



DIAVERUM

2024 ESG Report (2)

1.	This is Diaverum	5
1.1	Company overview	7
1.2	Chronic Kidney Disease overview	9
1.3	Our value proposition	11
2.	Our approach to sustainability	16
3.	Our patients	20
3.1	Our digital solutions (in development)	21
3.2	Transforming the patient experience	21
3.3	Knowing and measuring what	
	matters to our patients	25
4.	Access to care	30
4.1	Sharing knowledge with the medical	
	and scientific communities	31
4.2	Preventive care and transplantation support	32
4.3	Enhanced patient mobility	34
4.4	Dialysis access for underserved communities	34
5.	Employees and well-being	35
5.1	Driving attraction and retention	38
5.2	Employee development and experience	42
5.3	Workforce well-being and work-life balance	43
5.4	Diversity, equality and inclusion	45

6.	Operating responsibly	46
6.1	Ethical business culture	47
6.2	Sustainable supply chain	52
6.3	Cybersecurity, data privacy and protection	53
7.	Environment	56
7.1	Environmental management	57
7.2	Climate change mitigation	57
7.3	Minimising waste	60
7.4	Optimising water usage	61
7.5	Use of chemicals	61
8.	Our risk management process and control	62
8.1	Risk assessment approach	63
8.2	Internal Control System	66
8.3	Group Internal Audit	67
9.	Appendix	68
9.1	Sustainability Accounting Standards	
	Board (SASB) reporting framework	69
9.2	How the Group works with	
	Sustainable Development Goals (SDGs)	71
9.3	Diaverum scientific articles on PubMed 2024	72







Rafael Romanini **Group Chief** Executive Officer. Diaverum

At Diaverum, our mission of delivering life-enhancing renal care is inseparable from our commitment to Environmental, Social, and Governance (ESG) excellence. As we reflect on 2024 - a year of transformation and progress for our organisation -I am proud to share how ESG is increasingly shaping our strategy, decisions, and culture, ensuring we serve not only our patients, but also the communities and planet we all depend on.

2024 marked a pivotal chapter as Diaverum integrated further with M42, our strategic investor, joining its newly created Global Patient Care? platform earlier this year. This development is allowing us to strengthen our ability to deliver high-quality, digitally connected care across borders-combining Diaverum's clinical expertise with M42's innovation in AI, data, and precision health. Together, we are broadening access to kidney care, improving outcomes, and helping build more resilient, sustainable healthcare systems.

As global demand for dialysis grows, we remain focused on providing life-enhancing renal care wherever and whenever it is needed.

Appointed as CEO in May 2025, I feel both humbled and energised to lead Diaverum at this remarkable moment. Since joining the company in 2018 as Country Manager for Brazil, I've seen the power of our purpose, the strength of our people, and the real impact we have on patients' lives. As I've grown within Diaverum, so too has the organisation, its ambitions and the people underpinning its success.

Our ESG journey

Our ESG journey is grounded in the belief that responsible, sustainable healthcare is not only possible-but essential. This belief is brought to life by our 13,500 dedicated staff, who delivered over 6.5 million haemodialysis treatments across 24 countries in 2024. Our ambition is for ESG to remain a guiding compass in our decision-making, helping us steer our growth with increasing responsibility, transparency, and a focus on long-term value.

Although the implementation of the Corporate Sustainability Reporting Directive (CSRD) has been deferred by the EU's Omnibus Directive, we view this as an opportunity to strengthen our ESG governance and data capabilities. For us, CSRD is not a compliance exercise - it's a catalyst for transparency and impact. That's why we're staying the course - launching a new materiality assessment in 2025 and further aligning with global best practices.

ESG pillar highlights



Patients

At Diaverum, our commitment to integrated care enrooted by our clinical governance allows us to support the complete health journey of our patients, encompassing emotional, educational, and social dimensions. In 2024, we expanded our proprietary Patient Experience Framework - now covering over 316 clinics and 95% of operating countries -ensuring culturally inclusive, patientcentred care.

Making knowledge more accessible and empowering our patient is a core part of our approach. To enhance patient literacy and information sharing, we developed the d.CARE patient smartphone application and successfully registered most of our eligible patients, with active usage of the app on a monthly basis. In 2024, we also expanded our set of educational resources tailored to our patients and staff.

Digital and AI innovations are becoming increasingly central to our care model. Predictive tools under development will enable more personalised treatment decisions and preventive care across our global network. These efforts reflect our belief that supporting patients means providing them with the tools not only to manage their condition, but to live with dignity, purpose, and fulfilment.

2024 ESG Report

Access to care

At Diaverum, we are expanding our role beyond dialysis to play a more active role in preventive healthcare. We continued to strengthen our focus on prevention and early intervention, with pre-dialysis programmes active in 11 countries and structured diabetes management initiatives in place in Romania and Brazil. Health literacy also plays a vital role in CKD prevention. Across our countries, we actively participate in community programmes that raise awareness and promote kidney health. We also support our patients in living fulfilling lives, including the freedom to travel. Our d.HOLIDAY programme delivered over 76,000 treatments in 2024, with zero expired requests. The launch of our d.HOLIDAY Fly Back initiative now gives patients awaiting kidney transplants the ability to travel safely, knowing we'll bring them home for surgery when needed - at no personal cost.

(3)



Employees and well-being

Our people are at the heart of everything we do. In 2024, this commitment was reflected in our survey results - 82% of employees recommended Diaverum as a good place to work and 88% felt motivated to improve services to patients, well above our 2025 ambitions of 70% and 75%, respectively.



Operating responsibly

We strengthened our governance foundations through enhanced compliance training, internal audits, and integration

CEO foreword 2024 ESG Report (4)

igtherapsite

of ESG into risk management. All new employees are required to complete mandatory e-learnings on our Code of Conduct and SpeakUP! policy. Cybersecurity and data protection remained top priorities, ensuring our digital platforms and patient information remain secure. In 2024, we achieved a 100% compliance training completion rate and expanded ESG oversight across our internal audit and control systems.

Environment

We accelerated our environmental ambitions in 2024, advancing our goal of net zero by 2050. We enhanced carbon footprint accounting across Scopes 1, 2 – while improving further our scope 3 accounting before public disclosure as per CSRD requirements –, and initiated our climate transition roadmap.

Since launching our solar energy programme in 2022, we've installed panels in 23 clinics, generating 795 MWh of renewable energy.

All electricity purchased in Spain now comes from renewable sources. We also launched a global climate risk assessment and developed a performance dashboard to monitor environmental impact across all 24 countries where we operate. Across our clinics, we continued efforts to minimise water consumption and reduce our clinical waste.

Looking ahead: healthcare with purpose

As healthcare systems worldwide seek more sustainable and equitable ways to deliver care, Diaverum is ready to lead-with Competence, Passion, and Inspiration. Our ambition is clear: to evolve from a treatment provider to an enabler of fulfilling lives. That means supporting patients beyond the dialysis chair, strengthening health systems, and embedding sustainability into every decision we make.

With the support of M42, we are helping shape a future where care is smart, digital, inclusive-and enduring. Together, we will reach more patients, advance research, and unlock innovation that is ethical and effective.

We step forward with clarity of purpose, a strong set of values, and an unwavering commitment to life-enhancing care. Our roadmap is clear: advance our climate strategy, embed ESG in every patient and employee interaction, and maintain transparency through robust, data-driven reporting.

I want to thank you all – our patients, colleagues, partners, and shareholders – for your trust. It empowers us to keep driving meaningful change – and deliver on our promise of care that not only heals, but transforms.

The future of healthcare won't arrive by accident. It will be earned—through daily action. At Diaverum, we are building that future every day – patient by patient, clinic by clinic, market by market.



1. This is Diaverum 2024 ESG Report



1







CKD is a global and escalating challenge, affecting about 10% of the world's adult population. It has multiple causes, including diseases such as diabetes and hypertension. Its prevalence is increasing, particularly in developing countries and among low-income individuals.

Our vision is to transform renal care, delivering and broadening access to life-enhancing renal care, for patients worldwide. Through our standardised Care Delivery Model, continuously evolving digital & AI infrastructure and culture of True care, we ensure benchmark renal care services are delivered at scale & consistently to every patient in each of our clinics around the world. This approach not only enhances patient outcomes but also reduces the cost of care for national healthcare systems, in light of the increasing burden of chronic diseases.

As a global leader and the largest independent renal service provider in Europe, in 2024 we had approximately 13,500 staff caring for around 42,000 patients across 444 clinics in 24 countries.

We provide renal care personalised to patients' needs and choices, offering a portfolio of treatments ranging from preventive care, haemodialysis, peritoneal dialysis and home care, to the coordination of patients' comorbidities and holiday dialysis.

We distinguish ourselves by offering unique value, to both our patients and to national healthcare systems.

Diaverum at a glance*

24 countries worldwide

444 clinics

c.42,000

patients

c.13,500 staff worldwide**

c.6.5 million HD treatments annually

Our services

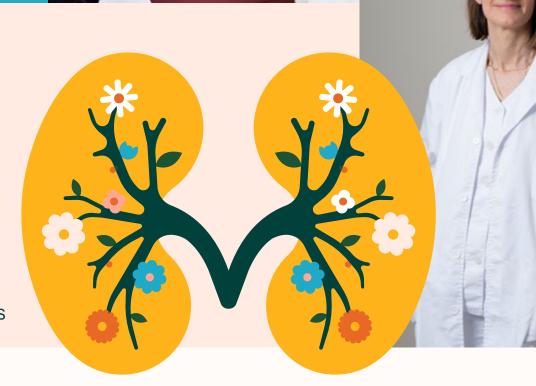
95%
Haemodialysis (HD)

5/0 Other

<1%
Home HD

C.1%

Peritoneal dialysis



* As of 31 December 2024

^{**} include Diaverum employees and contractors



A legacy of Swedish innovation, care excellence and global expansion.

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. Rapid global expansion followed, with Gambro Healthcare acquiring and winning tenders for new clinics worldwide. By the end of 2007, the company operated 170 clinics in 14 countries and treated more than 14,000 renal patients.

In 2007, we rebranded as Diaverum, with a new vision to help healthcare systems across the world provide universal access to world-class renal care. Since then, we have become a benchmark for high-quality, personalised care provision, patient-centric digital innovations, and for a culture of True care, while significantly expanding our global presence.

In April 2023, we welcomed M42 as our new shareholder – a global health champion powered by artificial intelligence (AI), technology and genomics to advance innovation in health for people and the planet. M42 combines its specialised, state-of-theart facilities with integrated health solutions like

genomics and biobanks, and harnesses advanced technologies to deliver precise, preventive and predictive care, to impactfully disrupt traditional healthcare models and positively impact lives globally. As global demand for renal care rises, Diaverum and M42 are uniquely positioned to transform the industry by leveraging their advanced digital and AI capabilities, exceptional clinical standards across the care continuum, and expansive international network – while driving global growth across existing and new geographies.

As we turned to 2025, the launch of M42's new operating model and the integration of Diaverum into the newly formed Global Patient Care Platform represent an exciting opportunity for us to enhance the impact we have on patient care worldwide. By integrating the company's UAE and international health assets, the Global Patient Care platform has emerged as a leading global healthcare organisation, operating 480 clinics across 26 countries and serving 15 million patients annually. Its comprehensive services include Renal Care, Outpatient and Chronic Disease Management, Diagnostics, Women's & Children's Health, Specialty Surgery, and Long-Term Care.

Some of Diaverum's business developments in 2024



Opened

a new unit in

Brazil to

support the

continued

growth of

our existing

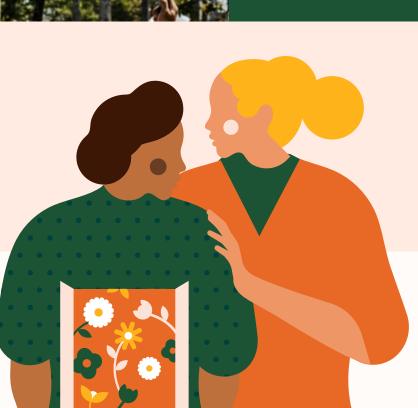
patient base

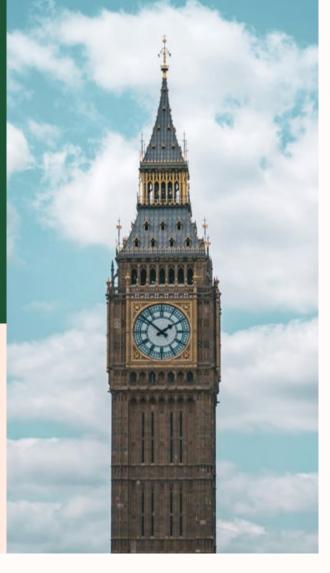
Expanded the capacity of our clinics in Kazakhstan, Romania and China



Acquired 6 new clinics in Greece and Morocco









1. This is Diaverum 2024 ESG Report (8)

30 years delivering medical excellence

Diaverum has a proven track record of over 30 years of excellence in renal care and sustainable growth.

As of 31 December 2024, we operated our renal care services across 24 markets – Albania, Brazil, Chile, China, France, Germany, Greece, Hungary, Italy, Lithuania, Kazakhstan, Malaysia, Morocco, North Macedonia, Poland, Portugal, Romania, Russia, Saudi Arabia, Singapore, Spain, Sweden, the United Kingdom and Uruguay – typically organised as either tender or licence-based markets.

This geographical diversity embeds Diaverum within mature European markets as well as those with an unmet demand for renal care services, such as Brazil, China, and Saudi Arabia.

Strong growth track record

Over the last 18 years, we have expanded our operations, through the enlargement of existing clinics, acquisitions, tender wins and the refurbishment or development of new clinics in both existing and new markets. For the year ending 31 December 2024, the company's revenue reached €957 million (compared to €906 million in 2023).

Licensing markets	
Decision maker	Regulatory agencies provide licences for dialysis clinics. Licences generally not granted unless there is a clear, unmet demand
Basis for allocation	Fulfillment of requirement set by regulatory agencies varying between countries
Patient volumes	Patient in-flows are generally a result of referrals by primary care physicians, nephrologists and major hospitals
Duration	Ongoing without specified end, subject to adherence of regulations
-	

Tender markets

Decision maker

Public health authorities commission and oversee the competitive tender processes and award contracts to dialysis clinic providers

Basis for allocation

Price and quality are the main criteria in tender evaluation.
Sometimes proof of operating clinics in other markets are prerequisites

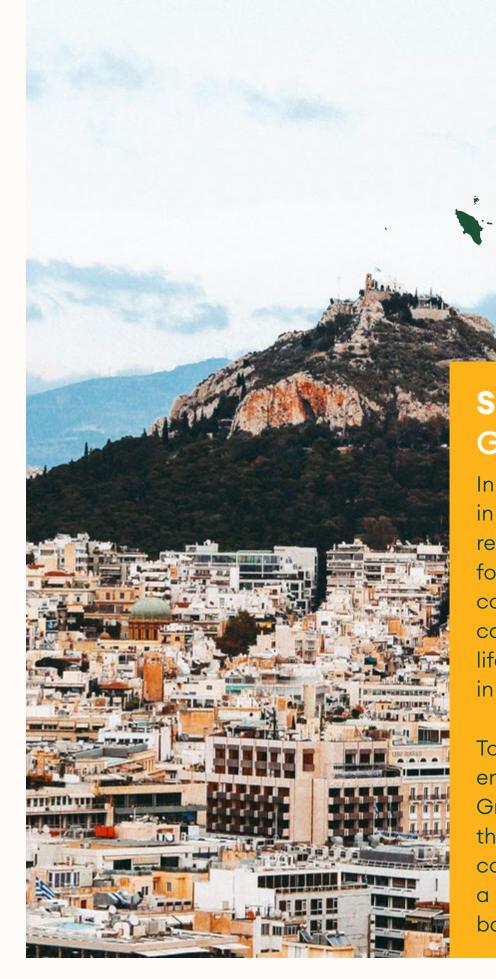
Patient volumes

Generally secured, although typically not guaranteed for the period of the tender.
Contracts may specify a fixed capacity in terms of number of patients

Duration

Duration (number of years) often specified in contract, typically 5-15 years

Diaverum has a leading position and scale in Europe & the Middle East, with a Top-3 position in more than 90% of its markets.



Spotlight:Growing in Greece

In 2024, Diaverum continued to expand and cement its presence in Greece. With six clinics across Attica and the neighbouring regions of Boeotia and Euboea – located in Central Greece and forming part of the country's most populous and medically active corridor – the company is now the third-largest provider of renal care nationwide. A team of 170 dedicated professionals delivers life-enhancing dialysis treatments to approximately 500 patients, in line with the highest international standards of care.

To further strengthen our footprint in the region, Diaverum also entered into a strategic partnership with BIOIATRIKI Healthcare Group, a leading private healthcare provider in Greece and the wider Mediterranean. Signed on 26 November, the ten-year collaboration brings together two healthcare pioneers with a shared vision for improving access to high-quality renal services, backed by BIOIATRIKI's 43 years of experience in the sector.



1.2 Chronic Kidney Disease overview

Chronic kidney disease (CKD) is a type of disease in which a gradual loss of kidney function occurs over time. It affects a large number of people around the world, and its prevalence increases with age. About 10% of the world's adult population suffers from CKD¹, but up to 90% of those affected may go undiagnosed until a later stage.

CKD has many causes; two of the most common (diabetes and high blood pressure) are significantly related to unhealthy lifestyles. A proportion of CKD patients, around 4 to 7 million people worldwide, need renal replacement therapy (RRT), with haemodialysis being the most prevalent treatment modality (corresponding to about 80% of patients on RRT globally).

The consequences of the disease can be devastating, and the situation has not improved in recent decades. Indeed, CKD is now one of the leading causes of death worldwide, with its most negative impact felt in low and middle-income countries.

People living with CKD that are undergoing haemodialysis, usually have a significant number

of comorbidities, related both to the underlying kidney disease and to the consequences of treatment. Among these comorbidities, cardiovascular complications, diabetes and hypertension are, undoubtedly, the most significant ones. This complex set of comorbidities results in high mortality and hospitalisation rates among the dialysis patient population, dramatically reduces their quality of life, and has a very significant impact on health systems.

Effective prevention and treatment strategies are urgently needed to reduce disease progression and enhance the quality of life of those affected by advanced CKD. With world population growth and the rising prevalence of lifestyle-related diseases, the demand for dialysis is projected to increase by an average of 6% annually. Today, at least half of all adults in the Western world have glucose intolerance or undiagnosed diabetes. By 2030 it is expected that about 20% of the world's population will have diabetes, which will likely contribute to an increase in CKD prevalence and in the number of patients requiring dialysis or kidney transplantation.



CKD is a global challenge and a lifetime burden for patients around the world



8.1bn inhabitants on this planet



c.10% of the world's adult population has to live with Chronic Kidney Disease, which may go undiagnosed until a late stage in up to 90% of cases



4.2m dialysis patients,6% growth on average every year



c.50% as a result of diseases such as diabetes and hypertension, mostly lifestyle related

 (\uparrow)

CKD is classified into 5 stages, based on glomerular filtration rate, ranging from CKD G1 to CKD G5, with stage 5 representing the highest degree of severity. The evolution to more advanced stages usually happens gradually, leading to a progressive decline in kidney function and overall quality of life.

In stages G1 or G2, people are often asymptomatic, and treatment focuses on curative interventions (if possible), measures to slow progression, and lifestyle changes. As the disease progresses to stage G3 and beyond, the frequency of medical visits and the need for drugs to control the disease and delay its progression, increase. Stage G4, for most patients, is generally the prelude to the need for Renal Replacement Therapies (RRT) that will be required in stage G5.

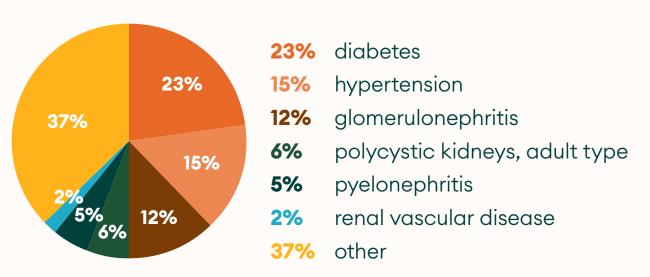
CKD stage G5 is characterised by further deterioration of renal function. At this stage, without treatment, the accumulation of toxic substances in the body becomes life-threatening and leads to serious symptoms. Dialysis, palliative care or kidney transplant are the available RRT options, and patients can be treated by different modalities in specific moments in time, according to their general status, treatment availability or specific indications.

The quality of life of people with CKD Stage G5 requiring RRT is often significantly impaired.

The burden of treatment is a major factor, as patients typically need to be treated at least for four hours, three times per week (a total of around 12 hours per

week), in addition to the need for recurrent travel from home to clinic. Other factors contributing to a reduced quality of life include the presence of other chronic diseases, some of which may lack a definitive cure or effective treatment.

Underlying factors driving kidney disease:



Lifetime burden

3x treatment per week

4h per treatment

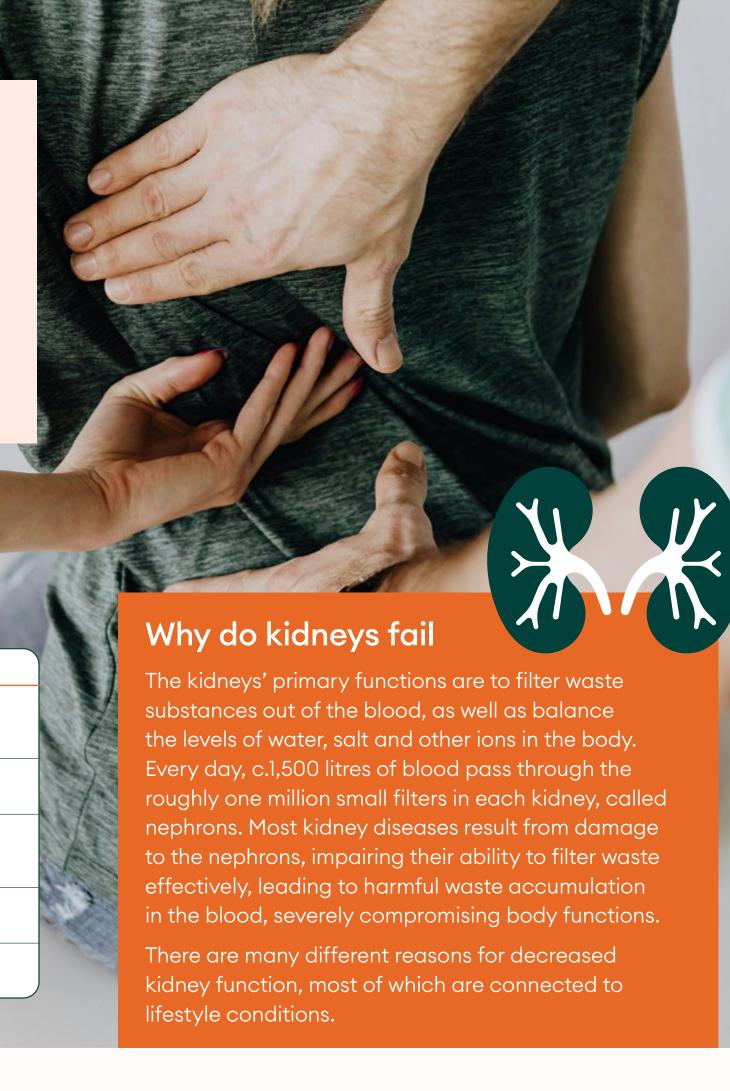
Trave to/from clinics

Chronic comorbidities, no cure and restricted diet

Stages of CKD	Kidney function ¹	Symptoms and typical treatment
Stage 1 – CKD1 Normal or high GFR ²	>90 mL/min/1.73m ²	 No symptoms, disease often not identified Treatment of underlying disease includes diet restrictions and lifestyle corrections Blood pressure monitored
Stage 2 – CKD2 Mild CKD	60-89 mL/min/1.73m ²	Same as stage 1
Stage 3 – CKD3 Moderate CKD	30-59 mL/min/1.73m ²	 Regular contact with medical team Monitoring, diet and exercise programme Drugs to prevent disease progression and delay severe kidney failure progression
Stage 4 – CKD4 Severe CKD	15-29 mL/min/1.73m ²	 Same as stage 3 Prepare for renal replacement therapy
Stage 5 – CKD5 End stage CKD	<15 mL/min/1.73m ²	 Accumulation of waste, water and other substances cause life-threatening symptoms Dialysis or transplantation needed

Source: Company Information, L.E.K. Consulting - Market Report.

Notes: 1. Kidney filtering capability, renal activity as ml/min/1.73m2 of full functionality; 2. Glomerular filtration rate.



1. This is Diaverum 2024 ESG Report



Why a value-based renal care approach?

Value-based healthcare focuses on optimising the relationship between patient outcomes and treatment costs, delivering value to patients and payors in an efficient manner. Value is defined as patient-relevant outcomes over cost per patient to achieve these. All are measured in standardised ways using evidence-based approaches.

Care models for CKD patients are often fragmented, with different components of the disease treated separately. This reduces efficiency, and places a substantial economic burden on healthcare systems.

Diaverum believes that renal care can benefit greatly from evolving into a value-based healthcare model, which can cover the full spectrum of care for CKD patients - from prevention to renal replacement therapies. While dialysis remains largely under a fee-for-service model, there is a long-term, ongoing trend towards value-based care, with Diaverum well-positioned to lead this transition.

Integrated dialysis care, a step towards value-based renal care

The integrated dialysis care model takes full responsibility for the entire dialysis service, including all core related services, such as vascular access surgery and maintenance, medication management, laboratory provision, coordination of patient care, nutritional management and social care provision.



By entrusting specialised dialysis providers with this broader responsibility, patient outcomes improve, while costs decrease and payor risk is reduced. Moreover, this model fosters innovation and continuous care improvements.

At Diaverum, we have a strong track record of successfully implementing integrated dialysis care models, for example in Portugal, Saudi Arabia and Spain.

1.3 Our value proposition

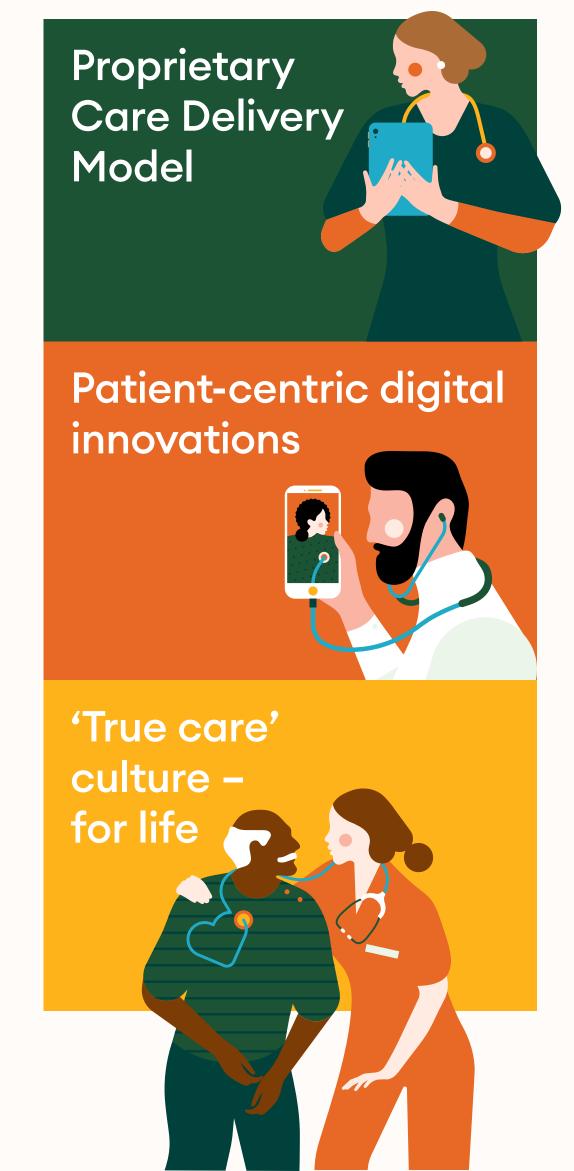
At the centre of what we do is our standardised, proprietary care delivery model, enabled by a continuously evolving digital infrastructure and a purposeful culture of True care. These three elements of our value proposition are what make us unique.

Proprietary Care Delivery Model

Diaverum's Care Delivery Model increases patient quality of life and reduces hospitalisation, creating tangible value for patients and payors, while driving operational efficiencies.

Our approach to care delivery is founded on an integrated dialysis care model. Alongside the provision of benchmark-quality dialysis treatment, we offer comprehensive management of CKD & its related comorbidities. Our model is also both standardised and personalised, integrating multidisciplinary perspectives tailored to the individual needs of each patient.

We adopt a holistic biopsychosocial-spiritual framework, addressing the full spectrum of patient needs – medical, psychological, and spiritual – within our treatment plans. Empowering patients through education is central to our ethos. We believe that by providing patients with clear information and useful tools, we encourage their active engagement in care decisions & self-management.



(11)



2024 ESG Report (12)

Technological advancement is a cornerstone of our strategy. We leverage digitalisation and artificial intelligence (AI) solutions to support informed decision-making and personalised care. These technologies facilitate the collection and analysis of extensive data, allowing us to refine patient

The integration of AI and digital resources not only boosts our operational efficiency, but also serves as a testament testament to our commitment to delivering high-quality, value-based care in a modern healthcare environment.

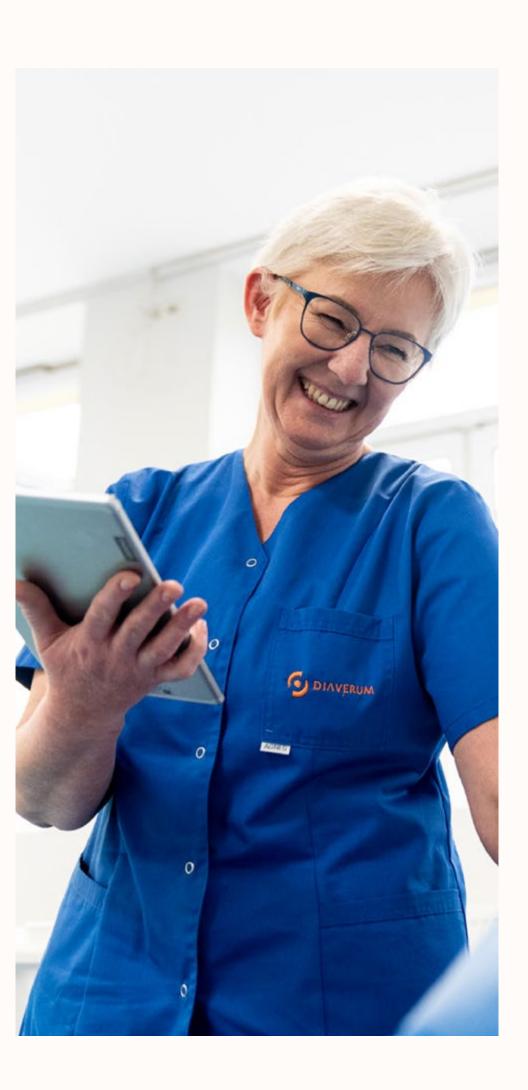
care strategies & achieve better health outcomes.

Investing in continuous research and education is essential to ensure our medical staff stays at the forefront of nephrology, enhancing patient care through the application of cutting-edge medical discoveries.

The result of our integrated approach is evident in improved patient longevity, reduced disease incidence, fewer hospitalisations, and significant enhancements in quality of life. Diaverum's Care Delivery Model aligns operational sustainability with our core commitment to providing accessible, equitable and high-quality care.

Diaverum's Care Delivery Model is structured around three major components, each focused on enhancing the quality of renal care on a global scale:

- → standardised clinical strategy
- → robust clinical governance
- \rightarrow the integration of digitalisation and AI.



Clinical strategy

At Diaverum, our clinical strategy is built upon the following five fundamental pillars:

1. Clinical Standards

A strong foundation of policies and procedures underpins every aspect of the treatment and care processes in our clinics. They ensure that every aspect of patient care and safety is delivered and sustained at a consistently high standard across our global network. Regular reviews and updates ensure compliance in response to new evidence, technology & regulatory requirements.

2. Medical Standards

Our evidence-based, standardised medical protocols for managing CKD and associated comorbidities minimises variability and maximises patient outcomes. Our safety and medical effectiveness are continually enhanced through comprehensive clinical policies, regular internal audits, and adherence to national regulations.

3. Patient Care Evaluation

Diaverum takes a data-driven approach to monitoring, measuring, and improving the way we deliver care. High-quality digital data and reporting underpin our model, enabling benchmarking, trend analysis and insights into clinic performances, thereby continually improving dialysis care. We utilise a proprietary Clinical Performance Measurement (CPM) scoring system which consists of:

- → Individual Patient Performance Scores (IPPS) – based on 31 criteria across eight critical intervention areas
- → Health-related quality of life (HRQoL) survey and assessments that measure patient well-being
- → Patient Perception of Care (PPC) survey and assessment – an annual process that captures direct patient feedback

Online dashboards are available to our clinical leaders and staff at the point of care. These tools enable the retrieval and analysis of real-time data related to various aspects of clinical performance.

4. Patient and Staff Education

We believe in continuous education as a cornerstone of high-quality care. Our proprietary d.ACADEMY learning platform and the Diaverum Nursing Educational Programme (accredited by the European Dialysis and Transplantation Nurses Association – EDTNA) provide standardised, digitally-enabled training to our staff, ensuring every member of our clinical team is equipped with the latest knowledge and skills.

5. Scientific Research

Our research ethos, characterised by diverse clinical study designs and a focus on ethical & methodological rigour, drives our mission to enhance health, extend life, and alleviate CKD-related burdens. We actively engage in scientific dialogues and collaborations to disseminate findings & enhance care delivery.

1. This is Diaverum 2024 ESG Report (13)



Clinical governance

Diaverum's clinical governance framework ensures the implementation and management of consistent, high-quality clinical standards on an international scale, ensuring every patient treated in our clinics around the world receives the same level of evidence-based medical care.

This framework includes:

- → developing global standards
- → conducting audits and securing accreditations
- → ensuring regulatory compliance
- → implementing training programmes
- → fostering a culture of research and innovation
- → monitoring clinical outcomes
- → combining centralised leadership with decentralised execution

In addition to maintaining quality in existing operations, Diaverum's clinical governance also supports:

- → the integration of new clinics and expansion into new markets, ensuring alignment with our standards
- → medical strategies
- → the responsible management of clinical data to support Al-driven care pathways.

Our internal audit function also plays a crucial role in ensuring adherence to clinical protocols and operational excellence across all markets, including compliance with data protection regulations.

Digitalisation and Al

Our Care Delivery Model is underpinned by an evolving **digital infrastructure** – explained in detail on page 147.

Digitalisation & AI have the potential to significantly enhance the efficiency, personalisation, and quality of patient care within Diaverum's Care Delivery Model. This includes patient data management, personalised treatment plans, predictive analytics, operational efficiencies, remote monitoring & telemedicine, education & engagement, quality control, research & development, resource allocation, and inter-departmental collaboration. Together, these components form a robust framework for care delivery, which Diaverum is continuously integrating into its Care Delivery Model.

Through a unique digital and AI-enabled, integrated, personalised dialysis care model, Diaverum aims to achieve:

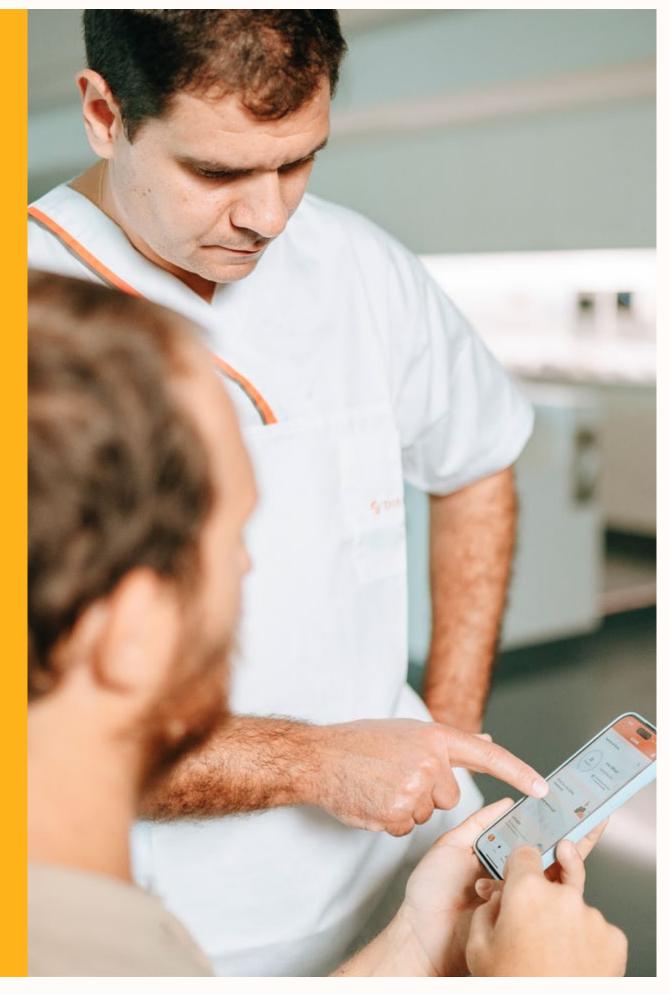
- → Improved patient longevity
- → Better health-related quality of life
- → Enhanced patient perception of care
- → Reduction in hospitalisation days
- → Increased access to kidney transplantation lists
- → Slowed disease progression in pre-dialysis patients

Spotlight: Clinical strategy programmes

Through its Care Delivery Model, Diaverum has built a robust suite of clinical programmes designed to deliver superior medical outcomes with optimal efficiency. As of 2023, the company proudly offers a diverse portfolio of strategic clinical initiatives, addressing areas such as therapeutic protocols, predialysis and diabetes care, vascular access, and cardiovascular disease management.

These programmes also focus on reducing hospitalisations and managing respiratory infections, while alleviating the burden of treatment-particularly symptoms like fatigue, pruritus, chronic pain, and intradialytic hypotension. Additionally, Diaverum supports the expansion of home therapies and facilitates access to renal transplantation, reinforcing its commitment to patient-centred care across every stage of the treatment journey.

Pilot projects are implemented and globally scaled, based on feedback received from patients in different countries. These initiatives will soon be rolled out across all countries. Educational resources on these topics have been created as part of the pilot programmes.







Our proprietary, digitalised care delivery model



1. This is Diaverum

Patient-centric digital innovation

CKD is an escalating, global challenge that adds to the unsustainable growth in expenditure and disease burden affecting national healthcare systems & patients around the world.

To tackle this, digital innovation is key – it has the potential to unlock an unprecedented level of personalised, standardised, efficient and high-quality care.

In the future, we see physical clinics and digital platforms combining to improve renal care.

This will include AI predictive analytics and mobile apps contributing to the delivery of efficient and personalised care, adjusted to each patient's needs.

Digital is therefore reshaping the future of our industry and we are determined to play a leading part in this.

Our digital transformation

In the last few years, Diaverum has embarked on an ambitious journey to convert over 30 years of dialysis know-how into digital solutions to ensure the highest standards of care for patients, the most advanced support for our clinical teams and the lowest cost for payors.



1. This is Diaverum 2024 ESG Report (15)

True care

A purposeful culture of True care

At Diaverum, our culture of True care defines who we are.

Our people are our business. The way we care for our patients, collaborate with national health services, engage with suppliers, and contribute to society – all of these stem from our culture.

Everyone at Diaverum is committed to True care. It transcends roles, backgrounds and geographies – whether we work in a clinic or an office, it's what unites us.

It's at our core, it's non-negotiable, it's how we work – and it connects us all. Cultural differences, a variety of job roles and different work contexts put diversity at Diaverum's heart, while through our values and behaviour we define our shared culture.

And our culture isn't a project, it isn't an initiative: it's the sum total of all of us, every day, in our actions, behaviours, decisions, habits and stories.

Dare to dream

We challenge the norms. Our passion for enabling fulfilling lives gives us courage for inprovation and a push for change, in the belief that anything is possible.

Create better, together

We support each other and take individual responsibility to foster an inclusive climate. We value teamwork and reach out for help and new ideas, while actively sharing with others

Lead by example

Integrity is at our core and we walk the talk on what we expect of ourselves and othe We are accountable for our decisions and actions, and set the tone to inspire others.

Sparkle with enthusiasm

We put our heart and soul into our work and don't wait for others to take the initiative.

We walk the extra mile and encourage others to do the same.

Learn something new everyday

We are curious, we want to understand and we actively seek out learning in our daily work and to unleash our full potential

Make connections

We create links, we develop relationships, we form bonds; because we know the outcomes are better when we build bridge

Good enough is not enough

We continuously strive to deliver better outcomes, and don't simply settle for the status quo

Build trust through delivery

We focus on delivering what we promise, consistently finding solutions, while being open and honest with challenges we find along the way.

Demonstrate your skill

We apply our knowledge and consistently work to improve and develop so that we are the best in what we do.

Inspiration

Passion

Competence





Key policies:



We firmly believe that private companies can create shared value for society, while safeguarding the environment through ethical operating principles and sustainable business models.

To deliver on that belief, Diaverum has developed its own ESG framework, structured around our material focus areas and grouped in five strategic pillars. This reflects our commitment to continuously improving our ESG performance.

This framework is based on the materiality assessment we conducted in 2022. In 2024, we launched a project to reassess our materiality topics, and identify our current and potential ESG impacts, risks, & opportunities. This new assessment considers both impact materiality – the impact of our business on society and the environment – and financial materiality – how sustainability topics affect the Group in terms of business risks and opportunities. While the project remains ongoing, no new ESG topics have been identified beyond those highlighted in the previous assessment.

Each of our ESG strategic priority pillars is explored in detail throughout this report, along with our ambitions for 2025 and the policies already in place to support them. These policies are available on the company's intranet, accessible to all employees, and communicated regularly through internal communications and learning courses offered through the d.ACADEMY programme.

In 2024, a new ESG policy was approved by the Chairman of the Board. This policy aligns with Diaverum's ambition to contribute to a sustainable future. It outlines our commitment to responsible business conduct, environmental risk management, sustainability, stewardship, social responsibility, and effective governance, in line with leading industry standards & regulatory requirements.

2. Our approach to sustainability 2024 ESG Report (18)

Diaverum's ESG framework



We want to deliver the highest standards of care, through:

- → Digitally empowered staff
- → Transforming the patient experience
- → Knowing and measuring what matters to our patients

Our ambitions for 2025:

- → **5%** improvement on the Patient Perception of Care survey's **Net Promoter Score** (NPS) vs. 2023
- → Sustain the average number of hospitalisation days per patient per year at 8.3 in 2024 and 2025, thereafter improving it by 0.1 per year
- → 100% of our operating countries integrated into our **Patient Experience Framework**
- → Develop five families of predictive AI models, covering 60% of our patient base - vascular access thrombosis, risk profile for prevalent and for incident patients, hospitalisation risk, and intradialytic hypotension across all eligible countries



We remove barriers to care access where possible, by focusing on:

- → Sharing knowledge within our community
- → Preventive care and transplantation support
- → Enhanced patient mobility
- → Dialysis access for underserved communities

Our ambitions for 2025:

- → Ensure 60% of patients with access to smartphones are registered on the d.CARE patient app
- → Ensure that 90% of eligible patients are trained for kidney transplant
- → Ensure that **70%** of staff members can respond "yes" to the question "Do you feel you have the knowledge necessary to answer patients' questions?" in the kidney transplant survey
- → Extension of the d.HOLIDAY Fly Back programme to South America, the Middle East & Asia
- → 0 d.HOLIDAY expired requests



We want to be the employer of choice, prioritising:

- → Driving attraction and retention
- → Employee development and experience
- → Workforce well-being and work-life balance
- → Diversity, equity and inclusion

Our ambitions for 2025:

- → Establish clear diversity goals
- → Maintain our employee advocacy score at, or above, 70%
- → Maintain our motivation to improve services to patients at or above, 75%



We manage our operations responsibly, focusing on:

- → Ethical business culture
- → Sustainable supply chain
- → Cybersecurity, data privacy and protection

Our ambitions for 2025:

- → Completion of the Diaverum on-line compliance training programme by all target groups
- → Completion of the Code of Conduct & Speak-up e-learnings by all new employees
- → Ensure implementation of the Diaverum global compliance programme
- → Development of comprehensive **ESG-related internal controls**
- → Integrate **ESG** considerations into the internal audit planning and execution process



We want to minimise our environmental footprint, by:

- → Climate change mitigation and adaptation
- → Optimising water usage
- → Minimising waste

Our ambitions for 2025:

- → Improve our carbon footprint accounting (Scope 1, 2 and 3)
- → Define a **transition plan** to achieve NetZero by 2050







2. Our approach to sustainability

Our ESG transformation roadmap

Diaverum's Executive Leadership Team has approved the following 2025 ESG roadmap, which supports the further integration of ESG factors into our business strategy, as well as creating and protecting value for all stakeholders:

- → Environmental Strategy: clarify our environmental strategy for the medium and long term, with an transition plan to achieve net zero by 2050.
- → ESG Report: work on reshaping our report to ensure compliance with the Corporate Sustainability Reporting Directive.
- → ESG and Value Proposition: support the business to embed ESG principles within our ongoing value propositions.

ESG partnerships and reporting frameworks

Diaverum works with various local & international organisations and associations on economic, social, and environmental issues, aiming to foster sustainability through these partnerships. Below we present Diaverum's main ESG partners:

- → EPiHC⁷ The World Bank's and IFC's Ethical Principles in Health Care (EPiHC), is a transparent and accessible platform that helps instill the highest ethical standards in healthcare delivery. Diaverum has been an EPiHC Signatory since 2021.
- → NCSH⁷ The Nordic Centre for Sustainable Healthcare (NCSH) is a cross-sectoral network working towards the goal of creating a more sustainable healthcare sector. It includes companies, hospitals, regions, universities, NGOs, clusters and more, forming an arena which

- generates collaborations, projects, business, knowledge and innovative ideas.
- → Global Green and Healthy Hospitals (GGHH)7-GGHH is an international network of hospitals, healthcare facilities, health systems and health organisations committed to reducing their environmental footprint and promoting public & environmental health.

We are integrating the Sustainable Development Goals (United Nations 2030 Agenda) into our business development plans, as well as aligning our ESG Report with the Sustainability Accounting Standards Board (SASB) - Health Care Delivery Industry Standard.



Spotlight: Diaverum participates in KitNewCare's Innovation Challenge

Diaverum took part in the KitNewCare Challenge, that took place during the 6th Nordic Conference on Sustainable Healthcare, on 16 October 2024 in Malmö, Sweden. The event brought together experts, healthcare professionals, and stakeholders from across Europe to explore new approaches & technologies for sustainable kidney care. During the event, a workshop was organised with participants from across the sector to discuss existing and potential new solutions for promoting greener kidney care practices.

3. Our patients 2024 ESG Report (20)



Key policies:

→ IT Policy

- → Patient Experience Feedback Policy
- → Compliance with Healthcare Laws and Regulations Policy
- → My Diaverum Experience Portal Policy

Our patients

At Diaverum, we take a holistic, patient-centred approach, focusing on exceptional clinic experiences and improved medical outcomes. We adopt digital & AI solutions to enable 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 empowerment of patients and families are priorities for us.





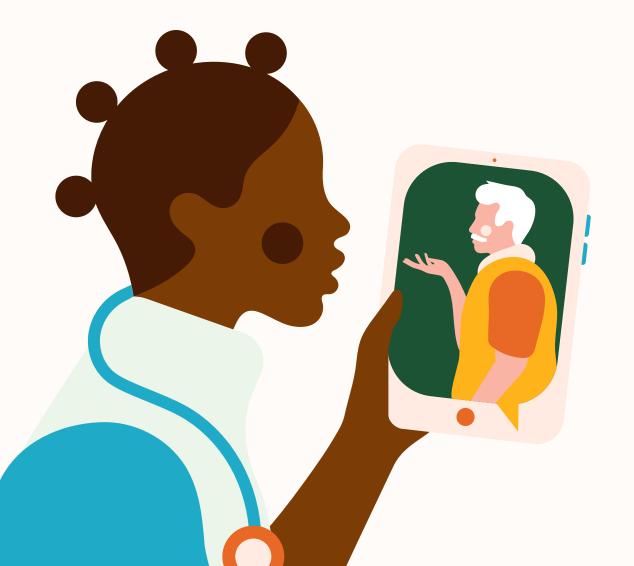
3.1 Our digital solutions (in development)

Treatment Guidance System (TGS)

The objective of TGS is to support our nursing staff in adhering to standardised clinical workflows, minimising care variability and margin of error. To be accessed via a tablet adjacent to the patient's chair or bedside, the TGS is being designed to collect and provide information to clinical staff throughout the treatment session, in a paperless environment.

d.CONNECT

d.CONNECT is to operate as a fully automated solution for data collection, encompassing dialysis monitors and weighing scales. It will extract and store data, that then automatically populates in the TGS.



d.CARE

d.CARE is the renal information management system that we are developing. It will contain data related to clinical management, medical reporting and clinic processes and administration. It will also drive clinical workflows and medication management.

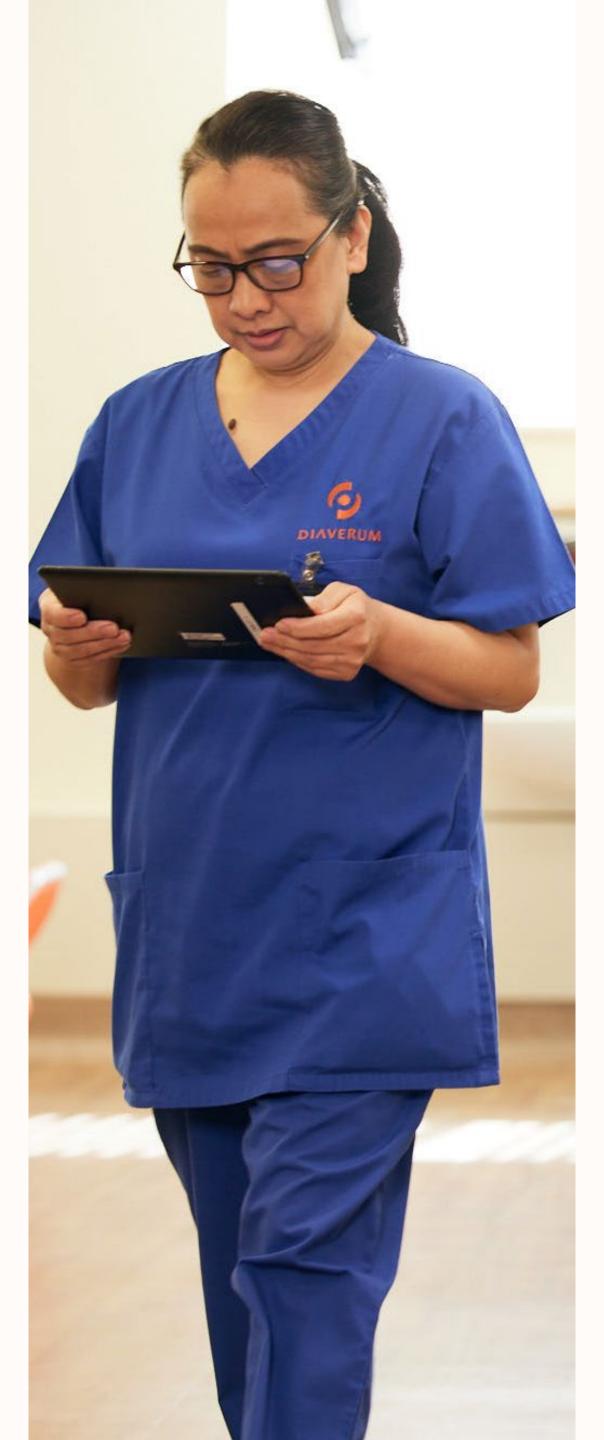
Pharma Guidance System (PGS)

Our PGS development is an algorithm-based system. In combination with the personalised data retrieved from d.CARE, it will advise doctors on optimal medication requirements, based on the needs of each individual patient.

d.CARE patient smartphone application

The d.CARE patient smartphone application empowers patients to engage with their healthcare team in a two-way conversation about their treatment, via their smartphone or tablet. It is both iOS and Android-enabled.

Patients use the app to input information about their health, diet, exercise habits and overall quality of life & lifestyle. In turn, the app provides information related to their treatment, and thus actively engages them in their own care and well-being.



3.2 Transforming the patient experience

Operating countries on-boarded	Unit	2023	2024
to our Patient Experience Framework	%	50%	95%

Global Patient Experience Framework

We understand that spending several hours a week on dialysis is a significant part of our patients' lives, so we continuously seek ways to enhance their experience and bring moments of joy to their treatment. This is why we go the extra mile in our clinics to ensure that treatment goes beyond dialysis, creating an environment where patients can feel comfortable, engaged, and cared for.

Our clinics around the world have introduced small but meaningful initiatives as varied and unique as the communities they serve. These include education programmes (see Health Literacy and Patient Education p. 247), physical activities, hobby corners, games, birthday celebrations and events tied to local festivities.

We also strive to measure our impact and gain deeper insights into our patients' experiences. To achieve this, we developed the **Global Patient Experience**



3. Our patients 2024 ESG Report (22)

Framework in 2020, inspired by American psychologist Abraham Maslow's Hierarchy of Needs. This well-established theory outlines five categories of human needs that influence behaviour and decision-making, helping us better understand what truly matters to our patients during their treatment journey.

With clear and measurable KPIs, our global Patient Experience Framework drives our care provision and ensures consistent, high-quality services across all our geographies. It also acts as a blueprint that establishes first and foremost (1) survival and (2) security, but also (3) belonging, (4) aspiration & self-esteem, and (5) purposeful experiences. These domains are relevant to all our patients, regardless of cultural context, across our global network.

Each country integrated into the Patient Experience framework must:

- → map their clinics to the framework via a comprehensive assessment process
- → define improvement targets and an action plan to achieve these, based on their current position in the framework
- → be responsible for implementing their action plans

Progress is tracked through a digital dashboard and quarterly reports, ensuring continuous alignment with our patient care goals.

As a result, this framework helps Diaverum attract and retain patients by improving their experience, satisfaction, involvement and medical outcomes, ultimately helping the people we care for to live fulfilling lives, while supporting business growth. Patient experience is positively correlated with increased employee satisfaction, motivation and productivity and ultimately, staff retention.

Patient Experience Frameworks: milestones achieved in 2024

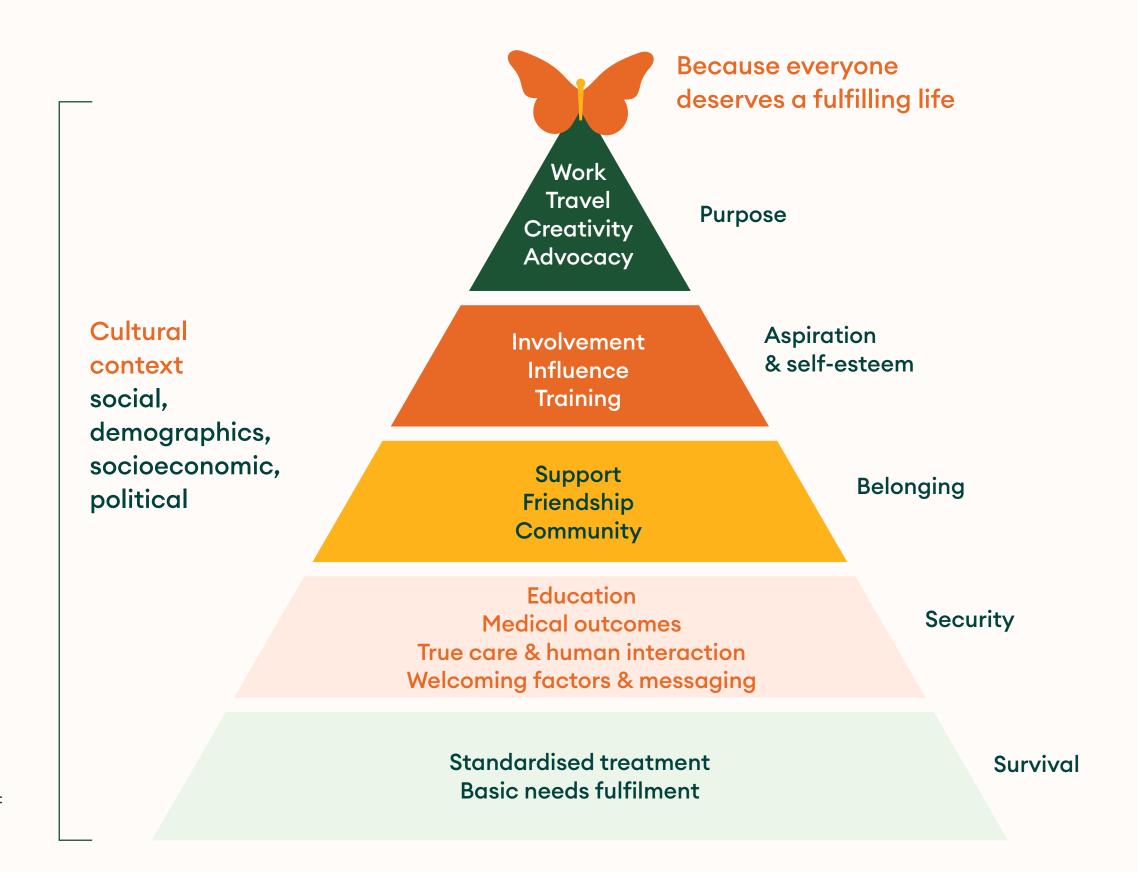
In 2024, Diaverum made significant strides in expanding our Global Experience Framework.

We grew our community by adding five more of our countries – Italy, Kazakhstan, Morocco, Saudi Arabia and Singapore – bringing invaluable insights into local patient experiences.

With the addition of these countries, the rollout of Diaverum's Global Patient Experience Framework made significant progress in 2024, now encompassing 316 of our clinics and covering a total of 30,679 patients worldwide. Overall, 50% of the clinics that have been onboarded to the Patient Experience Framework have achieved or exceeded their targets, while the remaining clinics are on track.

Additionally, in January 2024, we launched the "Six Steps That Put People First" training programme, an initiative that aims to ensure a consistent and high-quality care experience for patients, their families, and care partners across all Diaverum clinics. By the end of 2024, 81.5% of employees had completed the training.

Patient experience in Diaverum







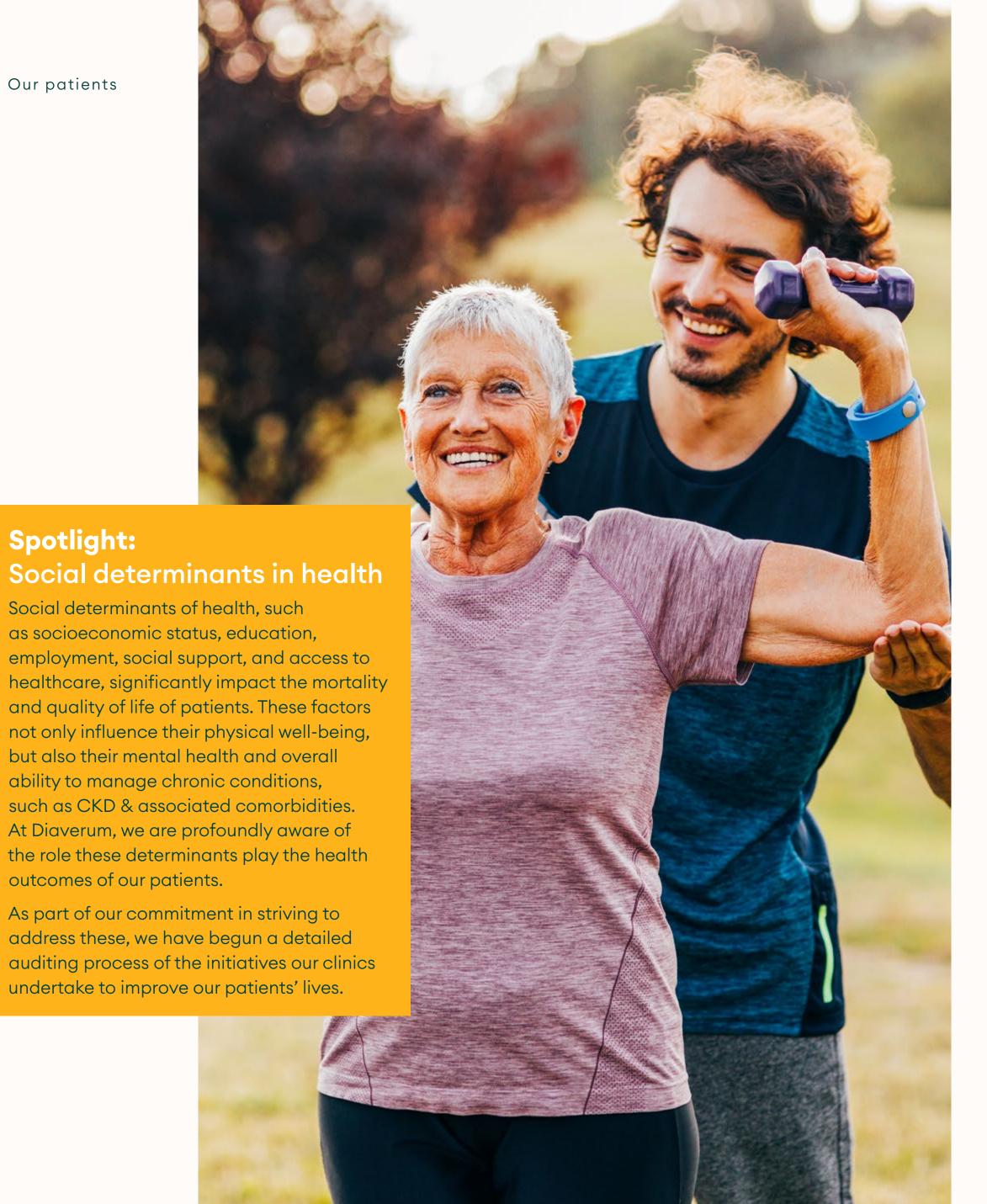
Spotlight: Podiatrist in Dialysis Centres, France

In 2024, Diaverum France launched a pioneering initiative to enhance foot care for dialysis patients by introducing regular podiatry services within its centres. A chiropodist-podiatrist now visits the Marseille Saint-Joseph centre, the European Hospital, and the Salon de Provence clinic twice a week to provide dedicated care.

Podiatry care is crucial for dialysis patients, particularly those with diabetes, because of the increased risk of foot problems that can arise due to the nature of dialysis treatment and underlying health conditions. Over 100 diabetic dialysis patients without prior podiatry care are now receiving assessments, with preventive procedures performed based on their needs. This initiative, led by the medical director and management, has received overwhelming

positive feedback, as well as significantly improved patient satisfaction and quality of life. It was recognised in the 2024 Diaverum Awards (see p. 40 ^x when it was named as a finalist in the 'For Life' category.







Spotlight: Art Therapy in Saudi Arabia

In Saudi Arabia, our patients have embraced art therapy, through a programme launched in 2024. Art therapy plays a vital role in supporting emotional well-being, as highlighted by the WHO. It helps individuals navigate the emotional challenges of illness, injury, and personal crisis. Since its launch, several exhibitions have been organised to display their artwork.

3. Our patients 2024 ESG Report (24)





Education is a cornerstone of effective healthcare.

Studies show that when patients have the information they need and can effectively communicate with their healthcare providers, they experience significantly better health outcomes. According to a study published in the Journal of Medical Internet Research, patients that are well-informed about their condition and can communicate effectively with their doctors, are 32% less likely to be hospitalised and 14% less likely to visit the emergency room .

Conversely, when health literacy is lacking, estimates suggest national health systems can experience additional costs between 3%-5%. Among older people, low health literacy is associated with poorer health status and a higher risk of premature death. There is also a decreased ability to exercise self-care and lower engagement with health services.

Patient education initiatives

At Diaverum, we dedicate significant resources to ensuring our patients are well-educated about kidney disease and the treatment options available to them. Regardless of location, our dialysis nurses and other healthcare professionals engage with our patients and encourage them to learn about kidney disease, through such resources as our d.ACADEMY platform, websites, d.CARE patient app (more on page 257), printed literature, webinars, animations, and one-to-one educational conversations or workshops.

Together, these resources ensure that our patients can obtain, understand, and use the information they need to live well alongside their dialysis treatments.

Our digital learning platform, d.ACADEMY, is continuously evolving, and has a portfolio of educational content that targets both our internal staff and renal patients (read more on page 42⁷).

Between 2022 and 2023, a total of 19 patient education animations were developed and released as part of our d.ACADEMY portfolio, designed to help patients better understand their condition and promote shared decision-making and care, in an accessible way. These were supported by printed and interactive e-learning materials that provided more detailed information. In 2024, we began translating all the animated materials to ensure they are accessible and usable in each of the countries we operate in.

Assessing the health literacy of our patients

In 2023, we introduced a pilot survey to evaluate the health literacy of our patients and gauge the impact of our various initiatives, collecting 1,230 responses from individuals in nine different countries. A follow-up survey will be conducted in 2025. This will have a deeper analysis of demographics, including education level. The insights gained from these surveys guide us in refining our patient education strategy and materials.

Spotlight: Patient Shared Care Initiative in UK

In the UK, Diaverum launched the Patient Shared Care Initiative, which aims to empower patients to take an active role in their treatment journey.

This initiative allows patients to gradually to take on tasks that are part of their dialysis treatment. It starts from basic activities such as monitoring blood pressure and weight, to more advanced aspects of dialysis. This approach fosters encourages learning and self-sufficiency, helping patients build confidence and a greater sense of control over their health. In 2024, 80% of Diaverum UK's patients - over 2,000 individuals became actively involved in their own care. This has yielded significant benefits, including fewer hospital visits, improved mental and physical well-being, and higher patient satisfaction. Participants report feeling less dependent on others, while healthcare teams benefit from more engaged and knowledgeable patients.

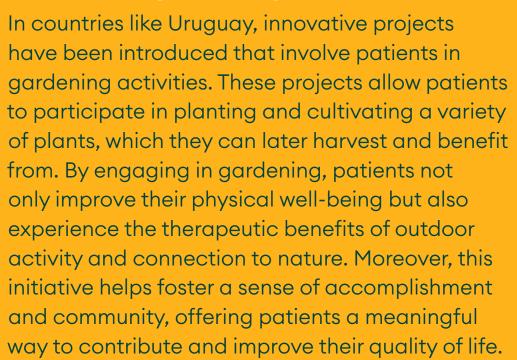
The Initiative was recognised as a Finalist in the 2024 Diaverum Awards, under the 'Passion' category.



The Motril Clinic in Spain introduced "Training Workshops for Caregivers" in collaboration with ALCER (Asociación Madrileña Para la Lucha Contra las Enfermedades del Riñón). These workshops educate family members of patients or professional caregivers on the best ways to support dialysis patients, and they are conveniently integrated into the treatment schedules. Since 2023, 21 families have benefitted from these educational sessions, helping to strengthen the support network around each patient.

Raúl Orihuela, Nurse with Motril Clinic, was recognised as joint winner of the 'Inspiration' Award at the 2023 Diaverum Awards, for his role in initiating the programme.

Spotlight:Gardening in Uruguay







3. Our patients 2024 ESG Report (25)

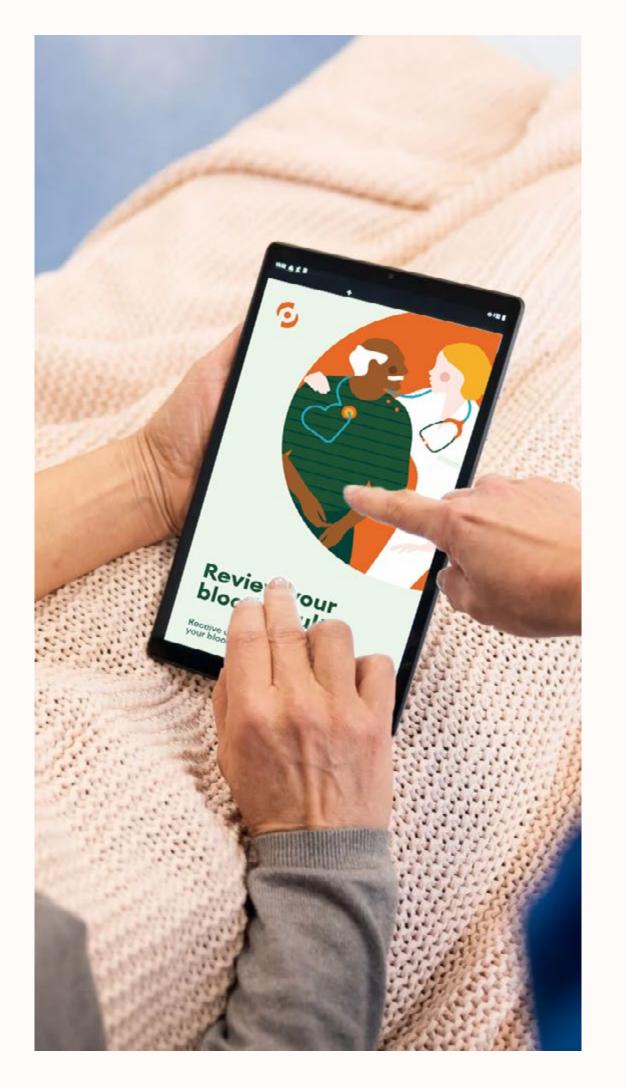
d.CARE patient smartphone application

Patients* registered to use the d.CARE	Unit	2023	2024
patient app.	%	c.60%	c.65%

To enhance patient empowerment and information sharing, we developed the d.CARE patient smartphone application. This tool marks a significant advancement in patient engagement and health literacy, facilitating seamless digital communication between our healthcare professionals and patients.

The application not only collects patient input on their well-being, fluid intake, and clinic experience, it also provides them with essential information such as treatment data, lab results, and medication details. It is available to all clinics and is continuously enhanced with new features.

Since 2024, the app has also been instrumental to connecting our patients to our Patient Education Programmes. The number of patients registering for the app more than doubled, from approximately 6,000 in 2022 to 13,000 in 2024. In 2024, more than 40% of registered patients actively used the app each month.



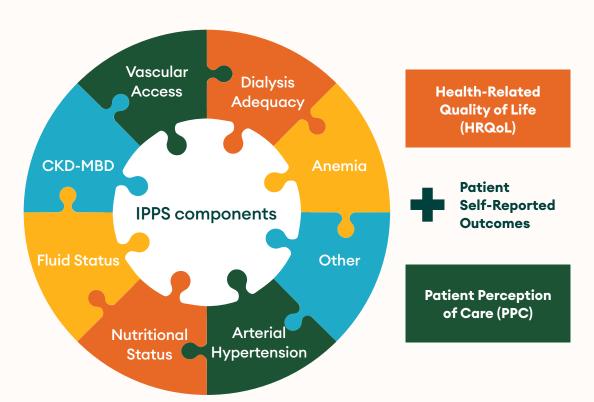
3.3 Knowing and measuring what matters to our patients

For Diaverum, understanding how we are performing against patient expectations is essential to ensure we continuously improve.

To achieve this, it is crucial to have an effective system through which we regularly measure our medical outcomes and the effectiveness of our tools and processes, while gathering patient feedback and insights into what matters most to them. Drawing on over 20 years of experience, our Clinical Performance Measurement (CPM) system provides valuable insights into clinical outcomes, employing two distinct approaches:

- → Individual Patient Performance Scores (IPPS): based on 31 criteria across eight critical intervention areas
- → Patient Self-Reported Outcomes:
 Diaverum uses two primary tools in this area:
- the annual Patient Perception of Care (PPC) survey, which focuses on gaining insights from the patient's perspective of their own care experience, enabling us to make meaningful changes based on what matters most to our patients

CPM building blocks



Health-related Quality of Life (HRQoL), which captures patients' perceptions on their quality of life, helping us to understand their overall well-being and satisfaction with care.

We firmly believe that our patient care evaluation system creates a platform for improvements in key outcomes, including mortality rates and quality of life. Additionally, the data collected empowers our medical staff to tailor the care they provide to the individual needs of each patient.

^{*} With access to smartphones



3. Our patients 2024 ESG Report (26)

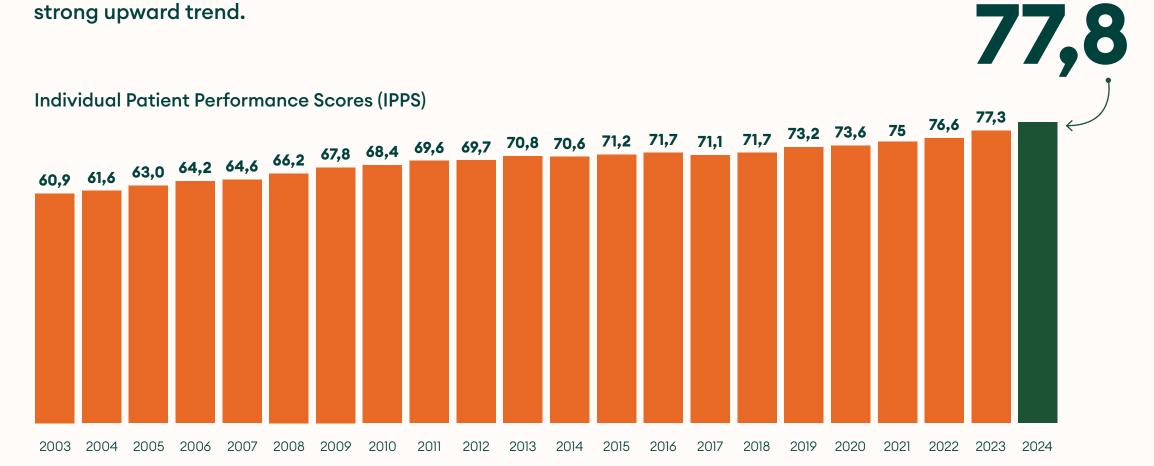
	Unit	2023	2024
Individual Patient Performance Scores (IPPS) (100)	/100	77.3	77.8
Hospitalisation days per patient (N°)	N°	8.3	8.6

We are proud of our performance over the years, which underscores our significant track record in elevating clinical outcomes across all our clinics, coupled with a tangible decrease in hospitalisation rates. Since we began measuring 2003, our Individual Patient Performance Scores (IPPS) have increased by 28% through 2024, reflecting a consistently strong upward trend.

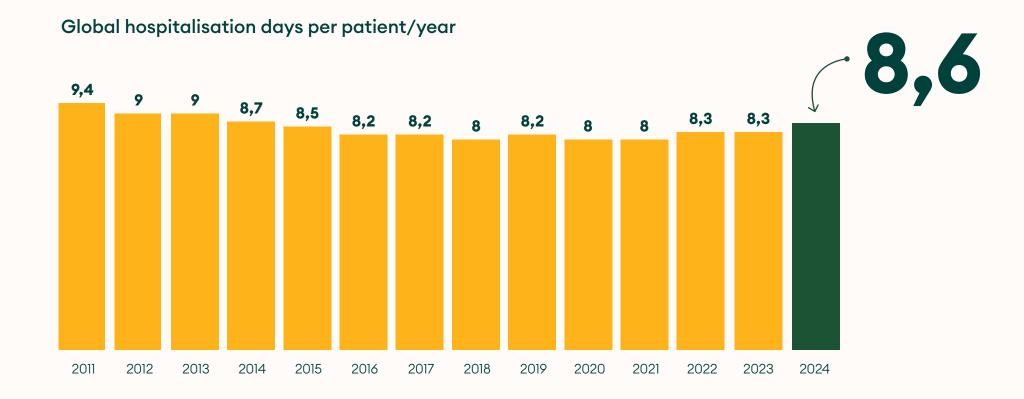
Hospitalisation in dialysis patients

Patients with end-stage kidney disease (ESKD) often experience an increased risk of comorbidities, including diabetes and anaemia, which contribute to higher hospital admission rates compared to patients with other conditions.

At Diaverum, we have developed a targeted hospitalisation reduction programme, establishing objectives at both global and country level in all our operations. We consistently monitor the number of hospitalisation days per patient and per country, conducting thorough analyses of the causes and executing concrete action plans to mitigate them & prevent rehospitalisation.









(27)

2024 ESG Report



Patient Perception of Care (PPC)

	Unit	2023	2024
Patient Perception of care (PPC)	/7	6.43	6.43
Net Promoter Score (NPS)	%	68.29	66.00

The annual Patient Perception of Care (PPC) survey is crucial for Diaverum to assess how we are meeting our patients' expectations. The survey, which is completely anonymous and comprised of 12 domains and 39 questions, allows us to gather valuable insights on the overall patient experience within our clinics.

In 2024, the PPC survey expanded to include Malaysia and Singapore. Overall, it achieved an excellent participation rate, with more than 92% of Diaverum patients across 23 countries taking part. The results remained consistent with the previous year, offering valuable insights into our future priorities and allowing us to evaluate the effectiveness of the action plans implemented in 2023.

The PPC survey also incorporates our Net Promoter Score (NPS), which assesses the likelihood of our patients recommending Diaverum as a renal care provider. While 2024 marked a slight decrease compared to 2023, this may be attributed to the addition of new clinics within the scope of the survey.

Once the survey is complete, countries and clinic teams have access to a dashboard of results, allowing them to develop an action plan. General feedback is also given to patients, along with information about actions that will be taken as a response to their feedback.

PPC 2024 global highlights:

3. Our patients

- → The two highest ranked areas were "fluid intake and diet" at 6.54 with "information, privacy and dignity" next at 6.5.
- → The highest increase from 2023 was in "transport", up to 5.96 from 5.93.
- → The lowest score, unchanged from 2021, is for "pain on needling" at 5.61.



Health-related Quality of Life (HRQoL)

The Health-Related Quality of Life (HRQoL) study enables us to pinpoint areas of concern for each patient and gain insights into how we can enhance their quality of life. Returning to annual format in 2025, having previously been run on a bi-annual basis, the HRQoL survey offers our patients the opportunity to provide feedback on their perceived quality of life, using the Kidney Disease Quality of Life Short Form survey (KDQOL-SF™ 1.3).

The survey includes 22 domains covering items relevant to patients with kidney disease, such as symptoms, burden of illness, social interaction, staff encouragement and patient satisfaction. The last HRQoL survey was conducted in 2024, and incorporated the following:

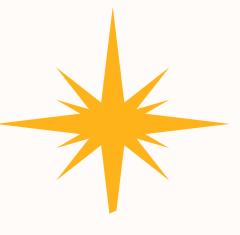
- → 32,188 patients reported on their quality of life, of which:
- → 31,554 were patients on haemodialysis
- → 634 were patients on peritoneal dialysis
- → 59.4% of participants were above 60 years old, 59.8% were male, and 35.7% had diabetes.

Overall, the results showed improvements across 18 of the 22 domains, indicating the effectiveness of individualised care plans and country & clinic action plans.

2024 HRQoL global highlights:

- → Highest reported domains for all patients globally:
- ⇒ Dialysis staff encouragement
- → Patient satisfaction
- → Social support
- → Lowest reported domains for all patients globally:
 - → Work status
- → Role limitations physical
- → General health
- → Profile of dialysis patients who report better HRQoL in our population:
- → Male
- → More than 3 months on dialysis
- → Normal body mass index
- → Non-diabetic
- ⇒ With an arteriovenous fistula
- → Peritoneal dialysis patients:
 - → Globally, peritoneal dialysis patients tend to report better HRQoL than haemodialysis patients.







3. Our patients 2024 ESG Report (28)

With the intent of promoting HRQoL in our patients, we have designed and implemented several targeted initiatives, addressing the most frequently reported symptoms affecting them. These were designed to specifically promote early diagnosis and structured approach to managing:

- → Fatigue
- → Chronic pain
- → Hypotension
- → Pruritus

Diaverum is also strongly committed to ensuring equitable access to kidney care and transplantation, as an integral part of promoting a better quality of life for our patients. Over the past two years, we have focused on assessing the current levels of awareness and health literacy in kidney transplantation, both among our staff and patient population, through a wide range of activities. This has included staff surveys and health literacy materials shared with CKD communities.

This work has been coordinated by our Transplant Ambassador, and winner of the 2023 True care Award, nephrologist Dr. Domingos Machado (for more information (see section 4.2 Preventive care and transplantation support⁷).





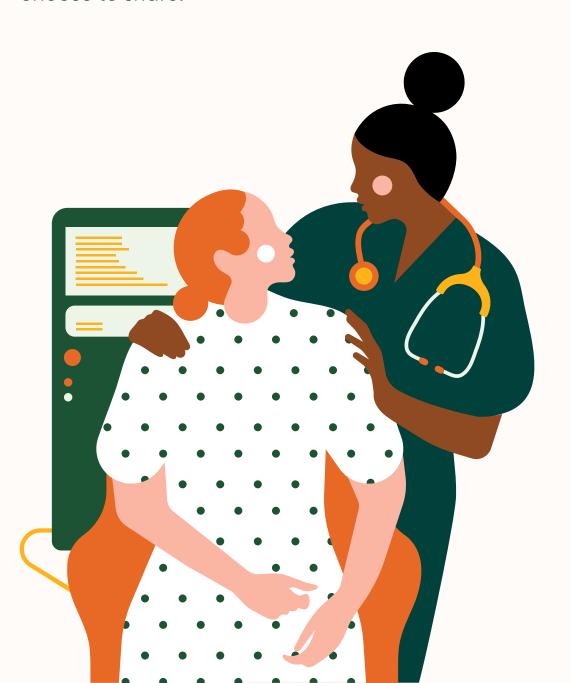
3. Our patients 2024 ESG Report (29)

My Diaverum Experience

Patient experience feedback is a vital way for patients and their loved ones to help us learn. The better we understand our patients' overall experiences and meet their expectations, the more effective we become in enhancing their lives and remaining their renal care provider of choice.

This is where My Diaverum Experience, a secure digital platform for managing anonymous patient experience feedback across our network of clinics, comes in.

Launched in 2023, and with patient privacy at the core of its priorities, the only information that Diaverum has access to via the platform, is the feedback provided, and any further information a patient may voluntarily choose to share.



Diaverum has been actively engaged in conversation with its patients prior to the launch of My Diaverum Experience, with a number of tools in place to gather this information;

- → the annual Patient Perception of Care (PPC) survey, which provides a comprehensive overview of how patients experience their care
- → the 'How was your Clinic Visit' feature on the d.CARE patient application, which invites users to give a rating of their visit that day
- → Direct feedback channels: patients are also able to leave feedback directly with staff, via email or phone, or in some clinics, anonymous comment boxes
- → Patient councils are sometimes formed. In such formats, patient representatives sit down with the clinic management team to discuss topics that are relevant to their interests

What this platform does differently however, is to open up the conversation, covering any number of diverse topics a patient or caregiver may wish to talk about. This may include, but not be limited, to:

- → patient involvement
- → diversity and inclusion
- → clinic management
- → hospitality and service in clinic, via phone or digital tools
- → clinic environment, including look & feel, and overall cleanliness
- → patient experience initiatives
- → management of patient feedback
- → access to information, education and trainings

- → experience of our True care culture
- → our ability to make patients/caregivers feel safe, welcomed and comfortable
- → our ability to connect patients/ caregivers to the right people when in need of support (dietician, psychiatrist, social worker, patient association, or similar)

Users can easily access the My Diaverum Experience⁷ platform via their browsers, without having to download any additional software. It is also available in more than 20 languages, making it a truly global offering for our patients, wherever they are in the world. Patients have the option to provide their feedback completely anonymously. If they choose this option, their identity will not be requested at any stage of the process.

Implementation of the platform

To ensure that Diaverum patients are aware and empowered to utilise the platform, an ongoing communications campaign is in place, which includes a mandatory requirement to display a My Diaverum Experience poster in the patient areas of all our clinics.

Clinic Management holds the responsibility of ensuring that all employees receive proper information and training on how to receive and respond to patient experience feedback. Additionally, each country is required to designate a national-level representative responsible for patient experience feedback, unless the responsibility already lies with the country's Patient Experience representative.

Tracking and monitoring feedback

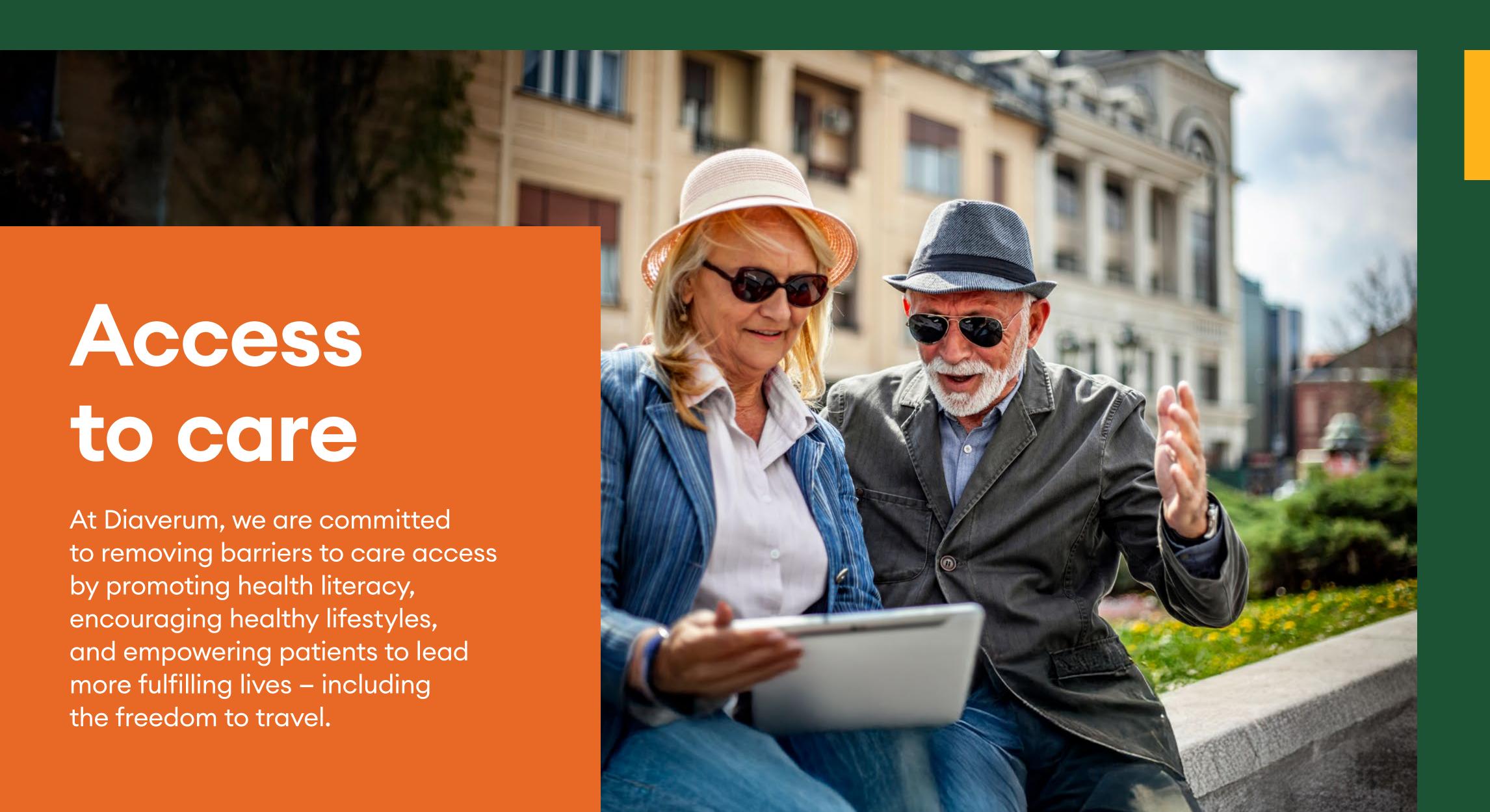
Diaverum systematically documents, evaluates, and investigates feedback gathered through the platform, via the 'Management of Patient Experience Feedback' Policy. This policy serves as the governing framework for the patient experience feedback procedure within the organisation.

All feedback submitted through the My Diaverum Experience portal is overseen by the Global Patient Experience Team.

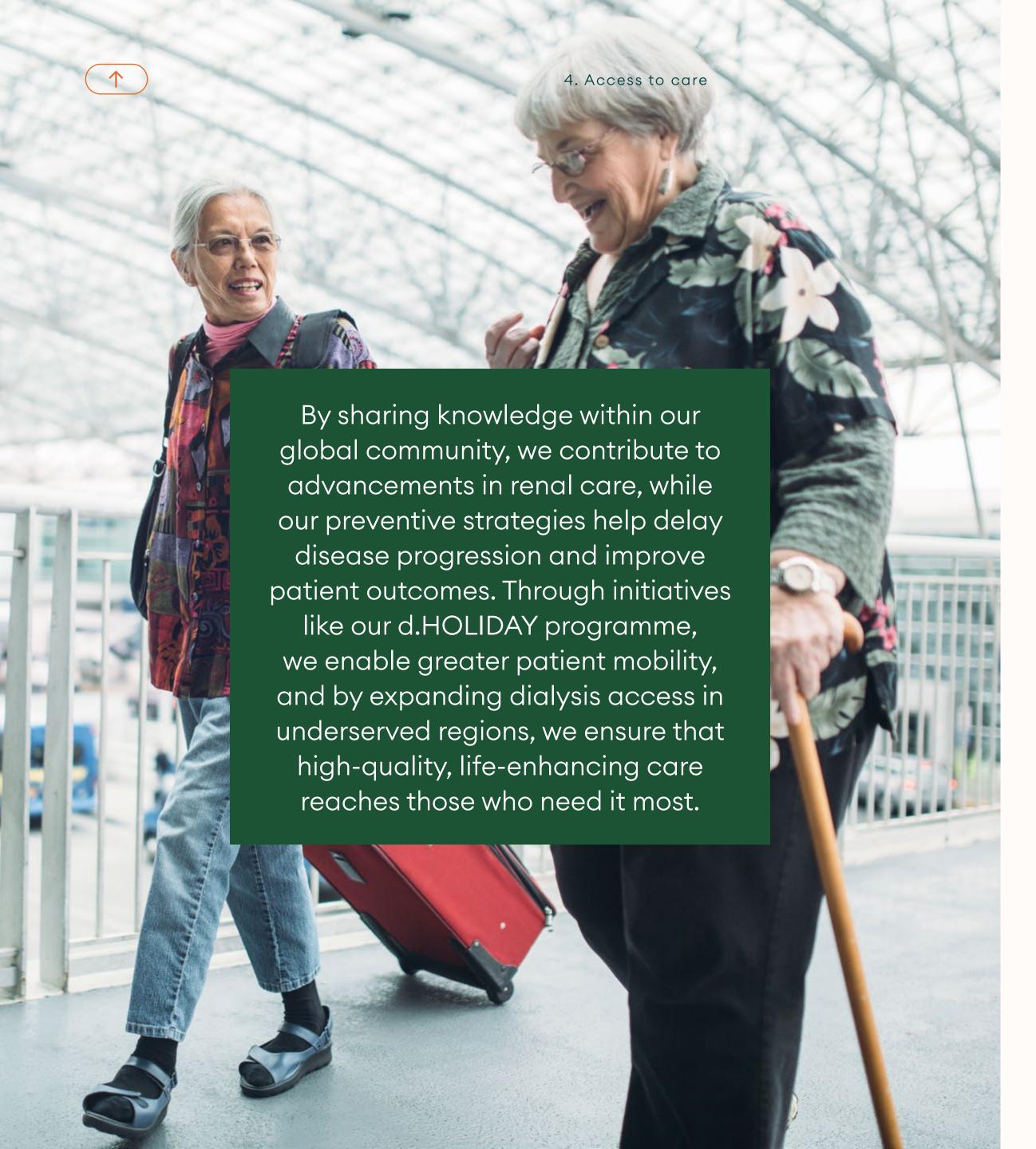
The platform allows patients to submit feedback at country or global level, with complaint cases reviewed within 48 hours.

Since launching in March 2023, 244 feedback cases have been submitted across our global clinic network. Feedback has been categorised into endorsements (48%), observations (17%), and complaints (35%), ensuring structured follow-up. Insights from this feedback drive meaningful improvements, such as enhanced staff training, better clinic environments, and improved communication on patient concerns. The Country Manager holds ultimate responsibility for patient experience oversight at a national level.

4. Access to care 2024 ESG Report (30)



4



4.1 Sharing knowledge with the medical and scientific communities

At Diaverum, we are increasingly active in world-class clinical research. Our focus is on patients and their needs, such as reducing risk factors for dialysis as well as maximising the benefits of medication used alongside this treatment. Our presence in 24 countries also enables us to study the effect of socio-economic and cultural differences on the severity of CKD.

In 2024, we published 34 articles in some of the most important peer-reviewed nephrology journals, such as Kidney International, Clinical Journal of the American Society of Nephrology, and Nephrology Dialysis Transplantation.

Diaverum studies published in:



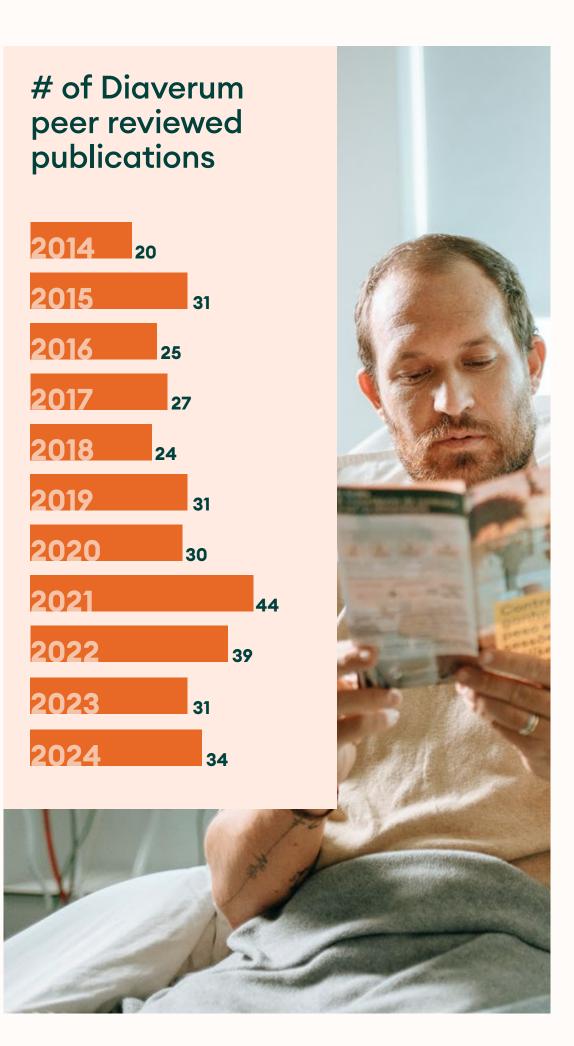












World Kidney

4.2 Preventive care and transplantation support

Preventive care

At Diaverum, we are expanding our role beyond dialysis to play a more active role in preventive healthcare.

While renal failure cannot always be prevented, delaying its progression is critical. That's why we are continuously developing integrated care models to support patients throughout their entire kidney care journey (read more on page 42⁷). By leveraging our clinical and digital experience & applying this earlier in the care pathway, we aim to improve outcomes and quality of life.

Our preventive care strategy is built around three key initiatives:

1. Diabetes management programmes

Diabetes and hypertension-both largely lifestyle-related diseases-account for approximately 50% of chronic kidney disease (CKD) cases. Preventing and managing diabetes is therefore a critical step in reducing CKD risk. Through structured diabetes care programmes in Romania and Brazil, multidisciplinary teams-including specialist doctors, nurses, nutritionists, psychologists, and social care professionals-support diabetic patients in managing their condition and slowing disease progression.

2. Pre-Dialysis care programmes

4. Access to care

These programmes integrates digitally enhanced management of CKD risk factors, such as diabetes, hypertension, and cardiovascular disease, combined with a coordinated prevention and treatment of CKD complications. It can also involve a multidisciplinary team involving endocrinologists, dietitians, psychologists, and cardiologists. Currently available in 11 countries, the programmes offer services such as patient education, physical rehabilitation, and nutritional and mental health support.

3. Education and awareness campaign

Health literacy plays a vital role in CKD prevention.

Across our countries, we actively participate in community programmes that raise awareness and promote kidney health. We also collaborate with patient associations, the scientific community, and local health authorities to conduct awareness campaigns, including free kidney health screening events.

Timely identification and better disease management in outpatient clinics and digital therapeutics can slow disease progression, and may even avert the need for dialysis. This approach not only improves patients' quality of life, but reduces the total cost of care per patient.

89% of our employees agree that Diaverum educates patients and communities about kidney health.

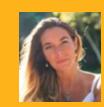


Spotlight: Raising awareness across our communities in Portugal

Diaverum Portugal implemented diverse health literacy programmes targeting various stakeholders. These initiatives included:

- → Raising awareness in schools and social institutions & promoting healthy lifestyles within local communities.
- → Health literacy sessions in care units for people with disabilities (CERCI), in long-term care units, social institutions and private senior residences.
- → Providing training sessions for firefighters responsible for patient transportation, enhancing their understanding of CKD and improving their service.

"In 2024, a total of 50 Diaverum Portugal employees – including social workers, nutritionists, nurses, doctors, and backoffice teams – collaborated with around 27 different organisations delivering a total of 61 sessions to approximately 1,423 people attendees."



Marta Olim, Diaverum Portugal, Social Work Manager and Head of Social Responsibility

Spotlight: Promoting health literacy in North Macedonia

To mark World Diabetes Day 2024, Diaverum North Macedonia launched a series of impactful initiatives to raise awareness of the link between diabetes and chronic kidney disease (CKD).

These activities, formed as a result of a partnership with the Union of Diabetic Associations of Macedonia, included educational articles authored by local doctors, presentations in collaboration with local organisations, and community outreach events.

Highlights included free health screenings conducted by medical students; informative sessions on diabetes and CKD; and the distribution of educational materials. The efforts engaged local communities and empowered citizens to adopt healthier lifestyles.

Spotlight: 2024 World Kidney Day

As a longstanding supporter of World Kidney
Day, Diaverum actively contributes to global efforts
to raise awareness about kidney health and the burden
of Chronic Kidney Disease (CKD). In 2024, clinics in 14 of
our countries organised a variety of impactful events to
mark the occasion on 14 March.

These initiatives included targeted awareness campaigns and free health screenings, such as CKD risk assessments, blood pressure checks, and blood glucose finger-prick tests. By engaging with local communities, our teams helped promote early detection and prevention, reinforcing Diaverum's commitment to patient education and public health.

For more information, visit: Events Archive – World Kidney Day⁷

4. Access to care 2024 ESG Report (33)

Transplantation support

While transplantation is not considered a cure and medication remains a life-long requirement, for many, a kidney transplantation offers a greater degree of independence and the chance of a more fulfilling life. Unlike other treatments that manage symptoms or slow disease progression, transplantation offers the possibility of restoring kidney function to near-normal levels, offering eligible patients the opportunity to reclaim their lives from the constraints that come with living with CKD. Indeed, transplanted patients have considerably fewer restrictions regarding work, travel, diet and exercising, for example. At Diaverum, our focus on empowering patients to live fulfilling lives means we consider access to transplantation a quality indicator of our patient-centric CKD stage 5 care.

Transplantation is already included in our Clinical Performance Measurement scores, but we want to go beyond that. Our objective is to include as many of our patients on transplantation lists as possible by eliminating potential barriers, as long as they are medically suitable, while combating illegal transplantation and organ trafficking.

In 2023, a key focus area was to evaluate the knowledge of clinical staff regarding transplantation, in order to customise education interventions to our healthcare professionals. To achieve that, a 20-question kidney transplantation survey was applied across 20 of our markets, with 2,290 participants. 54% of our employees said they lack

sufficient information to offer valuable transplantation insights to their patients. Consequently, Diaverum is investing further to promote education and training among our employees. The survey will be conducted again in 2025 to evaluate progress in our clinical staff's knowledge and identify areas for further improvement.

Diaverum d.HOLIDAY Fly Back programme

One of the biggest barriers for dialysis patients in fulfilling their dreams of travel is the need to be readily available for a kidney transplant, should they be eligible for a transplant and on the transplantation list. Since 2024, through our d.HOLIDAY Fly Back programme, Diaverum and non-Diaverum patients receiving their holiday dialysis treatment via the d.HOLIDAY programme can return home within Europe if they get notified that an organ is available for them, at no additional cost. We arrange the fastest travel options from the holiday destination all the way back to the transplant hospital on behalf of the patient. Learn more about the programme at d.holiday/en?

Diaverum d.HOLIDAY *FLY BACK* programme



Spotlight:Kidney transplantation for Ukrainian refugees in Poland

In a remarkable display of compassion and medical expertise, the Diaverum Lublin Chodźki clinic team successfully performed life-saving kidney transplants for two Ukrainian refugees. The first surgery took place 11 months after the refugees' arrival in Poland, and the second at 18 months.

Despite significant challenges, including language barriers and incomplete medical histories, the team's dedication and resilience ensured the success of these critical procedures. Their efforts exemplify the profound impact healthcare professionals can have, offering hope and a second chance at life to those in need.



4.3 Enhanced patient mobility

d.HOLIDAY booking	Unit	2023	2024
request expired	%	1%	0%

Our d.HOLIDAY programme helps our patients to live their dreams of travel.

d.HOLIDAY is Diaverum's programme for dialysis patients who wish to travel. It caters to all aspects of holiday dialysis, ensuring continuity of care outside of the patient's home clinic. The aim of the programme is to provide a seamless experience for dialysis patients, regardless of whether they are typically cared for by Diaverum, offering easy access to dialysis care in another city or country - making it possible to visit family, travel for work, or go on holiday.

Our clinical staff supports patients who wish to travel at each stage of their travel planning, from defining an itinerary to ensuring continuity of care at their destination.

Our d.HOLIDAY ambitions are:

→ To continuously grow the programme to ensure dialysis patients' mobility as a key aspect of living a fulfilling life

Spotlight: 'Let's Travel Together' in Portugal

The 'Let's Travel Together' initiative was created in 2023 in Portugal, in support of d.HOLIDAY. With an educational purpose and a strong sense of social responsibility, it aims to arrange yearly group trips for Portugal-based dialysis patients and their caregivers within the country, to educate and give them confidence to travel, empowering them to live fulfilling lives. Accompanied by a certified nurse throughout the trip, patients can enjoy quality time with their families, offering much-needed respite from the day-to-day restrictions that managing CKD can present. In 2024, the second group trip was successfully organised.

- → To respond to all treatment requests made within 72 hours
- → To "never say no to a holiday treatment" (with the exception of medical reasons)

In 2024, the d.HOLIDAY programme delivered 76.111 treatments across the Diaverum network of clinics, with 50% of holiday patients being referred from outside of Diaverum, and traveling domestically in the majority of cases. Learn more about d.HOLIDAY on www.d.holiday

Zero expired requests

4. Access to care

We successfully reached our target of zero expired requests, ensuring all bookings were addressed without delay or inaction. This reflects a growing global commitment to our d.HOLIDAY programme and highlights the efforts and dedication of our coordinators & staff working with the programme.



4.4 Dialysis access for underserved communities

Diaverum started developing access-level dialysis models. Without compromising on our patient safety standards, these models are being designed to provide a better dialysis service for patients than those available locally.

These models ensure sufficient control of clinical standards and comparable measurement of medical performance, enabling us to maximise operational efficiencies & provide a good patient experience. In order to provide dialysis care that meets well-defined standards regardless of the market, inflation or external pressures, we now define three different levels of care: basic, enhanced, and excellence.

This approach enables us to support new markets where access to dialysis is currently poor, in order to continue providing life-enhancing renal care for patients, wherever they live.



5. Employees and well-being 2024 ESG Report



Employees and well-being

We want to be the employer of choice in the renal care industry.

Key policies:

- → Health & Safety Policy
- → Equal Employment Opportunities Policy
- → Recruitment Policy
- → On-boarding Policy

5. Employees and well-being

Our people are our business. The way we care for our patients, collaborate with national health services, engage with suppliers, and contribute to society – none of this work would be possible without the remarkable people who make up our organisation.

Our ambition is that every single Diaverum employee becomes an active ambassador of our True care culture. We believe this journey starts from within, by having the right people on board and the right leadership in place. To that end, our HR teams around the world lead the company's efforts to ensure that our people have everything they need to perform their job well, using their potential to grow, and that our leaders have everything they need

to guide effectively, empowering and developing their workforce.

Through regular initiatives, we promote the health and safety of our employees, and care for their well-being. We are acutely aware of the need to recruit and retain the best staff, which is why we offer all our personnel high-quality training and equal career opportunities.

Our digital HR platform d.PEOPLE is a one-stop shop for our people data and key personnel processes. This platform allows us to generate meaningful insights to create development and engagement strategies, and implement effective staff retention plans, locally and globally.

Diaverum's HR ambition strategic drivers



A robust and resilient global pipeline of talented employees

Seamless, digitally-driven people services

A strong bench of leaders, always developing

A productive and well-performing workforce

A diverse, engaged, continuously evolving team with a shared True care culture



(37)



Employees (headcount) by country

Country	2023	2024
Romania	1,237	1,270
Brazil	1,043	1,200
Spain	1,125	1,146
Saudi Arabia	1,071	1,111
UK	755	832
Kazakhstan	782	773
France	564	573
Poland	475	427
Germany	445	415
Chile	391	410
Portugal	475	409
Russia	385	385
Uruguay	330	328
Hungary	233	230
North Macedonia	231	230
Italy	248	229
Morocco	126	211
Lithuania	183	182
Greece	n.a.	139
Sweden	136	139
Albania	127	129
China	113	112
Singapore	81	94
Other	44	25

Employees (headcount) by contract type, broken down by gender

5. Employees and well-being

		Permanent Tempora employees employees			Call in employees		Non- guaranteed hours employees	
	2023	2024	2023	2024	2023	2024	2023	2024
Men	2,051	2,133	427	430	47	48	0	0
Women	7,319	7,535	659	735	97	118	0	0



Accounting policies

- → Employees (headcount): measured as the number of persons employed by Diaverum Group as of 31 December 2024. In includes interns and apprentices, and excludes contractors. Employee data is based on registrations in Diaverum's HR systems. Employees are attributed to countries according to their primary workplace.
- → Contractors (headcount): measured as the headcount of all contractors as of 31 December 2024. Contractors are classified as non-employees. They are individuals whose labour contributes to Diaverum but who do not hold an employment contract with us. Contractor data is based on registrations in Diaverum's HR systems.
- → Number of leavers: the number of employees, excluding temporary employees, who left Diaverum during the year.
- → Employee turnover rate: the total number of employees who left Diaverum is calculated by aggregating voluntary and involuntary departures across all countries of operation during the reporting period, excluding contractors. To determine the percentage of departing employees, the total is divided by the average number of employees during the same period.

5. Employees and well-being 2024 ESG Report (38)

5.1 Driving attraction and retention

Diaverum is dedicated to attracting and retaining the best talent. Joining our team opens doors to endless possibilities, as we prioritise creating and nurturing work environments that promote professional growth & development.

The aim of our global attraction strategy is to recruit and employ the right people at the right time & in the right positions, enabling us to provide life-enhancing care to our patients and facilitate business growth. We are well aware of the global shortage of renal nurses and medical staff, and we adapt our talent attraction strategies for each country in accordance with local legislation & the preferences of local applicants.

To this end, we have implemented a comprehensive attraction strategy firmly grounded in digitalisation and our True Care culture, along with follow-up KPIs to monitor how well each country adheres to the system and the efficiency of their usage. This strategy focuses on fostering innovative and collaborative work methodologies, as well as implementing a robust employer branding approach. Our ultimate goal is to position ourselves as the employer of choice for healthcare professionals, across all business functions and countries within our global network. Every year, a specific action plan is shared with the HR community to ensure all countries are aligned with

the group's priorities. Each country is required to follow the global guidelines while also developing a local adaptation based on its specific needs and context. To support this approach, an annual assessment is conducted at the beginning of each year to identify key challenges, opportunities, and country-specific action plans.

In 2024, the focus of this action plan was on streamlining the selection process and strengthening recruitment KPIs and controls to ensure compliance with GDPR regulations. We have reinforced training to ensure that employees and HR directors use our career website for internal positions, as well as external platforms. Additionally, we have strengthened our relationships with HR partners to enhance our presence on the social media platforms most used by our employees and future candidates. We have also recorded stories of employees who were recognised at the Diaverum Awards; these stories will be used in targeted campaigns aimed at attracting new candidates.

Finally, we have developed an Employer Value Proposition and a Candidate Experience Roadmap to ensure a consistent, high-quality experience for all potential candidates throughout the selection process, regardless of their location.

My Opinion Counts (MOC)

	Unit	2023	2024
MOC score	/5	4.06	4.16
Employee advocacy score	%	79	80
Employees motivated to improve service to patients	%	86	89

For Diaverum, it is important to hear from our employees about their experiences working with us. Therefore, each year, through our 'My Opinion Counts' (MOC) global employee survey, we gather feedback from our people to understand how we can improve our workplace environment to better support them in delivering life-enhancing renal care to patients worldwide.

In 2024, we achieved an 87% response rate, marking a 5-point increase from the previous year and the highest participation rate since the survey's inception in 2013. This marks an exceptional level of engagement that has provided us with an in-depth insight into what it means to work for Diaverum around the world, and how that experience is evolving year after year.

This level of engagement carried into the results. Our overall score was 4.16/5 (an increase against 4.06 in 2023), with over 8 out of 10 colleagues

recommending Diaverum as a good place to work, which time and again demonstrates our people's strong engagement and commitment to shaping Diaverum as the global leader of renal care provision.

According to our survey partner, Ipsos, 2024 was a year of stability, or slight declines, in engagement amongst many of their clients running employee surveys. Against that backdrop, it is a testament to our fulfilling workplace environment that Diaverum has sustained high scores, year on year since the end of the pandemic. Overall in 2024, all but one score increased compared with 2023, and we exceeded global benchmarks in 13 of the 14 metrics where these data are available.







The highest score of the survey went to a new statement added last year ("Diaverum educates patients and communities about kidney health"), reaching a phenomenal 89% agreement, and showcasing how seriously we take the responsibility of educating communities & delaying CKD progression when possible. Also for the first time, our employees were asked about Diaverum's True care culture ("In my team, we embrace Diaverum's True care culture in everything we do"), with an impressive 87% agreement, as well as our commitment towards the environment ("Diaverum is committed to reducing its impact on the environment"). The latter scored 79%, 13% above the global benchmark.

On the other hand, 'Our company' and 'Being the best I can be' remain key areas for focus, as the two lowest-scoring categories. That being said, these also showed the most significant increases, to 76% (+7pts vs. 2023), while the latter noted a smaller increase, to 77% against 74% in 2023, reflecting positive momentum in prioritising these topics for further improvement across the organisation.

MOC also presents a valuable opportunity for countries to take engagement a step further by connecting directly with employees. Around the world, many countries use the presentation of MOC results as a platform to foster open dialogue, encourage constructive discussions, and explore concrete actions to address employee feedback.

→ Survey participation has increased +5pts to 87% since 2023 → Overall results are strong and rising in positivity (% total agree) **Overall** → Scores on all five question categories have scores increased, especially 'Our company' (76%, +7pts vs. 2023) → While 'Our company' and 'Being the best I can be' are the lowest-scoring categories, these questions see the biggest uplifts → The following three questions are joint highest scoring this year (all 89%): Educating patients and communities about kidnev health → Teams working well together Confidence in using technology → Engagement is strong (84%) and has either Highlights risen or remained stable across most countries. Manager scores also remain high → Fewer employees are planning to leave. 68% plan to stay at Diaverum, with a year-on-year increase since 2022. Nurses, the lowest-scoring group of 2023, see the biggest increase this year in intent to stay → Seeing specific actions after previous surveys is the lowest-scoring question, but it has improved (67%, +6pts vs. 2023) Lowest → Career and development opportunities remain score an area for focus → Workload is the main barrier cited by employees, especially by nurses → Results can vary significantly across different countries and cultures, especially regarding role, Gaining tenure and seniority the right → Engagement peaks for new starters, while those insights with 1-2 years' tenure see the largest drops. This pattern is consistent across many organisations







Diaverum Awards

The Diaverum Awards are our annual celebration of the teams and individuals that exemplify the very best of our True care culture, values and behaviours. In 2024, for the first time, nominations were received from all 24 countries in the organisation's global network – from Albania to Uruguay – making the journey to the Finalists' Ceremony more competitive than ever before.

Following months of preparation, hundreds of nominations, and careful deliberation by volunteer judges, the annual Diaverum Awards Finalists' Ceremony took place on 15 October in Madrid, Spain. From a final pool of 20 outstanding finalists, five winners were recognised for their exceptional contributions. They were:



Competence

Spain's IT & Quality departments were honoured for their achievement in securing the National Security Scheme (ENS) certification at a high level within just three months. Their dedication and expertise set a new standard for excellence in the organisation.

Passion

Marta Olim, d.HOLIDAY Coordinator for Portugal, was recognised for her boundless enthusiasm and dedication to advancing Diaverum's global holiday dialysis programme in Portugal.

Inspiration

The Patient Care Coordination Team in Spain, led by Dr Shaira Martínez, Country Medical Director, was awarded for pioneering an innovative multidisciplinary care model.

For Life

Hassan Imzgane, Maintenance & Logistics Technician at the Agadir clinic in Morocco, was recognised for his ingenuity in implementing innovative monitoring systems to enhance safety and efficiency.

True care

The country team of North Macedonia was recognised for exemplifying Diaverum's values and behaviours through multiple initiatives aimed at improving patient care.

5. Employees and well-being 2024 ESG Report (42)

5.2 Employee development and experience

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

d.ACADEMY

Through d.ACADEMY, our digital platform for learning, we empower our employees and patients alike, providing them with clinical and medical information, knowledge & opportunities for personal development.

Empowered and educated people are the core of our business. Everyone has the potential to develop, and within our constantly growing organisation we want our employees to grow with us.

The d.ACADEMY portfolio for employees consists of courses for different target groups: medical courses for doctors and nurses, leadership courses for clinical and non-clinical managers, and compliance & 'soft-skills' training for all employees. This portfolio aims to improve the level of knowledge of existing staff while also providing unique educational opportunities for individuals and teams as they join our group.

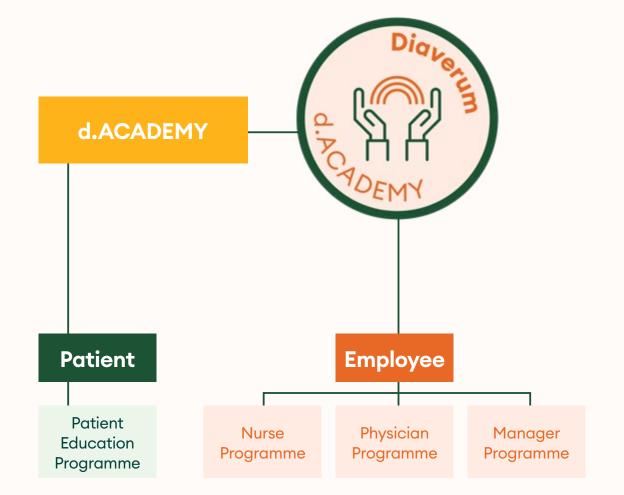
Courses are automatically assigned within a mandatory curriculum on an annual basis to all users in the target group and have a required completion date. With nurses making up the largest single staff group among our employees, training for them is of paramount importance, to ensure a skilled

and caring workforce with high ethical standards & commitment to people with CKD. Our nurse education programme, accredited by the European Dialysis and Transplant Nurses Association (EDTNA), aims to develop nurses who can provide sensitive and competent care within a framework of scientific and professional accountability. In 2024, 1,724 Diaverum staff completed or are currently completing part of the programme.

In 2023, a new training programme, the Diaverum Care Delivery Model, was launched for all our Country Medical & Nursing Leaders and added to our d.ACADEMY platform. Its objective is to ensure that all doctors and nurses in leadership roles, at both country and clinic level, have a complete and equal understanding of Diaverum's clinical governance, clinical strategy, and their roles & responsibilities in the process, regardless of where they are based.

The course, taking approximately 40 hours to complete, is a mandatory part of the onboarding process for new Country Medical and Nursing Directors. Furthermore, Country Medical and Nursing Directors, Clinic Medical Directors, and Head Nurses are expected to retake this course every two years. In 2024, 606 Diaverum staff completed or are in the process of completing the programme.

Beyond our online learning platform, d.ACADEMY assets include a digital library with more than 6,000 e-books and audio for personal development for top management. In some countries, for example Romania



and Saudi Arabia, dedicated physical training centres have also been established. These local d.ACADEMY centres act as training hubs, in addition to our digital learning platform; they are equipped with state-of-the-art facilities, library and study spaces & play an active role in the continuous education of Diaverum employees.

In addition to d.ACADEMY resources, in 2024, all top management, corporate global and regional team members were invited to use LinkedIn Learning, providing full access to a library with over 21,000 niche and expert-led learning sessions that can be taken at one's convenience. So far, 99% of invited employees activated their license. On average, active learners initiated six courses each and completed almost 20 videos each.

Spotlight: Leadership training course in Germany

In 2024, a two-day leadership training was organised for the German top management, combining outdoor team-building activities with a focus on key leadership skills. Participants learned how to provide direction, communicate effectively, and reflect on the personal charisma required to inspire trust and cooperation. These lessons were put into practice on an obstacle course, allowing participants to apply their insights in real time. On the second day, the training covered team roles, strategies for strengthening and supporting groups, and practical approaches to team development & managing change.



2024 ESG Report

Blending learning and mentoring

We believe in blended learning: in addition to e-learning sessions, our staff can benefit from further internal or external medical education and training activities organised locally. To ensure that knowledge gained is transferred into practice, every new employee in the clinic is assigned a mentor.

Personal development

Our annual appraisal process ensures that all employees plan their development targets for the year ahead together with their manager. Leaders support career steps and help their teams to grow.

Talent and management review

Diaverum has an annual process for talent and management review, to ensure robust management teams and succession plans. This process includes a review of all management teams and functional managers, and identifies outstanding individuals & potential future leaders. As a result, local and global action plans are put in place, to ensure we retain & develop talent within Diaverum and help individuals to thrive. Global activities include global exposure to projects or assignments, new roles or access to leadership development programmes.

5.3 Workforce well-being and work-life balance

In 2021, we adopted a new well-being strategy to provide support, tools and strategies to enable all our staff to be self-aware and take responsibility for their own health & well-being. Our culture of True care isn't restricted to our patients, but also applies towards our employees. Our global well-being strategy is thus focused on supporting the development of bespoke programmes to address the specific needs and requirements of our staff, wherever they work. Since 2022, we have well-being ambassadors in each of our locations worldwide, including our Global hubs in Sweden and Hungary, to exchange best practices and advocate for both local & global activities.





5. Employees and well-being 2024 ESG Report (44)

The Diaverum for Health Challenge 2024 winners were:

Most Creative

Team Enthusiasts from North Macedonia, for their exceptional innovation and originality in combining gardening with creating a flower kidney in the Strumica clinic.

Most Fun

The Montereau & Avon clinic teams from France, for their energising and joyful parody of the Olympics, complete with playful costumes and fun props that made both participants & the public smile.

Best Team Spirit

The country team of Malaysia for exemplifying collaboration, support, and unity by overcoming all obstacles to complete a recreational hike with their families, followed by a small picnic.

Most Inclusive

The Mösseberg clinic team from Sweden, for organising an accessible and welcoming activity: a series of food tasting sessions, allowing participants to share and taste food from different colleagues' cultures.

Country winner

The big winner in this category was Diaverum Chile, with 76% of their staff taking part. Albania, North Macedonia and Romania also received honourable mentions for their high participation numbers.

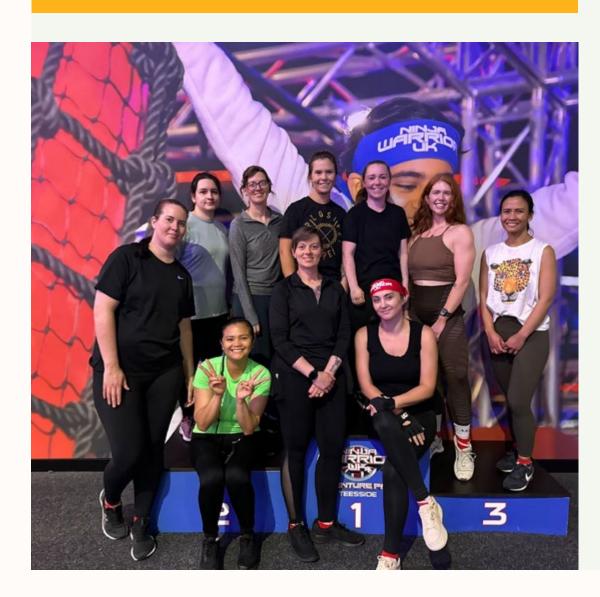
Spotlight: Diaverum 'For Health' Challenge

In 2024, another Diaverum for Health Challenge concluded with great success, with 5,000 employees from 24 countries participating in over 215 activities across our five focus areas for well-being: social, mental, environmental, intellectual, and physical.

Diaverum

2024

Launched only in 2023, the Challenge has quickly become a key event in our organisation's calendar. The enthusiasm and participation this year were once again phenomenal.













2024 ESG Report (45)5. Employees and well-being

5 pillars of employee well-being at Diaverum



Mental

Employees feel secure, safe and have the ability to mentally deal with stress and internal & external challenges



Environmental

Promoting pride in Diaverum by creating environments that support health and well-being for both employees & patients everywhere we operate



Employees are self-aware and act on the need for physical activity, healthy nutrition and high-quality sleep



Employees continue to expand their knowledge and skills, through learning and self-development



Employees have a sense of purpose and direction. They feel connected to Diaverum, through satisfying relationships, recognition and feedback

5.4 Diversity, equality and inclusion

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

We are an equal employment opportunities employer. Everyone employed, contracted or in any other way working with Diaverum, as well as those in the recruitment process, are treated in accordance with our True care culture that emphasises equal employment focused on competence and skills.

With approximately 13,500 employees and contractors across 24 countries, we understand the significance of a diverse workforce. Diversity and inclusion create a well-integrated working environment and lay the foundation for personal & corporate success. We consider these principles as core strengths of our business, and they are integral to our Code of Conduct. Furthermore, a diverse workforce can help ensure that patients from different backgrounds and cultures feel comfortable & understood by their healthcare provider. This in turn can improve communication, trust, and ultimately, quality of care.

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

Most of our workforce are nursing staff, who are in turn predominantly female; as an equal opportunity employer, we aim to even out gaps wherever possible.

Our data collection reveals gender ratios at senior leadership levels as well as in all our countries. It helps us to identify where we must work harder to promote equal opportunities.

Gender diversity metrics

	Men		Women	
	2023	2024	2023	2024
% of employees (headcount) doctors	43%	42%	57%	58%
% of employees (headcount) manager	34%	33%	66%	67%

Employees by age group

	Unit	2023	2024
Under 30 years old	Headcount	1,840	2,024
	%	17%	18%
Between 30 and 50 years old	Headcount	6,025	6,136
	%	57%	56%
Over 50 ve ave ald	Headcount	2,735	2,839
Over 50 years old	%	26%	26%



6. Operating responsibly 2024 ESG Report (46



6



- → Compliance Policy
- → Anti-Corruption and Money Laundering Policy
- → SpeakUP! Policy
- → Compliance Investigations Policy
- → Data Protection and Privacy Policy
- → Cyber Security Policy
- → Human Rights Policy

6. Operating responsibly 2024 ESG Report (47)



We conduct our business in a compliant, transparent and ethical way. Our approach is underpinned by robust governance, policies and processes, set out in the Diaverum Code of Conduct and re-enforced through regular employee training.

Present in 24 countries with diverse standards and practices, Diaverum is committed to behaving responsibly in relation to all its stakeholders.

Recognising that its responsibility extends beyond compliance with local and international regulations, the Group is committed to doing business ethically, sustainably, and responsibly.

6.1 Ethical business culture

The way we care for our patients, how we engage with national health services and suppliers and the role we play in society all stem from our True care culture and values.

Our Code of Conduct

The way we care for our patients, collaborate with national health services, engage with suppliers, and contribute to society - all of these stem from our True care culture and values.

The Diaverum Code of Conduct applies to all our employees, subsidiaries and other individuals who work with & for us. Its purpose is to clearly state legal, ethical and societal norms so that they are understood & applied to business conduct.

Ethics and Compliance programme

Diaverum has implemented a robust system to ensure it always acts in accordance with the ethical principles it has set, and in compliance with the laws & regulations in force, in all the countries where it operates.

Ethics and Compliance Policy

In addition to the Code of Conduct, Diaverum has put in place several pertinent Group compliance policies, showcasing its dedication to integrity and ethics. These include the Anti-Bribery Corruption (ABC), Anti-Money Laundering (AML) Policy, Antitrust Policy, Anti-facilitation of Tax Evasion Policy, Compliance Investigation Policy, Conflict of Interest Policy, Gifts Policy, Referral Management Policy, Human Rights Policy or Third-Party Integrity Management Policy. Diaverum has implemented a robust monitoring system to ensure an adequate adherence to its policy at country level.

Ethics and Compliance Governance

- → Board Level: Diaverum's Board of Directors supervises the Ethics & Compliance programme. Once a year, the results of the Compliance Management system are shared with the Audit Committee. They review and approve the ethics and compliance policies to ensure adherence.
- → ELT (Executive Leadership Team): The General Counsel, a member of the ELT, is responsible for the Ethics & Compliance programmes. The General Counsel reports to the CEO.
- → Corporate Level: Diaverum has a dedicated Group Compliance function who reports to the General Counsel. Group Compliance drives the Ethics and Compliance programme's strategy and monitors Local Compliance & Risk Managers' activities.
- → Operational Level: Diaverum relies on Local Compliance & Risk Managers for the implementation of the Group's Ethics & Compliance programmes, with the support of Group Compliance. In addition, all managers in the Group are responsible for procuring adherence to business conduct matters.

SpeakUP! programme

We are strongly committed to the highest standards of ethical conduct in every aspect of our business, and all staff should maintain these standards. Communication is key, and employees must feel comfortable raising questions & concerns.

We promote this through our SpeakUP! scheme, a framework designed primarily to safeguard high standards of corporate governance and thus maintain employee, customer and public confidence in our business, but also to reduce risk and make sure we deliver on our objectives in a safe & sustainable manner.

Employees, interns and consultants may report concerns, either by contacting an appropriate person at Diaverum (line manager, other manager within the organisation, legal counsel or compliance manager) and/or by using the online SpeakUP! portal, Diaverum's whistleblowing system. The portal is available globally, 24/7, and protects the anonymity of the whistleblower. In compliance with local legislation, the system proposes issues categories, has a standardised questionnaire and a secure messaging service allowing anonymous communication between the whistleblower & the case manager (if the whistleblower wishes to conceal their identity).



SpeakUp! accountability & supervision

- → The Board holds overall accountability and responsibility for the SpeakUP! scheme. Together with the CEO and the rest of the Executive Team, the Board ensures that serious allegations are addressed both internally and externally, in compliance with the law. They are tasked with periodically reviewing the effectiveness of the SpeakUP! concept, evaluating actions taken in response to reports, and if necessary, seeking legal advice to report any serious concerns to the authorities.
- → Country Managers, Line Managers, and local compliance functions bear the responsibility of effectively communicating the policy to their teams. It is essential that all teams in every country are fully aware of the associated procedures.
- → Group Compliance, together with local compliance functions, record all submitted Compliance Issues and process them in accordance with the Compliance Investigation Policy. The issues raised are systematically categorised, and the treatment of each concern depends on its categorisation. Group Compliance and/or the concerned local compliance function will establish an investigation team, when necessary. Any compliance investigation is conducted with utmost care, ensuring confidentiality and privacy on a case-by-case basis.

Speak UP! protects our people

Compliance

Issues

Diaverum employees should feel free to express their ideas, opinions, and concerns without the fear of retaliation. Our SpeakUP! Policy firmly stipulates zero tolerance on retaliation against anyone who chooses to flag a potential issue. Employees will not face the risk of losing their jobs or any form of sanctions, or personal disadvantages due to their submission or report, even if they happen to be mistaken, as long as they act honestly and in good faith.

Subject to the provisions outlined in the Compliance Investigations Policy, all SpeakUP! submissions and reports will be treated with utmost care & confidentiality.

Compliance Investigations 7 Steps Procedure Compliance Investigations Report Compliance Investigation **Initial Compliance Issues Assessment** Reporting of

Review & Recomenda-Review & Counsel) Recomendations (Group

Compliance)

tions (General

Decision on Remedial Measures (Depending on seriousness, General Counsel, CEO or BoD)

(48)



6. Operating responsibly 2024 ESG Report (49)

Diaverum global compliance	Unit	2023	2024
programme implementation	%	82	80

Compliance Management System (the 'Diaverum CMS')

All our potential business conduct risks are identified and assessed through our risk management process (for more information, see Risk Assessment approach²) on an annual basis.

To effectively manage our primary compliance risks and uphold adherence to our ethical policies, Diaverum has implemented a Compliance Management System, referred to as the 'Diaverum CMS.' The Group has defined a Three Lines of Defence and Control Governance Model to ensure robust adherence to the CMS:

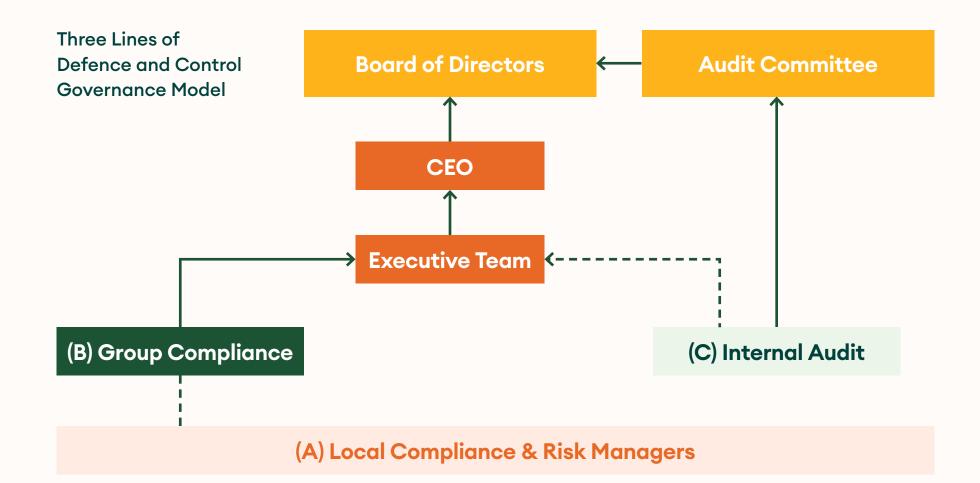
- → A First Line of Defence: Local Compliance & Risk Managers are responsible for implementing the compliance management system at the local level and ensuring its adherence.
- → B Second Line of Defence: Group Compliance is tasked with designing, developing, maintaining, and monitoring adherence to the CMS at the group level.
- → C Third Line of Defence: Internal Audit provides independent assurance and evaluation of the effectiveness of Diaverum's control processes.

Through the CMS Controls Framework, Diaverum has developed more than 100 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 mandated to implement the CMS Controls Framework. Diaverum assesses the comprehensive implementation of these controls annually, at both the country and aggregated levels, through the CMS Update process. The Group evaluates the extent of Diaverum's CMS implementation across the organisation and assesses compliance policy adherence at the country level, through a questionnaire shared with all countries. Metrics compiled include, but are not limited to: country and group-wide CMS Controls Framework implementation level; a country and group-wide CMS Controls Framework implementation improvement rate; and country and group-wide compliance e-learning completion levels.

As a company operating in 24 countries, it is crucial for us to consider the local context. For this reason, as part of the CMS Update process, we ask all countries to respond to specific risk questions, contextualising



the answers received to assess the implementation level of each country's CMS Controls Framework; this is combined with the countries' reported level of CMS Controls Framework implementation, to calculate a CMS Assessment Score.

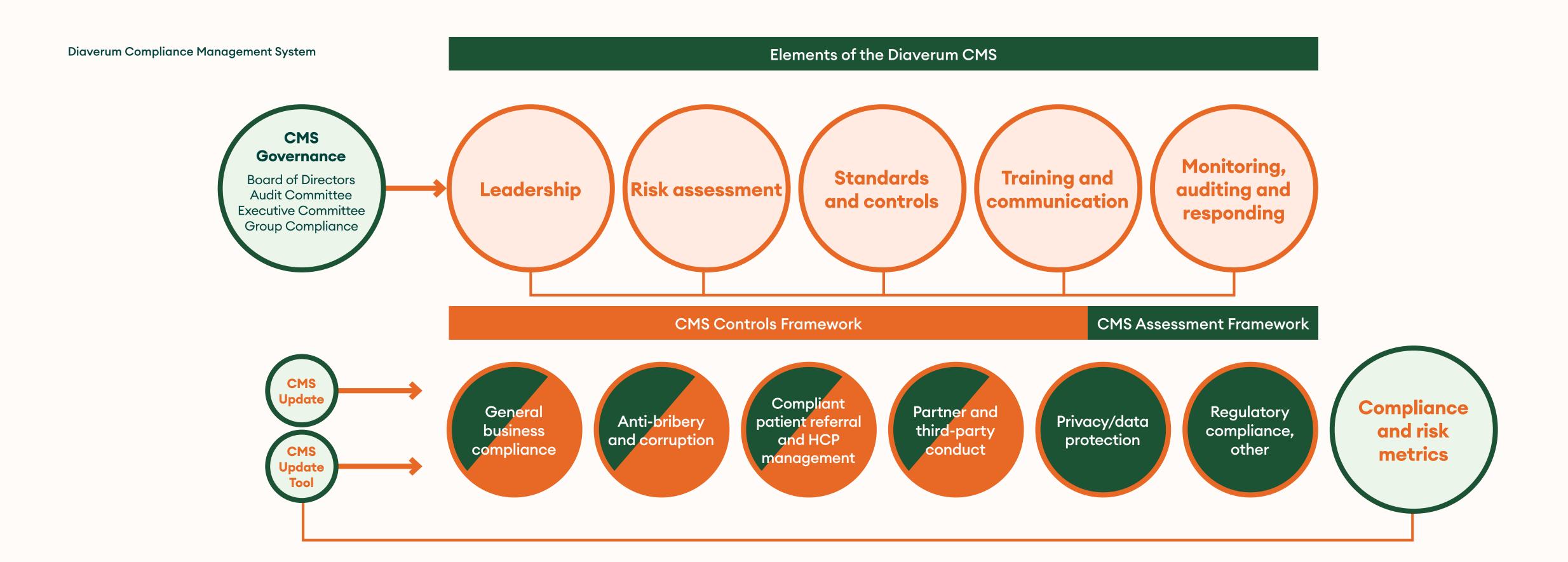
The results of the CMS Update process are compiled in an annual CMS Update Report which is presented first to the ELT and then to the Board & Audit Committee.

Moreover, our Internal Audit function ensures ongoing and systematic monitoring, as well as compliance testing across all of our business processes.

They independently audit various aspects, including the correct implementation of compliance policies and measures implemented for preventing bribery & corruption, with a focus on patient referral.

Finally, Diaverum has developed a proven, rigorous market-entry screening and assessment strategy, allowing us to establish whether we can enter and operate in a given country while upholding our core values.







6. Operating responsibly

Compliance training

	Unit	2023	2024
Completion rate* – compliance training programme	%	100	100
Completion rate** – Code of Conduct & Speak UP! e-learning	%	60	78.4

- *Only for targeted group
- ** Only for new employees

Each year, all corporate employees, country head office personnel, and a minimum 50% of clinic management personnel are required to complete our online compliance training programme, covering the following areas:

Compliant patient referral management

General compliance

Compliance topics

Data protection

Anti-tax evasion facilitation

Whistleblowin

Furthermore, all new employees are required to complete the Code of Conduct e-learning and relevant parts of Diaverum online compliance training programme within a stipulated timeframe from the date of joining (part of our new employee on-boarding process). The Group actively monitors the completion rates for compliance and ethics trainings, with a target of achieving 100% completion annually.

Every year, a global campaign of mandatory
Diaverum's Code of Conduct training is run for all
employees (including consultants who perform work
similar to that of a Diaverum employee). This e-learning
initiative aims to educate participants on corporate
values, ethics, and general compliance topics.



Prevention and detection of corruption & bribery

	Unit	2023	2024
Convictions for violation of anti-corruption and anti-bribery law	N°	0	0
Amount of fines for violation of anti-corruption and anti-bribery law	M€	0	0

The risk of public bribery could be significant given the interactions between Diaverum and healthcare professionals & public institutions, although it should be noted that such risk is arguably customary with all businesses which operate dialysis clinics.

Diaverum's Group Compliance function has developed and maintains an anti-corruption programme based on two inseparable pillars:

- → Leadership Commitment: Senior management enforces Diaverum's zero-tolerance policy against corruption, promoting a "True care" culture throughout the Group and its operations. Senior and middle management leads by example, adhering to rules, disseminating the right message within their teams, and actively supporting the reporting of misconduct.
- → Risk management and procedures: Risk associated with corruption and bribery is managed by means of effective measures and procedures:

- ⇒ Code of Conduct and Policies: As stated in our Code of Conduct and ABC and AML Policy, Diaverum commits to compliance with all applicable laws and regulations, maintaining a zero-tolerance stance on corruption. Different operations policies complete the set: Antitrust Policy, Conflict of Interest Policy, Gifts Policy, Referral Management Policy, and Third-Party Integrity Management Policy.
- → Training and awareness: Employees that might be exposed to corruption risks undergo annual anti-corruption training (e-learning and classroom training).
- ⇒ Diaverum CMS: This system, detailed in "Compliance Management System", ensures the correct implementation of internal controls across all countries, including corruption controls. The CMS Assessment Score obtained, considers the local context and potential risks associated with issues like corruption & bribery.
- Due diligence process for new acquisitions:

 Diaverum has developed a proven, rigorous market-entry screening and assessment strategy allowing us to establish whether we can enter &operate in a given country while upholding our strong values.
- ⇒ Whistleblowing: Our global SpeakUp! portal available to all employees is also used to mitigate risk.
- → Corrective action: Deficiencies associated with the implementation of procedures are analysed to identify their cause and correct them.
- → Monitoring and audit: Several internal audits have been conducted, with a focus on compliance risks.

2024 ESG Report 6. Operating responsibly (52)

As part of the ordinary course of business, Diaverum engages with local Ministries of Health or corresponding government/regional authorities on topics such as regulatory requirements an reimbursement increases. Any such interactions are conducted in accordance with local laws, relevant Diaverum policies, such as Anti-Corruption and Money Laundering Policy, as well as additional policies in place to combat specific cases of public bribery; for example, the Gifts Policy and the Event Management and Sponsoring Policy. The Diaverum CMS also contains compliance controls requiring countries to implement specific procedures aimed at preventing

and detecting instances of bribery & corruption.



6.2 Sustainable supply chain

At Diaverum, we are committed to working with entities and individuals who align with our Supplier Code of Conduct

Our main purchases include consumables used in dialysis treatment, such as dialysers, bloodlines, bicarbonate, catheters, needles, personal protective equipment (PPE), and concentrates, as well as dialysis machines and pharmaceutical products essential for patient care. Most of our key consumables are managed globally and come from selected international companies.

Our Supplier Code of Conduct sets out a thorough evaluation process that must be complied with by all our suppliers. The Code is based on international standards such as the Universal Declaration on Human Rights, the Core Conventions of the International Labour Organisation, the OECD Guidelines for Multinational Enterprises and the 10 principles of the UN Global Compact. It stipulates the minimum requirements that our suppliers must respect and meet within their own operations & within their supply chain.

In 2024, a new process started to be implemented to ensure that all countries follow standardised procedures when working with local suppliers.

Protecting human rights in our supply chain

Our risk assessment has revealed a low risk of slavery or human trafficking in our supply chains, including by manufacturers from whom we source products. Our large international suppliers publish sustainability and other reports on a regular basis & follow relevant industry standards. All our major suppliers have established due diligence systems to identify, assess, and manage potential human rights risks.

In addition, Diaverum's UK Modern Slavery Statement declares our commitment and approach to help ensure that our local operations and global supply chain are free from modern slavery practices, including child labour, forced and bonded labour & human trafficking.

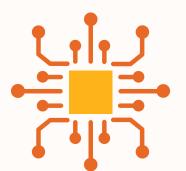
Our suppliers must commit to respecting human rights, either in accordance with our Supplier Code of Conduct or under their own similar policies.

Diaverum's Supplier Code of Conduct is publicly available on the company's website, and communicated & referred to when engaging with new suppliers. The Diaverum Supplier Code of Conduct covers the following topics:

- → Bribery and corruption
- → Tax evasion
- → Relationships with suppliers/third parties
- → Legal compliance
- → Data protection, confidentiality and intellectual property rights
- → Freedom of association and right to collective bargaining
- → Fair and equal treatment of employees
- → Fair remuneration and benefits
- → Decent working hours
- → Safe and healthy workplace
- → No child labour
- → Sanctions and export controls
- → Environmental regulations compliance
- → Reduction of environmental impact
- → Development of resource conservation and circularity







6. Operating responsibly 2024 ESG Report (53)

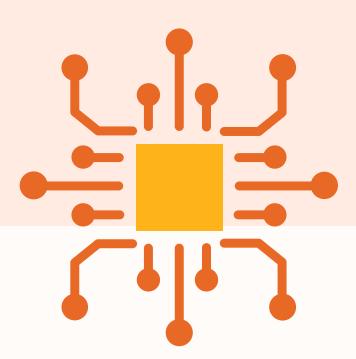
6.5 Cybersecurity, data privacy and protection



Key policies:

- → IT Policy
- → Information Security Policy
- → Data Protection and Privacy Policy
- → Cyber Security Policy

	Unit	2023	2024
Complaints about breaches of privacy or losses of personal data	N°	0	0
Monetary losses as a result of legal proceedings associated with data security and privacy	M€	0	0



Data privacy and protection

Every day, we collect, store and process high volumes of sensitive personal information in connection with the services we provide.

At Diaverum, we are committed to safeguarding the privacy of our patients, their families and our employees.

We have a group-wide Data Protection Policy that aligns with the requirements of the European General Data Protection Regulation, supplemented with local addendums where necessary. The policy serves as a comprehensive data protection framework document, establishing fundamental principles for the processing of personal data. It applies to all individuals within the Diaverum Group and the appointed data processors. Additionally, the Policy for processing patient data, complementing the general policy, specifically addresses the processing of patient data.

We also have policies and procedures for:

- → data retention stating Diaverum's rules and process for managing personal data from creation to retention or disposal;
- → data breach management which outlines the process to deal with potential and actual data breaches involving personal data;
- → data protection training detailing

- requirements on data protection training and awareness for staff;
- → encryption governing the way to protect personal data both at rest and in transit;
- → audit & reporting providing guidance and rules related to data protection audits & their reporting process.

Each country manager is responsible for the local implementation of policies and procedures. The CEO is responsible for the Group-wide implementation. 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 the protection of personal data in place, including, but not limited to:

- → a secure 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 process of reporting privacy-related risks to Diaverum management;
- → generic and specific training & awareness material for employees, about the importance of data protection and privacy;
- → processes for managing incidents, breaches and complaints;
- → internal controls and auditing.

During 2024, in line with Diaverum's ambitious digital strategy, we focused on and improved our data protection practices related to the usage of AI, both for in-house developed solutions and third-party solutions. A new template for Data Protection Impact Assessments (DPIAs) specific for processing of personal data using AI was introduced, along with general guidelines for AI usage. Additional measures were implemented to strengthen the protection of patient data, both at rest and in transit, in the event of a cyberattack.

At least every three years, each Diaverum clinic is individually audited by data protection officers aiming to identify potential flaws and recommend areas for improvement. Furthermore, the Diaverum Internal Audit function performs regular audits of the data protection and privacy practices of individual countries and/or specific corporate functions & departments. The clinic, country, and function or department audits are governed by specific audit policies and procedures. Findings from the audits are recorded, analysed by the respective data protection officers, and related actions are incorporated into the continuous improvement of existing measures in the respective clinics or functions. Regular external audits also assess us against best practices and overall legal requirements.

In the event of a data breach, we have documented processes to ensure all necessary actions are taken and that anyone affected, such as patients, regulatory agencies or other stakeholders, is notified.

6. Operating responsibly 2024 ESG Report (54)

External parties and all employees of the Diaverum Group may report breaches or concerns regarding data protection via the existing reporting systems or dedicated e-mail addresses. The mandatory data protection training contains an important data breach management section. All reports are documented and investigated by the Diaverum data protection organisation along with the business representatives and, where necessary, the processes are adjusted accordingly to minimise future risk. In 2024, there were no complaints about breaches of privacy or losses of personal data, or monetary losses as a result of legal proceedings associated with data security and privacy.

Whenever required, a Data Protection Impact
Assessment (DPIA) or a Legitimate Interest
Assessment is performed and documented. The
number of DPIAs and LIAs performed every year
is increasing, which is a positive sign of increased
awareness and maturity throughout the organisation.



Cybersecurity

We are heavily dependent on information and communication technology, including the increased integration of IT systems, digital components, applications and platforms into medical technology services & products. This means we are at risk of cyber incidents and therefore monitor & respond to any threats that may impact the confidentiality, integrity or availability of our systems and assets, by a set of policies & procedures put in place by our IT Operations team.

In December 2022, our Board of Directors approved the Diaverum Cybersecurity Policy that sets out procedures & standards to protect the company's business against threats and to recover from cyberattacks. The policy is based on the company's cybersecurity strategy and established security standards, such as the NIST cybersecurity framework and ISO 27001/27002.

The Cybersecurity policy complements Diaverum's Information Security Policy. While the Information Security Policy describes the company's procedures and standards to protect information & data from all type of threats, the cybersecurity policy is focused on malicious threats. The Policies apply to all affiliates across the Diaverum Group, including remote workers, permanent and part-time employees, contractors, volunteers, suppliers, interns, or any individuals with access to the company's premises, information systems or hardware.

The IT VP, IT Director, IT Operations, and IT Manager convene in monthly meetings to oversee policy compliance. They also provide an executive summary of the cybersecurity status and activities in the company to the Board at least twice a year. To assess the effectiveness of our policy and the implemented measures in preventing cybersecurity threats, we utilise an external Cybersecurity Assessment Tool and engage with an external consultant to validate our security posture.

We raise cybersecurity awareness through our mandatory online cybersecurity training, which includes an initial onboarding phase and annual refresher training.





(55)





In 2023, Diaverum launched a new cybersecurity awareness and training tool, Hoxhunt. The tool helps to train individual users in identifying and reporting phishing mail. It also encourages everyone to report incidents such as phishing attempts, unauthorised access or data breaches. In 2024, 82% of the

office workers were onboarded on Hoxhunt.

6. Operating responsibly

Cybersecurity awareness information is also emailed to all employees (with greatest frequency to those in finance and HR) and published on our intranet. Additionally, a new policy has been implemented to enhance passwords across all systems and processes at Diaverum that require password access. We have also introduced a new Incident Response Plan and implemented a new endpoint protection connected to a Security Operations Centre (SOC).

In December 2023, we also introduced sensitivity labels, which are, in short, digital tags that users can assign to documents, emails or other information to indicate their level of confidentiality or sensitivity. The introduction of sensitivity labels at Diaverum marks a significant improvement in how we safeguard and process information. This is especially crucial for preserving the integrity of our business and ensuring that the life-enhancing renal care we provide extends to safeguarding patient confidentiality and mitigating the potential risks associated with data security breaches.

Every Diaverum employee is responsible for reporting suspected cybersecurity incidents through Diaverum's Global IT Service Desk system. We will continue to invest in cybersecurity and expand our capabilities to make us more resilient. Furthermore, we are working to improve our Incident Response Plan so it covers specific cyber-attack scenarios.

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.





We want to reduce our environmental impact and make a positive contribution to climate protection.



7.1 Environmental management

In countries including Hungary, Poland, Portugal, Romania and Spain, we use a certified environmental management system in compliance with ISO 14001:2015, which specifies the requirements of such systems. Structured, recurring internal audits and site analysis help our dialysis clinics to identify areas of improvement and enhance our environmental performance.

In France and Portugal, we nominated a sustainable development or energy efficiency ambassador in each of our dialysis clinics, in order to raise awareness and instil environmental accountability among staff.

In some countries, we also explored the introduction of compliance with ISO 50001, which focuses exclusively on energy and requires an ongoing, sustained improvement in energy efficiency and reduction in greenhouse gas emissions.

When building new clinics, we work to a clinic design guideline aimed at minimising environmental impact. This takes into account evidence-based design research that focuses on improving the clinical environment. In turn, this enhances our patients' sense of security and quality of care, 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 management.

In 2024, we enhanced our environmental process by periodically collecting global data on energy and water consumption. This data is provided in a dashboard that allows us to review and regularly assess the performance of all clinics, identifying potential deviations. Moreover, it empowers us to establish specific reduction targets in the future. Pilot programmes have been initiated in Portugal, Saudi Arabia, Spain and Uruguay to monitor this data in real time, using smart electrical appliances. In Spain, all new centres will have this technology implemented going forward.

79% of our employees agree that Diaverum is committed to reducing its environmental impact.





- * Our Scope 1 includes our GHG emission associated with our consumption of natural gas, refrigerant emissions and the usage of cars in France & Portugal.
- ** Our Scope 2 includes our electricity consumption and district heating reported by our dialysis clinics, following the methodology of the GHG protocol and using the emission factors of the International Energy Agency.



The world is faced with a dilemma – climate change is the single biggest health threat for humanity and yet, the sector that is designed to keep people healthy is a significant contributor to Greenhouse gas (GHG) emissions. In addition, compared with other therapeutic areas, nephrology care, especially dialysis, has a high impact on water and energy consumption, effluent discharge & medical waste production. Diaverum recognises its environmental impact and has made sustainability and climate change a top priority for the company moving forward.

In 2023, the company calculated its carbon footprint for the first time, covering Scope 1, 2, and 3 emissions. Currently, Scope 3 accounts for 87% of total GHG emissions, with Category 3.1 (purchased goods and services) being the most significant contributor. This initial assessment allowed the company to identify areas for improvement in data quality and accuracy. We are now working internally to refine the calculation methodology to ensure a more robust and precise figure to report in the following years.

(58)



Our approach to tackle climate change

Diaverum believes that its patient-centric approach to care provision – extensively discussed throughout this report – is beneficial to the planet by delaying or eliminating the need for carbon-intensive treatments, as follows:

- → Prevention to delay disease progression: Diaverum is increasingly active in prevention and pre-dialysis care to slow down disease progression to ESKD. Additionally, a significant portion of CKD cases is attributed to conditions like diabetes, often linked to lifestyle choices. By actively engaging in efforts to promote a healthier lifestyle for everyone via our health literacy activity as well as offering predialysis services, Diaverum aims to reduce the incidence of CKD (for more information, see section 4.2 Preventive Care and transplantation support⁷).
- → Integrated, digitalised dialysis care: Care models for CKD patients are often fragmented. At Diaverum, we offer a digitalised, personalised, and integrated care model that improves medical outcomes and quality of life for the patient, therefore reducing carbonintensive hospitalisations.
- → Green dialysis technologies for patients on dialysis: Diaverum is committed to reducing its environmental impact through innovation and collaboration. The company focuses on four main aspects to minimise the environmental impacts of its dialysis operations:

- the best methods for resource conservation, all without compromising patient safety. For more information on specific actions, refer to the sections on Energy Management and Reduction, Minimising Waste and Optimising Water Usage
- ⇒ Use of renewable energy: see our section
 Use of renewable energy
 ¬

7. Environment

- Engagement of suppliers in adherence to green standards: Nowadays, new water treatment plants and dialysis machines are more efficient than before. When updating our devices, we consider solutions that enhance our efficiency, in terms or energy or water consumption.
- Promotion of green clinical practices: While our primary focus is on ensuring the quality of treatment for our patients, finding a balance between dialysis efficiency and environmental impact is crucial; for example, we're currently engaged in a project to optimise dialysate flow, aiming to reduce our environmental impact associated with water, energy, and dialysis concentrate consumption, without compromising medical outcomes.
- → Promoting transplantation: Diaverum is committed to enabling patients' access to transplantation, which not only benefits the eligible patient, but also minimises the environmental burden of dialysis. We want to include as many eligible patients as possible on transplantation lists by eliminating potential barriers and investing in health literacy (for more information, see section 4.2 Preventive Care and transplantation support⁷).

Energy consumption	Units	2023	2024
Natural Gas	MWh	8,849	8,453
Electricity	MWh	60,625	63,450
District Heating	MWh	5,271	7,507*
Consumption of self-generated renewable energy	MWh	363	795*
Total	MWh	75,108	80,326
Energy consumption/ HD treatment	kWh / HD tx	14	15

^{*}The difference is due to an improvement in the quality of reported data.

Key actions to reduce energy consumption and increase renewable energy use

Reducing energy consumption is vital to our sustainability strategy, and we introduced measures to deliver on it across many of our clinics:

- → Energy efficiency and optimisation: an audit conducted in several countries identified ways to reduce energy consumption, most of which is accounted for by monitors, water treatment and heating & cooling equipment. Since 2022, the majority of our countries have implemented energy efficiency projects, including LED lighting upgrades, smart metering, water heater upgrades and education campaigns aimed at clinic staff. In 2024, in the UK we implemented smart meters in all clinics where we have a direct contract with the supplier. We also review our global clinical procedures to avoid unnecessary energy consumption. For example, we updated our water treatment plant heat disinfection process from six days a week to two or three times per week.
- → Use of renewable energy: Guidelines have been developed to help countries to assess their local solar conditions and determine whether this power option might suit their circumstances. Each country studies the feasibility of installing photovoltaic panels within their clinics. In North Macedonia, Portugal, Spain, Romania and Uruguay, we installed solar panels and reduced our energy consumption from the grid. By the end of 2024, we installed on-site solar systems at 23 of our dialysis clinics across these countries. Furthermore, Spain became the first country to update supplier contract, ensuring that all electricity comes from renewable sources.

^{**} Does not include the energy generated from three of our clinics.

7. Environment (59)

Climate change adaptation

Our presence in 24 different countries, each with its unique geography, climatic conditions and other risks – such as utility failure, terrorism or pandemics – has led us to create Diaverum Continuity Plans. Our Continuity Plans thus provide guidance about how to respond, manage and recover our renal facilities from any disruption, ensuring continuity of treatment for patients and reducing adverse impacts on our business credibility. Compliance with these plans is measured within our clinical audit process.

Due to our global presence, we may face severe climate conditions or other extreme events.

Regarding the effects of climate change specifically, these can also potentially disrupt our operations and lead to increases in the cost of resources per unit or in the aggregate cost that is required to perform our services effectively.

Storm Boris affected several countries in Central and Eastern Europe, with some limited impact on our operations in Poland and Romania. In Romania, the eastern region – particularly Galati County, where we have a presence – was most affected by flooding. While there were initial challenges with patient transportation to our clinics in the area, dialysis treatments resumed as normal within a few days. Contingency plans were successfully implemented to ensure continuity of care during this period. Importantly, both patients and employees remained safe throughout the event.

In Valencia, two of our clinics, Catarroja and Alfafar, sustained significant damage and are currently inoperable. A third clinic, Xirivella, also sustained damage but was able to reopen. Despite these challenges, 100% of our patients in the affected areas received dialysis, ensuring that their lifesustaining treatment continued with minimal interruption.

In addition to providing healthcare treatments, we have coordinated humanitarian aid for our patients, including the purchase of medical supplies and wound care materials to meet their ongoing needs.

In 2025, Diaverum will collaborate with external partners to conduct a forward-looking, high-level assessment of physical and transition climate-related risks. This analysis will consider both a 4°C and a 1.5°C scenario to evaluate the potential impacts of a 'business as usual' trajectory versus a rapid decarbonisation pathway on our operations.



7. Environment 2024 ESG Report (60)



7.3 Minimising waste

Our clinics can generate a large amount of waste every day, including PVC/silicone tubes, solution bags, dialysis tubing, medical sharps and dialysers. Up to 2 kg of potentially contaminated waste can be generated per dialysis session, and about the same weight of potentially recyclable materials.

Key actions to minimise waste

→ Waste management system

We have guidelines for waste management in all countries where we operate and ensure all our clinics have a clear & effective waste disposal system in place that is compliant with local regulations.

→ Use of central distribution

A concentrate solution is required to prepare the dialysate for each haemodialysis treatment session. In some clinics, this is centrally stored in a designated area, while in others, each dialysis machine has its own individual container or cartridge of dialysis concentrate. The feasibility of implementing central distribution depends on various factors, such as size, patient load, facility layout, and local infrastructure. Whenever possible, we employ central distribution, as it enables the company to reduce the quantity of packaging waste. For sites utilising individual containers, we strive to achieve the reuse or recyclability of these containers, while being compliant with local regulations.

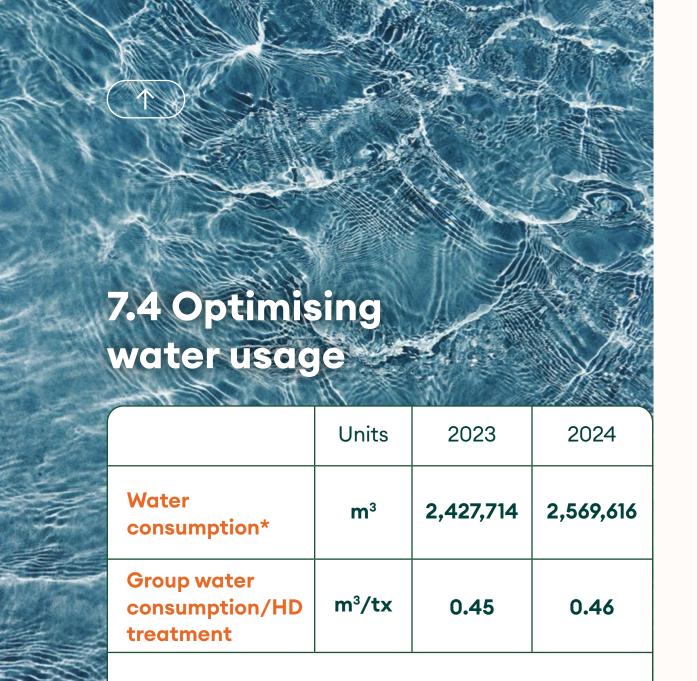
→ Paperless strategy

Implementing paperless, digital platforms and tools, allows the company to minimise paper consumption and decrease reliance on printers.

In addition to the above measures, we have also implemented a Machine Replacement Policy to provide country guidance when dialysis machines are changed or replaced. Employees are made aware of the steps to ensure they follow the rule of the 3Rs (reduce, reuse and recycle):

- → Transfer the machine to another existing or future Diaverum centre within the country, if deemed usable:
- → Transfer the machine to another Diaverum centre in another country;
- → Dismantle the machine and store key spare parts that could be reused for maintenance & recycle remaining parts;
- → Sell the machine to a third party;
- → Recycle and/or refurbish the machine.

With this policy, we maximise the use of all our dialysis machines during their lifetime.



* Italy operations not included.

Our first priority is patient safety, which requires that the water used for dialysis is pure and free of chemicals or bacteria which could cause serious illness or death.

Water use during dialysis is determined by three main factors:

- → how the water is discharged from reverse osmosis, and the type of reverse osmosis;
- → how the dialysate and reinfusate are prepared;
- → the prescription for the dialysis session.

Usually, a dialysis session requires approximately 130 to 150 litres of purified water, which needs treatment, sterilisation, and heating to body temperature, before being combined with solutions for an effective session.

7. Environment 2024 ESG Report (61)

On average, approximately 30% to 50% of this water is discharged during the water purification process.

Key actions to optimising our water

→ Water use optimisation

To optimise our water usage and minimise unnecessary usage, we actively monitor our data to identify potential leaks and areas for improvement. We also maintain all equipment to ensure maximum operating efficiency, educating our staff in the importance of water conservation.

→ Investing in new reverse osmosis

New methods of state-of-the-art reverse osmosis allow us to reduce the amount of reject water that a traditional water treatment system produces when achieving the purity needed for haemodialysis. In 2024, we installed four new water treatment plants in the UK, and two more are planned.

→ Reuse and recovery of water
We are exploring opportunities to reuse
or recycle water whenever possible.

Spotlight: Excellence in water management in Saudi Arabia and Spain

In 2019, we initiated a Water Saving Programme in **Saudi Arabia.** By 2024, water consumption was reduced by 5%, compared to 2023. Since 2019, the country has achieved a consumption reduction of 0.27 m³ per treatment (from 0.77 down to 0.50), which translates to approximately 174,154 m³ of water saved - equivalent to the capacity of around 70 Olympic-sized swimming pools.

Sophisticated water metres were installed, with remote access, to indicate and analyse abnormal consumption; clinics were also equipped with conductivity metres, to measure the quality of water and enable the reduction of water consumption generated by Industrial Reverse Osmosis systems & to optimise the conductivity of water feeding the Medical Reverse Osmosis systems. Finally, in new buildings, we started exploring the potential for recycling and reusing water that is currently being rejected during the water pre-treatment process; specifically, the water used for flushing the pre-treatment filter, which has the potential to be effectively reused.

In **Spain**, at our new clinic in Santander, we have installed a system that allows us to reuse the water utilised for cleaning our carbon filters. This recovered water is redirected to the inlet tank and undergoes complete filtration and decalcification. Our carbon filter consumes 1,440 litres of water each day; through this water recovery process, we have the potential to save up to 523 m³ of water per clinic, annually.

7.5 Use of chemicals

Chemicals can potentially be used for cleaning purposes or for disinfecting reverse osmosis (RO) systems and dialysis machines.

Key actions to reduce our use of chemicals:

- → Use of eco-friendly disinfectants and cleaning products: Certain countries actively explore eco-solutions as alternatives for disinfection and cleaning purposes. For instance, clinics in France have implemented procedures ensuring proper chemical management and the use of eco-solutions for cleaning products. This involves guidelines and protocols for storage, usage, and disposal. These clinics prioritise the use of ecoresponsible floor cleaning methods, such as employing water and microfibre mop heads, thereby reducing the environmental impact of cleaning activities. To minimise the use of harsh chemicals, white vinegar is utilised for cleaning sinks, faucets and the interior of toilet tanks. In other countries, contracts with cleaning providers include an environmental clause.
- → Promote heat disinfection instead of chemicals: We advocate for heat disinfection instead of chemicals for disinfecting reverse osmosis (RO) systems and dialysis machines. Thanks to that, we can reduce our use of chemicals and water. Finally, we have updated our process for the heating disinfection of our water treatment plant, enabling us to reduce our water and electricity consumption.



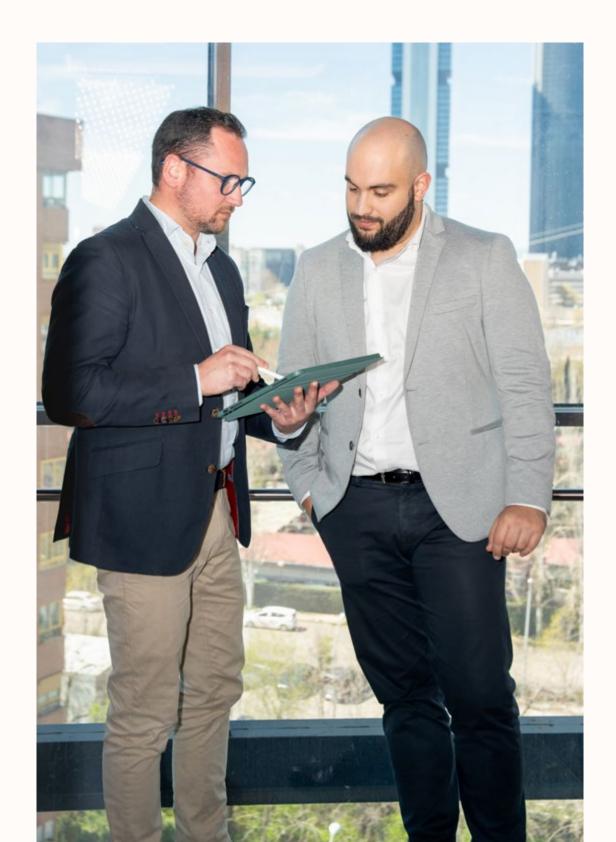
Our risk management process and control

The purpose of the Diaverum Risk Framework is to allow us to identify risks and develop strategies to mitigate their probability or impact.



The purpose of the Diaverum Risk Framework is to allow us to identify risks and develop strategies to mitigate their probability or impact.

By managing risks, we lower the level of uncertainty that would otherwise threaten our ability to deliver life-enhancing renal care to patients around the world. This ensures seamless business continuity while protecting Diaverum's reputational integrity and the safety of our patients.



8.1 Risk assessment approach

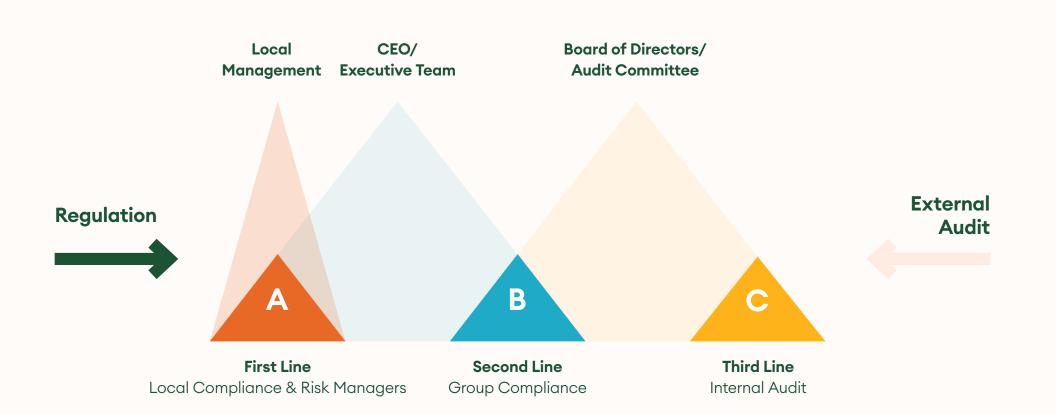
Managing risks rigorously and systematically is crucial to our ability to create & protect value.

8. Our risk management process and control

Our approach to risk management is designed to encourage clear decision-making on which risks we take and how we manage those risks. The Enterprise Risk Management Framework is designed to cover the Group and the subsidiaries over which it exercises control.

Diaverum uses a hybrid risk management model. While there is a Group Risk Management function in charge of setting risk management mechanisms, establishing policies and other activities, ownership of the risks belongs to the global function responsible for deploying the central framework to manage them. These are organised in three lines of defence:

- → First line of defence: risk owners assume ownership of how the risks specific to their local market or function are managed on the ground, following the procedures set by the second line of defence.
- → **Second line of defence:** group compliance sets risk management mechanisms, advises and monitors the first line of defence, helping them to develop action plans to improve control and risk mitigation.
- → Third line of defence: Internal Audit assesses if the first line of defence is managing risks properly and if the second line of defence is setting mechanisms to adequately support the first line.



Our risk prioritisation methodology

The Diaverum Risk Policy, approved by the Board of Directors, sets out instructions across the organisation for identifying, assessing, managing, reporting and monitoring risks, allowing us to:

- → reduce the level of uncertainty with regard to Diaverum's ability to deliver life-enhancing renal care:
- → ensure business continuity;
- → protect the reputational integrity of the organisation.

The Diaverum Risk Policy is implemented in accordance with the Three Lines of Defence Model, within a comprehensive risk control and management system. This is supported by Group Compliance, which is responsible for properly defining and assigning functions & responsibilities at both operational and

corporate levels, as well as using suitable procedures, methodologies and support tools.

In order to compile the list of key risks for Diaverum, Group Compliance annually identifies and assesses these at group level through various interactions with senior employees, foremost members of the Executive Leadership Team and/or other delegated senior employees, updating the Risk Treatment Plans (see more about this below) that exist for each risk identified as a top risk.

Emerging risks are 'new' risks that have the potential to crystallise in the future but are unlikely to impact the business over the next year. The outcome of such risks is often uncertain. They may begin to evolve rapidly, or alternatively, may never materialise. We continuously monitor our business activities, as

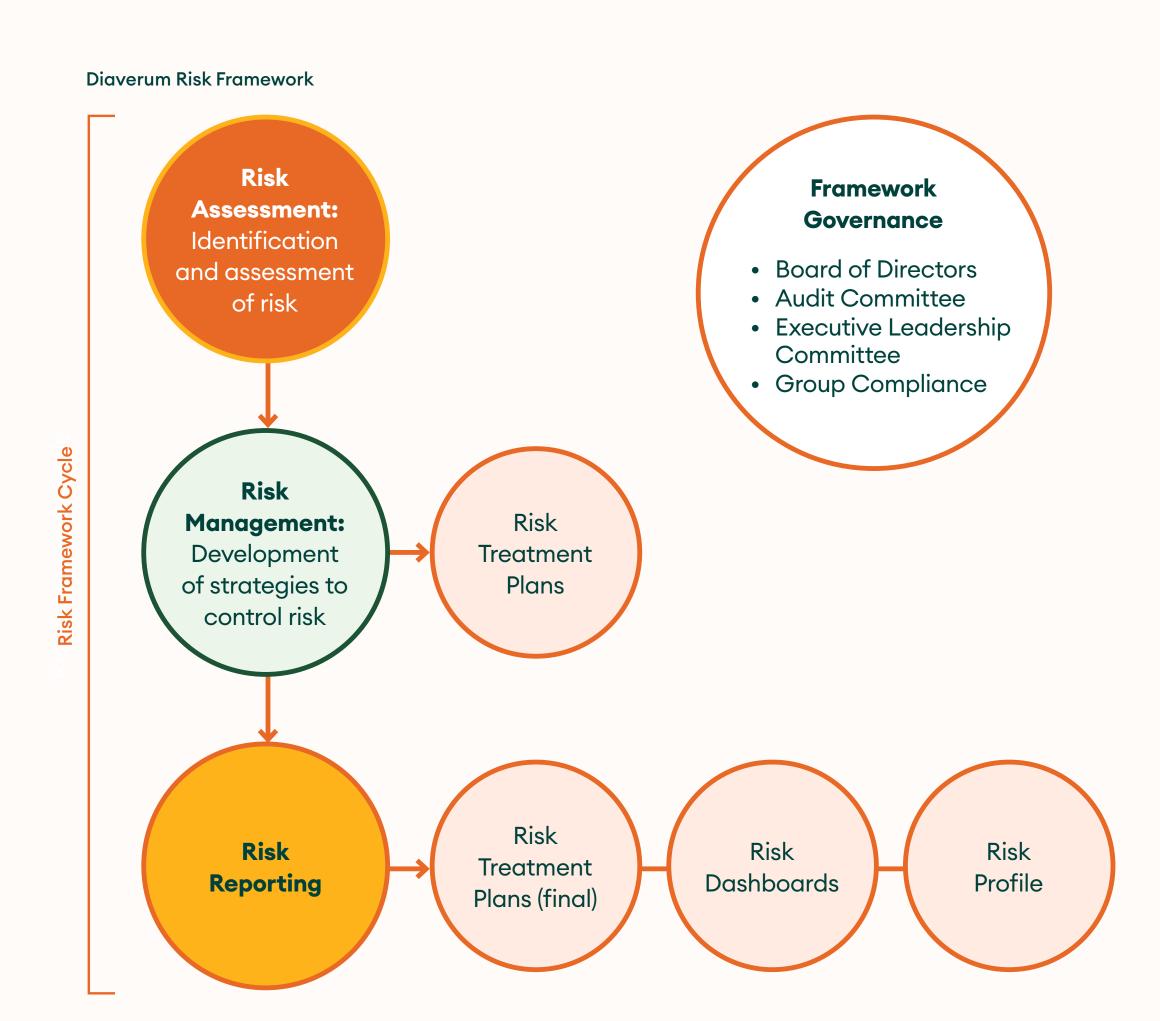


well as external and internal environments, to identify new, emerging, and evolving risks, ensuring they are managed appropriately. In 2024, Diaverum identified climate change as a potential emerging risk and conducted a thorough evaluation to assess the financial impacts of climate change, including both physical and transition risks. The results will be available in 2025.

We assess risks based on their possible impact and the effectiveness of controls in place to mitigate them. We do this from both a group (corporate) ('top down') and a country-level perspective ('bottom up'), using the Diaverum Risk Framework across all levels of the group.

Based on this, we then create and maintain an updated profile of the top risks to the company, including detailed Risk Dashboards for all such risks.

Functional directors then identify and appoint one or more individuals as risk owner(s) to be responsible for each defined Diaverum risk. For each of these risks, the risk owner manages a Risk Treatment Plan that is then submitted to the Group Compliance team. Based on the Risk Treatment Plans, Group Compliance compiles an annual global Risk Report.



8. Our risk management process and control



8. Our risk management process and control

Key risks for Diaverum

We identify and mitigate both operational risks as well as strategic risks. In view of the objectives of Diaverum's strategy, a four year (medium term) time horizon applies for all our risks assessed within the Diaverum Risk Framework.

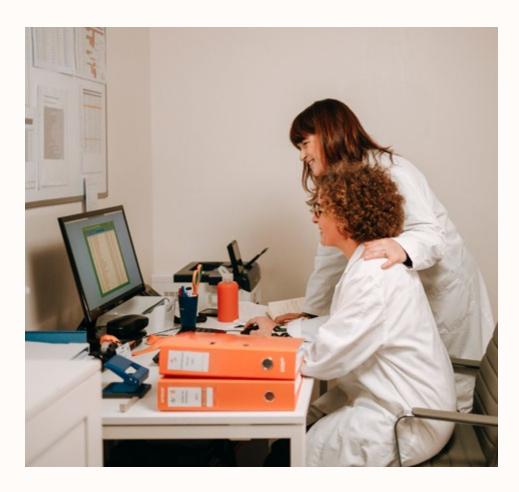
An overview of the Diaverum risks relating to the topics of this report are summarised in this table. These risks are not listed in any particular order of priority.

Risk area	Risk description
Macroeconomic risks and global events	Diaverum's business could be affected by changes in macroeconomics or political factors, including changes in the global economic order, geopolitical risks, capital flows across borders.
Regulatory compliance	Diaverum operates in a heavily regulated industry and may be vulnerable to changes in laws or regulations, including environmental regulations.
Compliance with local healthcare laws and regulations	Due to the rapid pace of change in healthcare laws and regulations, there's a risk that Diaverum may struggle to remain aligned with all the relevant updates, potentially resulting in non-compliance and its associated impacts.
Inadequate availability of skilled staff	In many countries, there's a widespread shortage of skilled staff, notably nurses but also nephrologists. The current strain on resources across the organisation could potentially result in inefficiencies and, at worst, a lack of oversight, leading to indirect financial implications. If we are unable to attract and retain employees, we may experience disruptions in our business operations and increases in operating expenses among other things, any of which could have a material adverse effect on our business, results of operations and financial condition.
Key personnel succession planning	The departure of key personnel could result in substantial delivery challenges, potentially leading to indirect financial impact.
Compliance with data protection regulations compliance	Given the increased regulatory scrutiny and the sensitive nature of patient data handled by Diaverum, the risk of data breaches is ever-present. These breaches could lead to financial and reputational repercussions for Diaverum, along with potential infringement on individuals' rights and freedoms.
Clinical malpractice	The complexity of our services and the expansive geographic reach of our organisation pose a risk of medical malpractice, whether unintentional or intentional.
Clinics operational risk	The operational complexity of our sites in diverse countries presents risks such as water quality/supply issues, power outages, natural disasters, and accessibility obstacles. These risks can impact patient safety, financial stability, and reputation.
Supplier dependence	We have significant suppliers, with a substantial portion of our total vendor spend concentrated with a limited number of third party suppliers. Diaverum's reliance on suppliers could potentially expose the company to unforeseen risks, impacting our delivery capabilities and potentially resulting in compliance-related penalties. Diaverum may be adversely affected by its suppliers facing financial or operational problems, increasing prices or being unable to make deliveries as agreed.
Cybersecurity threats	Any significant failure or interruption to Diaverum's IT systems could adversely affect business.
Post-M&A failed integration risk	Acquired clinics, both in existing and new markets, face a risk of incomplete integration within Diaverum's operations. This could result in non-compliance issues (both facility-related and medical-related) as well as a compromise in the standard of care delivered.
Non-compliance patient referral management	In certain jurisdictions, local behaviours and customs may pose a risk of non-compliant patient referrals, potentially resulting in compliance-related penalties with direct financial repercussions and indirect reputational harm. Diaverum's entry into new markets, such as Eastern Europe, Africa, and China, has heightened exposure to compliance violations concerning patient referral management, thereby increasing the specific risk in this area. To address this, Diaverum has enhanced its compliance programme to actively mitigate risks associated with patient referral management.
Bribery & corruption	Due to the company's extensive reach and significant reliance on third party partners, there exists a potential risk of bribery and corruption, which could directly impact Diaverum financially and harm its reputation.
Negative media/social media coverage	The company faces the risk of negative media and social media attention, which could have significant implications on various aspects of its operations. In today's interconnected world, information spreads rapidly, and any negative publicity can impact the company's reputation, brand image, and financial performance.
Tax non-compliance risks	As a global corporation, Diaverum is subject to numerous tax laws and regulations. Risks arising therefrom are identified and evaluated on an ongoing basis.



8.2 Internal Control System

The Internal Control System provides reasonable assurance that Diaverum's primary financial, compliance and operational risks are maintained within acceptable limits as defined by general management and governing bodies. It ensures that management actions fall within the framework outlined by applicable laws, regulations and the Group's values & policies. Furthermore, it guarantees that the accounting, financial and management information communicated to corporate decision-making bodies accurately and reliably reflects the activity and position of the Group. In the upcoming year, the Internal Control System will undergo an update to adopt a broader approach.



Organisation

The Internal Control System is coordinated as follows:

- → The Board/Audit Committee ensures that the structures and processes are in place to provide reasonable assurance that the Group's objectives will be achieved &risks controlled.
- → The Executive Leadership Team ensures that internal controls are implemented as necessary to manage significant risks in the day-to-day activities.
- → Diaverum employees, in their respective roles, must adhere to policies and perform daily internal controls to actively prevent, identify, and escalate any deficiencies
- → The Internal Audit Department assists in defining key controls to be embedded in end-to-end processes, following a risk-based approach. It is responsible for monitoring the control environment and for creating & maintaining a clear structure for measuring the effectiveness of control implementation.

Components of the internal control system

The Internal Control System within Diaverum is based on the COSO Framework, which was introduced by the Committee of Sponsoring Organisations of the Treadway Commission in 1992 and is internationally accepted & commonly used by companies.

The framework consists of five interrelated components derived from the business processes:

- 1. The Control Environment, comprised of standards, processes and structures that form the foundation for implementing internal control throughout the Group.
- 2. Risk Assessment, the identification and analysis of risks related to the achievement of Diaverum's objectives, forming a basis for determining how the risks should be managed.
- 3. Control Activities that are implemented in response to identified risks. These activities, defined through policies and procedures, aim to ensure the execution of management's directives.
- 4. Well-defined business processes at Diaverum, such as allocation of duties, proper delegation of authority, access management and risk management measures, represent activities that contribute to effective corporate governance and internal control application.
- 5. Information and Communication are maintained to distribute pertinent internal and external policies & instructions to all relevant employees through the company's intranet. Diaverum's governing documents undergo continuous updates to accurately reflect changes in processes and the working environment.

Monitoring the Internal Control System ensures confidence in the accuracy and reliability of financial statements, whilst simultaneously providing management with insights into the effectiveness of the procedures.

Annual monitoring of internal control implementation and performance is managed by the Internal Audit Department. Relevant performance indicators have been created, subject to periodic reviews by relevant functions and management. When deemed necessary, mitigating actions are implemented to enhance internal control effectiveness.

In 2024, Diaverum implemented ESG aspects as internal controls to ensure the accuracy and reliability of data collected. The internal audit will assess its compliance in 2025.



8.3 Group Internal Audit

Internal Auditing serves both as an objective and independent assurance, as well as a consulting function, with the goal of adding value and enhancing the Group's operations. To safeguard its independence, the Group Internal Audit departments report directly to the Audit Committee.

Mission and vision

As part of its vision, Diaverum's Internal Audit function aspires to operate as a customer-oriented entity, providing services that deliver substantial value while adhering to international professional and ethical standards. In line with this vision, the mission of the Internal Audit team is to deliver high-quality services in collaboration with Group and country management, actively contributing to the achievement of Diaverum's objectives by offering recommendations to enhance governance, risk management, control processes and cost-effectiveness.



Objectives

The objectives of Internal Audit are to independently and objectively analyse, appraise, recommend and provide pertinent comments concerning the activities audited.

Over the course of audit examinations, the Group Internal Audit Department shall:

- → Review and appraise the adequacy, soundness and application of accounting, financial, management reporting and other operating controls, to make recommendations for improved practices and techniques, where appropriate
- → Ensure that policies and procedures are being interpreted properly and carried out as intended. Furthermore, they will verify these are adequate and effective, making recommendations for revision where necessary
- → Determine the reliability, effectiveness and efficiency of procedures designed to ensure the organisation is compliant with applicable laws and regulations

Key elements of the Internal Audit

In the systematic execution of its duties, the Internal Audit Department performs both qualitative and quantitative risk assessments, drawing insights from diverse sources, including:

- → the company's Corporate Risk Map;
- → results of internal control monitoring activities;
- → findings from previous internal audits;
- → financial and medical data.

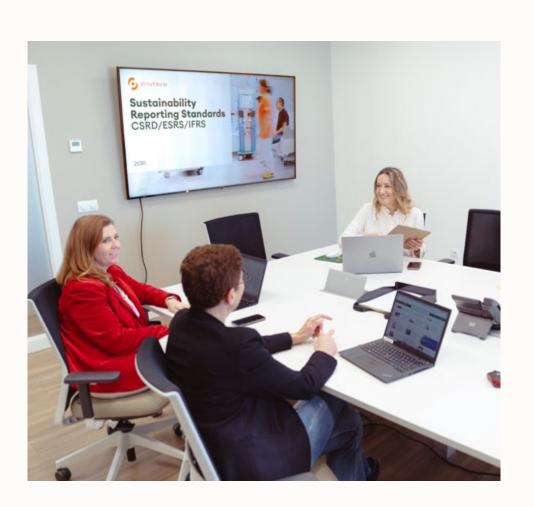
This comprehensive process guides the identification of risks incorporated into the annual audit plan, which is subsequently approved by the Audit Committee.

Group Internal Audit then conducts on-site assessments of selected entities, evaluating business processes to gain an overview of practices and performance, whilst simultaneously offering support for necessary process improvements. These audits span various areas, including Finance, Operations, Human Resources, IT, Compliance, Data Protection and clinic operations.

In 2024, Group Internal Audit executed nine on-site audits, with reviews resulting in recommendations aimed at enhancing operations and maturity of implemented controls (the department may conduct ad-hoc audit activities, primarily focusing on investigating suspected or identified frauds throughout the year). Notably, the audits conducted in 2024 did not reveal any significant incidents related to corruption.

Furthermore, ESG considerations have been integrated into the internal audit planning and execution processes, ensuring that audits cover the validity of the ESG data provided in the report.

To ensure transparency and accountability, the Internal Audit Director periodically presents audit results to the Audit Committee, summarising audit assignments, the follow-up on recommendations, and the annual audit programme's progress.



2024 ESG Report









9. Appendix 2024 ESG Report (69)

9.1 Sustainability Accounting Standards Board (SASB) reporting framework

In addition to providing wide-ranging disclosure about our approach to environmental, social and governance factors, we are sharing the following disclosures aligned with the SASB Health Care Delivery industry standard (Version 2023-12).

This is part of our commitment to provide transparent and relevant information on our performance to our stakeholders. Going forward, we will continue to improve our disclosure of quantitative metrics and further enhance our SASB reporting.

Table 1. Sustainability Disclosure Topics & Accounting Metrics

Торіс	Accounting metric	2023 Response	Sasb code
Energy Management	(1) Total energy consumed, (2) percentage grid electricity,(3) percentage renewable	(1) 289,173 GJ (2) 79% energy comes from grid electricity and (3) 10% comes from solar panel (generated on-site) and renewable energy (green certificate)	HC-DY-130a.1
	Total amount of medical waste, percentage (a) incinerated, (b) recycled or treated, and (c) landfilled	Waste is managed at both local and regional level, allowing us to adhere to all applicable laws and regulations. For further information on our waste management activities, see chapter 77	HC-DY-150a.1
Waste Management	Total amount of: (1) hazardous and (2) non- hazardous pharmaceutical waste, percentage (a) incinerated, (b) recycled or treated, and (c) landfilled	Waste is managed at a local and regional level, allowing us to adhere to all applicable laws and regulations. For further information on our waste management activities, see chapter 77	HC-DY-150a.2
	Description of policies and practices to secure customers' personal health data records and other personal data	For a description of policies and practices related to securing our patients' health information and further data, see the Cybersecurity, data privacy and protection?	HC-DY-230a.2
Patient Privacy & Electronic Health Records	1) Number of data breaches, (2) percentage involving (a) personal data only and (b) personal health data, (3) number of customers affected in each category, (a) personal data only and (b) personal health data	No material breaches with risk to the rights and freedoms of the registered occurred in 2024.	HC-DY-230a.3
	Total amount of monetary losses as a result of legal proceedings associated with data security and privacy	Diaverum did not incur monetary losses during the reporting period as a result of legal proceedings associated with data security and privacy.	HC-DY-230a.4
Access for Low-Income Patients	Discussion of strategy to manage the mix of patient insurance status	For information on our efforts to reduce or eliminate impediments to patient care, see chapter 4.4 Dialysis access for underserved communities?	HC-DY-240a.1
	Number of Serious Reportable Events	No serious reportable events have occurred during the reporting period.	HC-DY-250a.2
Quality of Care & Patient Satisfaction	Hospital-Acquired Condition rates per hospital	Not applicable. Diaverum has outpatient centres.	HC-DY-250a.3
	Number of (1) unplanned and (2) total readmissions per hospital	Not applicable. Diaverum has outpatient centres.	HC-DY-250a.6
Management of Controlled Substances	Description of policies and practices to manage the number of prescriptions issued for controlled substances	Not applicable – medical services provided by Diaverum do not require the use and prescription of controlled substances.	HC-DY-260a.1
	Description of policies or initiatives to ensure that patients are adequately informed about prices before undergoing a procedure	Pricing is usually subject to local law and varies from country to country.	HC-DY-270a.1
Pricing & Billing Transparency	Discussion of how pricing information for services is made publicly available	Pricing is usually subject to local law and varies from country to country.	HC-DY-270a.2
	Number of the entity's 25 most common services for which pricing information is publicly available, percentage of total services performed (by volume)that these represent	Pricing is usually subject to local law and varies from country to country.	HC-DY-270a.3



9. Appendix (70)

Topic	Accounting metric	2023 Response	Sasb code
Employee Health & Safety	Total recordable incident rate (TRIR) for (a) direct employees and (b) contract employees	At country level, all accidents / incidents and near-misses are recorded, reported and investigated. At corporate level, Diaverum does not gather the information. The company is planning to report on this over the coming years.	HC-DY-320a.1
Employee Recruitment, Development & Retention	(1) Voluntary and (2) involuntary turnover rate for: (a) physicians, (b) non- physician health care practitioners, and (c) all other employees	1. 13.8% voluntary leavers a) 10.1% b) 14.6% c) 13.6% 2. 10.4% involuntary leavers a) 8.8% b) 11.4% c) 8.4%	HC-DY-330a.1
	Description of talent recruitment and retention efforts for health care practitioners	See our Employee and well-being chapter ³ for more information	HC-DY-330a.2
Climate Change Impacts on Human Health & Infrastructure	Description of policies and practices to address: (1) the physical risks because of an increased frequency and intensity of extreme weather events, (2) changes in the morbidity and mortality rates of illnesses and diseases associated with climate change and (3) emergency preparedness and response	We have dialysis clinics in many regions of the world with diverse geographic, social and economic conditions, serving a vulnerable population of patients who need regular dialysis treatment multiple times a week. To allow us to continue treating our patients in extreme conditions, we have developed high- performance programmes that provide access to health care under difficult circumstances. See our Access to Care section?	HC-DY-450a.1
Fraud & Unnecessary Procedures	Total amount of monetary losses as a result of legal proceedings associated with medical fraud	For the reporting period, Diaverum did not incur material monetary losses as a result of legal proceedings associated with medical fraud.	HC-DY-510a.1

Table 2. Activity metrics

Accounting metric	2023 Response	Sasb code
Number of (1) facilities and (2) beds, by type	Diaverum operates 444 renal care clinics with more than 10,500 stations.	HC-DY-000.A

9. Appendix (71)

9.2 How the Group works with Sustainable Development Goals (SDGs)



SDG	SDG Target Summary	ESG report reference
3 GOOD HEALTH AND WELL-BEING SDG 3 - Good Health and Well-Being	3.4 Reduce mortality from non-communicable diseases, through prevention and treatment, as well as promoting mental health and physical well-being3.8 Achieve access to essential, good quality healthcare services	3. Our patients ⁷ 4. Access to Care ⁷ 5.3 Work-life balance and well-being strategy ⁷
12 RESPONSIBLE CONSUMPTION AND PRODUCTION SDG 12 - Responsible Consumption and Production	12.2 Achieve sustainable management and efficient use of natural resources	7. Environment ^a
4 QUALITY EDUCATION SDG 4 - Quality education	4.4 substantially increase the number of youths and adults who have relevant skills, including technical and vocational skills, to nurture fruitful employment, and entrepreneurship	5.2 Employee development and experience ⁷
8 DECENT WORK AND ECONOMIC GROWTH	8.4 Improve progressively global resource efficiencies in consumption and production, & endeavour to decouple economic growth from environmental degradation 8.5 Achieve full and productive employment and decent work for all 8.8 Promote safe and secure working environments for all	7. Environment ^a 5. Employee and well being ^a

SDG 8 – Decent work and economic growth 9. Appendix



9.3 Diaverum scientific articles on PubMed 2024

1. Recommended calcium intake in adults and children with chronic kidney disease-a European consensus statement.

Evenepoel P, Jørgensen HS, Bover J, Davenport A, Bacchetta J, Haarhaus M, Hansen D, Gracia-Iguacel C, Ketteler M, McAlister L, White E, Mazzaferro S, Vervloet M, Shroff R.

Nephrol Dial Transplant. 2024 Jan 31;39(2):341-366. doi: 10.1093/ndt/gfad185.

PMID: 37697718

2. Multidisciplinary team approach for CKD-associated osteoporosis.

Hansen D, Jørgensen HS, Andersen TL, Ferreira AC, Ferreira A, de Jongh R, Keronen S, Kröger H, Lafage-Proust MH, Martola L, Poole KES, Tong X, Evenepoel P, Haarhaus M.

Nephrol Dial Transplant. 2024 Dec 20;40(1):48-59. doi: 10.1093/ndt/gfae197.

PMID: 39315700

3. Evaluating Osteoporosis in Chronic Kidney Disease: Both Bone Quantity and Quality Matter.

Lloret MJ, Fusaro M, Jørgensen HS, Haarhaus M, Gifre L, Alfieri CM, Massó E, D'Marco L, Evenepoel P, Bover J. J Clin Med. 2024 Feb 9;13(4):1010. doi: 10.3390/jcm13041010.

PMID: 38398323

4. Extracellular Vesicles as Surrogates for the Regulation of the Drug Transporters ABCC2 (MRP2) and ABCG2 (BCRP).

Rigalli JP, Gagliardi A, Diester K, Bajraktari-Sylejmani G, Blank A, Burhenne J, Lenard A, Werntz L, Huppertz A, Münch L, Wendt JM, Sauter M, Haefeli WE, Weiss J. Int J Mol Sci. 2024 Apr 8;25(7):4118. doi: 10.3390/ijms25074118.

PMID: 38612927

5. Is the Prevalence of Biopsy-Proven
Glomerulopathies in Adults Changing Over Time?

Pana N, Chiotan L, Ciurea O, Petre N, Dumitru D, Capusa C.

Maedica (Bucur). 2024 Sep;19(3):519-525. doi: 10.26574/maedica.2024.19.3.519.

PMID: 39553349

6. Complement Inhibitors for Geographic Atrophy in Age-Related Macular Degeneration-A Systematic Review.

Dascalu AM, Grigorescu CC, Serban D, Tudor C, Alexandrescu C, Stana D, Jurja S, Costea AC, Alius C, Tribus LC, Dumitrescu D, Bratu D, Cristea BM. J Pers Med. 2024 Sep 17;14(9):990. doi: 10.3390/ jpm14090990.

PMID: 39338244

7. Prognostic Value of Inflammation Scores and Hematological Indices in IgA and Membranous⁷

Nephropathies: An Exploratory Study. Pană N, Ștefan G, Popa T, Ciurea O, Stancu SH, Căpușă C.

Medicina (Kaunas). 2024 Jul 23;60(8):1191. doi: 10.3390/medicina60081191.

PMID: 39202473

8. Early referral to nephrological care improves long-term survival and hospitalization after dialysis initiation, independent of optimal dialysis start – a call for harmonization of reimbursement policies.

Haarhaus M, Bratescu LO, Pana N, Gemene EM, Silva EM, Santos Araujo CAR, Macario F. Ren Fail. 2024 Dec;46(1):2313170. doi: 10.1080/0886022X.2024.2313170. Epub 2024 Feb 15. PMID: 38357766

9. Vertebral fractures in patients with CKD and the general population: a call for diagnosis and action.

Gifre L, Massó E, Fusaro M, Haarhaus M, Ureña P,
Cozzolino M, Mazzaferro S, Calabia J, Peris P, Bover J.
Clin Kidney J. 2024 Jul 9;17(8):sfae191. doi: 10.1093/ckj/sfae191. eCollection 2024 Aug. PMID: 39099567

10. Home versus in-centre haemodialysis for people with kidney failure.

(72)

2024 ESG Report

Cheetham MS, Ethier I, Krishnasamy R, Cho Y, Palmer SC, Johnson DW, Craig JC, Stroumza P, Frantzen L, Hegbrant J, Strippoli GF.

Cochrane Database Syst Rev. 2024 Apr 8;4(4):CD009535. doi: 10.1002/14651858.CD009535. pub3. PMID: 38588450

11. The CONVINCE randomized trial found positive effects on quality of life for patients with chronic kidney disease treated with hemodiafiltration.

Rose M, Fischer FH, Liegl G, Strippoli GFM, Hockham C, Vernooij RWM, Barth C, Canaud B, Covic A, Cromm K, Cucui AM, Davenport A, Fischer KI, Hegbrant J, Jaha H, Schappert A, Török M, Woodward M, Bots ML, Blankestijn PJ; CONVINCE Scientific Committee and CONVINCE Investigators.

Kidney Int. 2024 Nov;106(5):961-971. doi: 10.1016/j. kint.2024.07.014. Epub 2024 Jul 30. PMID: 39089577

9. Appendix

12. Frequent hemodialysis versus standard hemodialysis for people with kidney failure: Systematic review and meta-analysis of randomized controlled trials.7

Natale P, Green SC, Rose M, Bots ML, Blankestijn PJ, Vernooij RWM, Gerittsen K, Woodward M, Hockham C, Cromm K, Barth C, Davenport A, Hegbrant J, Sarafidis P, Das P, Wanner C, Nissenson AR, Sautenet B, Török M, Strippoli G.

PLoS One. 2024 Sep 6;19(9):e0309773. doi: 10.1371/journal.pone.0309773. eCollection 2024. PMID: 39240930

13. Menopause and High Altitude: A Scoping Review-UIAA Medical Commission Recommendations.

Mateikaitė-Pipirienė K, Jean D, Paal P, Horakova L, Kriemler S, Rosier AJ, Andjelkovic M, Beidleman BA, Derstine M, Hefti JP, Hillebrandt D, Keyes LE. High Alt Med Biol. 2024 Mar;25(1):1-8. doi: 10.1089/ ham.2023.0039. Epub 2023 Nov 6. PMID: 37922458

14. Klotho in pregnancy and intrauterine development-potential clinical implications: a review from the European Renal Association CKD-MBD Working Group.7

Kanbay M, Mutlu A, Bakir CN, Peltek IB, Canbaz AA, Díaz Tocados JM, Haarhaus M. Nephrol Dial Transplant. 2024 Sep 27;39(10):1574-1582. doi: 10.1093/ndt/gfae066. PMID: 38486352 Free PMC article.

15. Nutrition in Women at High Altitude:
A Scoping Review-UIAA Medical Commission
Recommendations.

Andjelkovic M, Paal P, Kriemler S, Mateikaite-Pipiriene K, Rosier A, Beidleman BA, Derstine M, Pichler Hefti J, Hillebrandt D, Horakova L, Jean D, Keyes LE. High Alt Med Biol. 2024 Mar;25(1):9-15. doi: 10.1089/ham.2023.0047. Epub 2023 Nov 16.

16. Anti-SRP Antibodies and Myocarditis in Systemic Sclerosis Overlap Syndrome with Immune-Mediated Necrotizing Myositis (IMNM).

Alexandru C, Donisa A, Bobirca F, Dascalu AM, Dumitrescu D, Ancuta I, Bojinca M, Balahura AM, Manea C, Belaconi I, Anghel D, Dumitrașcu C, Alius C, Costea AC, Marin A, Serban D, Bobircă A. Medicina (Kaunas). 2024 Oct 26;60(11):1756. doi: 10.3390/medicina60111756.

PMID: 39596941 Free PMC article.

17. Effects of the uremic toxin indoxyl sulfate on seizure activity, learning and brain oxidative stress parameters in mice.

Łukawski K, Raszewski G, Czuczwar SJ.
Neurosci Lett. 2024 Jan 18;820:137594. doi: 10.1016/j.
neulet.2023.137594. Epub 2023 Dec 13. PMID: 38096971

18. The Value of Systemic Inflammatory Indices for Predicting Early Postoperative Complications in Colorectal Cancer.

Shevchenko I, Grigorescu CC, Serban D, Cristea BM, Simion L, Gherghiceanu F, Costea AC, Dumitrescu D, Alius C, Tudor C, Onisai M, Gradinaru S, Dascalu AM. Medicina (Kaunas). 2024 Sep 11;60(9):1481. doi: 10.3390/medicina60091481. PMID: 39336522

19. Hormonal Contraception and Menstrual Cycle Control at High Altitude: A Scoping Review-UIAA Medical Commission Recommendations.

Horakova L, Kriemler S, Študent V, Pichler Hefti J, Hillebrandt D, Jean D, Mateikaitė-Pipirienė K, Paal P, Rosier A, Andjelkovic M, Beidlemann B, Derstine M, Keyes LE. High Alt Med Biol. 2024 Dec;25(4):255-265. doi: 10.1089/ham.2024.0021. Epub 2024 Apr 12.

PMID: 38607652

20. Application of Artificial Intelligence in Clinical Practice - Perception of a Multinational Group of Nephrologists.

Silva E, Santos-Araújo C, Correia R, Macário F. Stud Health Technol Inform. 2024 Aug 22;316:832-833. doi: 10.3233/SHTI240540.

PMID: 39176921

21. Plasma NGAL levels in stable kidney transplant recipients and the risk of allograft loss.

Swolinsky JS, Hinz RM, Markus CE, Singer E, Bachmann F, Halleck F, Kron S, Naik MG, Schmidt D, Obermeier M, Gebert P, Rauch G, Kropf S, Haase M, Budde K, Eckardt KU, Westhoff TH, Schmidt-Ott KM.

(73)

Nephrol Dial Transplant. 2024 Feb 28;39(3):483-495. doi: 10.1093/ndt/gfad226.

PMID: 37858309

22. Baxter Physioneal, Extraneal, Nutrineal (PEN) and Dianeal solution bags can be accidentally connected to Fresenius peritoneal dialysis catheter extensions in a non-sterile manner.

Albert A, Richter S, Woitas RP, Hinkel UP, Stieger P, Braun-Dullaeus RC, Albert C. Clin Kidney J. 2024 Mar 14;17(4):sfae067. doi: 10.1093/ckj/sfae067. eCollection 2024 Apr. PMID: 38618491

23. Annual survival of patients with end-stage chronic kidney disease on supportive hemodialysis and its correlates.

Bodessova S, Sultanova B, Bekenova N, Mursalova Z. Pol Merkur Lekarski. 2024;52(4):392-399. doi: 10.36740/Merkur202404102.

PMID: 39360718

9. Appendix 2024 ESG Report (74)

24. Corrigendum to "WCN24-1924
SOCIODEMOGRAPHIC AND CLINICAL PROFILE
OF OLDER ADULTS IN A HEMODIALYSIS UNIT IN
NORTHEASTERN BRAZIL: CHALLENGES AND
PERSPECTIVES" [Kidney International Reports Volume
9, Issue 4, Supplement, April 2024, Pages S282-S283].7
Costa L, Valverde T, Silva MJ, Mello T, Presidio G, Sousa KK.

Kidney Int Rep. 2024 Jun 6;9(8):2582. doi: 10.1016/j. ekir.2024.06.006. eCollection 2024 Aug. PMID: 39156156

25. Intradialytic Parenteral Nutrition in Patients on Hemodialysis: A Multicenter Retrospective Study.

Arias-Guillén M, González JC, Betancourt L, Coll E, Collado S, Romano-Andrioni B, Lupiañez-Barbero A, Garro J, Duarte V, Soler-Majoral J, Calabia J. Nutrients. 2024 Nov 24;16(23):4018. doi: 10.3390/nu16234018. PMID: 39683411

26. Real world evaluation of etelcalcetide in the treatment of secondary hyperparathyroidism in hemodialysis patients in Argentina.

Wojtowicz D, Laham G, Forrester M, Del Valle E, Peñalba A, Filannino G, Sammartino A, Mengarelli C, Rosa-Diez G, Negri AL.

Ther Apher Dial. 2024 Nov 18. doi: 10.1111/1744-9987.14230. Online ahead of print. PMID: 39557587

27. Clinicopathological Characteristics and Disease Chronicity in Glomerular Diseases: A Decade-Long Study at Romania's Largest Kidney Biopsy Reference Center.

Pană N, Ștefan G, Stancu S, Zugravu A, Ciurea O, Petre N, Mircescu G, Căpușă C.

Biomedicines. 2024 May 22;12(6):1143. doi: 10.3390/biomedicines12061143.

PMID: 38927350

PMID: 39338984

28. Molecular Epidemiology of Hepatitis D Virus in the North-East Region of Romania.

7

Grecu LI, Pavel-Tanasa M, Matei L, Sultana C, Ruta SM, Grecu RI, Ursu RG, Cianga P, Iancu LS. Pathogens. 2024 Sep 13;13(9):793. doi: 10.3390/pathogens13090793.

29. Trend of Kidney Replacement Therapy in North Macedonia from the Years 2015 Through 2020.⁷

Gjorgjievski N, Karanfilovski V, Simjanovska S, Rushiti E, Cibrev D, Dzekova-Vidimliski P, Memeti A, Mexhiti F, Mucha A, Poposka E, Banskolieva EB, Selami Z, Misovska N, Kjulibrk-Nedelkovska M, Nedelkoska M, Gjorgjievska G, Krecova V, Stojceva O, Spasovski G, Nikolov I.

Pril (Makedon Akad Nauk Umet Odd Med Nauki). 2024 Dec 12;45(3):47-56. doi: 10.2478/prilozi-2024-0022. Print 2024 Nov 1.

PMID: 39667002

30. Analysis of a nurse-provided on-call peritoneal dialysis support in an outpatient reference care centre.

Albert A, Richter S, Kalk P, Stieger P, Woitas RP, Braun-Dullaeus RC, Albert C.

BMC Nurs. 2024 Mar 1;23(1):144. doi: 10.1186/s12912-024-01812-4.

PMID: 38429782

31. Ultrasonography of vascular access in the hands of nephrology and nephrological nursing professionals in advanced chronic kidney disease units: A tool to improve the quality of care.

Rosique F, Andúgar L, Martínez-Losa A, Arenas MD, Manzano D, Hadad-Arrascue F, García-Puente J, Carbonell DJ, Ocete A, Melero E, Espinosa JL, Pérez MDC, Amair R, Manzanero N, Simonyan H, Venegas NI, Vásquez E, Martínez AD, Albero JL, Roca-Tey R, Ibeas J, Cabezuelo JB.

Nefrologia (Engl Ed). 2024 Nov-Dec;44(6):910-912. doi: 10.1016/j.nefroe.2024.11.026. Epub 2024 Dec 6. PMID: 39645512

32. Mediterranean diet improves blastocyst formation in women previously infected COVID-19: a prospective cohort study.7

Chen H, Wang J, Guo H, Zhao Q, Lin G, Hocher B, Kalk P, Wang Z, Gong F.

Front Nutr. 2024 Jun 20;11:1371077. doi: 10.3389/fnut.2024.1371077. eCollection 2024.

PMID: 38966424

33. Using a measurement type-independent metric to compare patterns of determinants between patient-reported versus performance-based physical function in hemodialysis patients.

Liegl G, Fischer FH, Canaud B, Woodward M, Barth C, Davenport A, Török M, Strippoli GFM, Hegbrant J, Cromm K, Bots ML, Blankestijn PJ, Fischer KI, Rose M; CONVINCE Scientific Committee.

Qual Life Res. 2024 Nov;33(11):2987-3001. doi: 10.1007/s11136-024-03745-6. Epub 2024 Aug 5.

PMID: 39103575

34. Estradiol-to-follicle ratio on human chorionic gonadotropin day is a novel predictor of gestational diabetes mellitus in women receiving fresh embryo transfer.

Chen H, Liu Y, Xu X, Hu L, Cai S, Gong F, Lin G, Kalk P, Krämer BK, Hocher B.

Front Endocrinol (Lausanne). 2024 Oct 11;15:1465069. doi: 10.3389/fendo.2024.1465069. eCollection 2024. PMID: 39464182

About our report

This report covers Diaverum's fiscal year ended December 31, 2024, and is designed to provide a brief update on the progress made against our ESG initiatives. It includes content about topics we believe are of interest to our stakeholders, including those identified through a materiality assessment.

The 2024 ESG report has been approved by the Diaverum Board of Directors and contains all essential information regarding the sustainability initiatives within Diaverum AB.

The report covers:

- → Diaverum AB and each of its subsidiaries (collectively, Diaverum) as per December 31, 2024; and
- → Diaverum Sweden AB, which was not a subsidiary of Diaverum as per December 31, 2024. Diaverum Sweden AB was included in last year's report and have been included in this Report to maintain operational consistency with last year's scope.

We aligned our ESG report with the Sustainability Accounting Standards Board (SASB) – Health Care Delivery Industry Standard. Additionally, we provide information on how Diaverum contributes to the United Nations Global Compact and Sustainable Development Goals (SDGs).

Hyllie Boulevard 53, SE 215 37 Malmö Sweden Tel: +46 46 287 30 00

E-mail: info@diaverum.com www.diaverum.com

