



Sustainability Report 2020

Life enhancing renal care



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CEO letter



Dimitris Moulavasilis,
CEO Diaverum

At Diaverum, our societal purpose is to transform renal services, offering the highest quality of care and empowering patients to live fulfilling lives. Our care delivery model enables universal access to world-class renal care and is continuously improving through education and scientific research. We work closely together with payers to reduce the total cost of care while partnering with local communities to educate people about their health and the value of disease prevention.

Such purpose has put us on an ambitious trajectory to become the global renal care provider of choice, and a leader in integrated, AI-enabled, personalised dialysis care in the next five years.

In striving to become the first choice in renal care, we understand that growth must run alongside addressing the needs of our internal and external stakeholders: patients, employees, suppliers and local communities, with respect for the environment underpinning all that we do. In other words, sustainability is inextricably linked with our business success.

2020 was an extraordinary year for our patients, people and society as a whole, where our sustainability approach and response to the unprecedented COVID-19 pandemic became two sides of the same coin. Against this backdrop, I am proud of our 12,000 employees who rose to the occasion to continue offering life

enhancing renal care to 39,000 patients worldwide despite the hugely challenging circumstances.

Since the beginning of the pandemic, healthcare professionals have been in the spotlight, but by living our True care culture, we at Diaverum showed competence, passion and inspiration in keeping our patients and staff safe and healthy, while ensuring business continuity and productivity.

Our response to COVID-19

In January 2020, almost two months before the World Health Organization declared the pandemic, we issued our first policies to address the risk of contagion in our clinics. In February, we published our COVID-19 Contingency Plan, which was made publicly available on our website.

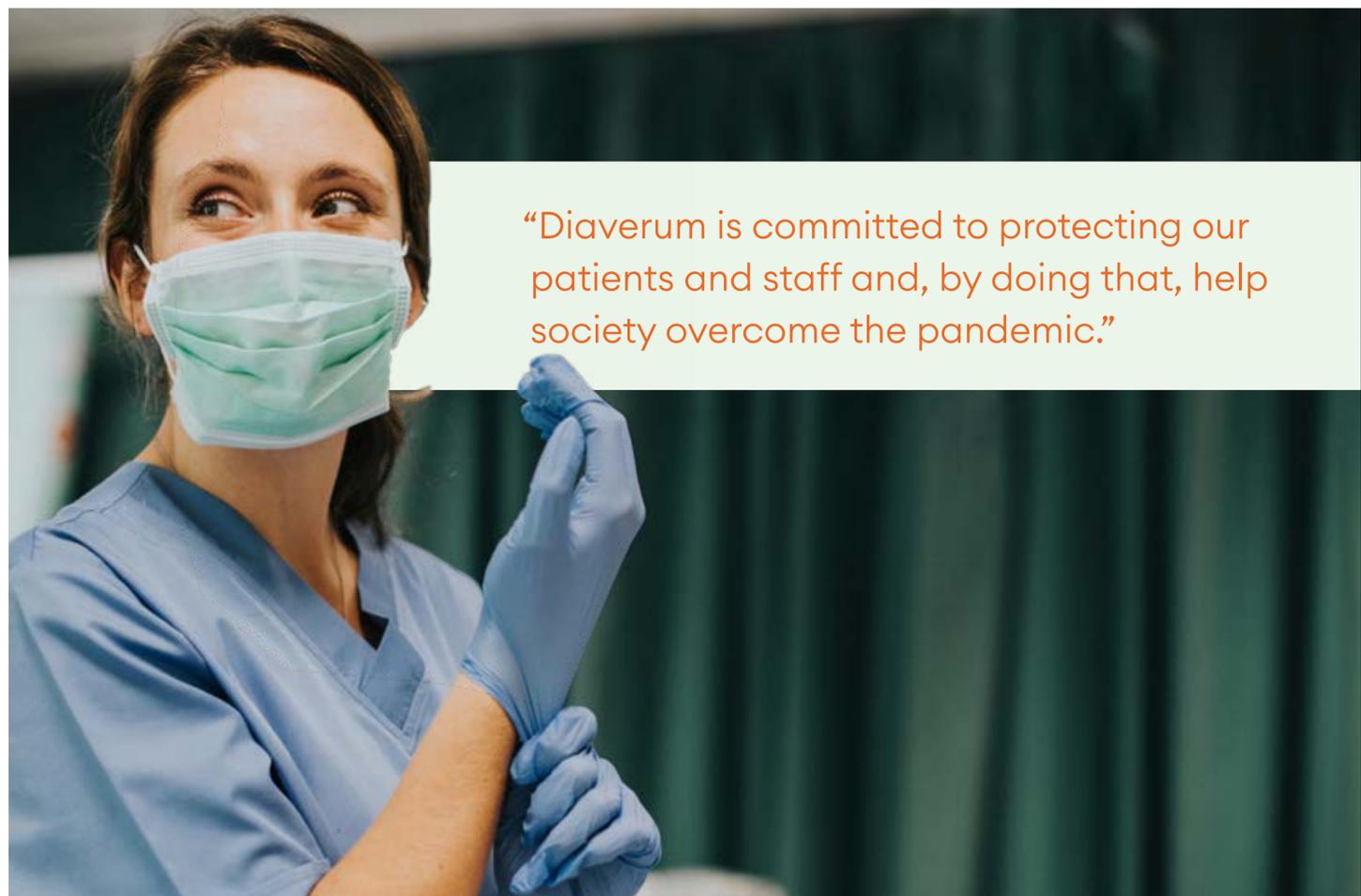
These early measures were effective in promoting the health and safety of our patients and staff and therefore

“In striving to become the first choice in renal care, we understand that growth must run alongside addressing the needs of our internal and external stakeholders: patients, employees, suppliers and local communities, with respect for the environment underpinning all that we do.”

minimised the impact of the disease on our organisation. They ensured operational continuity throughout 2020 and established consistency of care across our more than 400 clinics worldwide. In parallel, we collaborated with national healthcare systems on several initiatives, including donation of dialysis treatment equipment, increased clinic capacity and even making entire clinics fully available to provide renal-care services to COVID-19 patients.

We acted fast because we could see the potential far-reaching impacts of the pandemic, both in terms of public health and of the long-lasting socio-economic consequences to our livelihoods. As the pandemic arrived

across the five continents, evidence started to mount about the particularly hard impact of COVID-19 on patients with chronic diseases, with preliminary reports indicating especially high mortality rates among these patients.



“Diaverum is committed to protecting our patients and staff and, by doing that, help society overcome the pandemic.”

Last year, we conducted our own large multi-national study to determine the factors affecting incidence and outcome of COVID-19 in patients with chronic kidney disease (CKD) receiving haemodialysis treatment. Our presence in 22 countries enabled us to study the effect of socio-economic and cultural differences on the severity of the disease among our patients.

The results of our study indicate that people with CKD are among those with the greatest risk of serious complications and should therefore be granted the highest priority for preventive measures against COVID-19, including early vaccination.

Helping society overcome the pandemic

Conscious of how vulnerable our renal patients are, and since the development and approval of safe and efficient COVID-19 vaccines from December last year, our focus has turned to:

- facilitating prompt vaccination of our patients and staff when that becomes available in their countries, across our clinics and offices;

- continuing with strict adherence to our Contingency Plan to avoid contagion;
- reviewing the company’s well-being approach and developing a new well-being strategy to address the impact of COVID-19 on our people in the short-, mid- and long-term.

Diaverum is committed to protecting our patients and staff and, by doing that, help society overcome the pandemic. We are facilitating COVID-19 vaccine availability across our clinics while investing in education to help our patients and staff understand how the vaccine can protect them, their families and communities, as soon as it is available for them. We are also working closely with national health systems around the world to make sure dialysis patients are assigned high priority for COVID-19 vaccination.

To deliver on that, we have updated our Contingency Plan with a strong expectation and clear guidance on vaccination for chronic dialysis patients and for frontline clinical staff. At the same time, we are investing in communication

and education, with regular international and country-level conferences with senior leaders, medical and nursing teams, who are raising awareness about the importance of vaccination among patients and staff.

On the well-being front, the pandemic has brought a significant emotional and mental health burden to everyone, including the increased concern and risk for our patients. It is also fair to say it has had a heavy impact on healthcare professionals. Over a year after the pandemic began, ‘pandemic fatigue’ is now an emerging issue among this population. With the aim of supporting our employees to manage their own well-being, we are evolving our 2020 Staff 4Life programme into a global well-being strategy.

At Diaverum, people are our greatest asset. It is through them that we care for our patients, attract and retain top talent and deliver on our business objectives. Therefore, our ability to support our employees in managing their well-being

“At Diaverum, we can look back at 2020 with pride, as well as look ahead to a post pandemic world with excitement.”



successfully is a pre-condition for us to become the renal care employer of choice.

At Diaverum, we can look back at 2020 with pride, as well as look ahead to a post pandemic world with excitement.

In 2020, we made great progress in continuing to deliver on our strategy – communicating our value proposition, becoming more resilient, growing the business and innovating – while protecting our patients and staff from the pandemic.

As we turn to 2021, we’ll continue on our journey to become the first choice in renal care for renal patients, national health care authorities and healthcare professionals. In Q1, senior leaders from

all our markets worked collectively to agree, coordinate and consolidate the prioritised work plans and resources to accelerate the delivery of our strategy, notably in the following areas:

- fighting a persistent pandemic and a harder second wave;
- assessing the impacts of the pandemic on our mid- to long-term strategy;
- putting our new capability at work;
- accelerating transformation projects;
- amplifying organic growth capability;
- driving efficiency excellence.

At Diaverum we have great ambitions because we have great people to deliver them. From Chile to China, Portugal to Poland, Spain to Saudi Arabia, we are operating across emerging to mature countries, making our business itself a definition of diversity. But with

something that connects us all: our culture of True care.

Cultural differences, a variety of job roles and different work contexts make diversity the lifeblood of us all at Diaverum, but our values and behaviours are how we commonly define who we are. **We live out our culture to ensure we can deliver all we must for our patients.**

In a year of unprecedented challenges, Diaverum and its people stood out, displaying our True care culture at its finest. I am delighted to share with you our Sustainability Report 2020, which sets out how Diaverum strives to meet our obligations to society and the environment as we provide life-enhancing renal care around the world.

This is Diaverum

We provide life-enhancing renal care to patients with Chronic Kidney Disease (CKD), enabling them to live fulfilling lives. Headquartered in Hyllie, near Malmö, Sweden, Diaverum is the second largest dialysis provider outside the United States



Our strong heritage dates back to 1991 when Gambro Healthcare – a subsidiary of dialysis machine manufacturer Gambro – opened its first dialysis clinic in Lund, Sweden. Global expansion followed in 1999, when Gambro Healthcare’s international division established 100 dialysis clinics across the world, and further growth continued as the company acquired and won tenders for new clinics.

In 2007, Gambro Healthcare was bought by Bridgepoint, a major international asset fund management group, with the vision of enabling healthcare systems worldwide to provide universal access to outstanding renal care. The name Diaverum was adopted in 2008 and further global expansion followed, through both organic growth and acquisitions.

What makes us different

1. We have a clear societal purpose

CKD is a global and escalating challenge affecting about 10% of the world’s adult population, but may go undiagnosed until a late stage in up to 90% of those affected. It is a long term, life-impacting condition, usually requiring patients on haemodialysis to receive this treatment 3 times per week, with each treatment lasting 4 hours, or a total of c.12 hours per week in a clinic environment.

CKD has many causes; two of the most common are diabetes and high blood pressure, which may in turn be linked to unhealthy lifestyles. The prevalence of CKD is increasing in developing countries; it currently accounts for 1.2 million deaths annually worldwide and disproportionately affects low-income individuals.

Diaverum at a glance (as of 31 December 2020)



c. 39,000 patients



6.2 million treatments annually



c. 12,000 staff worldwide



427 clinics around the world



22 countries globally



Against that backdrop, Diaverum’s vision is to transform renal services, offering the highest quality of care and empowering patients to live fulfilling lives.

We work together with payers to reduce the total cost of care while partnering with local communities to educate people about their health and the value of disease prevention.

Our care delivery model enables universal access to world-class renal care, and we are continuously improving our services through research and education.

2. We have a culture of True care

Our culture of True care is defined by our values of **competence, passion and inspiration**. It is our foundation and how we work every day to deliver for our patients, their families, and all our stakeholders. It is for everyone at Diaverum, regardless of our role or our location, whether we work in a clinic or in an office. It’s at our core, it’s non-negotiable, it’s how we work: it connects us all.

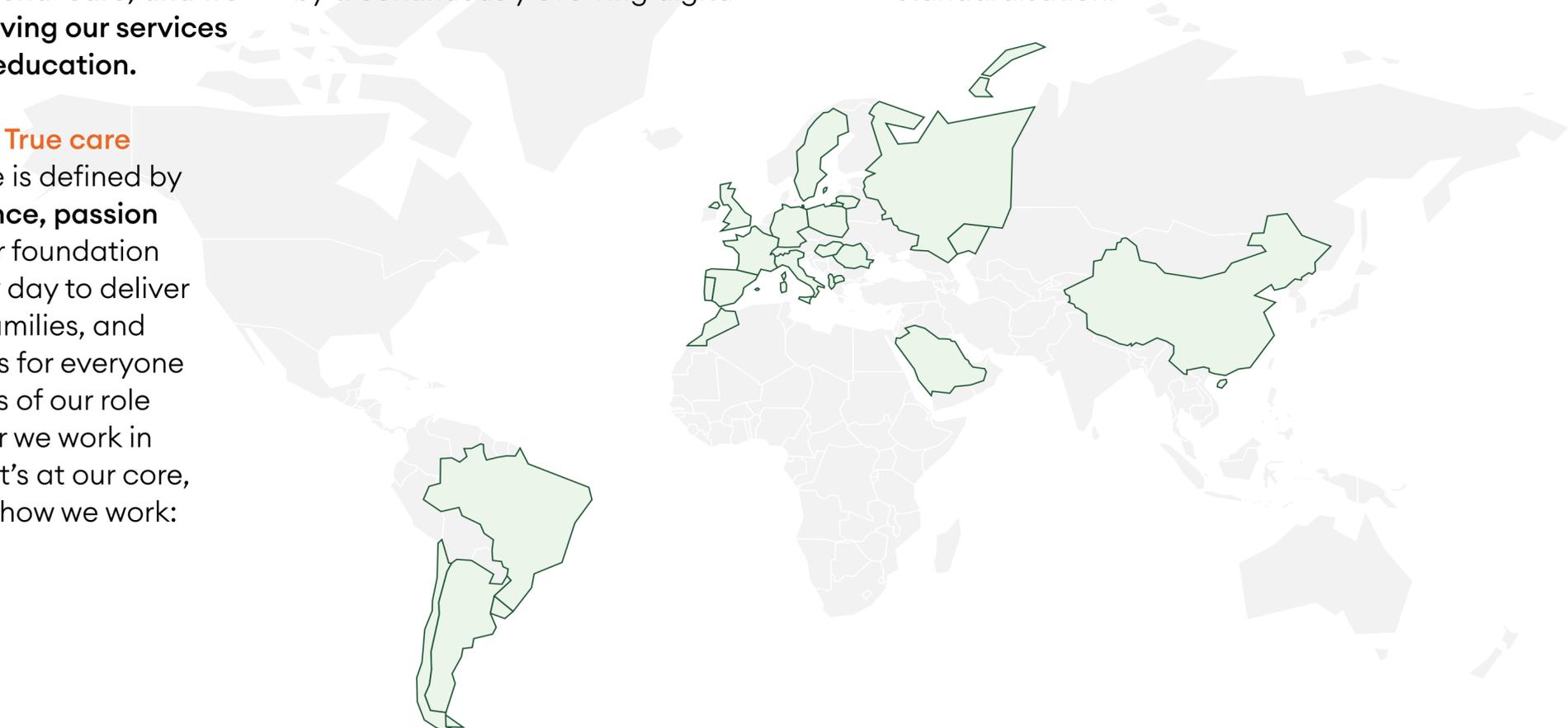
3. We have global care capabilities

Diaverum is a leading global provider of renal care services and the largest independent provider in Europe. In 2020, we helped some 39,000 patients with around 6.2 million treatments annually, employing approximately 12,000 people across 427 clinics in 22 countries globally.

At the centre of what we do, all over the world, is our standardised and proprietary care delivery model, enabled by a continuously evolving digital

infrastructure. We strive to ensure superior medical outcomes exceeding those demanded by national healthcare systems, supporting our patients through highly personalised care combined with new technologies, delivering high-quality care at scale.

Together, our global care capabilities allow highly efficient benchmarking worldwide and overall efficiency improvements through standardisation.



4. We have a differentiated business model

Diaverum has a proven track record of 30 years of excellence in renal care and sustainable growth driven by organic initiatives as well as acquisitions in existing and new markets.

We operate our renal care services in two geographical segments, Europe and International. In 2020, Europe consisted of 13 markets (Albania, France, Germany, Hungary, Italy, Lithuania, North Macedonia, Poland, Portugal, Romania, Spain, Sweden and the United Kingdom) and International consisted of 9 markets (Argentina, Brazil, Chile, China, Morocco, Kazakhstan, Russia, Saudi Arabia and Uruguay).

This geographical diversity embeds Diaverum within attractive and resilient European markets as well as those with unmet demand for renal care services, such as Saudi Arabia, Brazil and China. This results in significant relative exposure to markets with high growth potential. Our focus is haemodialysis, but we offer

a portfolio of treatments ranging from preventive care, peritoneal dialysis and home care to coordination of patients' comorbidities, transplantation services and holiday dialysis.

30 years in operation

Geographically diversified
Robust, highly predictable European markets and higher growth international markets

Broad renal care service offering:
Standard dialysis => Integrated dialysis care

Digitally-enabled business
Standardised and proprietary care delivery model enabled by a continuously evolving digital infrastructure

5. We have a strong growth track record

We have been on a transformational journey during Bridgepoint's ownership, expanding our operations both organically, through the expansion of existing clinics, the establishment of greenfield clinics, and tender wins,

and inorganically, through acquisitions in existing markets and via new market entries.

As a result of Diaverum's growth initiatives, we have delivered since 2008 year-on-year revenue growth of around 10 percent through increasing numbers of patients, treatments and clinics. The Company's revenue has almost tripled, from EUR 281 million for the year ended 31 December 2008 to EUR 851 million for the year ended 31 December 2020. In 2020 alone and despite the ongoing pandemic, with infill acquisitions adding 5 new clinics in Brazil, Chile, Germany and Spain. Moreover, during the year Diaverum opened 20 new clinics, including 9 in Kazakhstan, 4 in the UK and the 2 first in mainland China, and closed 2 clinics. From 31 December 2008 to 31 December 2020, the number of clinics operated by Diaverum has increased from 180 to 427, the number of haemodialysis and peritoneal dialysis patients treated by Diaverum has increased from c.14,000 to c.39,000 and the number of markets serviced have increased from 13 to 22.

€ 851mm Revenue in 2020

Geographically diversified Revenue split in 2020



195 clinics

acquired since 2008, or c. 15 new clinics p.a.

Multiple levers of growth

- ↑
- New markets
Acquisitions
Greenfields
Tenders
Organic
- ↑

All figures as of 31 December 2020



Our approach to sustainability

At Diaverum, we define sustainability as meeting our obligations to society and the environment while providing life-enhancing renal care. Our approach to sustainability is based on the belief that it is inextricably linked with business success



Our approach

In striving to become the first choice in renal care, we understand that growth must run alongside addressing the needs of our internal and external stakeholders: patients, employees, suppliers and local communities, with respect for the environment underpinning all that we do

Diaverum’s sustainability framework and narrative are structured around five pillars, as described in the illustration on this page.

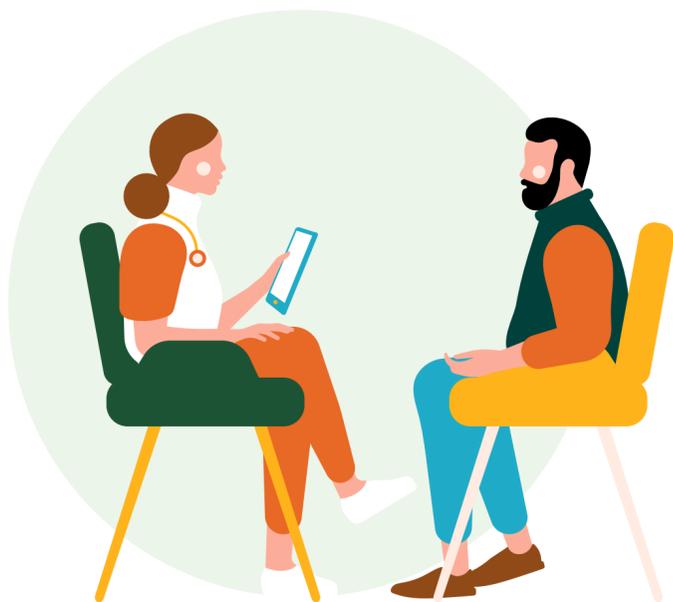
Through this approach to sustainability, we commit to measuring our performance and developing global targets, as well as conforming to global reporting standards.

The sustainability framework gives us the opportunity to assess our impact as an ethical business and identify where we can do better, while also allowing us to leverage commercial opportunities related to sustainability.



Materiality assessment

Our multi-region operations have an impact spanning several countries. Engaging in dialogue with our stakeholders is essential to understanding their expectations of us as a company



Our recent materiality assessment is an important element of the Diaverum sustainability framework.

Carried out in 2020, this extensive research aimed to evaluate the relevance of sustainability topics for Diaverum. From the resulting list of topics, we developed our 5 sustainability pillars, as described on the previous page.

Sources for the sustainability topics include the UN Sustainable Development Goals, the Sustainable Accounting Standards Boards (SASB) and Global Reporting Initiative indicators.

The topics of the materiality analysis are shown on the right hand side of this page, in no particular order:



Reporting frameworks

In 2020, Diaverum evaluated the main reporting guidelines with the goal of aligning our sustainability literature to globally recognised standards. With this Sustainability Report, Diaverum thus starts its alignment with the relevant **United Nations Sustainable Development Goals (UN SDG)** and the **Sustainability Accounting Standards Board (SASB)** healthcare delivery reporting guidelines.

Throughout this report, topics relevant to the reporting guidelines are identified and included in an **annexe**.



Our patients

Diaverum's holistic patient-centred approach focuses on excellent clinic experiences alongside improved medical outcomes. Our digital innovations allow us to automate data capture, minimising human error and maximising the time that our staff can devote to our patients. Optimising treatment outcomes through support, education and empowering patients and families is a key priority for us



Clinical Performance Measurement

The Clinical Performance Measurement (CPM) is a key performance indicator used in Diaverum to track medical performance. Our CPM collects demographics, prescription, treatment and lab data every month

Until recently, our CPM was expressed as a calculated average per clinic. However, in aligning the CPM to our patient-centred approach, in 2020 we developed the CPM 2.0 with the goal of obtaining a ‘combined clinical performance measurement index’, bringing together medical outcomes with patients’ self-reported outcomes.

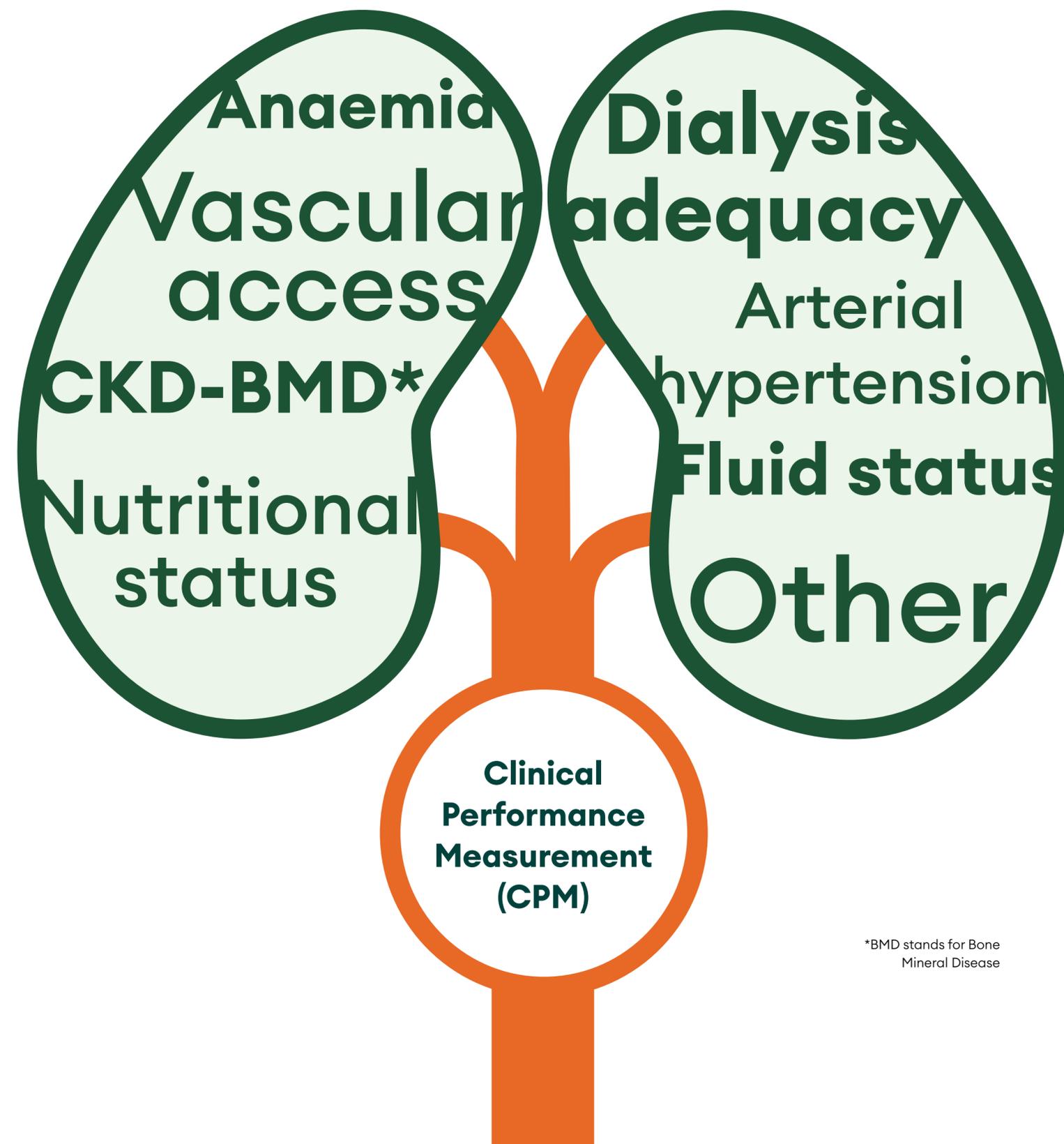
This means CPM 2.0 delivers a combined clinical performance measurement based on the patient’s:

- medical outcomes;
- quality of life;
- perception of care.

For tracking medical outcomes, Diaverum uses the Individual Patient Performance Score (IPPS), which covers a number of key areas as shown in the illustration on this page.

For each key area:

- one or more parameters were identified – with additional parameters introduced and current ones assessed for relevance, targets, and weighting;
- the parameters were correlated with the intended outcome;
- a weighting within each area was established.



*BMD stands for Bone Mineral Disease

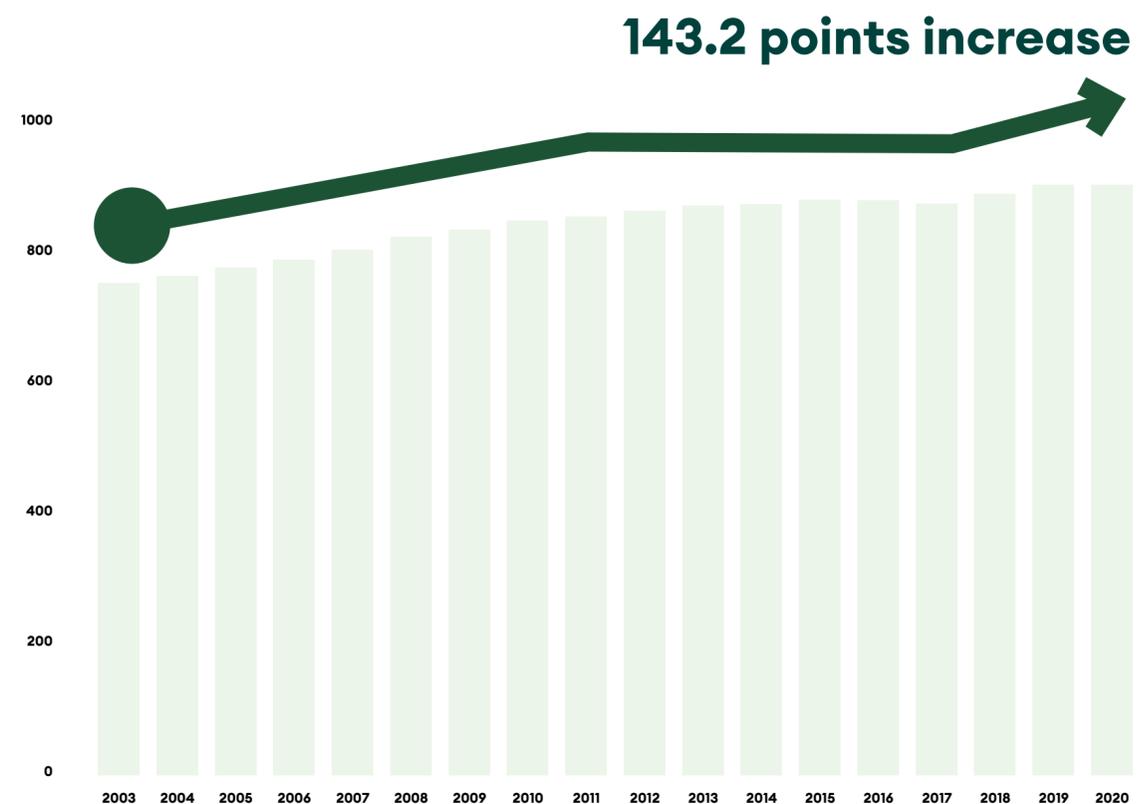
Strong medical outcomes

Data collection empowers our medical staff to tailor medical recommendation to patients, delivering a customised treatment adjusted to each patient's

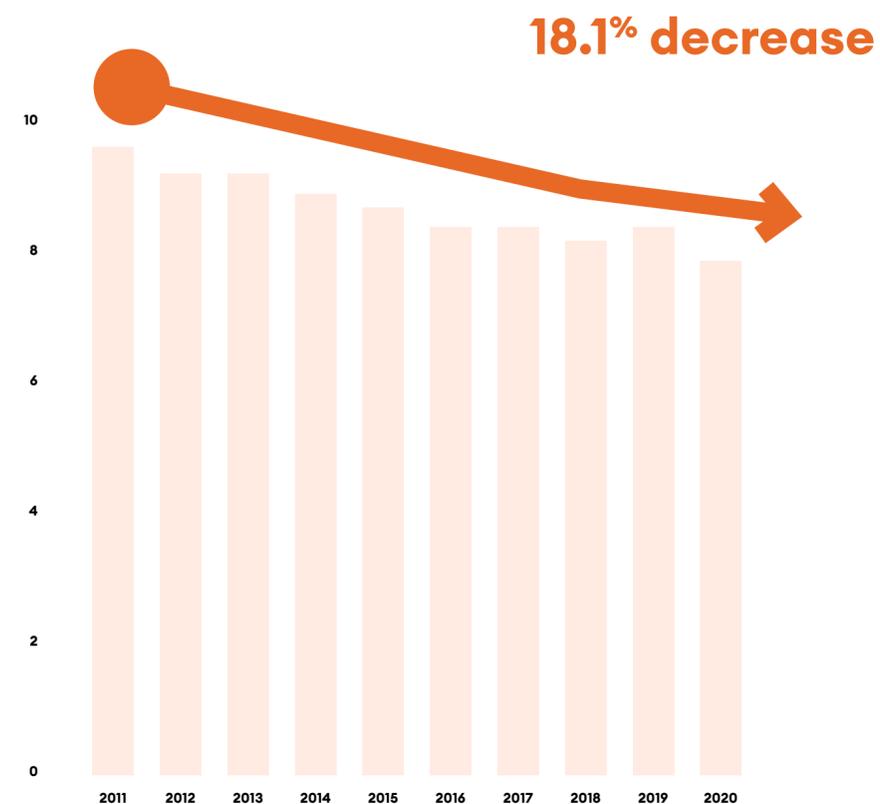
needs. We have a strong track record of improving clinical performance within our own clinics, as well as reducing hospitalisation rates. Between 2003 and 2020, we had a 143.2 points increase in

our yearly CPM scores, while from 2011 to 2020, the hospitalisation days per patients declined by 18.1%, with our 2020 figures for both largely in line with the historic improvement trend despite the global pandemic.

CPM score



Hospitalisation days per patient/year



Our approach to patient experience

At Diaverum, we provide life enhancing renal care to patients with Chronic Kidney Disease (CKD), enabling them to live fulfilling lives

Our culture of True care, defined by our core values of competence, inspiration and passion, underpins our benchmark renal services delivery. This in turn ensures the experience of our patients in each of our clinics worldwide meets standards and principles defined by our Global Patient Experience Framework, developed in 2020.

The Diaverum approach to patient experience is based on Maslow’s hierarchy of needs, a theory of human motivation developed by the American psychologist Abraham Maslow in which five categories of need dictate our behaviour and decision-making. Our Global Patient Experience Framework thus establishes survival and security provision for all our patients, regardless of cultural context, across our global network of clinics.

By setting this baseline, the Framework creates a starting point from which Diaverum can build on patients’ experiences to enable them to ascend Maslow’s hierarchy of needs towards more purposeful, life-enhancing experiences.

In our day-to-day interactions with patients, our **Global Patient Experience Framework** allows us to:

- foster a culture of service excellence, delivering patient-centred care through improving interactions and engagement between patients and staff;
- invest in new digital technologies to enhance patient experience across the entire patient community, including friends and families, within a context of excellent value for money;
- recognise service excellence, both at individual and team levels, and

- empower our healthcare professionals to develop and grow with us;
- collect and analyse data, enabling us to eliminate problems and replicate success;

- use data-driven approaches to improve our services for the benefit of all our patients, locally and globally, in full recognition of their diverse needs.

Diaverum’s Global Patient Experience Framework



A framework in constant evolution

Through our Clinical Performance Measurement (CPM, described on page 14), which combines data from medical and patient self-reported outcomes, and our other strands of medical and scientific research, we can gather rich insights into patient experience across our business. In parallel, our global presence allows

us to seek, collect and capitalise on best practice examples from across the organisation, creating an environment of sharing and learning among office and clinical staff for the benefit of our patients. This knowledge-gathering and sharing ensures our Global Patient Experience Framework is constantly improved and updated with holistic patient data.

Patient testimonies gathered in our Audience Insight Framework research (more information on page 25)

Am always greeted with a smile and the value of this mustn't be under-estimated

RETIRED MEDICAL CONSULTANT - UK

Clinic staff treat us like royalty

RETIRED WATCHMAKER - UK

It's a human right to get the care that they need

LIVE MUSIC PROMOTER - POLAND

The new clinic is much better than the hospital

CKD PATIENT - CHILE

Why am I hooked up to a washing machine?

FROM A PATIENT WHOSE BRAIN FUNCTION WAS AFFECTED BY THE TOXINS IN THEIR BLOOD WHEN PUT ON EMERGENCY DIALYSIS



The Patient Perception of Care survey



Diaverum measures patient satisfaction through an annual survey

Up until 2020, patients were asked annually through our Patient Satisfaction survey to what extent they agreed with statements relating to trust, involvement, diet, waiting time, care improvements and recommending Diaverum to other CKD patients.

In line with our commitment to seeking a holistic view of our patients' perception of care, in 2020 we reviewed our patient reported experience measures and surveys, and have developed the Patient Perception of Care survey.

The reported benefits of using a patient perception survey are as follows:

- patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) are used to assess the quality of healthcare

experiences, focusing on patients. These measures will help us to make informed changes to our services;

- showing that our approach benefits patients and healthcare delivery is important for our aim of embedding our approach and our digital products within healthcare systems worldwide.

The Patient Perception of Care survey was piloted in 7 Diaverum countries in 2020. The new survey will be delivered in Q3 2021, and has 14 sections, as shown on the right, with 38 questions in total.

The survey was well-received during the pilot, some questions were re-framed as a result of the feedback and changes made to the survey. Decisions on how results are shared within the organisation will be taken prior to the full survey in 2021.

 <p>SECTION 1: access to the renal team</p>	 <p>SECTION 8: sharing decisions about your care</p>
 <p>SECTION 2: support</p>	 <p>SECTION 9: privacy and dignity</p>
 <p>SECTION 3: communication</p>	 <p>SECTION 10: scheduling and planning</p>
 <p>SECTION 4: patient information</p>	 <p>SECTION 11: how does the renal team treat you?</p>
 <p>SECTION 5: fluid intake and diet</p>	 <p>SECTION 12: transport</p>
 <p>SECTION 6: needling section</p>	 <p>SECTION 13: the environment</p>
 <p>SECTION 7: tests</p>	 <p>SECTION 14: your overall experience</p>

Treatment continuity during the COVID-19 pandemic

Conscious of the potential consequences of COVID-19 for our patients and employees, Diaverum took precautions early on

In January 2020, almost two months before the World Health Organization declared the pandemic, we issued our first policies to address the risk of contagion in our clinics. In February, we published our **COVID-19 Contingency Plan**, which was made available publicly on our website. These early measures were effective in promoting the health and safety of our patients and staff, minimising the impact of the disease on our organisation and ensuring operational continuity throughout 2020, across our clinics worldwide.

Since December 2020, with the development and approval of COVID-19 vaccines, our focus has turned to:

- 1 facilitating prompt vaccination of our patients and staff when possible in their countries, across our clinics and offices,
- 2 continuing strict adherence to our Contingency Plan (more information on the next page) to avoid contagion,
- 3 maintaining excellence of clinical care.

To achieve these aims, we have issued new vaccination policies with a strong expectation of and clear guidance about vaccination for chronic dialysis patients and frontline clinical staff respectively. **Our Contingency Plan has also been updated according to these policies, ensuring continuity and**

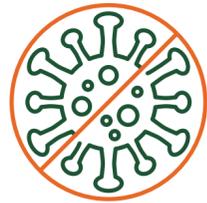


We are working closely with national healthcare systems around the world to ensure dialysis patients are assigned high priority for COVID-19 vaccination

consistency of care for patients within the COVID-19 context.

As renal patients are, like others with chronic diseases, at increased risk of becoming seriously unwell with COVID-19, **we are working closely with national healthcare systems around the world**

to ensure dialysis patients are assigned high priority for COVID-19 vaccination. We want 2021 to be a brighter year for our patients, staff and communities, and hope that all our patients and staff will accept the vaccine when it becomes available for them. By embracing vaccination, we can together end the pandemic and protect ourselves, our families and communities.



COVID-19 Contingency Plan

A plan to limit spread of the virus, ensuring continuity and consistency of care for patients. It also includes a comprehensive 84 point checklist to track compliance



Incident team development

- Country supervisory team to deploy the plan
- Define workstream leaders
- Incident reporting and renal information system update



Human resources

- Daily staff health assessment
- Priority testing policy
- Training in use of PPEs and contingency plan
- In-clinic strict social distancing
- Absenteeism management



Logistics and supplies management

- Grow stock of PPE and other material for significant period
- Continuous availability of lab tests
- Estimate consumption of essential equipment and shortage alert
- Corporate task-force on supplies



Clinic capacity – define maximum clinic capacity determined by:

- Number of dialysis stations ensuring 2m distance
- HR availability
- Isolate or cohort COVID positive patients
- Define different entry/exit routes for COVID positive patients
- Cancel non-essential services
- Extend waiting areas/tents
- Review transportation



Case – accurate triage system and patient management by:

- Triage early recognition and source control including digital screening tool
- Tele-triage
- Isolate and test suspected COVID-19 positive patients
- New transport strategies
- Case referral according to national guidelines
- Digital self-triage



Infection prevention and control

- General procedures/training
- Positive COVID-19 management
- Suspected COVID-19 management
- Terminal and general disinfection policies
- Exclusive staff suspected or confirmed cases
- Lab specimens management
- Healthcare waste management
- Laundry management
- Patient and staff vaccination strategy



Communication

- Contingency plan policies communication
- COVID-19 communication policy



Essential support services

- Define contingency transportation/ designated ambulance teams
- Ensure appropriate back-up lifeline (water, power oxygen)

SPOTLIGHT

Offering our clinic capacity to the Portuguese Ministry of Health

Conscious of our social responsibility, Diaverum has, where possible, made our clinics and services available to national health departments in an effort to assist with the dialysis of COVID-19 patients.

Diaverum Portugal's newest and highly sophisticated clinic in Linda-a-Velha has the capacity to deliver haemodialysis to around 300 patients with CKD. This left the former premises in Linda-a-Velha, with capacity for 180 patients, available to be offered to the Portuguese Ministry of Health as a site to treat CKD patients with COVID-19 when needed.

“In the crisis we are all experiencing, it is important to minimise risks and ensure better safety conditions for all our

patients, as well as for the professionals themselves”, underlines **César Silva**, Diaverum's Iberia Regional Director at the time. On his view, the pandemic that the country and the world are experiencing brought the transcendent work of clinical teams to the forefront, excelling in their delivery to the care of all who need them.

“All the professionals who work in these clinics, such as doctors, nurses, assistants, social workers, pharmacists, nutritionists, administrative and technical staff, have been working with a 24/7 availability, to guarantee the best care for these patients, rapidly in which people with this disease undergoing treatment feel even more fragile”, **César Silva** added.



Investing in scientific research during the pandemic

In 2020, we conducted a large multi-national study to determine factors affecting incidence and outcome of COVID-19 in patients with chronic kidney disease (CKD) receiving haemodialysis treatment

Diaverum's scientific research philosophy has always been based on the needs and the demands of our patients. We are increasingly active in world-class clinical research with a strong patient focus, to improve our practices and understanding of the complex needs of renal patients.

Since the beginning of 2020, the COVID-19 pandemic has had a particularly hard impact on patients



"Our presence in 22 countries enables us to study the effect of socio-economic and cultural differences on the severity of the disease. By using our resources and by evaluating the Diaverum preventive strategy, we hope to contribute to the worldwide fight against the pandemic, with meaningful scientific knowledge."

Dr Mathias Haarhaus, Diaverum's head of research and development and coordinator of the study

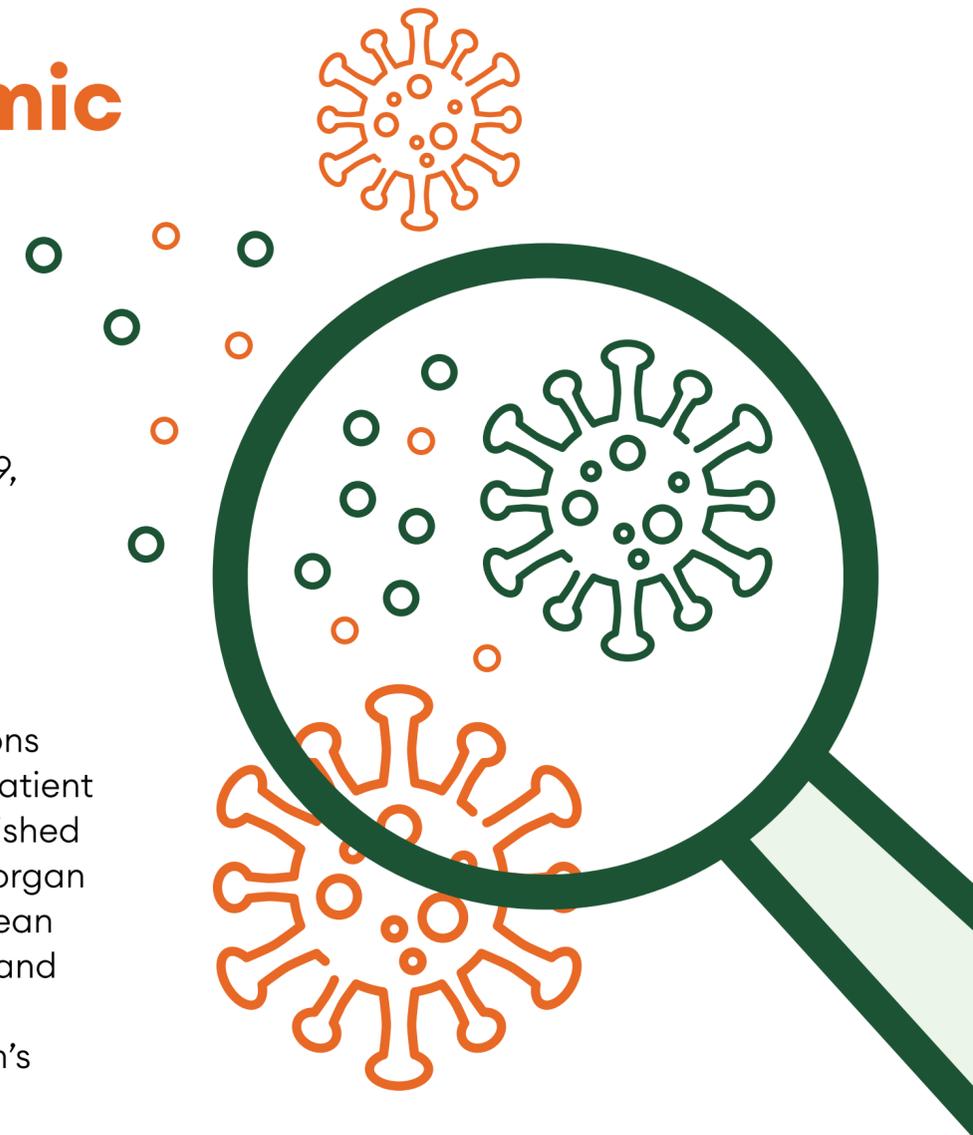
with chronic diseases. Worldwide, almost 3 million people receive regular dialysis treatment, with reports indicating that mortality from COVID-19 is especially high among these patients.

The results of our study indicate that patients with chronic kidney disease are among the groups with the greatest risk for serious complications and should therefore be granted the highest priority

for preventive measures against COVID-19, including early vaccination.

The full results from Diaverum's COVID-19 study – 'Risks prediction of COVID-19 incidence, and mortality in a large multi-national haemodialysis cohort: Implications for management of the pandemic in outpatient haemodialysis settings' – have been published in the Clinical Kidney Journal, an official organ of the European Renal Association-European Dialysis and Transplantation Association and a leading scientific journal in nephrology. The results are also available on Diaverum's global website.

As COVID-19 vaccination campaigns continue to be rolled out around the world, Diaverum is now preparing an observational study of the efficacy and safety of COVID-19 vaccines in haemodialysis patients.



SPOTLIGHT

Industry collaboration delivers big win for renal patients in Lithuania

With vaccination being a vital element in managing and overcoming the pandemic, **we were aware that effective negotiation with vaccine manufacturers to ensure quick deployment, starting with healthcare workers and vulnerable people, was crucial.**

While national health authorities and policymakers were procuring vaccines and developing comprehensive roll-out plans and priority groups, **Diaverum Lithuania and the country's Association of Private Healthcare Service Providers** joined forces in November last year to engage with the Ministry of Health and other governmental institutions to make the case for prioritising dialysis patients in Lithuania's COVID-19 national vaccination programme.

As these conversations continued, we initiated internal preparation for the vaccination process across all our clinics. Our medical and nursing teams defined the list of eligible patients and clinical staff, making contact with local municipalities and vaccination centres to discuss and resolve potential barriers to a successful roll-out.

The result of this collective effort was a big win for our patients and staff in Lithuania. In early 2021, haemodialysis and peritoneal dialysis patients were confirmed as a priority group in Lithuania's national vaccination programme, and we were ready to facilitate it. The first batch of vaccines arrived in the country in late December,

and vaccination at our clinics for patients and staff began on 27 December.

Together with our industry peers, we continue to play an active role in conversations with **main government stakeholders and healthcare experts, including medical universities, the**

Ministry of Health, patient organisations, the Association of Hospital Managers of Lithuania and other working groups, to ensure we beat this unprecedented global health crisis and minimise the impact of the pandemic on individuals, society and across the health care system of Lithuania.



“Targeting the most vulnerable people first is the most effective way to reduce mortality or prevent risk of severe clinical outcome from COVID-19. That’s why we are collaborating with industry peers and reaffirming our support for the government’s determination to provide renal patients and doctors with the vaccines as part of the first priority groups, saving many lives and giving us a pathway out of what has been an unprecedented global health crisis.”

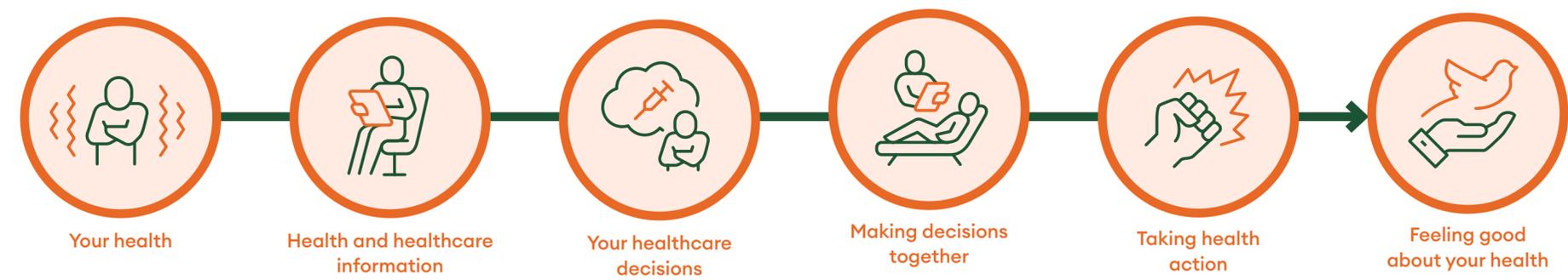
Darius Praniskas, Country Manager, Lithuania

Health literacy and care

One of the fundamental challenges for both public and private healthcare providers in the 21st century has been to improve people’s health literacy, enabling and empowering them to read, understand and act upon health information and health promotion messages¹

Diaverum patients with Chronic Kidney Disease (CKD) make day-to-day decisions about self-management, but the decision-making skills needed to underpin this may be diminished in those with low health literacy, which is estimated to affect 25% of people with CKD worldwide². **By disproportionately**

affecting vulnerable people with low socio-economic status and of non-white ethnicity, limited health literacy also worsens health inequality, and evidence suggests associations between low health literacy and adverse clinical events, increased healthcare use and mortality in CKD patients³.



¹Terminology used in this document is consistent with the references below. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6659174/#bib1-0046958019865831>
² A Systematic Review of the Prevalence and Associations of Limited Health Literacy in CKD. Taylor DM, Fraser SDS, Bradley JA, Bradley C, Draper H, Metcalfe W, Oniscu GC, Tomson CRV, Ramanan R, Roderick PJ; ATTOM investigators. Clin J Am Soc Nephrol. 2017 Jul 7;12(7):1070-1084. doi: 10.2215/CJN.12921216. Epub 2017 May 9. PMID: 28487346; Nephrol Dial Transplant. 2018 Sep 1;33(9):1545-1558. doi: 10.1093/ndt/gfx293.
³ Health literacy and patient outcomes in chronic kidney disease: a systematic review – PubMed (nih.gov) <https://pubmed.ncbi.nlm.nih.gov/29165627/>



We believe that this growing recognition of the role of health literacy in CKD outcomes should contribute to its inclusion in interventions to improve kidney disease education. Diaverum's efforts include promotion of patient-centred dialogue and shared decision-making in choosing dialysis method and in facilitating navigation of the transplantation process.

In December 2020 we conducted the **Audience Insight Framework** research to better understand patients' needs at

every stage of their journey from the trigger event to living a new life on dialysis. We surveyed over 800 patients from 13 countries, true to our belief that a patient-centred company must hear directly from patients, and put their voice front and centre of our service design. To enable comprehensive service transformation and create a new educational approach we wanted to gain a deep understanding of the holistic patient journey and patient experience within and beyond the clinic.



CKD: understanding the patient journey



Health literacy and CKD

Kidneys are among the most important organs in the human body and CKD is a global and escalating challenge which today affects about 10% of the world’s adult population. It is estimated that 90% of people suffering from CKD are not aware of their condition, which is primarily, but not always, caused by lifestyle diseases such as diabetes. Its prevalence is increasing particularly in developing countries.



Dr Fernando Macário, Diaverum’s Chief Medical Officer, said: “Physicians and nurses can help patients as long as they seek our help. If people don’t know what CKD is, how it develops and how to make the right lifestyle choices to keep their kidneys healthy, the focus shifts from prevention to medical intervention. It is important to emphasise that prevention is always the best course of action, so investing in health literacy across society is part of the solution. It keeps people healthy while driving costs

down to national health services and the patients themselves.”

A study published in the Journal of Medical Internet Research shows that when patients have information about their condition and communicate effectively with their doctors, they are 32% less likely to be hospitalised and 14% less likely to visit the emergency room¹.



Filipe Almeida, Diaverum’s patient since 2017, said: “I was diagnosed when I was only 12 years old. As the disease was of an immunological aetiology and had a genetic origin, it was expected to progress into adulthood. A few years ago my kidney disease reached stage 5 – a stage when haemodialysis, or another replacement treatment (such as peritoneal dialysis or renal transplant) becomes necessary to replace renal function and stay alive. Accepting this new condition was not easy for me, but I simply refused give up on my life plans. I think the awareness of what are the

dos and don’ts and education is the key. I took my COVID-19 vaccine as soon as it was possible for me in Portugal and I would encourage anyone who is still hesitant to do the same.”

Diaverum’s approach to and actions on health literacy (HL):

- using universal HLprecautions to provide understandable and accessible information to all patients, regardless of their literacy or education levels;
- organising webinars with our medical experts and patients to help people understand how to live well with CKD, including the importance of COVID-19 vaccination;
- using d.ACADEMY or information provided on tablets in our clinics as educational platforms to help people with CKD at every stage of their journey;
- enhancing global and country websites, and adapting these to meet patients’ expectations, helping them to better navigate their journey;
- using graphics and pictures instead of complex written instructions;
- prioritising HL and shared care

- and shared decision making – 2020-2025 strategy;
- starting a group HL project in 2020 that also contains special online platforms and the d.CARE App.

¹Greene JC, et al. (2019). Reduced hospitalizations, emergency room visits, and costs associated with a web-based health literacy, aligned-incentive intervention: Mixed methods study. Journal of Medical Internet Research, 21(10): e14772.



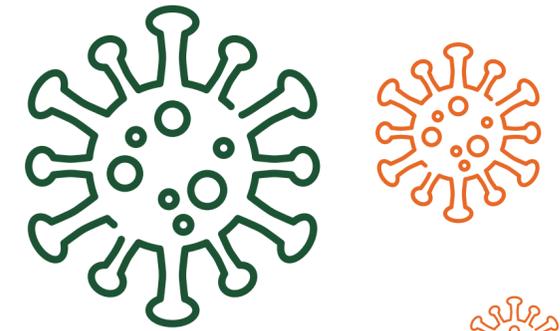
Employees and well-being

Diaverum ensures the health and safety of our employees and cares for their well-being through regular engagement, initiatives and benefits. We are acutely aware of the need to recruit and retain the best staff, which is why we offer all our healthcare professionals high-quality training and equal career opportunities



Well-being during the pandemic

Safeguarding the health and safety of our patients and staff is one of the key pillars of our response to COVID-19



Throughout 2020 and into 2021, the pandemic brought a significant emotional and mental health burden to everyone, including increased concern for, and risk to, our patients. It is also fair to say it has heavily impacted healthcare professionals. Conscious of this, and anticipating the now emerging ‘pandemic fatigue,’ Diaverum took action early. **In April 2020 we launched our Staff 4Life Programme, evolving it into a global well-being strategy to be launched in 2021.**

Staff 4Life Programme

The programme was designed to **recognise, support and reward our staff during the pandemic**, with a clear focus on clinical staff. With a total cost of approximately €3.5m, it was developed in consultation with our country teams, with each receiving a lump sum they could use in local initiatives according to their

specific context and needs, including:

- extra remuneration for nurses and doctors;
- psychological and emotional hotline support;
- childcare reimbursement support;
- additional meal allowances;
- home-working support to clinical staff.

Global well-being strategy

Over a year after the pandemic began, ‘pandemic fatigue’ is now an emerging issue. With the aim of supporting our employees to manage their own well-being, we are evolving our 2020 Staff 4Life programme into a global well-being strategy.

At Diaverum, people are our greatest asset. It is through them that we care for our patients, attract and retain top talent and deliver on our business objectives. Therefore, our ability to support our employees in managing their well-being successfully is a pre-condition for us to become the renal care employer of choice.



We want to be a company where people have a sense of purpose, are healthy and resilient, feel safe and supported, and have the opportunity to develop both themselves and the business. Our well-being strategy will deliver on that by providing our people with the tools that they need to promote and maintain their own well-being, with a focus on environmental, physical, mental, social and intellectual facets.

To discuss, define and monitor our plans and progress, our global well-being committee, with representatives from across the business, has been meeting regularly since Q4 2020.

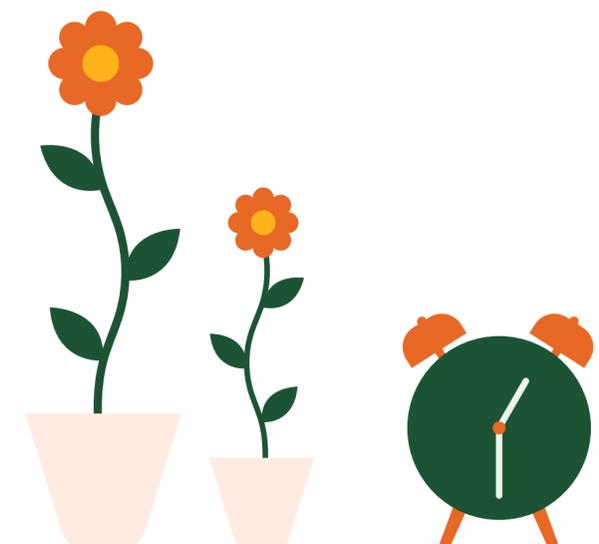
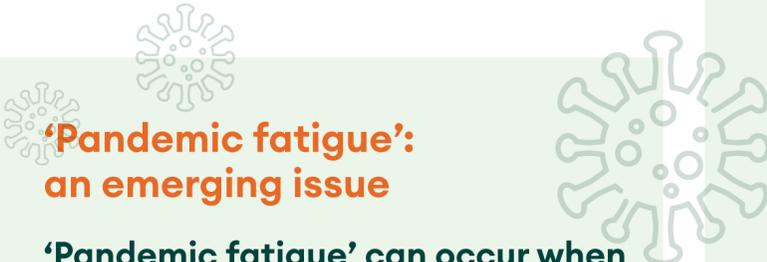
This committee has structured a plan for 2021 that focuses on specific well-being areas, delivering initiatives including COVID-19 vaccines and well-being educational campaigns and communications; mental health survey and action plan; and leadership capability development. To complement these global initiatives, each country will be designing their own plans customised to local needs.

Combining global and country-specific action plans, our well-being strategy will help us to become the renal care employer of choice, increasing employee engagement and retention and thus improving overall patient experience. Our focus on well-being is not time-limited, but is here to stay, far beyond the pandemic, factored into everything we do, integral to our True care culture.

**‘Pandemic fatigue’:
an emerging issue**

‘Pandemic fatigue’ can occur when people get tired of the pandemic measures and become less likely to follow public health practices or simply begin to drown out those messages. It can lead to burnout, depression and other mental health issues. It can also lead to one abandoning precautions, with increased risk of catching or spreading the disease.

The World Health Organization recommends strategies to deal with pandemic fatigue, including: understanding what’s happening with people; engaging them as part of the solution; helping them to reduce risk while doing the things that make them happy; and, finally, acknowledging and addressing the hardship people are experiencing. In short, we must listen to, understand, support, engage and recognise our people.



Training and development

At Diaverum we believe in the power of continuous learning as a key way to stand out from our competitors



Our employees – doctors, nurses, clinic managers – can find job-related educational programmes in the **d.ACADEMY**, our digital platform for learning.

The d.ACADEMY portfolio consists of courses for different target groups: medical courses for doctors and nurses;

leadership courses for clinical and non-clinical managers and compliance and ‘soft-skills’ training for all employees. The aim of this portfolio is to improve the level of knowledge of all existing staff, while also providing unique educational opportunities for new individuals and teams as they join our group.

With nurses making up the largest single staff group among our employees, training for them is of paramount importance to ensure the right competence level for all. Our educational package for nurses is comprehensive, in part theoretical but also hands-on, and is accredited by the European Dialysis and Transplant Nurses Association (EDTNA).

In 2020, despite the challenges of keeping our patients and staff safe through the COVID-19 pandemic, our nurse

training programme was successfully re-accredited as highly commended for the next three years. Ensuring that Diaverum nurses are highly competent and appropriately trained is a top priority for us and the quality of our educational process is reflected in excellent nursing

care in all the countries where we operate. Receiving the highest possible accolade from the EDTNA for our nurses training programme reflects dedicated and passionate work from all our nursing teams across all functions in all countries.



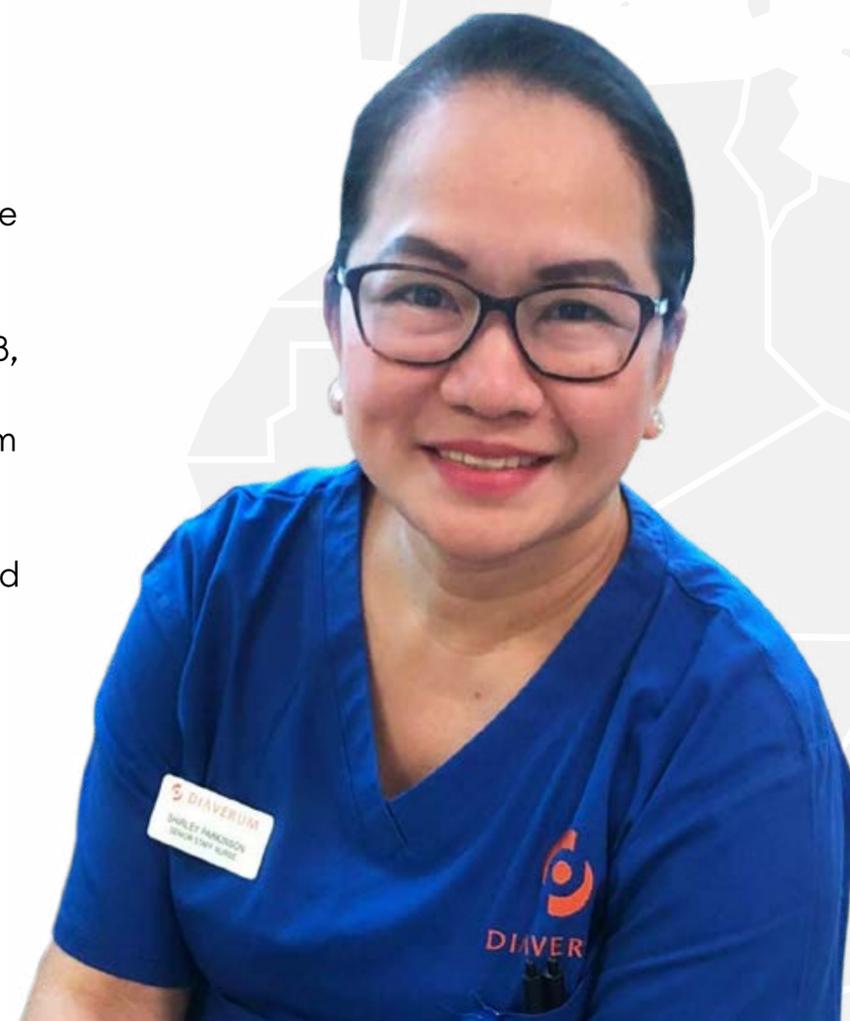
SPOTLIGHT

Shirley Parkinson, Diaverum UK

“I am grateful to Diaverum for their trust and confidence in me and for all the support in processing my return to the UK. To those who qualified in their own countries and still have the desire of becoming a registered nurse elsewhere, or of following their own secret dreams, I can confirm that it is never too late to step out. Anything is possible. Fulfil your purpose. The longest journey starts with a single step.”

Shirley Parkinson, a nurse in Diaverum UK, joined us as a Dialysis Assistant [DA] in 2015. While happy in this role, her professional goal was to become a fully registered nurse. However, due to the strict guidelines set by the UK Nursing and Midwifery Council (NMC) for nurses trained overseas, she had to put this aspiration on hold until 2017 when, with Diaverum’s support, she began the process of applying for and meeting the requirements and stipulations of the NMC,

passing all her initial assessments despite a tight and hectic schedule. Although forced to move back to the Philippines due to unforeseen circumstances, in 2018, Shirley received a ‘Decision Letter’ from the NMC, making it possible for Diaverum to support her return to the UK. Shirley then sat for the final stage of the NMC qualifying exams and successfully gained accreditation from the NMC, confirming her eligibility to practise as a registered nurse in the UK.



SPOTLIGHT

Lidia Romero Gomez, Diaverum Saudi Arabia

“Diaverum Saudi Arabia has always been committed to training their staff without limitations and empowering to get the best out of them. Here, you’re recognised by your name regardless of your location. Your voice is heard, valued and respected as an equal. For me, being part of the multicultural Diaverum team in Saudi Arabia has been a blessing.”

Lidia joined Diaverum Spain in 2011 as a staff nurse in Málaga clinics. She obtained her Ph.D. in Health Science from the University of Málaga in 2014.

When Lidia was about to finish her Ph.D. studies, she decided, in 2014, to join an international integration nurse team to support Diaverum Saudi Arabia that was in the middle of developing a network of new clinics, growing from 1 to 34 clinics, and to care for over 4,000 patients in a five-year period. The team of integration nurses was carefully selected from Diaverum countries in Europe and South America to open and integrate clinics and the nursing teams as per Diaverum policy and procedures.

Lidia’s tasks, together with the team, included nurturing a care culture as well as developing a delivery model based on Diaverum quality standards and guidelines. The model of care in Diaverum Saudi Arabia clinics is unique in its multidisciplinary framework, and consist in addition to doctors and nurses; clinical dietitians, clinical pharmacists, social workers and patient assistants in every clinic. The care teams were also of multicultural backgrounds from among other places, the Philippines, Egypt, Sudan, India, as well as Saudi nationals.

Building a unified Diaverum culture and ensuring standardised care, required

major activities in supervision, training and quality assurance to reach the leading medical outcomes and patient satisfaction results achieved in Saudi Arabia.

The successful results of the integration project and the level of responsibilities that Lidia was trusted with, motivated her to continue the journey in Saudi Arabia, although the plan was to return to Spain after six months.

In 2018, Lidia was appointed as Nursing Manager in Saudi Arabia and is responsible for the nursing care team for over 1000 patients in 10 clinics in 8 cities.

Her experience in Diaverum Saudi Arabia facilitated further growth, international experience as well as developed her leadership and management skills.



Two-way communication

Communication with employees at Diaverum is two-way

In addition to regular communication via digital and print media, covering strategy, education, training, announcements and news articles, employees are encouraged to feed back to their organisational leads, both in person and through our employee survey, **My Opinion Counts**.

Leaders: communication is about listening

In 2020, we redefined and strengthened our global leadership communities, which met regularly at digital conferences throughout the year. This allowed the organisation to review effectively, on a global basis, the latest developments regarding the COVID-19 pandemic, its impact on patients, employees and the business, as well as change management,

contingency planning and strategic priorities. Through these conferences, leaders were equipped with information, resources and strategies to communicate directly with their teams, from which they gathered feedback, ensuring the organisation was connected, both vertically and horizontally, worldwide.

Employee survey: giving our employees a voice

Our annual survey **My Opinion Counts**, monitors levels of employee engagement, training and education. We believe that there is a strong correlation between engaged employees and our ability to deliver life-enhancing renal care for patients.

Through our employee survey **My Opinion Counts**, we collect employees' opinions on working life within Diaverum. We ask all employees to rate how much they agree with 12 statements covering various topics, including:

- 1 the opportunity for them to express their opinions;
- 2 their knowledge of the company strategy;
- 3 the opportunity for them to improve in their work;
- 4 their willingness to recommend Diaverum as an employer.

The delivery of **My Opinion Counts** is resource intensive, involving corporate and clinical staff applying the survey digitally and in print depending on employee location and nature of work, across all countries and in many languages. This ensures that everyone, both office and clinical workers, have their views heard.

With Diaverum channelling its efforts and resources into safeguarding the health and safety of patients and staff through the pandemic, while ensuring business continuity and care excellence, we suspended the 2020 survey, are resuming it in 2021 and will refresh it for 2022.

In 2021, the survey will run concurrently with the Patient Perception of Care survey in Q3, while we conduct a thorough review of the current survey for its re-launch in 2022.

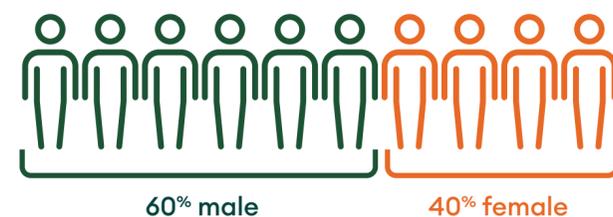
The next generation **My Opinion Counts** questionnaire will be updated in response to this review, and is expected to cover in more depth themes such as employee experience, job-related needs, culture, well-being and mental health. It will be managed through fit for purpose digital platforms, allowing us to transform data into insight and use that to manage action plans.



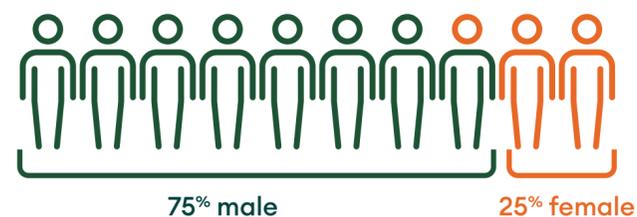
Diversity and inclusion

Our mission at Diaverum is to improve quality of life for renal patients

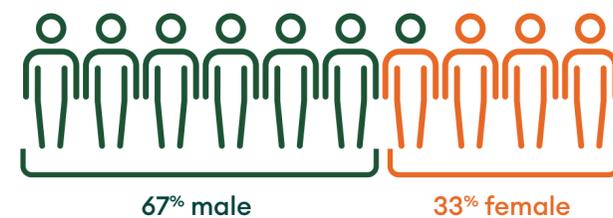
Board of Directors



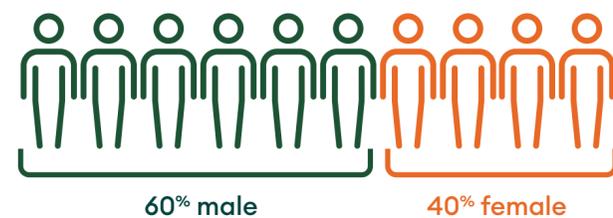
Executive Committee



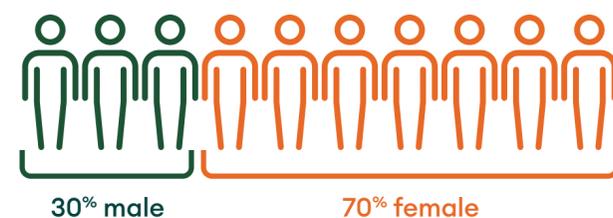
Senior Leadership Team



Global Leadership Team



Employees (total)



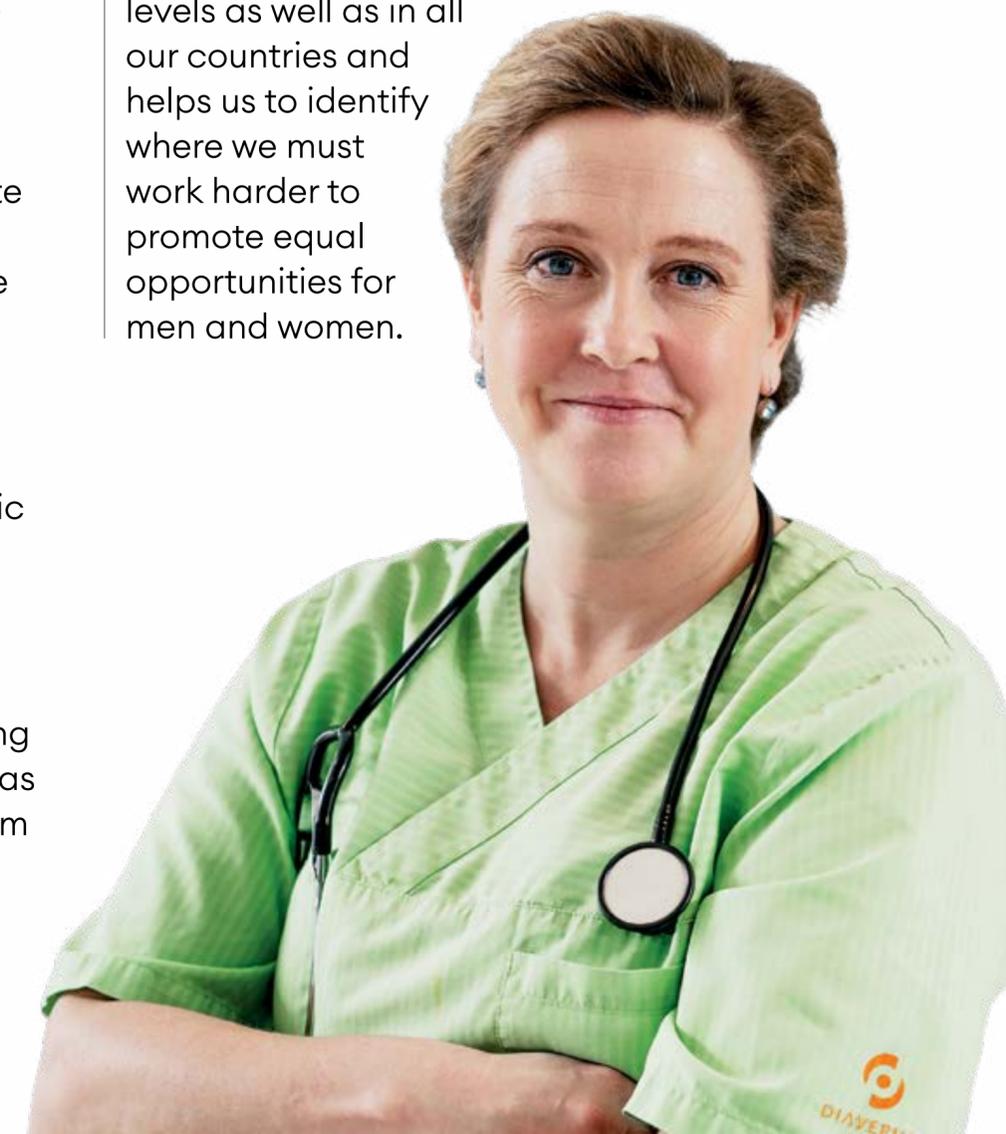
Delivering the highest quality of care requires a diverse and dedicated workforce and we strive to ensure that our employees are equipped to excel, wherever they work across the globe.

With 427 clinics in 22 countries across four continents, and around 12,000 staff serving around 39,000 patients in 2020, we understand the significance of a diverse workforce. Diversity and inclusion create a well-integrated working environment and lay the foundation for personal and corporate success. We consider them as core strengths of our business and they are integral to our **Code of Conduct**.

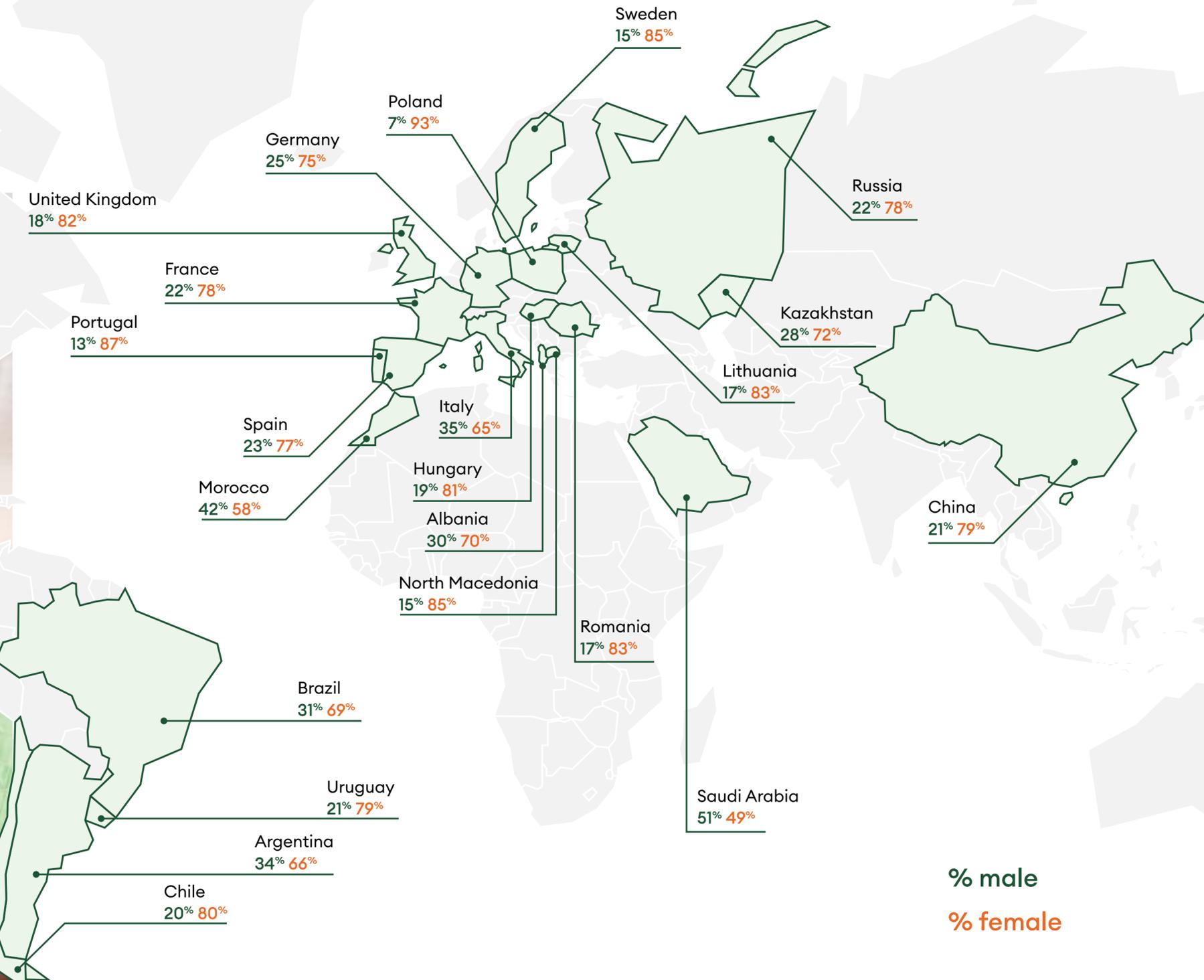
Diversity at Diaverum is defined to include, but is not limited to, age, gender, nationality, cultural and ethnic origin, sexual orientation, disability, educational background and work experience.

The majority of our workforce is nursing staff, which is predominantly female; as an equal opportunity employer, we aim

to even out gaps wherever possible. Our data collection highlights gender ratios at Board and Senior Leadership levels as well as in all our countries and helps us to identify where we must work harder to promote equal opportunities for men and women.



Gender diversity across Diaverum



% male
% female

Local recruitment

At Diaverum, the aim of our local and global sourcing strategy is to recruit and employ the right people at the right time so as to offer life-enhancing care to our patients and enable the growth of the business

While recruiting, Diaverum is mindful that we:

- maintain our reputation as an employer of choice and ensure our branding reflects the overall communication strategy;
- explore and establish alternative sourcing and staffing solutions;
- optimise candidate experience by offering simple and digital recruitment processes;
- have a standardised onboarding process;
- drive the local recruitment of nursing staff in all Diaverum countries.

Diaverum is aware of the global trend of shortage of renal nurses and medical staff. The sourcing strategies are defined for each country keeping in mind the country's local legislation as well as the availability of local applicants. The country-specific sourcing strategies not only address international recruiting, but are also designed to drive the local recruitment of nursing staff in all countries. It is our aim to have self-sustaining national medical and nursing workforces.



SPOTLIGHT

Hanaa Noor, Diaverum Saudi Arabia

“Diaverum Saudi Arabia is a place where your potential, commitment and knowledge are being recognised. It is not only about noticing your skills, but to provide a safe space for you to excel and innovate. The organisation trusts your knowledge to do what is best for the patients. I feel so grateful and privileged for the support and encouragement that I have received from our management team in Saudi Arabia, since the start of my journey in 2016 until the fully-funded scholarship that is an exceptional programme to be provided by a private sector organisation. Like many people, 2020 has proven to be a year of intense professional and personal growth for me. I am happy to be back in Saudi Arabia and to lead a department that aims to be a thought leader, a benchmark for excellence, and provide holistic nutrition care including medical, lifestyle management and overall well-being.”

Hanaa joined Diaverum in 2016 in one of our clinics in Madinah, Saudi Arabia. She is a clinical dietitian by profession and is currently heading the newly established Nutrition Care department in Diaverum Saudi Arabia.

Hanaa’s passion for enhancing medical nutrition therapy within Diaverum facilitated the creation of the first Dietetic and Nutrition Guidelines for patients on haemodialysis within the organisation.

Launched in 2018, the guidelines were based on scientific evidence and latest research. Leading a multidisciplinary team consisting of clinical dietitians, nephrologists and dialysis nurses, Hanaa’s vision is to equip clinicians with the tools they need to provide quality care for our patients, with a focus on their nutrition.

Following the successful launch of the Dietetic and Nutrition Guidelines, Hanaa took responsibility in 2019 for developing

a fully-fledged patient education programme in Arabic, catering for the needs of dialysis patients in Saudi Arabia. The programme, utilising key behavioural science elements, was carefully developed to ensure the right objectives for each education module, target group and the intended impact on the life of our patients. Since the implementation of the programme in all clinics in Saudi Arabia, Hanaa, with the help of Patient Education Champions in the clinics, has been leading patient education and health literacy as part of the well-being and health promotion function.

Believing in Hanaa’s knowledge, drive and passion for enhancing the life of our patients, Diaverum Saudi Arabia selected her for the d.Talent Accelerator Programme – a fully funded scholarship to obtain a Master’s Degree in Clinical and Public Health Nutrition from University College London (UCL), United Kingdom.

Her Master’s was concluded with a research paper on resistance exercise and nutritional interventions for augmenting sarcopenia outcomes in chronic kidney disease patients, a paper that is currently in the process of being published by the Journal of Sarcopenia, Cachexia and Muscle.

Upon her return to Diaverum Saudi Arabia, Hanaa was appointed as the Head of Nutrition Care with the objective of providing impactful nutritional care services to enhance the lives of our patients. The department consists of 55 clinical dietitians, providing care for over 4,000 patients in 40 clinics across Saudi Arabia.



SPOTLIGHT

Sofia Brito, Diaverum Brazil

“I feel that a lot of things that I have learnt in my career, especially in the role of a Nursing Director, come from my experiences in Diaverum. Diaverum has always supported me in my journey of growth by giving me the chance to complete international assignments and training. Moving to Saudi Arabia, in particular, was a bold step for me but it was undoubtedly one of the richest experiences of my life. My perception of different cultures and people has helped me understand myself better. I would not be the same person that I am today if it were not for my assignment in Saudi Arabia.”

Sofia Brito graduated in Nursing from the University of Lisbon and started her career as a nurse in cardiac surgery for adults before moving to paediatrics. In 2007, she received an invitation to work at Diaverum Portugal. In 2014, through international internal recruitment, she applied for the position of integration nurse in Saudi Arabia and thus began a new phase in her professional career. Our integration nurse programme is a vital part of the successful establishment of new markets, whereby Diaverum nurses take experience from their home base to support new clinics

elsewhere, usually for 6-12 months, before returning to their own country.

Sofia started in Saudi Arabia with a six month assignment as an integration nurse but her dedication to the fast-expanding operations of Diaverum Saudi Arabia led to her staying there until 2018. While working in Saudi Arabia, Sofia had the chance to shape the way Diaverum operates and to implement new procedures and initiatives, ranging from nurse recruitment and nurse training to involvement with the opening of new

clinics as Diaverum expanded its operations in Saudi Arabia.

Currently, Sofia is the Nursing Director of Diaverum Brazil and is excited to take on the challenge of implementing everything she has learnt over the last 12 years with Diaverum Portugal, Saudi Arabia and Argentina.



Access to care

Diaverum brings world-class renal care to patients across the globe, continuously adding new clinics and entering new markets. Our proven, rigorous market entry screening and assessment strategy ensures that we only enter and operate in a given country where we can be sure of upholding our True care values

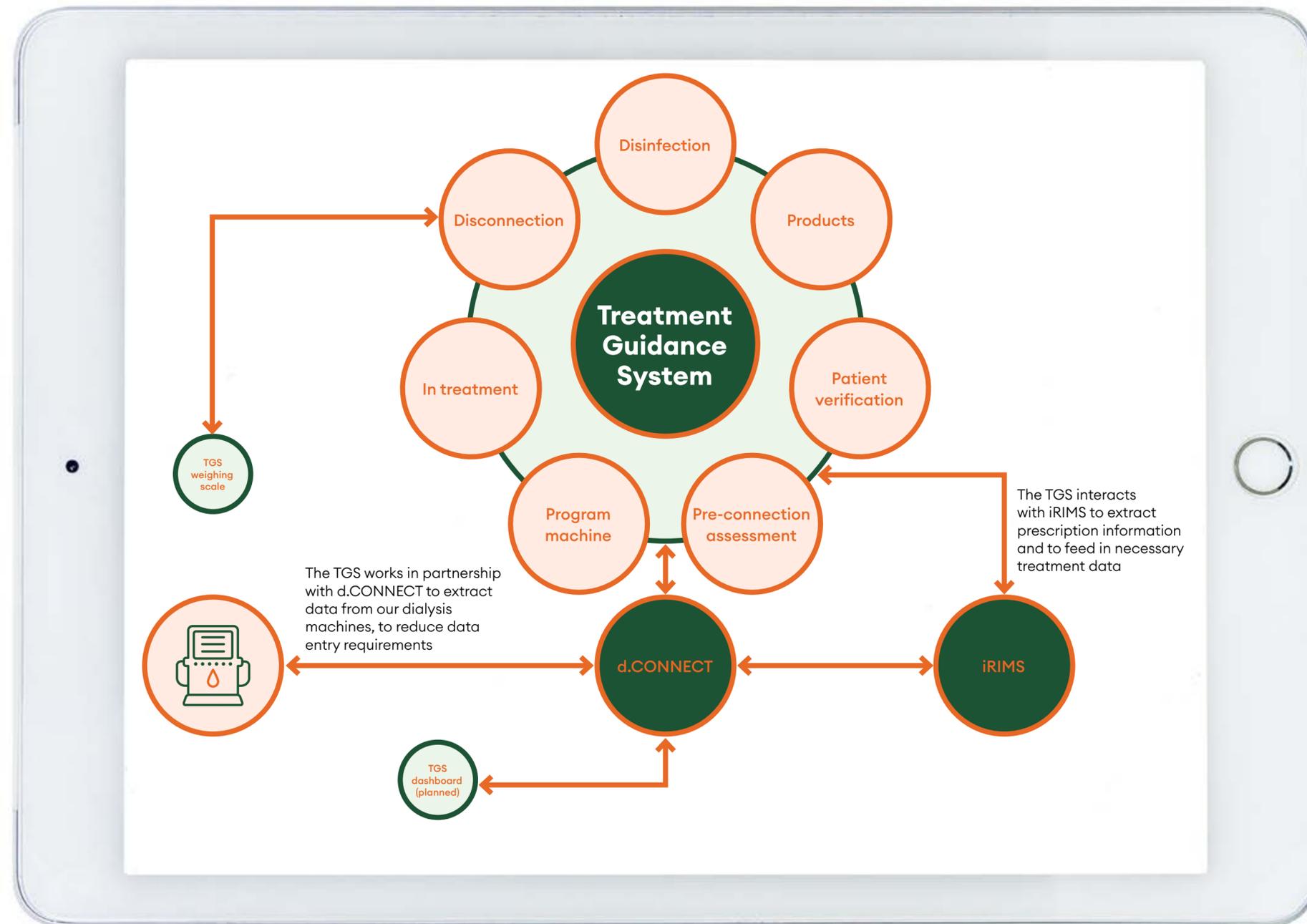
The Diaverum Treatment Guidance System

The Diaverum Treatment Guidance System (TGS) is an internally-developed system used by our nurses and other caregivers to support our patients' dialysis care

The system allows us to offer excellent treatment quality and efficient, individualised, care. The TGS works like an app, used at dialysis stations, via a tablet. Data are captured automatically from the dialysis machines, allowing a standardised approach to care and streamlining the treatment process. All data are collected under strict data protection regulations and access to them limited to authorised staff only.

While the TGS can be used as a stand-alone tool, we have customised it to work with d.CONNECT, our system for data interchange between dialysis machines and TGS tablet.

The data include output from dialysis machines, machine disinfection data, and patient prescriptions. d.CONNECT is also the bridge between the dialysis machines and our International Renal Information Management System (iRIMS), which manages data related to clinical management, medical outcomes and clinic processes and administration.

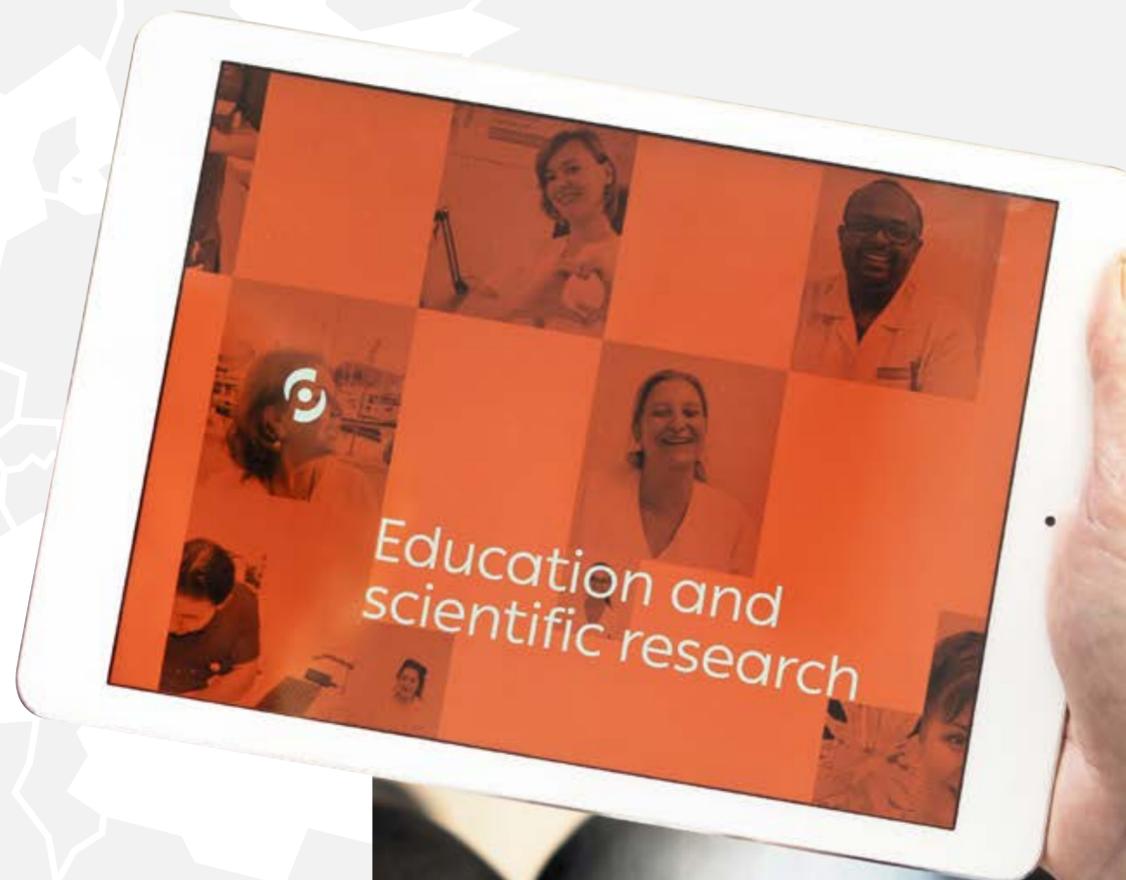
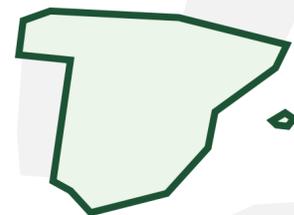


TGS ROLL OUT

Santiago de Compostela

The Santiago de Compostela clinic in Spain was the first to work with the Treatment Guidance System (TGS), in September 2018. By 2020, the TGS was being used in 116 Diaverum clinics across 10 countries. Feedback on the TGS from our clinical staff has been unanimously positive: it makes their lives easier and allows them to focus on the health and well-being of their patients, spending more time with them during treatment and less time filling out forms.

Kazakhstan, North Macedonia, Brazil, Chile, Albania and Romania were among the countries that started using the TGS in 2020 and are on their way to TGS implementation, eliminating manual data entry, avoiding human error and therefore allowing more time to be devoted to patient assessment and care for the more than 2,000 patients in these countries.



Entering new markets

Diaverum's growth strategy is based on ascertaining that we can enter and operate in new countries while upholding our values. Our rigorous market entry process in countries of interest includes initial market evaluation to assess local practices and legal/regulatory frameworks

When Diaverum is considering a new market, we take the following key steps:

- 1** Determining if the market is a strategic fit based on long-term growth potential, market consolidation opportunity and the possibility of further growth into geographically adjacent markets
- 2** Assessment of basic hurdle criteria relating to market conditions
- 3** Assuming the market fulfills all hurdle criteria, a high-level assessment to evaluate macroeconomic factors and renal care opportunities
- 4** In-depth market analysis is then conducted both in-house and with external advisors
- 5** Finally, a financial assessment is carried out to determine investment potential

SPOTLIGHT

Entering Malaysia and Singapore

In 2020, Diaverum signed an agreement to acquire Advance Renal Care Asia (ARCA), the largest independent dialysis clinic chain in Singapore. This is an example of Diaverum's long-term strategy which includes continued geographic expansion in selected markets with high growth potential.

Our entry into Malaysia and Singapore serves as a platform for further expansion in the South East Asia region, following the opening of Diaverum's first clinics in mainland China in early 2020.

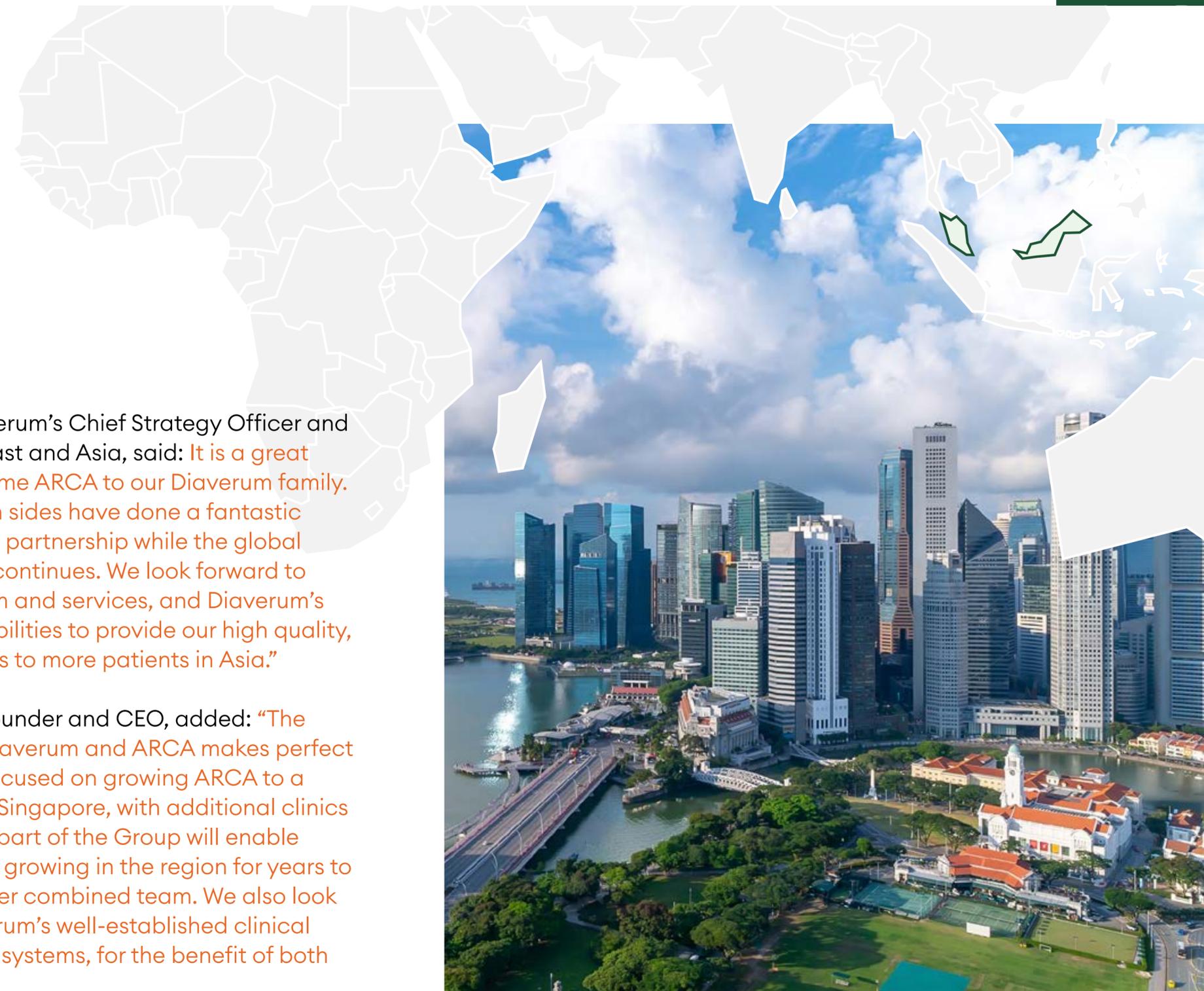
ARCA operates 14 dialysis clinics across Singapore, and a further four in neighbouring Malaysia, with around 760 patients in total and a turnover of SGD 16.9m (EUR 10.6m) in 2019.



Måns Olsson, Diaverum's Chief Strategy Officer and Head of Middle East and Asia, said: *It is a great pleasure to welcome ARCA to our Diaverum family. The teams on both sides have done a fantastic job in finalising this partnership while the global COVID-19 pandemic continues. We look forward to combining ARCA's excellent team and services, and Diaverum's care standards and digital capabilities to provide our high quality, life-enhancing renal care services to more patients in Asia.*



C.B. Lim, ARCA's founder and CEO, added: *"The combination of Diaverum and ARCA makes perfect sense. We have focused on growing ARCA to a strong position in Singapore, with additional clinics in Malaysia. Being part of the Group will enable Diaverum to continue growing in the region for years to come, backed by an even stronger combined team. We also look forward to benefiting from Diaverum's well-established clinical and operational procedures and systems, for the benefit of both patients and staff."*



Operating responsibly

Diaverum operates within a rigorous governance framework and we conduct our business in a transparent and ethical way. Our policies and processes underpin our principles: we have zero-tolerance for human rights abuses, compliance breaches and unethical behaviour. Our expected behaviours are outlined in our Code of Conduct and embedded through regular training for our employees

The Diaverum CMS

Diaverum manages general legal compliance and ethics through the Diaverum Compliance Management System (the ‘**Diaverum CMS**’). The Diaverum CMS is governed by the Diaverum Compliance policy and is embedded across the organisation. The overall objective of the Diaverum CMS is to provide for structured management of compliance and compliance risks.

The overarching elements of the Diaverum CMS are:

- 1 leadership
- 2 risk assessment
- 3 standards and controls
- 4 training and communication
- 5 monitoring, auditing and responding

Based on these elements, Diaverum has developed a number of compliance controls (the ‘**CMS Controls**

Framework’) within the following overall compliance areas:

- 1 general business compliance
- 2 anti-bribery and corruption
- 3 compliant patient referral and healthcare professionals management
- 4 partner and third party conduct
- 5 data privacy and protection
- 6 regulatory compliance

All Diaverum countries are required to implement the controls in the CMS Controls Framework. On an annual basis, Diaverum measures the level of group-wide (country level and aggregated) implementation of these controls. We call this process the **CMS Update**.

We operate the Diaverum CMS using a risk-based approach. That is why the **CMS Assessment Framework**

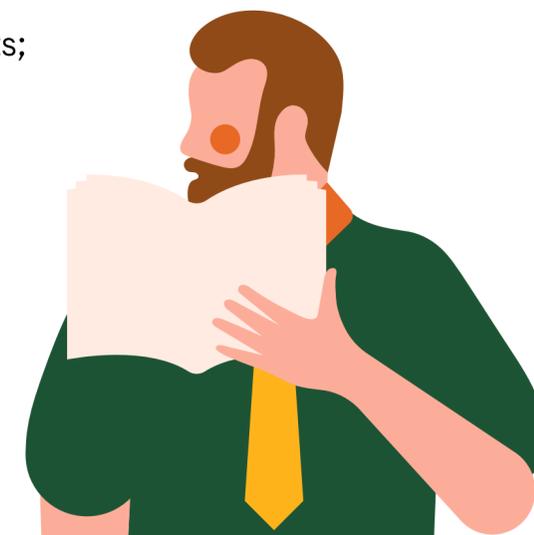
complements the CMS Controls Framework. This is a set of risk questions covering the above-mentioned overall compliance areas. All Diaverum countries are required to answer these risk questions as part of the CMS Update. The answers provide relevant risk context when assessing the Diaverum CMS Controls Framework implementation level – at a country level as well as at an aggregated/global level.

Countries do their CMS Update reporting on a proprietary web-reporting tool, the **CMS Update Tool**. Based on this reporting the tool calculates a number of important compliance and risk metrics. These metrics include, but are not limited to, country and group-wide CMS Controls Framework implementation level, Country and group-wide CMS Controls Framework implementation improvement rate and country and group-wide compliance e-learning completion level.

In addition, Diaverum has an Internal Audit function that independently audits, among other things, the Diaverum CMS and CMS Controls Framework implementation level.

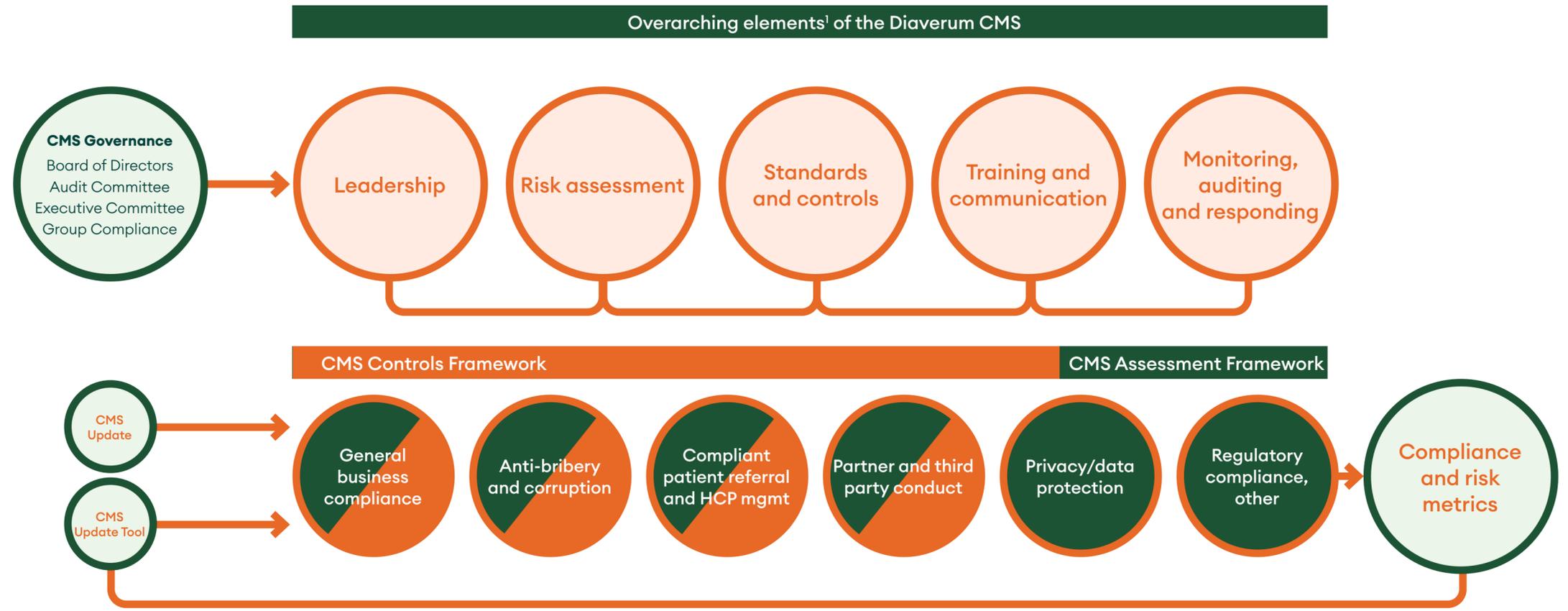
Diaverum’s Code of Conduct e-learning is mandatory for all employees (including consultants who perform work similar to a Diaverum employee). This e-learning educates them about corporate values, ethics and general compliance topics. In addition to the Code of Conduct e-learning, Diaverum also offers e-learning courses on more specific compliance topics, currently within the following areas:

- general compliance (introductory module);
- compliant patient referral management;
- partner and third party integrity including export control and financial sanctions;
- conflicts of interests;
- whistleblowing;
- anti-tax evasion facilitation (ATEF);
- data protection.



In 2020, the Diaverum Board of Directors decided to make fulfilment of certain Diaverum CMS country-level compliance targets mandatory for Senior country management's eligibility to participate in the Group's incentive programme. The inclusion of compliance linked targets is a way for us to show that we, as a company, take compliance awareness seriously. We firmly believe that this, in the end, helps foster ethical business conduct across the Group.

Diaverum Compliance Management System (Diaverum CMS)



¹Based on internationally recognised standards; see for example the US Sentencing Guidelines, the UK Bribery Act Guidance on adequate procedures, the German IDW PS 980 and ISO 19600 standards



Data privacy and protection

At Diaverum, we are committed to safeguarding the privacy of our patients, their families and our employees. Every day we collect, store, and process high volumes of sensitive personal information in connection with the services we provide

Diaverum has implemented a group-wide data protection policy, with local addendums where necessary, as well as a policy that specifically addresses our access to and processing of patient data. In addition, we have complementary policies and procedures for e.g. data retention, data breach management, data protection training, encryption, and audit and reporting. An enabled Active Directory account plus specifically granted access rights are required to access Diaverum's medical records as well as most of our other systems and applications, most of which also have built-in role-based and organisation-based access controls.

Patients are informed about the processing of their personal data through

a formal privacy notice and/or giving their informed consent to Diaverum's processing of their personal data.

We have organisational and technical measures for protection of personal data in place, including, but not limited to:

- a secured data centre, centrally managed network with a PC client platform;
- policies and procedures to support the use of protected information;
- a central organisation that provides advice and guidance on various initiatives;
- local data protection officers in each country;
- management of privacy risks and reporting privacy-related risks to Diaverum management;

- generic and specific training and awareness material to educate employees about the importance of data protection and privacy;
- processes for managing incidents, breaches, and complaints;
- internal controls and auditing.

In the event of a breach, **Diaverum has documented processes to ensure that all required actions are taken and anyone affected, such as patients, regulatory agencies or other stakeholders is notified.** There were no substantiated complaints about breaches of privacy or losses of

personal data in 2020 or monetary losses as a result of legal proceedings associated with data security and privacy.

In addition to the above measures, we also ensure that our data centres are prepared for any unforeseen circumstances that could potentially lead to data loss.

These include, but are not limited to:

- fire protection;
- perimeter protection (locks, steel doors, steel-reinforced walls);
- water damage protection;
- alarms and surveillance;
- power backups and dual power supplies.



Sustainable suppliers

At Diaverum, we take it upon ourselves to actively engage with our key suppliers and stakeholders

We do not do business with an entity/person that may act in breach of our Code of Conduct, other company policies or external regulations. All of our major suppliers are therefore required to adhere to and asked to sign our **Code of Conduct for Suppliers**.

This code defines the standards that Diaverum expects its suppliers to uphold with regard to environmental

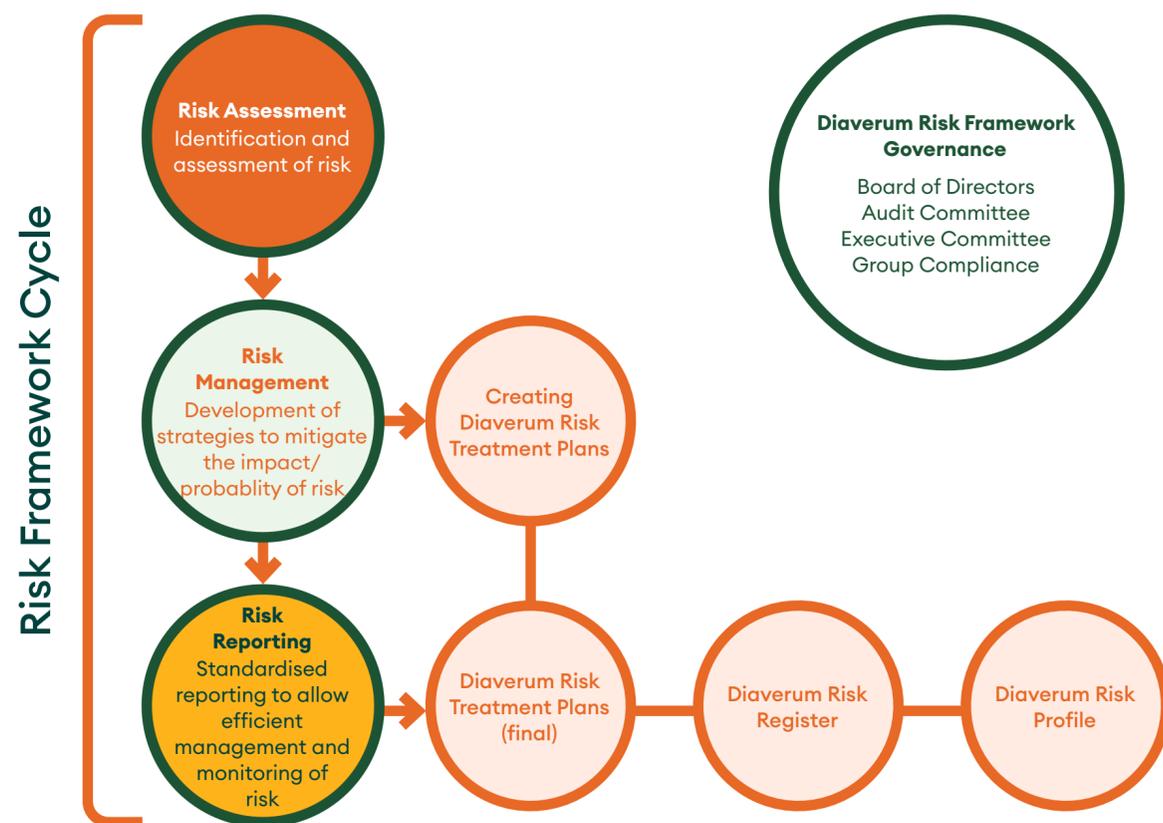
performance and sustainable resource consumption, relevant aspects of human rights, sanctions and export controls, and anti-corruption. **We review our suppliers' compliance with the Code of Conduct for Suppliers on an annual basis.** We try to influence our key suppliers through both our Code of Conduct for Suppliers and active dialogue, keeping clearly in mind that we must not compromise on our standards of care.



Diaverum Risk Framework

At Diaverum, we define key risks as those with the potential to have a substantial adverse impact on our ability to deliver on our business objectives

Diaverum Risk Framework



The purpose of the **Diaverum Risk Framework** is to allow us to identify such risks and develop strategies that bring their probability or impact to acceptable levels. By avoiding or mitigating risk in this way, we reduce the level of uncertainty that would otherwise threaten our ability to deliver on our objectives, thus ensuring seamless business continuity and protecting the reputational integrity of the company and, of course, the safety of our patients.

The Diaverum Risk Policy, as approved by the Diaverum Board of Directors, sets out instructions across Diaverum regarding how to identify, assess, manage, report and monitor risks. Diaverum Group Compliance maintains and develops the Risk Management Framework, which is an independent group framework but also an integral element of the Diaverum Compliance System and runs on an annual cycle.

The scope of the Diaverum Risk Management Framework includes key parts of risk governance appropriate to Diaverum, based on the context of the organisation, including its risk appetite, and the current economic situation in all Diaverum countries.

Diaverum assesses risks based on their possible impact and the effectiveness of controls in place to mitigate them. To assess Diaverum risks from both a Diaverum group (corporate) perspective ('top down') and a Diaverum country level perspective ('bottom up'), Diaverum applies, executes and performs the Diaverum Risk Framework with all its elements at all levels of the group.

Based on the risk register, Diaverum then creates and maintains an updated profile of the top risks to the company.

An overview of selected Diaverum risks relating to the topics of this report are summarised in the table on the next page.

Risk



The COVID-19 pandemic has disrupted and may continue to disrupt Diaverum's operations by adversely affecting: patient safety, patient treatment continuity, employee safety, financial stability, cyber security



Diaverum is dependent on hiring and retaining qualified medical staff on competitive terms



Diaverum operates in a heavily regulated industry and is subject to changes in laws or regulations



Any significant failure or interruption to Diaverum's IT systems could adversely affect its business



Diaverum may not be in compliance with applicable data protection laws and regulations



Failure to comply with anti-bribery and anticorruption laws and regulations by Diaverum, its employees or third parties could subject Diaverum to penalties and other adverse consequences



Diaverum's growth strategy is partly based on its ability to find suitable acquisition or expansion opportunities and the successful integration of new businesses



Diaverum may be adversely affected by its suppliers facing financial or operational problems, increasing prices or being unable to make deliveries as agreed



The internal governing documents, procedures, processes and evaluation methods used by Diaverum to manage its operations and to assess and manage risk may be insufficient to cover risks, and Diaverum's internal governance and control may not be able to prevent fraud. Diaverum's facilities are exposed to outbreaks of communicable diseases and infections

Risk area



Epidemic/pandemic threat



Inadequate availability of skilled staff



Regulatory compliance



Cyber threat



GDPR compliance



Bribery and corruption/Non-compliant patient referral management



Mergers and acquisitions



Supplier dependence



Clinical malpractice/ Clinics operational risk



Our environment

As a dialysis service provider, Diaverum's biggest environmental impact concerns water and energy consumption. Our first priority is to patient safety, and this requires that the water used for dialysis is pure and un-contaminated by chemicals or microbes which could cause serious illness or death. However, we actively monitor our water and energy consumption to identify areas of improvement, as we are mindful of the need to reduce any negative impact on our planet



Water, energy and waste

We continuously look into initiatives that reduce water and energy waste and increase resource conservation without compromising on patient safety

In the coming years, this initiative will allow us to measure our environmental footprint across all our countries, in consumption units rather than Euros per treatment, and pinpoint areas of improvement

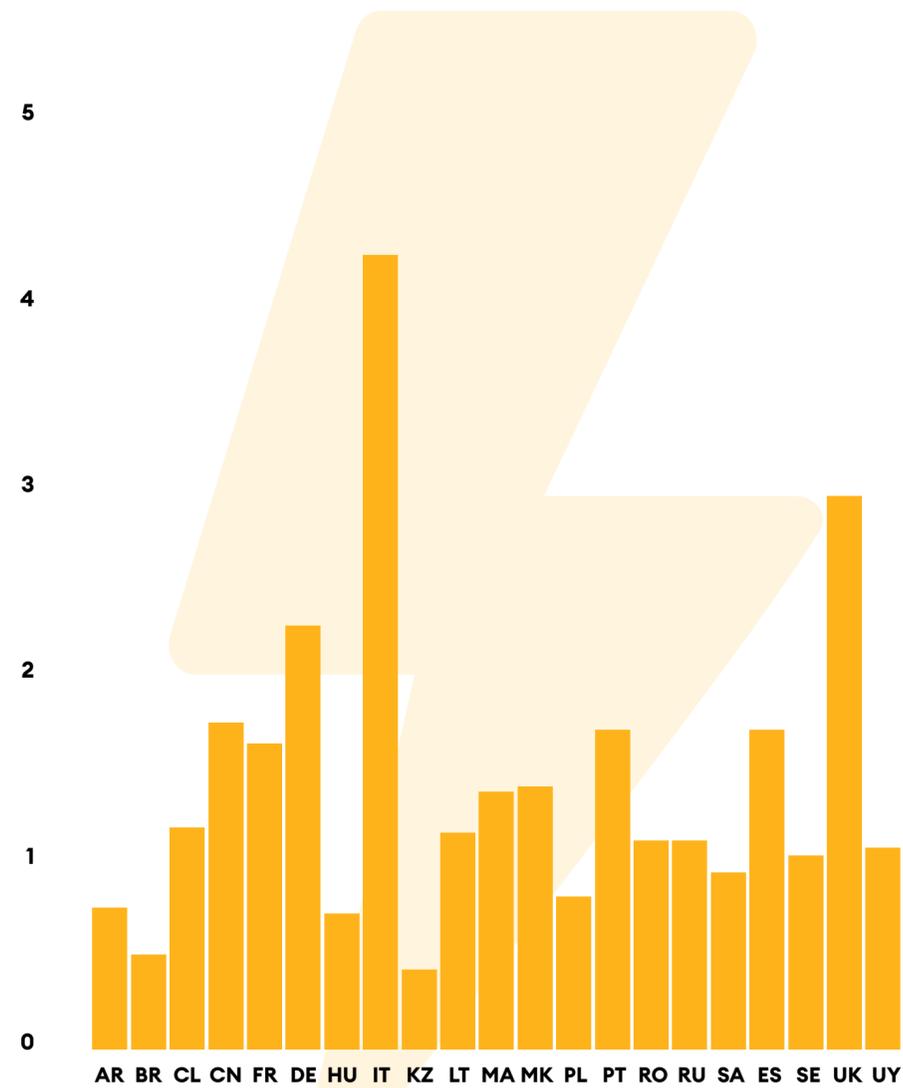
In 2020, we committed to finding ways to reduce our consumption of natural resources. To that end, we have started the process of standardising clinic design with the ambition of minimising environmental impact. This standardisation process is currently in its initial stages with major milestones planned throughout 2021. The project

takes into account evidence-based design research that focuses on improving the physical environment and in turn our patients' sense of security and quality of care, thus increasing their levels of satisfaction and that of our staff. The project also pays specific attention to the sustainability of our clinics with regard to resource consumption, use of locally-sourced and ecological materials, and zoning within the clinics.

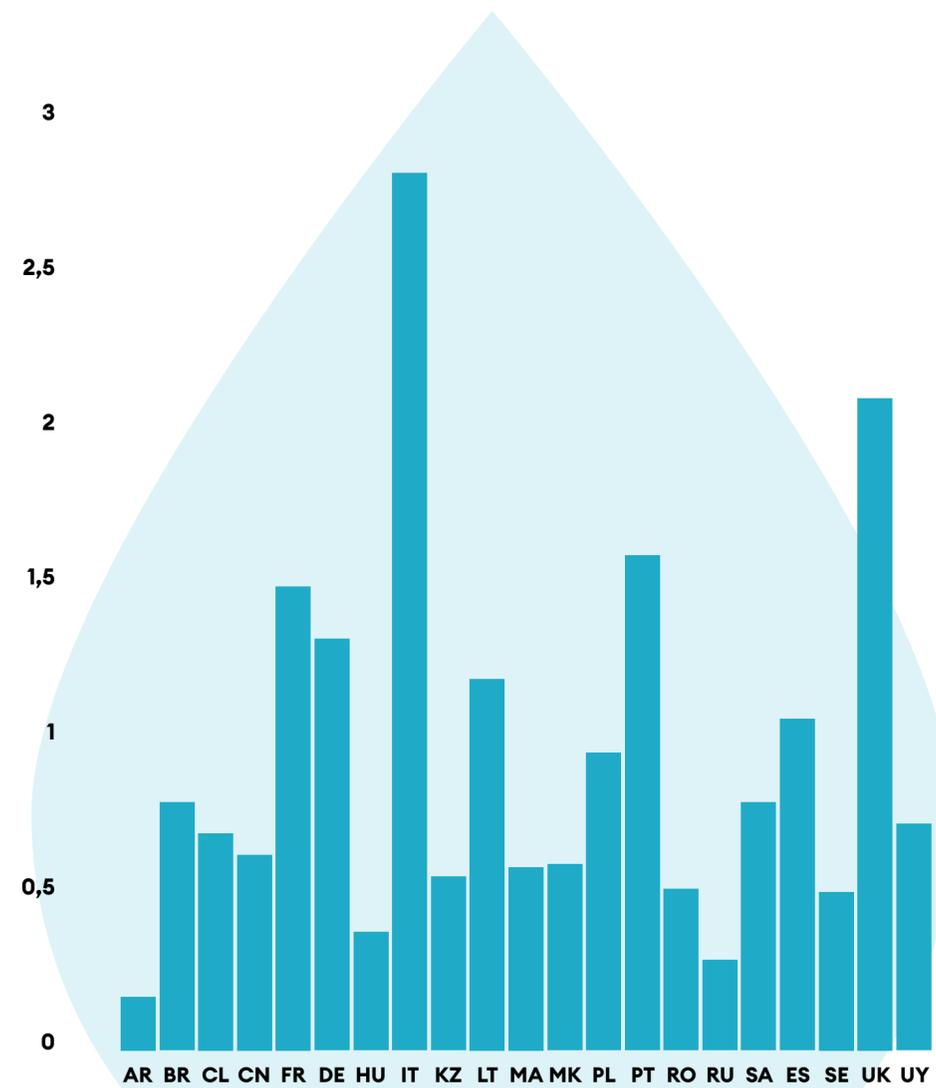
Global average:
Electricity: 1.41 €/Tx
Water: 0.93 €/Tx
Medical waste: 1.63 €/Tx



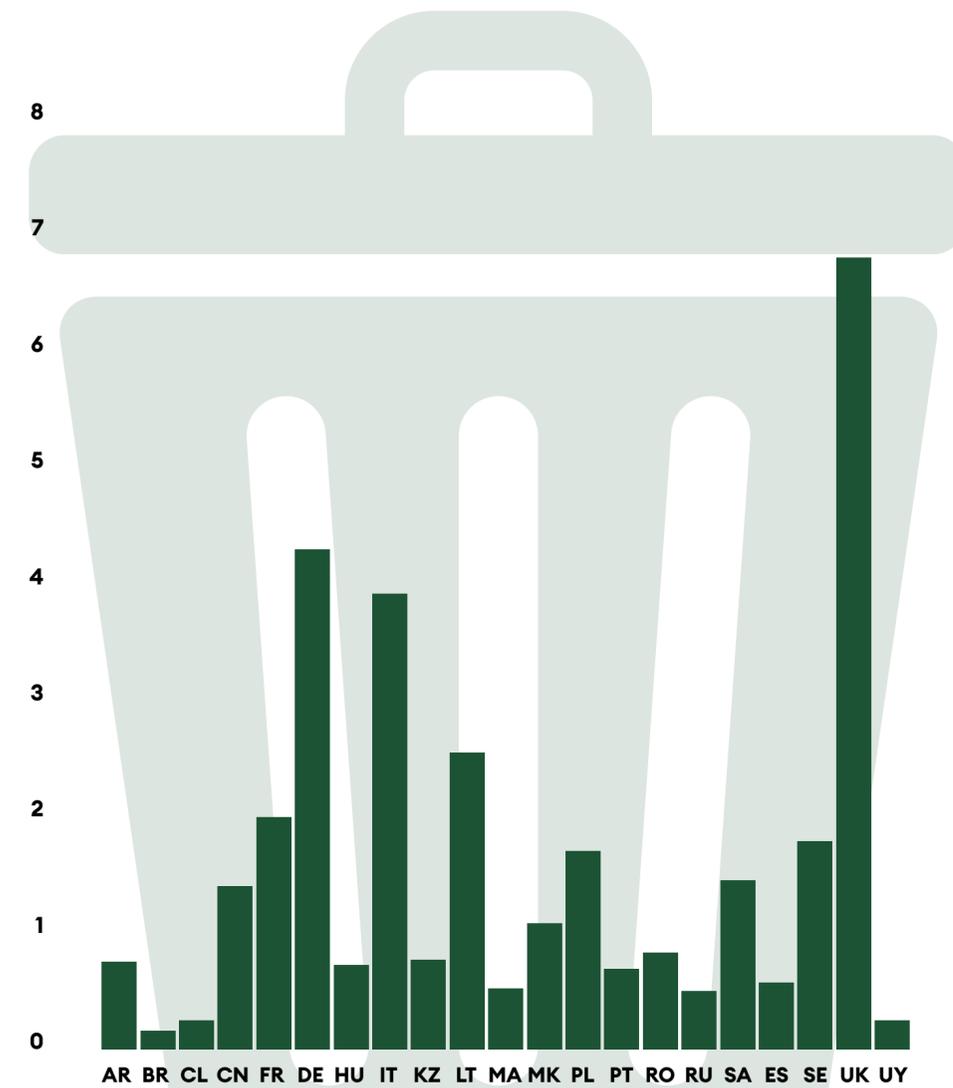
Electricity FY2020 €/Tx



Water FY2020 €/Tx



Waste disposal FY2020 €/Tx



Argentina - AR Brazil - BR Chile - CL China - CN France - FR Germany - DE Hungary - HU
 Italy - IT Kazakhstan - KZ Lithuania - LT Morocco - MA North Macedonia - MK Poland - PL
 Portugal - PT Romania - RO Russia - RU Saudi Arabia - SA Spain - ES Sweden - SE
 United Kingdom - UK Uruguay - UY

Disaster preparedness at the clinic level

The potential impact of climate change and natural disasters related to it are all too clear. **Diaverum has thus asked all countries to prepare contingency plans for risks such as natural disasters as well as utility failure and terrorism, which may disrupt operations, adversely affect patients and compromise business credibility.**

These Diaverum Continuity Plans provide guidance about how to respond, manage and recover our renal facilities from any disruption, ensuring continuity of treatment for patients. To ensure that our clinics are prepared at all times, compliance with the various continuity plans is measured as part of Diaverum's clinical audit process.



Conclusion

In an unprecedented year for society and businesses, Diaverum's 2020 sustainability approach translated into the company's response to the COVID-19 pandemic to safeguard the health and safety of its patients and people.

At Diaverum, we are committed to meeting our societal and environmental obligations through the provision of life-enhancing renal care, with competence, passion and inspiration. Since it is through our people that we deliver True care, our ability to support and invest in our employees and successfully promote their well-being is a pre-condition for us to become the global renal care provider of choice for renal patients, national health care authorities and healthcare professionals. As discussed throughout this report, sustainability is inextricably linked with our business success.

2020 was a challenging year, across the world. We believe that our ability to adapt and act quickly, and extend an offer of services to national health services in the time of greatest need, proves that we put the care

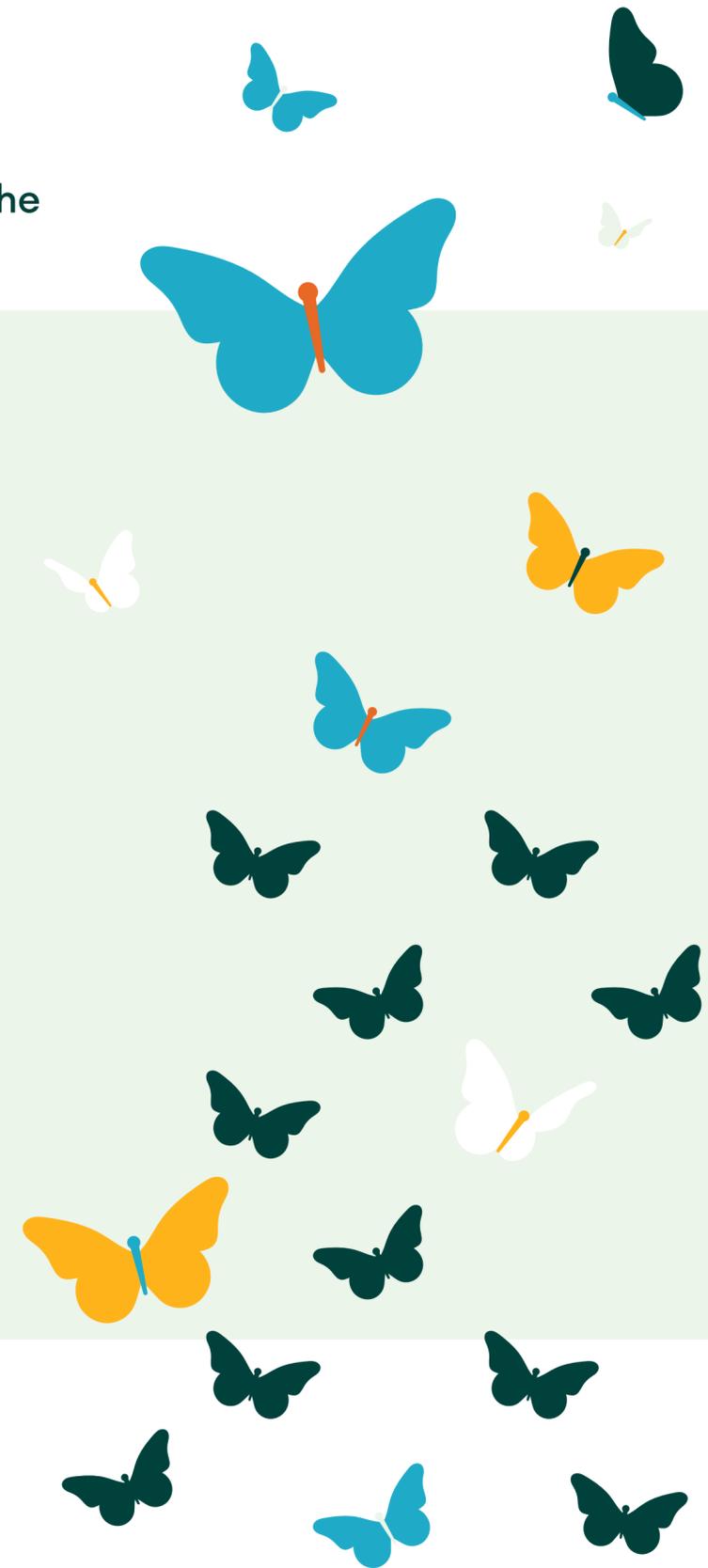
of our patients, employees, and the communities within which we operate, at the core of everything we do.

Concurrently, our ability to continue, albeit a little more slowly than planned, processes such as our pilot programmes for patient perception, finalise the Clinical Performance Measurement (CPM) 2.0 tool, and introduce a digital Compliance Management System, as well as enhance our Sustainability Framework, shows our resilience and commitment to operating responsibly.

In 2020, we also achieved our goal of beginning to align our sustainability reporting to globally recognised standards. This Sustainability Report is thus the first to take into account several sustainability indicators and topics identified in the SASB Healthcare

Delivery Standard as well as the UN SDGs (as shown in the annex). It is our aim to increase the number of SASB and UN SDG indicators reported in our Sustainability Report 2021, thus improving our sustainability profile.

We are committed to reviewing our material sustainability topics on a regular basis, and dedicated to aligning these with industry-wide best practice as well as to our own company strategy. Central to our sustainability efforts is providing consistent annual metrics regarding our group activities. In 2020, we ensured that we built on the strong practices we have already established in our sustainability reporting, to focus our efforts on showing improvement in our key sustainability areas, and to continue to help patients live fulfilling lives all over the world.



Annexe

SASB Healthcare Delivery Standard

Disclosure Topic	Topic code	Page #	Diaverum sustainability pillar
Energy management	HC-DY-130a.1	51-52	Our environment
Waste management	HC-DY-150a.1	51-51	Our environment
Patient privacy and electronic health records	HC-DY-230a.2	47	Operating responsibly
Employee recruitment, development and retention	HC-DY-330a.2	27-38	Employees and well-being
Climate change impacts on human health and infrastructure	HC-DY-450a.1	51	Our environment

United Nations Sustainability Development Goals

Goal	Targets	Page #	Diaverum sustainability pillar
 Good health and well-being	3.4	13-24	Our Patients
 Gender equality	5.5, 5c	34-36	Employees and well-being
 Decent work and economic growth	8.5, 8.7	27-29, 33, 36	Employees and well-being
 Peace justice and strong institutions	16.5, 16.6	41-42, 44	Access to care, operating responsibly

To access the SASB Healthcare Delivery Standard, please visit:
<https://www.sasb.org/wp-content/uploads/2019/08/SASB-Health-Care-Delivery-Industry-Brief.pdf>



This Sustainability Report 2020 has been approved by the Diaverum Board of Directors and contains all essential information regarding the sustainability initiatives within Diaverum AB. This report is Diaverum AB's statutory sustainability report for fiscal year 2020 and it covers Diaverum AB, and its subsidiaries, according to the same principles as for the financial statements.