE is your company at including patients/patient groups in re-designing R&D processes to harness AI, MACHINE LEARNING, and DIGITAL-ENABLED TRIALS?

→ We are not yet effective: We have not started to deliver on this PAG demand.

→ **We are beginning to be effective**: We are just starting to deliver—we still have significant gaps.

→ We are effective: We are delivering—and have identified clear areas suitable for further improvement.

→ We are very effective: We are well advanced, and we are delivering consistently.

Examples of your company's progress, thus far, in addressing PAG demands for THEIR INVOLVEMENT in AI-oriented redesign of R&D processes (examples of which your company is particularly proud).

Novartis is becoming increasingly patient-centric in how we use AI across R&D.

We are piloting AI-enabled draft protocols to influence future trial design, and comparing AI-generated literature reviews with traditional reviews—where we still see capability gaps in current tools.

We have also integrated AI into our enterprise-wide PED and Insights repository, allowing users to query a database of 4,000+ documents, generate summaries, and translate content—to improve data use, and to avoid duplication.

While AI is being deployed across multiple parts of the company, continued testing is essential to ensure data quality, and to further strengthen model performance (particularly in interpreting human sentiment and preferences).

Reference:
Novartis commitment to ethical and responsible use of Artificial Intelligence (AI):
https://www.novartis.com/esg/ethics-risk-and-compliance/compliance/our-commitment-ethical-and-responsible-use-artificial-intelligence

What is the name of your company? **Servier**

Which views are you expressing in this questionnaire on your company's patient-related R&D activities in 2025 and 2026? **Global**

Approximately how many patient groups (PAGs) did your company PARTNER WITH in 2025? **177**

At Servier, as a foundation-driven company, we believe that patients are the ultimate experts on how they live with their health conditions. This conviction is at the heart of our transformation: we are moving from working for patients to working with them. For us, Patient Engagement is a purposeful, timely collaboration where patients actively inform, shape, and co-create care, research, and innovation through ongoing dialogue. This dialogue drives our decisions, aligns our work with real-world needs, and builds lasting trust.

Our participation in the 2025-2026 PatientView questionnaire reflects our commitment to patients: "You speak, we listen, we act together". With 177 patient organizations partnering with us in 2024/2025, we transform their insights into meaningful change across the R&D lifecycle.

Question 1 of 5.

How EFFECTIVE is your company at involving patients or patient groups THROUGHOUT the R&D processes—from identifying unmet needs, onwards?

→ We are not yet effective: We have not started to deliver on this PAG demand.

→ We are beginning to be effective: We are just starting to deliver—we still have significant gaps.

→ **We are effective**: We are delivering—and have identified clear areas suitable for further improvement.

→ We are very effective: We are well advanced, and we are delivering consistently.

Our integrated strategy for patient-centric R&D

At Servier, we are **effective** in involving patients and patient groups throughout the **R&D process**, starting from an **early stage**. We develop **Patient Engagement Plans** at the beginning of each project to ensure that patient perspectives inform the **identification of unmet needs, study design, endpoint selection**, and **trial feasibility**. We engage with patient advocacy groups through **structured consultations, advisory boards**, and **partnerships** to **co-create meaningful solutions** and improve **protocol relevance and accessibility**. In addition, we integrate **patient-reported outcomes** where appropriate and seek feedback on study materials to enhance **clarity and inclusivity**. These efforts reflect our commitment to **embedding the patient voice** across the full R&D lifecycle.

Servier

Measurable effectiveness and performance metrics
Through defined analysis and performance metrics, we have achieved **measurable effectiveness** in embedding patient engagement. Specifically, **80% of new early-stage projects** included a **standardized Patient Plan**. Additionally, **60% of identified core R&D documents** (protocols, templates, SOPs) have been updated to **integrate patient insights** or engagement guidance, reinforcing a **systematic approach**. Furthermore, the most relevant **Patient Materials** are now **co-elaborated with Patient Organizations**.

Strategic areas for continuous improvement
We have identified clear areas for further growth, including **strengthening anticipation** and **forward planning** to ensure sufficient time for early collaboration with **patient organizations (POs)** and the further development of our **co-creation model**. We also aim to enhance practices by improving the **systematic use of patient-reported outcomes (PROs)** across all projects and assets, reinforcing **structured methodologies**. Furthermore, we seek to better incorporate **patient-reported experiences (PREs)** to capture the full spectrum of the **patient journey**. Finally, we will advance the **harmonization, systematization**, and **automatization** of patient engagement processes to ensure global **consistency** and **impact**.

Question 2 of 5.

How EFFECTIVE is your company at ensuring that DIVERSE patient types are represented within R&D activities and outputs?

→ We are not yet effective: We have not started to deliver on this PAG demand.
→ We are beginning to be effective: We are just starting to deliver—we still have significant gaps.
→ **We are effective**: We are delivering—and have identified clear areas suitable for further improvement.
→ We are very effective: We are well advanced, and we are delivering consistently.

1.) Effectiveness in representing diverse patient types in R&D

At **Servier**, patient involvement is a core pillar of oncology R&D. Our programs focus on **immuno-oncology** and **targeted therapies**, currently reflected in a **pipeline of 30 oncology projects**. This commitment is reinforced by a clear corporate ambition for **2030: 100% of clinical trial protocols informed by patient input**—with **70% already achieved today**.

To accelerate progress, we established structured and sustainable patient-engagement models, notably through **Patient Advisory Councils (PACs)**. These include cardiovascular, metabolic, and venous diseases (CMVD) councils, with representatives from all five continents and oncology council covering four continents. These councils enable the systematic integration of **diverse patient perspectives** into R&D decision-making and solution co-creation.

Servier

2.) Structured and sustainable patient engagement

We engage patient advocates across the full patient lifecycle, supported by:

- Clear engagement roadmaps.
- Planned, recurring interactions.
- Transparent articulation of expectations, tasks, and needs from the patient perspective.

This structured approach fosters long-term, trust-based partnerships with patients and patient organizations, ensuring that solutions developed are relevant, feasible, and aligned with real-world patient needs, ultimately contributing to optimized disease management.

3.) Global oncology Patient Advisory Council (OncoPAC)

Servier's **Global oncology Patient Advisory Council (OncoPAC)** brings together more than **25 patient organizations**, representing:

- Rare cancers.
- Solid tumors.
- Hemato-oncology.
- Glioma.

The council intentionally combines **US, global, regional,** and **local perspectives**, ensuring a broad and inclusive understanding of patient needs across geographies and disease areas.

OncoPAC focuses on three strategic priorities:

1. **Patient-focused R&D at key decision points**.
2. **Evidence-based advocacy**, including patient experience data (PED), patient preference studies (PPS), and patient-reported outcome measures (PROMs).
3. **Beyond-the-pill strategies**, developed through co-designed, patient-centered solutions.

This work directly supports Servier's 2030 ambition to ensure that **all oncology clinical trial protocols are informed by patient input**.

Servier

Question 3 of 5.

How EFFECTIVE is your company at involving patients/patient groups in the CO-DESIGN of …

i.) Clinical-research trials?

→ We are not yet effective: We have not started to deliver on this PAG demand.

→ **We are beginning to be effective**: We are just starting to deliver—we still have significant gaps.

→ We are effective: We are delivering—and have identified clear areas suitable for further improvement.

→ We are very effective: We are well advanced, and we are delivering consistently.

Current maturity of co-creation practices
At Servier, we are actively **strengthening patient and Patient Organization (PO) involvement** in the **co-design of clinical research trials**. While **Patient Plans** are established in most projects, the integration of **co-creation practices** is currently maturing. We have identified **proactive anticipation** as a critical area for growth to ensure that patient input **genuinely shapes trial design** from the early phases, moving beyond the simple validation of predefined choices.

Systematic alignment of patient materials
Our model is increasingly structured regarding **patient-facing materials**, such as **Informed Consent Forms (ICFs)** and **Lay Summaries**. Patient review of these documents is becoming **systematically aligned**, ensuring clarity and relevance. While this high level of collaboration has demonstrated **clear added value** in specific therapeutic areas, we are working to ensure this approach is **homogeneous across all assets**.

Innovation in trial design and access
We are leveraging **digital infrastructure** to redesign trial execution and broaden patient access:

- **Genomics-Enabled Model**: Implemented in a **Phase I study**, this decentralized approach identified patients via **genomic profiling** rather than geographic location. This expanded access to **regional and rural patients**, achieving a **5:1 recruitment success ratio** and performing **60% above initial forecasts**.
- **AI-Driven Site Activation**: We utilize **AI tools** to screen genomic and clinical data against protocol criteria. In a recent case, this enabled **rapid site activation within days** (rather than months), significantly **reducing patient waiting times** and operational burden.
- **Cross-Border Participation**: We have strengthened processes to facilitate access for **geographically dispersed populations**, which is particularly vital for **rare and molecularly defined diseases**.

Servier

Digital patient engagement and future growth
Patients were directly involved in the creation of our **Clinical Trials Portal** to ensure the information meets their specific expectations and needs. Moving forward, a key **strategic area for improvement** is the use of **AI to systematically capture, analyze, and synthesize patient feedback** from consultations and advisory boards. This will facilitate the **seamless incorporation of patient insights** into our programs and ensure patients are involved in the design of the AI and digital tools themselves.

ii.) And … in RWE studies?

→ We are not yet effective: We have not started to deliver on this PAG demand.

→ We are beginning to be effective: We are just starting to deliver—we still have significant gaps.

→ We are effective: We are delivering—and have identified clear areas suitable for further improvement.

→ **We are very effective**: We are well advanced, and we are delivering consistently.

Our approach to patient-centric research
We are **highly effective** in involving patient groups in the **co-design** of **Real-World Evidence (RWE) studies**, ensuring that research is grounded in the **lived experiences** of patients. A primary example of this commitment is a recent **hemato-oncology RWE study**, which was **co-developed from its inception** in partnership with an **umbrella patient coalition**.

A framework for genuine collaboration
The co-design process was built on a foundation of **active partnership**. We began with dedicated **workshops** to capture the insights of patients with AML, allowing their perspectives to shape the **initial study concept**. To ensure the research remained practical, patients conducted a **protocol review** specifically focused on **daily life constraints**. Furthermore, we established a **Patient Steering Committee** to maintain this oversight throughout the entire lifecycle, from **design to data dissemination and publication**.

Tangible outcomes and patient benefits
This collaborative approach led to **measurable improvements** in the study's impact and accessibility. By listening to our patient partners, we achieved a **reduction in clinical visits** and an **optimization of study duration** to avoid unnecessary burden. Additionally, we addressed financial barriers by providing **pre-paid cards for travel expenses**, successfully eliminating **out-of-pocket costs** for all participants.

Servier

Question 4 of 5.

How EFFECTIVE is your company at communicating research results in PATIENT-FRIENDLY FORMATS—objectively, and in a timely way?

→ We are not yet effective: We have not started to deliver on this PAG demand.

→ We are beginning to be effective: We are just starting to deliver—we still have significant gaps.

→ **We are effective**: We are delivering—and have identified clear areas suitable for further improvement.

→ We are very effective: We are well advanced, and we are delivering consistently.

At Servier, we have strengthened our approach to communicating research results in patient-friendly formats through a structured, Health Literacy Working Group (HLWG). This international cross-functional initiative brings together teams from various internal functions, across twelve countries, ensuring that patient information is proposed in a clear language, while reflecting scientific accuracy, cultural relevance, and global diversity. In line with sector expectations and evolving regulatory standards, we positioned health literacy as a foundational enabler of patient engagement across the R&D lifecycle but also the full value chain until delivery of our medicines.

A central achievement of this work has been the development of an internal Health Literacy Toolkit, produced in partnership with patient organizations to ensure alignment within all functions with real comprehension needs and usage patterns. The Toolkit provides a unified set of plain-language principles, writing guidelines, therapeutic glossaries, and step-by-step checklists. It now serves as our internal reference for creating patient-friendly research outputs, including plain-language summaries of clinical studies, patient information sheets, research related FAQs, disease education materials, and content used at scientific and medical events. The co-development with patient organizations has not only reinforced the relevance of the materials produced, but has also fostered a stronger culture of cocreation thanks to our collaboration with our Patient Advisory Councils. To ensure an inclusive culture, the Health Literacy Toolkit has been translated in 22 languages and has been reviewed by native speakers.

In addition to these structural tools, we have strengthened the integration of patient input within R&D. In 2024-2025, 100% of the lay summaries of studies conducted in patients were reviewed by a patient association, ensuring that the content was understandable, relevant, and aligned with real-world patient expectations. This systematic review contributes to greater transparency, enhances the usability of research outputs, and supports more meaningful engagement between Servier and the patient communities it serves.

To further scale and harmonize plain-language practices across teams, we have introduced a digital clear language assistant piloted internationally, available for all Servier employees. Trained by the Health Literacy Toolkit, the tool supports teams by rapidly simplifying scientific content while maintaining accuracy and alignment

Servier

with validated health literacy standards. This innovation, which complements human expertise and internal review processes, helps accelerate timelines for delivering patient-friendly research communications and enhances global consistency for all our research and medical documents.

These efforts contribute to greater clarity and transparency across patient-facing research materials. This reinforces our commitment to delivering information that supports patient understanding, informed decision-making, responsible communication, and trust.

Question 5 of 5.

And finally, a very-new demand from patient groups (first mentioned in the results to last-year's 'Corporate Reputation' survey) ...

How EFFECTIVE is your company at including patients/patient groups in re-designing R&D processes to harness AI, MACHINE LEARNING, and DIGITAL-ENABLED TRIALS?

→ We are not yet effective: We have not started to deliver on this PAG demand.

→ **We are beginning to be effective**: We are just starting to deliver—we still have significant gaps.

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At Servier, we are actively **integrating AI/ML** and **digital solutions** to transform our R&D processes. We are currently leveraging these technologies through **several key strategic approaches**:

- **Optimizing Patient Selection**: Enhancing accuracy and precision in our clinical studies.
- **Enabling Decentralized Trials**: Utilizing digital technology to increase trial accessibility and patient centricity.
- **Developing Digital Twins**: Exploring advanced simulations for control arm modeling to accelerate development.

Our commitment to patient-related R&D activities is not just a series of projects, but a long-term pledge. By 2030, we are committed to ensuring that 100% of our therapeutic areas are represented by Patient Advisory Councils, 100% of our clinical trial protocols are developed with patients, and 100% of our 'beyond-the-pill' solutions are co-created with those we serve. Currently, 68% of our clinical trial protocols already benefit from patient feedback, and we are determined to close that gap.

We remain dedicated to leveraging patient expertise to deliver therapeutic progress that genuinely meets unmet needs. At Servier, patients are key stakeholders guiding the decisions we make together. We will continue to listen, to act, and to evolve alongside the global patient community, ensuring that our research and development processes are always guided by their voices.

What is the name of your company? **ViiV Healthcare**

Which views are you expressing in this questionnaire on your company's patient-related R&D activities in 2025 and 2026? **Global**

Approximately how many patient groups (PAGs) did your company PARTNER WITH in 2025? **200+**

Question 1 of 5.

How EFFECTIVE is your company at involving patients or patient groups THROUGHOUT the R&D processes—from identifying unmet needs, onwards?

→ We are not yet effective: We have not started to deliver on this PAG demand.

→ We are beginning to be effective: We are just starting to deliver—we still have significant gaps.

→ **We are effective**: We are delivering—and have identified clear areas suitable for further improvement.

→ We are very effective: We are well advanced, and we are delivering consistently.

Key examples of your company's progress in addressing PAG demands for patient/patient-group input THROUGHOUT R&D processes—examples of which your company is particularly proud.

Patient engagement is at the heart of everything we do at ViiV, and it's vital we continue to ensure the voice of the patient is embedded across our whole medicine development lifecycle. By seeking patient input during early product development, we have gained a better understanding of unmet health needs, aspirations, and preferences for future medicines. This has been invaluable in supporting our pipeline priorities and ensuring our R&D teams remain laser focused on developing the next generation of HIV innovation that patients tell us they want and need—including extending dosing durations, long-acting options for self-administration and ultimately finding a cure.

In 2025, we hosted our first Global Patient Summit to explore how we can work ever more closely with the HIV community to achieve our collective ambition to end the HIV epidemic. Feedback from the Research, Science and Innovation sessions further reinforced that our strategy to involve patients as early as possible in the R&D process is the right one. The Summit outputs are also informing our work with patients during 2026 and beyond including with our pre-existing Global Community Advisory Panel (GCAP)—a diverse group of 23 global advisors impacted by HIV and vital to ensuring the voice of the patient is woven into everything we do from informing our pipeline decisions to each step in a medicine's lifecycle. The Summit outcomes have led to us evolving our

ViiV Healthcare

GCAP operating model to three working groups representing key topics under umbrella themes. Initial focus areas include:

- **Research**—early involvement in research and development strategy (especially for longer-acting therapies); input into strategy to develop medicines targeting remission and cure; inclusivity in clinical trials (including indigenous communities; pregnant women; women generally) and reducing barriers to trial enrolment
- **Health literacy**—helping meet educational needs for patients, providers and public (including science communications for lay audiences); enhancing use of peer networks, destigmatising HIV and building awareness of key health campaigns like U=U
- **Advocacy and policy**—insights informing how we work; help identifying emerging issues; access following funding cuts; policy training for patient advocates

Since the Summit, R&D has hired an expert in Patient Engagement devoted to further driving our R&D Patient Engagement Strategy. This allows ViiV to engage patient voices early in discovery and development of new medicines, providing input into clinical trial designs as well as R&D strategy for specific types of medicines. Creating this role is part of ViiV R&D's commitment to following through on community priorities such as greater responsiveness to unmet need and more diversity in clinical trials.

We have heard from the community that as a result of engagement with ViiV, they believe that we not only want to listen but also to collaborate to better design solutions that truly address the needs and concerns of those we serve.

Question 2 of 5.

How EFFECTIVE is your company at ensuring that DIVERSE patient types are represented within R&D activities and outputs?

→ We are not yet effective: We have not started to deliver on this PAG demand.

→ We are beginning to be effective: We are just starting to deliver—we still have significant gaps.

→ We are effective: We are delivering—and have identified clear areas suitable for further improvement.

→ **We are very effective**: We are well advanced, and we are delivering consistently.

Examples of your company's progress, thus far, in addressing PAG demands for DIVERSE patient types to be included throughout R&D activities (examples of which your company is particularly proud).

At ViiV, we take a variety of approaches to ensure all types of diversity – be that age, gender, sex, race and ethnicity – are represented in our R&D activities.

Our Clinical Trial Diversity Taskforce, which has been in place for many years, helps us keep in mind stringent regional regulations and maintain representation. Patient

ViiV Healthcare

insights have also led to significant changes to our approach when it comes to ensuring that those who take part in our clinical trials adequately represent communities most impacted for example:

- Raising the age threshold for some clinical studies to ensure those aging with HIV are included
- Building extra support for women into study designs to ensure they can take part in more complicated early studies, such as extra help for childcare or travel needs plus emotional support
- Bringing together a Health Equity Council consisting of HIV educators, providers, and community advocates in order to co-create HIV tools which fight stigma and enhance the visibility of marginalised communities in the epidemic. These tools have been used in our R&D studies

Our Global Community Advisory Panel (GCAP) (more information in question 1) represents a diverse group of people living with HIV from around the world—their voices are critical to shaping our R&D approach and their support is vital to ensure that the language we use when we share research outputs and talk about HIV science is not only representative of impacted communities but easily understandable. This includes helping to shape Search Engine Optimisation for the ViiV website to not only select the topics we cover but also to update relevant webpages and advise on the way we communicate to ensure we reach our target audiences. As part of our GCAP R&D workstream we proactively co-design ViiV studies to ensure research is inclusive, meaningful, and grounded in the experiences of people living with HIV.

Through Positive Perspectives—our three-wave global, cross-sectional surveys of people living with HIV—we're able to hear from traditionally 'unheard' voices and underserved populations. Results from the first two waves of this research have been published broadly and shared with, and by, patient communities, healthcare providers, and policymakers to amplify patient voice and unmet needs. We're now conducting the third wave of the study which aims to collect responses from 3,000 people living with HIV, representing 29 countries. As with each wave, this too has been co-created with community representatives from around the world and our Steering Committee to ensure the research, its interpretation and dissemination is relevant, accessible and useful to communities and key stakeholders in healthcare.

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Question 3 of 5.

How EFFECTIVE is your company at involving patients/patient groups in the CO-DESIGN of …

i.) Clinical-research trials

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Examples of your company's progress, thus far, in patient/patient-group involvement in the CO-DESIGN of clinical-research trials.

'Nothing about us without us' is a key pillar of our patient engagement strategy including how we design our clinical trials to better meet the needs of the communities we serve. For example, in the US we include the community voice in all Phase 2-3b studies. In recent years we have expanded this work globally to ensure community insights are woven into Phases 1-4, as well as Health Outcomes and real world evidence studies.

Patient insights have led to significant outputs in ensuring that those who take part in our clinical trials adequately represent communities most impacted for example:

- Raising the age threshold for some clinical studies to ensure those aging with HIV are included
- Building extra support for women into study designs to ensure they can take part in more complicated early studies, such as extra help for childcare or travel needs plus emotional support
- Conducting trials for specific subpopulations, such as black women living in the Southern US, that have unique unmet needs for prevention and treatment

We are currently working towards expanding patient involvement across R&D assets from early drug development throughout the entire pipeline. Advisor perspectives are sought to understand priorities that ViiV should pursue (e.g., extending dosing durations for long-acting options, cure and remission options), to shape trials (e.g., to change recruiting strategies, to offer more mental health screening and support during trials, and to shift recruiting criteria to a lower body weight, allowing more women to join). New efforts include the standing up of an Independent Data Monitoring Committee that includes standing patient advisor members.

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ii.) RWE studies

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→ We are very effective: We are well advanced, and we are delivering consistently.

Examples of your company's progress, thus far, in patient/patient-group involvement in the CO-DESIGN of RWE studies.

Even after a medicine has been approved, our commitment to HIV care continues. Real world evidence (RWE) is vital to bridge the gap between research and everyday clinical practice. To date, we've supported >720 real-world studies, gathering insights from over 30 countries including different populations of >88,200 people but we know there is more to do to fully involve patients in the co-design of these important studies.

We are working at pace with community to design RWE studies that further evaluate the gaps that have been seen in traditionally marginalised populations.

Feedback from the HIV community has also informed our ways of working and where possible we aim to combine advisory boards together so that members are able to input across the whole medicine development lifecycle covering everything from clinical trial design, RWE, health outcomes and education.

Question 4 of 5.

How EFFECTIVE is your company at communicating research results in PATIENT-FRIENDLY FORMATS—objectively, and in a timely way?

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→ We are beginning to be effective: We are just starting to deliver—we still have significant gaps.

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Examples of your company's progress, thus far, in addressing PAG demands for research results in PATIENT-FRIENDLY FORMATS.

One of the key themes that arose from our Global Patient Summit was an increased focus on health literacy and how by working together we can better meet educational needs for patients, providers and the public, enhance the use of peer networks, destigmatise HIV and continue to build awareness of key health campaigns like U=U. This work involves a number of campaigns that truly 'meet people where they are' –

ViiV Healthcare

whether they get their information from websites, social media, faith leaders, community groups or their healthcare provider.

Our work is supported by—and co-created with—a number of patient groups both external to ViiV (like Community Based Advisory Research in the US and European AIDS Treatment Group (EATG) in the EU) plus groups specifically set up by us such as our GCAP health literacy working group.

Since the inception of ViiV, we have been working with patients and patient groups to co-create bespoke events and symposiums at HIV conferences that have a strong community presence. The outcomes of such events help not only the community to have a better understanding of HIV science and research but also inform our patient engagement strategy.

Community event examples:

- **Global Summit**—in 2025, we built on the success of our long-standing US Youth and Community Summit by bringing together HIV community members from around the world for our first ever Global Patient Summit where we explored collaborative initiatives to help end the HIV and AIDS epidemic. This included both educational sessions on HIV innovation and co-creation sessions to help inform our 2026 areas of focus for patient engagement and insight. For example, quality of life and peer support were both flagged as key themes for deeper collaboration in 2026 including the creation of a specialised working group focused on creating a continuous peer-led ecosystem.
- **US Youth and Community Summit**—continued to play a critical role in 2025 in supporting long-term efforts to end the HIV epidemic by fostering trust-based dialogue and increasing non-promotional understanding of evolving HIV prevention and treatment innovation, including long-acting options. Through facilitating the convening of diverse voices and intentional collaboration with youth leaders and emerging advocates, the Summit sparked new ideas and actionable approaches to help strengthen community confidence in care pathways and support connection and reconnection to HIV services – particularly in communities disproportionately impacted by HIV.

Symposium examples:

- **AIDS 2026**—aligned to Global Summit outputs and requests from community, this symposium will focus on education around how peer support can help drive HIV care transformation, by bridging clinical advances and research with real-life patient experiences.
- **African Workshop on Women and HIV**—aligned to increasing awareness and understanding of key health campaigns like U=U and 'Risk to reasons' (see below).
- **Major international conferences**—we are continuing to increase patient voice and dial up the importance of shared decision making in improving HIV care by the co-creation of joint HCP/community panel events.

ViiV Healthcare

We have a number of ongoing co-created **educational programmes** to help people not only make more informed choices about their HIV care but also to feel empowered and equipped to have better conversations with their healthcare providers about their wants and needs.

- **Risk to Reasons (US/UK)**—reframing HIV conversations for women by making sure language used is representative and understandable to help move beyond stigma and 'risk' to empower informed prevention choices. Developed with women with lived experience, community leaders and clinicians, this initiative successfully launched in the US and expanded to the UK in 2025 with endorsement from organisations like Terrence Higgins Trust, National AIDS Trust, and Elton John AIDS Foundation. In 2026, we truly continued to 'meet people where they are' by running an engagement campaign on smart TVs aligned to International Women's Day. Future global expansion is planned to help more women take control of their prevention options.
- **THRIVE (EU/UK)**—normalising living with HIV, enhancing treatment literacy and empowering individuals to take an active role in their treatment decisions. Initially launched as a pilot for MSMs across nine European countries, the campaign will now expand under the umbrella of 'Me, Myself and I' to cover additional communities like women and girls, migrants, and older populations in Europe and International regions.
- **HIVPreventionForUs.com launch (US)**—an innovative, digital-first approach to HIV prevention education that provides accessible, stigma-reducing information and reinforces evidence-based prevention strategies. By centering community responsibility and empowering individuals with clear, trusted resources, the platform helps expand access to prevention and supports more informed engagement with HIV care pathways.
- **Science on the Sofa (global)**—we're changing how we talk about HIV by breaking down complex concepts to make the science accessible for everyone.

We know to end the HIV epidemic we must focus on broader education to **shatter stigma and tackle harmful misinformation**. That's why we work with partners and invest in the community, key stakeholders and campaigns to tackle HIV-related challenges and support the most vulnerable.

- **HIV in View campaign (global)**—collaborating with influencers to amplify the voices and stories of people living with HIV, challenge negative assumptions and common misconceptions.
- **Tackle HIV (UK)**—partnering with rugby legend Gareth Thomas and the Terrence Higgins Trust to tackle HIV stigma through public education activities. In 2026, the programme will expand to other countries.

ViiV Healthcare

- **Beyond Belief (US)**—reframing the HIV narrative from survival to thriving. Through storytelling, spirituality, and lived experience, it tackles nonclinical barriers—including stigma, fear, mistrust—to improve treatment and prevention education and access. By elevating diverse voices across generations and integrating faith, science, and community, the programme normalises care and reinforces HIV as a manageable condition.
- **ReViiVal to Care (US)**—a multi-city programme improving HIV care access for individuals facing stigma, mistrust, or cultural barriers. It partners with trusted faith leaders and community groups to connect participants to culturally relevant information and care pathways in trusted environments.

Question 5 of 5.

How EFFECTIVE is your company at including patients/patient groups in re-designing R&D processes to harness AI, MACHINE LEARNING, and DIGITAL-ENABLED TRIALS?

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→ **We are beginning to be effective**: We are just starting to deliver—we still have significant gaps.

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→ We are very effective: We are well advanced, and we are delivering consistently.

Examples of your company's progress, thus far, in addressing PAG demands for THEIR INVOLVEMENT in AI-oriented redesign of R&D processes.

As with other pharma companies, AI is increasingly being used at ViiV to accelerate our R&D processes – both in early development and development of clinical trials. We are excited about the potential this has to deliver medicines our patients tell us they want and need. Aligned to co-creation values, any outputs from AI will always be validated with the community.

PATIENT VIEW