



2022
SUSTAINABILITY
REPORT

IVIRMA WAY,
the sustainable and innovative
path to motherhood



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01. LETTER FROM OUR CEO: OUR SUSTAINABLE AND INNOVATIVE PATH TO MOTHERHOOD

We want to thank our whole professional team at IVIRMA for their support and dedication, which allows us to continue achieving our objectives and grow day by day as an organization and team. In 2022, in order to maintain our global leadership, we have remained committed to sustainability, good practices and the Sustainable Development Goals (prioritizing SDG 3. Good Health and Well-being, and 5. Gender Equality). Likewise, just as we maintain our ethical management for another year, we also do so with our involvement and cooperation with improving the lives of patients and always being sustainable with the environment.

To continue leading our industry, we have maintained our commitment to:



INNOVATION: It is one of the core and vital strategies that allow us to position ourselves worldwide year after year. In 2022, we have maintained a high level of scientific productivity, consolidating ourselves as the most active scientifically assisted reproduction group in the world. This faithful commitment to research allows us to contribute to the advancement of assisted reproduction and offer the highest excellence in patient care.



DIGITAL MEDICINE: Over the years, it has established itself as a strategic and irreplaceable ally of traditional medicine. The growth in the use of our Patient Portal, with 90% usage in 2022, and in the First Online Visits are already a fully established reality and, furthermore, a growing trend. The use of digital tools allows us to offer more accurate health management, focused on prevention and safety. In this regard, this year has meant a qualitative leap



in safety at all levels: safety of the organization, safety of patients with the inclusion of genetics in the day-to-day of its processes and safety of the devices. In addition, Artificial Intelligence is presented as a differentiating element that can help us maintain our competitive advantages. All this, with the necessary control that allows establishing rules to encourage savings in energy consumption and reduce the carbon footprint as an organization. And without forgetting at any time that digitization is a complement to traditional medicine, which translates into a nicer and more humane quality of care for patients.



PATIENTS: This year, more than 63,000 people have visited our centers and we have performed more than 80,000 assisted reproduction procedures. These data are the result of our prioritization and orientation towards patients, whose satisfaction and well-being govern our daily work and values. This is a deeply rooted philosophy in our team and one of the decisive factors that will allow us to continue leading the industry.



EXCELLENT CLINICAL RESULTS AND SUCCESS RATES: Our clinical results make us leaders, but the true success is that each patient makes their dream come true, therefore, with this objective in mind, every year, and this year has not been the exception, all the clinical results and success indicators of all our operations are audited to ensure the reliability and safety of our processes.



SPECIALIZATION IN HIGHLY COMPLEX REPRODUCTION: It is a reality that a considerable number of patients come to our centers with difficult circumstances and complex histories for different reasons (either due to age, other health problems and/or failed treatments). Thanks to our team, constant innovation and investment, and our extensive experience, we are able to offer the best solutions even in the most difficult cases.





To build the health of the future, it is necessary to take care of the environment and people, a maxim crystallized in our commitment to Society, the Environment and Governance. Because, at IVIRMA, we care about what we do, but especially how we do it. And, in our case, that “how” crystallizes in the path towards maternity that begins when a patient calls our centers for a first visit, going through all the internal and external processes in the company, until reaching the goal of a healthy baby at home. All this with the perspective and the belief that, on this path, the decisions we make today will affect the world of tomorrow: the future is built with the conscious steps of the present.

Today more than ever, we will continue to innovate, promoting first-rate care and promoting technological progress, genetics and the growth of our Team to promote our mission and continue promoting the

“IVIRMA way”:

Our
sustainable and innovative
path towards
motherhood

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About this
report



02. ABOUT THIS REPORT

The content of this sustainability report or **non-financial information statement** has been prepared in accordance with the requirements of the **Law 11/2018**, of December 28, of Non-Financial Information and Diversity.

This report provides a comprehensive overview of our ethical, social, environmental and governance performance at all of our global locations for the period January 1 to December 31, 2022. This report, together with the annual accounts and the consolidated management report of 2022, is available on the corporate website integrated into an annual publication cycle.

The financial information processed in this report corresponds to the data of the consolidated annual reports of the IVIRMA group.

Regarding the corporate perimeter contemplated in this document, it includes all the companies of the Group, following the same scope as the Consolidated Management Report, except IVI Foundation, which is not included in the an-

nual accounts, although we do include it in this non-financial report because of its relevance to our company's social and environmental issues.

This Report for the financial year 2022 does not include all the information on the EU environmental taxonomy, since the company is not included in the scope of articles 19a and 29a of the Directive 2013/34/EU and, therefore, it is not required to disclose this information. Even so, it is important to highlight that the economic activity carried out by IVIRMA is not described in the Commission Delegated Regulation (EU) 2021/2178, and, therefore, it is not eligible according to the EU environmental taxonomy.

The transparency of information is a key element in our commitment to stakeholders and society. In this way, and for the fifth year, this report follows transparent communication guidelines and is a faithful reflection of the reality of the organization and its stakeholders



Principles of content and quality of information

In this way, besides the content of Law 11/2018 on Non-Financial Information and Diversity, the **GRI standards (of the Global Reporting Initiative)** are also complied with. In relation to this section, there is a content index at the end of the document where the locations and explanations of the Law 11/2018 and the GRI standards specifically used are provided.

For the determination of **information content** the following basic criteria developed by the GRI are taken into account:



Participation of stakeholders

Responding to the needs of all stakeholders, their interests and expectations have been taken into account throughout the process of gathering information and structuring this report.



Completeness

The information in this report has been prepared in a fair and relevant manner that responds to all material topics.



Sustainability context

The objective of this report is to understand IVIRMA's environment and consider the company's potential impact on it from a global sustainability perspective.



Materiality

The materiality assessment, which was conducted in 2021 and is still valid today through a contextual update of 2022, has been used as a basis to identify the most relevant economic, social and environmental aspects of IVIRMA for stakeholders.

Likewise, the following principles have also been considered to ensure the quality of the information:



Balance: We present not only positive developments in the field of sustainability, but also areas for improvement and how our company addresses them.



Punctuality: The data presented corresponds to the year 2022, which in this case indicates the period covered by the report.



Comparability: Comparability between the different sustainability reports that we publish is important, which is why we follow calculation and standardization methods that help us achieve it. This rigorous approach also allows for a better assessment of the company's development over the years.



Reliability: IVIRMA has various management systems that have been tested and certified to guarantee the transparency, accuracy and reliability of the information presented in this report.



Accuracy: The information presented is accurate and detailed.



Clarity: The content is always written to be correctly understood.

Other indicators of our own have also been developed to address those aspects in which the GRI standards do not take into account the legal requirements for specific indicators.

If you have any questions or queries about this report and its content, you can contact us using the following email:

RSC@ivirma.com

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The essence
of who we
are





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3.1 ABOUT US

IVIRMA, the largest Assisted Reproduction group in the world

IVIRMA Global (IVIRMA, Group, from now on) is the world's leading company in the Reproductive Medicine sector, with more than three decades of experience and high success rates backed by its long history and a focus on research.

3.2 OUR SERVICES

At IVIRMA, we offer all the services that exist today in the reproductive field, always in accordance with the current legislation in each country where we have centers.

Our objective is none other than to bring the latest advances in the field of assisted reproduction to women and couples who need science to fulfill their dream of being mothers and fathers.

During their journey, we accompany our patients by making available the best techniques and all the genetic tests to achieve healthy babies at home, educational excellence in reproduction, which allows us to train present and future professionals in the sector, and the constant innovation that boosts our research potential and continuous improvement.





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Our clinics and our treatments, at the heart of what we do:

Our centers have the most state-of-the-art technology that makes it possible to carry out cutting-edge techniques applied to the different assisted reproduction treatments: **Artificial Insemination (AI), In Vitro Fertilization (IVF) and Egg donation.**

In addition to conventional treatments, we have developed the IVF Genetic. This treatment includes both in vitro fertilization and the subsequent embryo preimplantation genetic testing to make the best possible selection and thus increase the chances of pregnancy.

One of the social and medical revolutions that we have experienced in recent years in the Assisted Reproduction sector points towards the preservation of fertility as a possibility of stopping the decrease in success rates derived from the passage of time. Since, as we know, a woman's fertility decreases over the years, and, from the age of 35, the quality and quantity of her eggs begins to drop remarkably. Aware of this situation and of a growing need, at IVI, we pioneered egg vitrification in 2007 with a firm objective: to offer women the possibility of deciding when and how to become mothers without feeling the pressure of time on them.

In addition to this technique, which represented an important medical and social revolution, in recent years, IVIRMA has pioneered other lines such as Artificial Intelligence applied to embryo selection, which makes it possible to offer greater guarantees in the selection of the best embryo to transfer and, therefore, a growing improvement in the success rates of our treatments.



Center of Excellence for Ovarian Rejuvenation: Poor ovarian response and advanced maternal age are factors that affect many of our patients. For this reason, we are the pioneering company in research in this field; to offer them the latest advances and thus increase the chances of being mothers with their autologous eggs. Our objective is to minimize the effects of ovarian failure so that more and more patients fulfill their dream of being a mother, and that they achieve it with their autologous eggs.



Telemedicine: It is the present and the future of our work, since it was born with the firm objective of facilitating the process for our patients and that they can achieve their baby in the most comfortable way possible, with the least amount of travel, without giving up the best guarantees in their processes.

To maintain our results, we make use of state-of-the-art technology and adapt each process to the diagnosis of the patients to obtain the best results in the shortest time.



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Juno Genetics is a state-of-the-art laboratory specialized in genetic testing

Our mission is to provide the highest quality clinically useful information for couples planning to start a family, for patients undergoing fertility treatment, and for women who are already pregnant. The innovative tests offered by our Juno Genetics laboratory are among the most technologically advanced and most accurate in the world. The state-of-the-art tests provided by Juno are the result of research carried out by an internationally renowned scientific team.

With more than 350 scientific publications, more than 55,000 embryos analyzed per year and 3 R&D centers, Juno has become one of the most important laboratories in the world, with laboratories in New Jersey (USA), Oxford (UK), Valencia (Spain) and a commercial and research office in Rome (Italy).

A laboratory in the Technological Park of Valencia has been set up from scratch in record time (6 months) with all the necessary accreditations and validations, with which it has been able to offer its services to its customers during the year 2022.

Opening of the Juno Laboratory in Valencia

Biomedical Supply, SL es

Founded in 2007, DIBIMED has achieved constant growth year after year, mainly thanks to an international distribution agreement with the brand of medical devices for human reproduction Kitazato. Today, DIBIMED operates in more than 70 countries throughout Europe, Central America, South America and Africa.

As of September 2022, DIBIMED has taken over the distribution of its Kitazato product portfolio also in Middle Eastern countries.

Its product portfolio also includes other materials and services for the professional assisted reproduction team, such as lab consumables, a witnessing system, and a tubal patency study device.



3.3 WHERE LIFE IS BORN

In the year 2022, more than **63,000 people** have visited our centers to make a first diagnosis. Besides, **we have performed more than 80,000 assisted reproduction procedures** that include all the techniques and treatments available.

Our clinical results make us leaders, but true success is each patient achieving their dream, so with that goal in mind, we constantly work to improve our clinical data.

At in vitro fertilization: In IVF patients younger than 37 years old who did not undergo preimplantation genetic testing for aneuploidy (PGT-A), we increased the implantation rate from 47.76% to 52.66%.

In addition, we believe in the positive impact generated by the **preimplantation genetic diagnosis** in the number of alive newborns by embryo transfer in women older than 35 years. This practice allows patients to reduce the number of early pregnancy losses and equalize them to those of women under 30 years old, eliminate the interruption of pregnancies due to chromosomal abnormalities and reduce the number of alive newborns with aneuploidies to practically zero. The implantation rate in treatments with PGT-A is currently 62.9%. In the year 2022, in the group's clinics (including Spain, Italy, Portugal, LATAM and the United States), we have progressively increased the use of this embryo selection technique, reaching 79% in patients older than 37 years.



In egg donation: Today, there is an 83% effectiveness in the first attempt (using all the embryos obtained in that cycle, but in different transfers) and in the third attempt it reaches 100%. Our eSET (Elective Single Embryo Transfer) policy and our intrauterine insemination stimulation protocol have allowed us to maintain an overall multiple pregnancy rate of 2.7%, which reinforces our patient safety policy to avoid obstetric and neonatal complications after our treatments.



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Taking reproductive medicine to any part of the world, so that anyone can fulfill their dream, pushes us to continue growing:

We are present in 9 countries with 79 clinics:

In the USA: 8 locations and 23 clinics:

- » **RMA of New Jersey:** Basking Ridge (NJ), Eatontown (NJ), Englewood (NJ), Freehold (NJ), Jersey City, Marlton (NJ), Morristown (NJ), Princeton (NJ), Somerset (NJ), Springfield (NJ), West Orange (NJ).
- » **RMA of Lehigh Valley:** Allentown (PA).
- » **RMA of Philadelphia:** King of Prussia (PA), Langhorne (PA), Abbington (PA), Philadelphia (PA).
- » **RMA of Florida:** Lake Mary (FL).
- » **RMA of Southern California:** Los Angeles (CA).
- » **RMA of Northern California:** Palo Alto (CA), San Francisco (CA), Danville (East Bay).
- » **RMA of Seattle:** Seattle (WA).
- » **RMA of Houston:** Houston (TX).

United Kingdom: Birmingham, Bristol, Cardiff, Hertfordshire, Leeds, Liverpool, London St. Paul's, London Wimbledon, Loughton, Manchester, Nottingham, Oldham, Oxford, Sheffield, Wolverhampton.

Denmark: Copenhagen.

Italy: Rome, Milan, Bari.

Portugal: Lisbon, Faro.

Spain: : Alicante, Almería, Barcelona, Bilbao, Burgos, Cartagena, Castellón, Gerona, Ibiza, La Coruña, Las Palmas, Lérida, Logroño, Madrid-Aravaca, Madrid-Centro, Madrid-Alcorcón, Málaga, Mallorca-Palma, Mallorca-Manacor, Murcia, Pamplona, Salamanca, Santander, San Sebastián, Seville, Tenerife, Valencia, Valladolid, Vigo, Vitoria, Zaragoza.

Panama: City of Panama.

Chile: Santiago de Chile.

Brazil: Salvador.

We have two headquarters in Spain and the USA (legal forms in Spain IVI RMA GLOBAL and EQUIPO IVI, and in the USA IVI AMERICA), with a preimplantation genetic testing center Juno Genetics (with offices in Spain, USA, UK and Italy) and with Biomedical Supply, world specialists in vitrification. We also have IVI Alcalá (Madrid) as a specific donor center, and MINIFIV for minimal stimulation cycles. In addition, we have the IVI Foundation, dedicated to research, teaching and social action.

3.4 WHAT MOVES US

Mission, vision and values

Our **mission** is to offer high standards in reproductive medicine and promote research, teaching and professional excellence.

Our **vision** is to become the world's leading team in the field of reproductive medicine and the group with the greatest and best clinical impact. We want to be an international benchmark where people and teamwork always come first.

IVIRMA looks to the future with history and **values** that make it what it is today. Our values, pillars of exemplary behavior, and key elements that reflect our mission and vision are as follows:



Patient First. Our main concern and at the center of what we do is and always will be the satisfaction of patients, which is our *raison d'être*.



Teamwork. Cooperative work makes us stand out and makes us a benchmark in the industry in terms of talent and innovation. Without a doubt, our human team is the most valuable asset in the daily search for excellence.



Honesty. In our organization we always work with care and attention to detail, with honesty and integrity as the company's guiding principle, which is reflected in all relationships on behalf of IVIRMA Global.



Excellence. Excellence makes us a benchmark for anyone who wants to make their dreams come true. As a result of this objective, our position in innovation emerges as a lever for continuous improvement in science, technology and management.



Innovation. Finally, innovation is one of the main pillars of our company, whose objective is to gather and promote the most experienced and talented research team, share knowledge, improve methodologies, shape the present and map the future of assisted reproduction.

The company's principles of action are included in the **IVIRMA Code of Ethics and Conduct** with the aim of ensuring responsible behavior in accordance with our values.



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3.5 A SOLID ORGANIZATIONAL STRUCTURE

The group is made up of a network of clinics with a strong international presence that offers comprehensive reproductive medicine services. The parent company, S.L. (“**IVI RMA Global**”), operates under the legal form of a limited company.

IVI RMA Global is governed by a board of directors that is responsible for strategic decisions within the organization. This administrative body also approves the company’s general strategies and policies, as well as the supervision of results. The board of directors is governed by three directors who meet several times a year.

The main objective of IVIRMA is to offer the best assisted reproduction techniques, using the most efficient management model and committed to excellence, thereby ensuring that patients continue to choose us every day

IVIRMA Group Committees:

Steering committee: This committee shares responsibility for strategic decisions. This committee is comprised of the directors of each area, the Deputy CEO, and the CEO. It meets weekly.

Center Steering Committee (CSC): This committee comprises the Management of the different regions of the Spanish clinics and the coordination offices or departments to discuss and share relevant corporate and clinical information.

Research Ethics Committee (REC) of IVI Valencia: It is a committee specifically accredited by the Directorate-general for Research, Innovation, Technology and Quality of the Regional Department of Universal Health Coverage and Public Health. Its territorial scope covers all the IVIRMA centers in the Valencian Community, but it also includes projects beyond this geographical limit, as long as the IVIRMA centers of the region participate.

Procurement Committee: In Spain, the objective is to ensure efficient and responsible contracting in relation to purchases, and to hold weekly meetings.

Safety and Clinical Risk Assessment Committee. We assess all security incidents in all clinics, making root causes and providing feedback to the system to prevent risk situations in the future.

Special Cases Committee: In difficult cases, from a clinical and ethical point of view, all the organization’s staff can turn to this body to resolve cases. This Committee, directed by the Chief Medical Officer, contacts interdepartmentally with other groups of experts, such as maternal-fetal medicine, bioethics, legal, genetics, to make the decision on the best course of action in each case.



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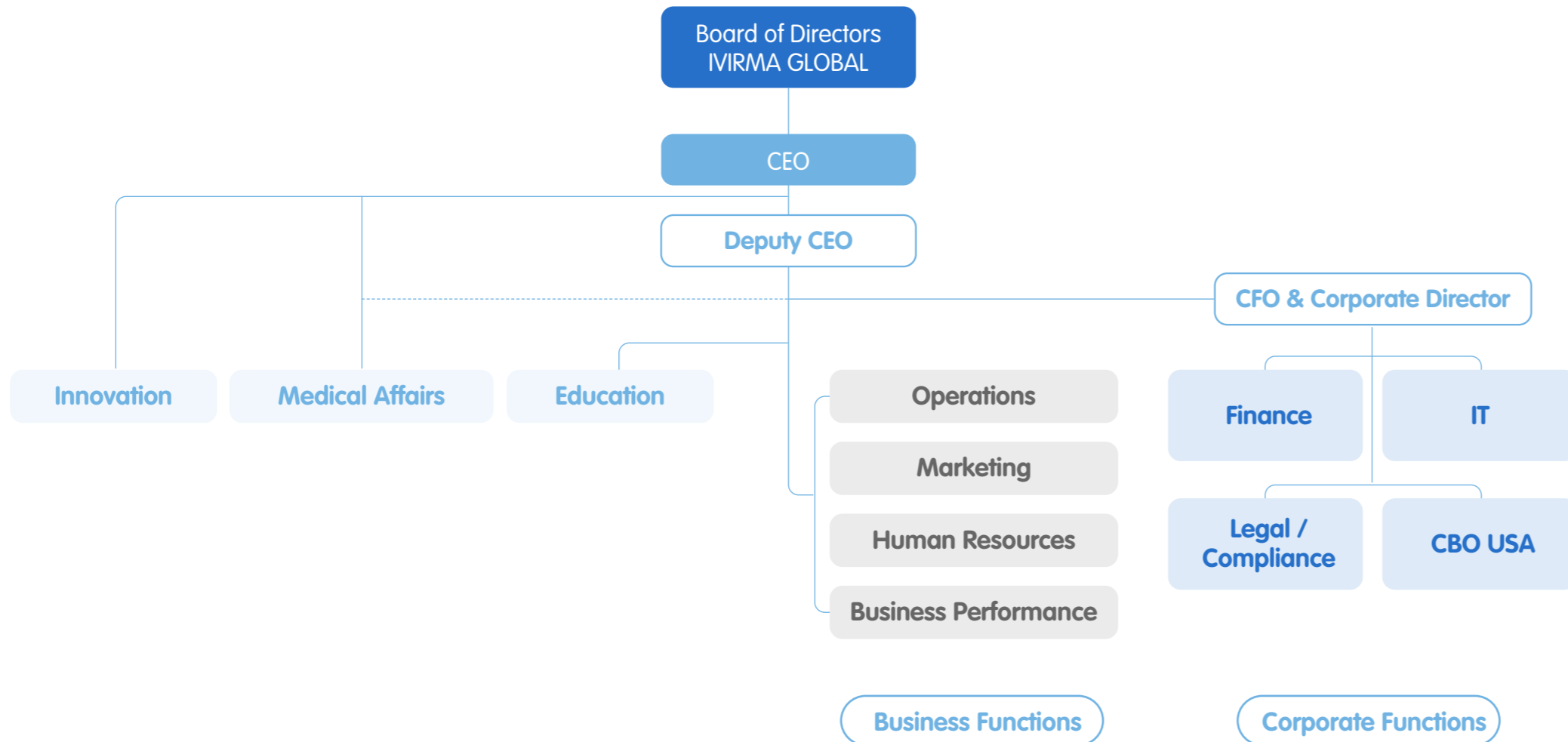
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Our areas

The purpose of our **organizational chart** is to respond to market demands and stakeholder needs.



Significant changes in the organization

In May 2022, activity began in Seattle, a new center in the US as a result of the acquisition of Sound Fertility Care.

In addition, and as a relevant event in 2022, on March 30 the Spanish company KKR Inception Bidco, S.L. ("KKR") acquired 100% of the share capital of IVIRMA Global, an operation that was subject to compliance with certain conditions precedent. On December 21, 2022, the Spanish National Markets and Competition Commission authorized the purchase of IVIRMA Group, and in January 2023 the trade was formally materialized.

The acquisition of KKR will undoubtedly reinforce the strategic direction of the IVIRMA group monitored during these years through the creation of new committees or the modification, if necessary, and under the previous terms, of the current ones.



3.6 STAKEHOLDERS

Actively listening to our stakeholders is our way of guaranteeing their satisfaction

At VIRMA, our ability to listen to our stakeholders to find out their perceptions, risks and opportunities is the way to guarantee their satisfaction. The first stakeholder identification exercise was carried out in 2013, reviewed in 2018 and adapted to the Quality Management System in 2019.

In 2021, a detailed materiality assessment was conducted with the responses of a survey answered by more than 200 people. In 2022, the materiality assessment conducted in 2021 was verified and updated to validate the resulting material topics that are still valid today. The results of this analysis can be found in the ["Chapter 5. Materiality assessment and adoption of the 2030 Agenda"](#).

Periodically, a coordinated review process is carried out with the different areas involved to validate the existing communication channels with stakeholders and their potential information needs:





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Stakeholders



1. Patients

Communication channel

- » Website
- » MKT Actions
- » Newsletter
- » Telephone
- » Consultation
- » Social networks
- » APP
- » Suggestions box
- » Satisfaction surveys
- » WhatsApp

Frequency

- » Always available
- » Multiple each year
- » Monthly
- » Always available
- » At least twice
- » Always available
- » Always available
- » Always available in the clinic.
- » Throughout the patient process.
- » Always available to make an appointment for the first time

Interests/expectations

1. Ongoing search for information to choose IVIRMA.
2. Search for medical and corporate information.
3. Sending personalized information for the family project chosen.
4. To be listened to and taken into account in decisions to improve.
5. Fulfill their desire to be parents in the shortest time and with the best guarantees.



2. Employees

Communication channel

- » Internal Meetings
- » Work environment surveys
- » IVIRMA People
- » Notifications
- » CSC (Center Steering Committee)
- » "We are IVIRMA" Portal

Frequency

- » Fortnightly
- » Biennials
- » Always available
- » Daily/Weekly
- » Monthly
- » Always available

Interests/expectations

1. Joint work for the success of the organization.
2. Alignment of personal interests with corporate ones.
3. Reliable information.



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3. Corporate Governance

Communication channel

- » Meetings of Governance bodies
- » Corporate Information Systems, reports

Frequency

- » Several times over the year
- » Always available

Interests/expectations

1. Need for information to make strategic decisions related to the business.



4. Medical Community

Communication channel

- » Conferences
- » Ongoing training through Global Education
- » Doctor visits through our Field Marketing program
- » Scientific collaborations. Joint development work

Frequency

- » Depending on the Conferences
- » Always available
- » Weekly
- » Permanent
Depending on the scientific objective/goal

Interests/expectations

1. Update on medical procedures necessary for praxis.
2. Quest for synergies in business and scientific production.



5. Society

Communication channel


- » Media
- » Marketing actions
- » Networking of patients
- » Periodic contact with non-profit entities with whom we collaborate
- » Meetings with Patient Associations

Frequency

- » Daily
- » Multiple each year
- » Ongoing
- » Frequency not established
- » Frequency not established.

Interests/expectations

1. Social content (quality of care, research, innovation...) of IVIRMA's activity.
2. Interest on the part of NGOs and associations in establishing long-lasting links, both in the field of social action and the defense of their associates.



6. Donors

Communication channel

- » Website
- » Marketing actions
- » Medical consultation
- » Social networks
- » APP
- » WhatsApp

Frequency

- » Always available
- » Multiple each year
- » At least two in each treatment
- » Always available
- » Always available
- » Always available

Interests/expectations

1. Medical information about the donation process.
2. Financial information on compensation for donations.
3. Confidentiality



7. Public administration

Communication channel

- » Public control mechanisms.
- » National Commission for Assisted Reproduction

Frequency

- » Ongoing in different areas
- » Depending on the cases

Interests/expectations

1. Necessary supervision of medical activities, issuance of licenses and authorizations.



8. Suppliers

Communication channel

- » Decisions of the Procurement Committee based on the evaluation of suppliers
- » Public corporate information
- » Fairs, conferences

Frequency

- » Annual evaluation of the Procurement Department
- » Always available
- » Periodically

Interests/expectations

1. Search for information for the performance of commercial activities.



9. Media

Communication channel

- » Press releases
- » Interviews
- » Expert statements
- » Testimonials

Frequency

» Weekly

Interests/expectations

1. Assisted reproduction as a current issue.
2. Search for a permanent contact with a reputation, a benchmark in the sector.

Outstanding communications to our stakeholders

At IVIRMA, we work so that communications create value for our stakeholders. To do so, during 2022, we have created and provided content to our online and offline corporate channels to reach all these audiences.

Patient Events (Europe + LATAM)

Talks and events for patients:

6,122
registrations
(in all markets)

1,938
Attendees

In the case of the US
6
events were held,
focused on the LGBTI
community

Media (Europe + LATAM)

Number of press releases sent:

84
(+ translations into the
corresponding languages)






Number of Expert
Statements sent to the
media:
10

Audiovisual production
298
videos

Number of impacts:
2,255

In the US, 2 press
releases were
sent with
441
million
impressions

Social media

| | EUROPE + LATAM | US |
|---|----------------|---------------|
|  | 113,683 | 11,196 |
|  | 81,648 | 4,754 |
|  | 18,425 | 1,072 |
|  | 20,779 | 40,501 |
|  | 20,300 | |

04

Our ESG model, the sustainable and innovative path towards motherhood



4.1 COMMITMENT TO SUSTAINABILITY AND OUR CORPORATE STRATEGY

Strategic planning

The strategic objectives mark our corporate priorities and define the annual action plans for each of the areas of the organization.

These objectives are:

- Pursue clinical excellence through the best results and the best talent.
- Remain at the forefront of science, innovation and teaching.
- Continue growing, organically and inorganically, to take reproductive medicine everywhere.
- Continue seeking efficiency and excellence in our operations.

In the midst of an increasingly changing industry, we have considered dynamic strategies to adapt and be at the forefront of the changes that the sector demands.

Every time a new clinic is opened or a project is started, the most efficient and sustainable allocation of financial resources is prioritized, in order to guarantee profitability, viability and prediction of possible risks, through a Business Plan of no less than 5 years.

For this year, the development and improvement of the Executive Scorecard for Management (Central Services and Clinics) has been prioritized:

- The scorecards are based on predictive analytics KPIs to anticipate decisions on the measures to be adopted in the daily evolution of the clinics, throughout the entire value chain (contacts, first visits, treatments).
- All the Group's clinics are integrated.
- Developed on the Tableau platform (more than 10,000 visits).





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Management System Policy

In December 2022, we reviewed the **policies of our management system**, aligned with our management and strategic values. This policy applies to all clinics in Spain, Italy, Portugal, the United Kingdom (IVI London) and Latin America.

The policy establishes the following basic principles:

- Maintain sustainable growth based on excellence and innovation.
- Maintain our scientific-technical leadership.
- To be a reference in Quality of Care that focuses on the identification, analysis and elimination of any risk, since for us: patients come first.
- Offer personalized and highly specialized care with the aim of exceeding patient expectations and, consequently, guaranteeing their satisfaction.
- Periodically review the Management System and be committed to continuous improvement and the incorporation of the KAIZEN culture in a cross-cutting manner.
- Improve the skills, motivation, safety culture and satisfaction of our Team which, in turn, will lead to an improvement in the satisfaction of patients and donors.
- Actively contribute to the protection of the environment and the prevention of pollution, adopting all the necessary measures to avoid or minimize the environmental impacts derived from the consumption of resources.
- Guarantee the quality of the service by complying with national and international legislation, regulations and recommendations.





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Quality Management System

At IVIRMA, we implement recognized international standards to provide the best possible service to each patient. IVIRMA's **quality management system (QMS)** has been developed in accordance with the requirements of the UNE-EN-ISO 9001 Standard, UNE 179007 for Laboratory Quality Management and the UNE 179003 Standard for Patient Safety Management. In addition, annual internal and external reviews and audits of the Quality Management System are carried out.

Currently, the group's QMS is being applied only in IVI clinics in Europe and LATAM. It is not implemented in the clinics and centers of:

- USA
- UK (Create)
- Denmark (Vitanova)
- Biomedical Supply (has its own QMS)
- Juno Genetics UK (has its own QMS)
- Juno Genetics ESP (has its own QMS)

We have a Quality Management System that ensures that high quality standards are met and maintained

The certifications available as of December 31, 2022 are:

- **ISO 9001:** Central Offices and clinics in Spain*, Lisbon, Panama and Chile.

In 2022, the organization renewed the ISO 9001:2015 certification of the centers in Spain* and Portugal (IVI Lisboa).

- **UNE 179007:** Central Offices and clinics in Spain and Lisbon.
- **UNE 179003:** Central Offices and clinics in Spain and Lisbon.
- **ISO 13485:2016** (Quality management systems in the medical device industry): Biomedical Supply center.



*Currently, the Logroño clinic is not included in the scope of the certification.

On the other hand, the organization renewed the recognition of Excellence for Quality of Care, QH Seal (Quality Healthcare), granted by the Institute for the Development and Integration of Health Foundation (IDIS, in Spanish), to improve the level reached in previous calls.

In 2022, the IVI Foundation has successfully passed the external follow-up audits of the ISO 9001:2015 certification and the renewal of the UNE 166002:2021 certification of the R&D&i Management System.

For its part, Juno Genetics Ltd. maintained in 2022 the accreditation, granted by UKAS, of its ISO 15189:2012 Quality Management System.

Our process map identifies 45 processes divided and categorized by type: strategic, key and support, including those of the environmental management system implemented at IVI Mallorca and certified according to the ISO 14001:2015 standard.

Likewise, we guarantee the adaptation of the system and its maintenance in the face of any changes that may occur. This translates into:

- The availability of competent workers.
- The availability of information, procedures and instructions.
- The use of equipment and materials.
- Availability of monitoring and measurement equipment.

The quality management system ensures that all deviations or incidents detected and/or communicated to our staff that may affect the quality of service or patient safety are recorded. This record makes it possible to establish an appropriate treatment by proposing and implementing corrective actions to eliminate the causes of non-deviations and incidents.

IVIRMA's Quality Management System ensures compliance with the demanding standards that we apply internally

In this sense, we take any risk to the health or safety of patients very seriously. To do this, we carry out an in-depth risk analysis and develop a risk map, prepared according to the FMEA (Failure Mode and Effects Analysis) methodology. Based on the risk classification, treatment plans have been defined for moderate and severe risks. These plans are reviewed annually and their implementation is monitored.

Safety always ahead

Our first objective is and will always be that each patient fully trusts IVIRMA at each stage of their treatment until they achieve their dream.

A risk management system and a culture of prevention and patient safety are part of our DNA. All the procedures and methods that we carry out are protocolized so that each specialist always has clear and defined guidelines on how to proceed. Our Medical Affairs area, in its commitment to this basic principle, offers follow-up and standardized reports to all our clinics through an adverse event reporting system integrated into our Electronic Medical Records tool, which allows us to work in favor of a culture of 0 Risk.

In 2022, the system reported more than 200 risk incidents. These incidents are managed and fed back into the security processes of the entire group.

To strengthen our culture of safety, we create spaces for medical study in our periodic group meetings, where the different groups are involved in the service to patients (medical staff, nursing personnel, laboratories, among others) sharing the incidents of risks that have occurred and focusing on the importance of proactive prevention systems.





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Parallel to the work we do in our day-to-day, we also **offer continuous training** to our team of professionals, which allows them to anticipate risk situations that patients may face.

Over time, three main areas have been established in risk prevention action.

These areas are:



To achieve these objectives, we base ourselves on three main lines of work.

The first line of work is the electronic monitoring procedure **MATCHES**, a barcode and scanner system that guarantees the correct traceability of all our samples, which we have updated to the latest version and has been implemented in all satellites in 2022. Staff have received training for its correct application.

This update brings several improvements, including:

The security of the platform has been increased so that the system workers work with usernames and passwords, and thus leave an electronic signature of the actions carried out by each person employed at the clinic.

Tasks have been divided into groups. In this way, different departments are involved and a patient safety culture is developed, creating a sense of personal responsibility for each stage of treatment.

The capabilities of the mobile application have been improved. Program execution and barcode reading are now much faster and more efficient.

Implementation of wristbands to identify each patient and all associated persons, facilitating identity verification and reducing any potential risk of sample confusion or misidentification.

The recognition of patient identification label templates and their associated system has been improved to avoid duplication in the identification of the same label. Any change in the chain (cancellations, omitted steps, errors) is detected by the system to ask the user for the corresponding justification of the corresponding modifications.

The creation of cycle plans is allowed, which facilitates and standardizes various processes and enables their inclusion or modification in the treatment of group patients.

It is allowed to review all the active cycles daily and distinguish if all the tasks of the day are complete or pending.

More types of reports are available for patients. Now there is an analysis module that allows you to see in detail the number and type of errors identified by the system, as well as access information, history, and images taken for each cycle. This allows to improve the quality of clinic safety audits.

A list of users has been provided with the type of access to the system that each of them has.

Processing of cryopreserved samples is more versatile than in previous versions, and thanks to this and better readability on mobile devices, we can use Matcher to label all cryopreserved samples (sperm, oocytes, and embryos) with unique barcodes. This implies a double security check, since we can distinguish not only the patient in the barcode, but also in the number of vials.

The second line of work included a review of all the **patient identification protocols** for blood sampling for genetic testing, sperm delivery, oocyte retrieval and embryo transfer. We have a biometric identification system for patients that will enter the testing phase in 2023 for blood samples. We will progressively implement the same system for samples of gametes and embryos.

The third line of work to avoid preventable genetic diseases in future generations requires an interdepartmental effort that crystallizes in **protocol changes and improvements in our internal patient management system, SIVIS**. These actions are among our main activities for risk prevention.



Data Protection

The Data Protection Officer (DPO) plays a key role in the IVIRMA Group at a strategic level, since it develops several lines of action and activity and promotes better compliance with the General Data Protection Regulation (GDPR) in IVIRMA.

IVIRMA centers have at their disposal a series of guides for action regarding the exercise of rights and the right to information GDPR.

In this way, and to guarantee a high level of security, we constantly analyze the existing risks, holding monthly meetings between clinics and the IT Management and carrying out inspections and external audits periodically.

Finally, in all business areas, the DPO participates in the launch of new projects or services, where the implicit privacy risks are analyzed and the requirements of the interested parties are studied.

Through these measures, there is a clear commitment to the protection of the data of all stakeholders. In addition to this, there are also cybersecurity courses and resources available to all employees, which aim to understand the risks of the digital world and promote forms of responsible behavior online.



In 2021, a file with all legal documents was created at the corporate level to better manage and control the documents available. In 2022, we have continued to contribute to the Documentary Archiving, since this implementation of digital document archives allows the legal and compliance department to reduce response time to legal queries raised and have greater control over the documentation, guaranteeing greater document security.

Compliance and criminal risk prevention model

All the information related to the Compliance Handbook and the Code of Ethics can be found in Chapter [9 "Commitment to Ethics and Good Governance"](#) of this report.

Identification of criminal risks

As part of the identification of criminal risks process, the following risks related to the type of activity carried out in the company were identified. These risks are categorized according to the organizational areas or departments that they may affect:

- Criminal offenses against personal and family privacy.
- Scam.
- Criminal offenses against property (fraud and frustration of foreclosure).
- Criminal offenses against intellectual and industrial property.
- Cybercrime against property.
- Trade secret.
- False advertising.
- Private-to-private corruption.
- Money laundering / Terrorist Financing.
- Criminal offenses against the Treasury/ Social Security/ Subsidy Fraud/ General budget
- of the European Union fraud.
- Breach of accounting obligations.
- Criminal offenses concerning organization of the territory and town planning.
- Criminal offenses against natural resources and the environment.
- Bribery / influence peddling.
- Exposure to ionizing radiation.
- Criminal offenses against the rights of workers / aliens.
- Trafficking in human organs.
- Criminal offenses against public health.
- Smuggling.

In 2022, specific sections of the Specific Part Compliance Guide have been updated and revised to incorporate the legislative changes that have occurred. Updates to this guide will be made in the first quarter of 2023.

In addition, during 2022, no reports of possible crimes have been reported to the Compliance Committee.

Identification and evaluation of environmental aspects and risks

IVI Mallorca uses the ISO 14001:2015 standard as a reference to establish its Environmental Management System. This system is internally and externally audited and has been certified since 2007.

Annually, the environmental aspects of the organization are assessed (eg: generation of hazardous and non-hazardous waste, atmospheric emissions, discharges, noise emission, consumption of natural resources), the impacts derived and those that are significant are determined, considering the danger, the magnitude, the real capacity for action of the clinic and the communications from stakeholders (eg: complaints or denunciations received).



During the identification and evaluation of environmental aspects in February 2022 (according to the requirements formulated in the ISO 14001:2015 standard), the following significant environmental impacts were identified:

- Sanitary waste assimilable to urban waste (GII).
- Hazardous sanitary waste (GIII).
- Hazardous waste other than sanitary waste.
- Paper and carton waste.
- Refrigerant gas leaks.

The clinic monitors and measures environmental aspects and establishes improvement objectives to minimize impacts on the environment.



Risks associated with the management of supplier companies

The quality of the services provided by IVIRMA is crucial and must be guaranteed in any circumstance and operation. Suppliers are controlled through the company’s Quality Management System on an annual basis.

The evaluation is made based on the following aspects:



Suppliers are classified according to the risks of their products/services. Those suppliers that are considered high and medium risk are reevaluated because their activities directly affect the quality of services and/or the safety of our patients. Likewise, companies classified as low risk are not reassessed.

The classification is as follows:

| Risks of suppliers | |
|---|--|
|  High risk | Professional medical services |
| | Maintenance, AHR equipment and facilities |
| | Medical devices |
| | Laboratory assessment |
| | Health maintenance supplies |
|  Medium risk | General maintenance supplies |
| | Transport services |
| | Maintenance: common equipment and facilities |
|  Low risk | Marketing |
| | Non-medical devices |
| | Basic utilities (water, electricity, etc.) |
| | Other professional services (legal services, consultant, etc.) |
| | Trips, events, conferences |
| | Other services |

Assessment of economic, environmental and social issues by the highest governance body

The company's management reviews the **risk map** and improvement measures (risk treatment plans) every year or when significant changes occur in the centers.

In the first three months of the year, each department, together with the quality coordinator, reviews the system of their center. This review results in improvements in the Management System based on objectives, indicators and action plans that, in turn, are verified by the company's management and approved or modified if necessary.

For more information on Suppliers, refer to chapter [8 "Commitment to Society. Suppliers"](#)

4.2 OUR PARTNERSHIPS

It is part of our corporate culture to share key advances and discoveries in the sector through our participation in the main reproductive medicine congresses, courses and conferences worldwide.

Sharing our knowledge with the sector allows us to advance and offer the best fertility solutions to patients



Professionals in our company actively participate in specific entities such as SEF (Spanish Fertility Society), ESHRE (European Society of Human Reproduction and Embryology), ASEBIR (Association for the Study of Reproductive Biology) and REDLARA (Latin American Network of Assisted Reproduction). In particular, at SEF, we have Dr. Elena Labarta and Dr. Elisa Gil as members of the Board of Directors, and Dr. Pilar Alamá as a member of the Gamete and Embryo Donation Group. As members of SEF, we have taken an active part in the first guidelines for genetic testing aimed at donors, in the donor action plan in the COVID era and in updating donor work guidelines, as well as those of CNRHA protocols (National Committee of Human Assisted Reproduction). In turn, work

is being done together with the Ministry of Health to improve the implementation of SIRHA (Assisted Human Reproduction Information System) and the new biomonitoring functions.

We also actively collaborate with the ESHRE Special Interest Group in Andrology, actively working to promote scientific-clinical andrology, through the exchange of knowledge between researchers, as well as promoting work networks and collaborations for joint projects.

In Latin America, we also collaborate with REDLARA, in which the embryologist Ana Palma participates as deputy director of the Northwest Region, which includes all the countries of Central America, the Caribbean, Colombia, Venezuela,

Ecuador, Peru and Panama. In this way, REDLARA's certification committee is comprised of 7 professionals whose purpose is to promote excellence in all areas of reproductive medicine practice in this geographical area.

As for trade unions or business associations, since 2016, we have been part of the First Brands Club/Group, a reference group that allows us to create synergies and cooperate with other organizations to participate in actions to raise awareness and recognize organizations.

In addition, in 2017 we joined the CE/R+S (Club of Responsible and Sustainable Companies) of the Valencian Community, committed to promoting social and business responsibility in the region.

In the US, another important milestone was that, for yet another year, we were part of the "Human Rights Campaign", obtaining recognition for the best results of the year (Top Performer) for our commitment to the LGTBI+ community.



05

Materiality
assessment
and integration
of the 2030
Agenda



5.1 MATERIALITY ASSESSMENT AND COVERAGE OF MATERIAL ASPECTS

The materiality assessment is based on an in-depth study in which the company's main stakeholders participated (team, patients, suppliers, gynecologists, society and donors). Therefore, this report is based on this assessment, as required by the GRI (Global Reporting Initiative).

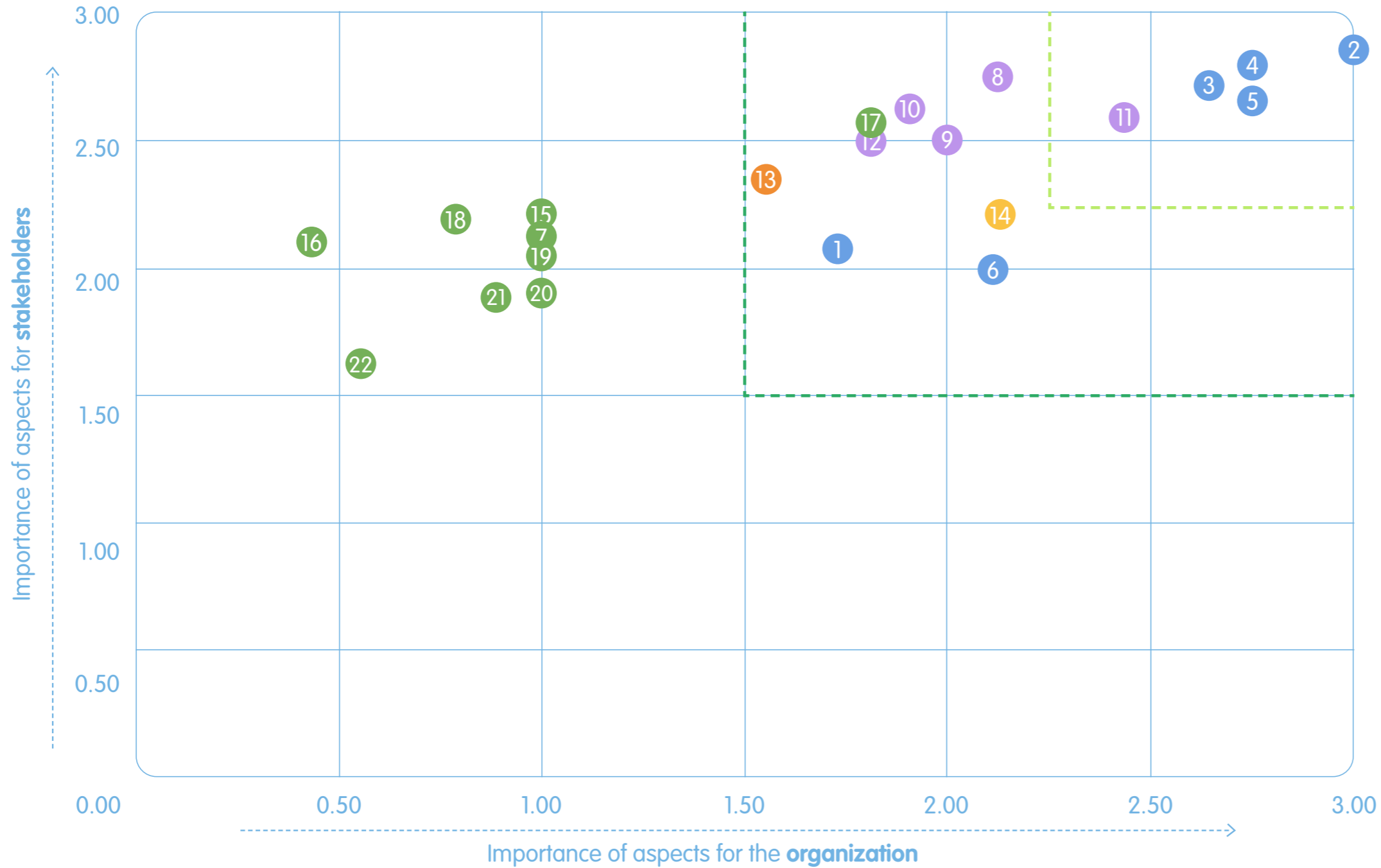
Due to the importance of these assessments, reviews are being carried out through contextual materiality studies, which make it possible to analyze significant economic, social and environmental areas.

The 2022 context-based materiality assessment has not changed the study's conclusion that the strategies meet the information and transparency needs of stakeholders.

The result of the 2021 participatory process was the preparation of the materiality matrix, which is specified below. The matrix reflects the degree of importance of the topics considered during the study based on:

- Its importance regarding the economic, social and environmental effects for the organization.
- Its importance in the assessments and decisions of stakeholders.





- Material issues very relevant**
- 2. Patient health and safety
 - 3. Patient satisfaction
 - 4. Quality of service
 - 5. Patient privacy and data security
 - 11 Occupational health and safety
- Material issues relevant**
- 1. Economic performance
 - 6. Training and teaching
 - 8. Quality occupancy
 - 9. Diversity and equal opportunities
 - 10. Reconciliation measures
 - 12. Respect for human rights
 - 13. Ethical management and anti-corruption
 - 14. Sanitary waste
 - 17. Medical waste
- Material issues - not very relevant**
- 7. Social evaluation of suppliers
 - 15. Circular Economy
 - 16. Office waste
 - 18. Materials
 - 19. Energy
 - 20. Water
 - 21. Climate Change
 - 22. Noise and light pollution

● Company
 ● Social and personnel issues
 ● Respect for human rights
 ● Fight against corruption and bribery
 ● Environmental issues

- - - - - Materiality threshold proposal
 - - - - - Proposal threshold of highly relevant topics

This report is based on the results of this matrix, on the requirements of the **Law 11/2018 on Non-Financial Information and Diversity**, on the significant economic, environmental and social impact and on the fulfillment of the expectations of stakeholders.

Within the framework of the application of Law 11/2018, IVIRMA's sustainability report takes into account other environmental and social conditions, respect for human rights and the fight against corruption and bribery, as well as issues related to people, aspects regulated by this regulation.

The material topics by area are:



Society

- Economic performance
- Patient health and safety
- Patient satisfaction
- Quality of service
- Patient privacy and data security
- Research, innovation and teaching
- Commitment to sustainable development
- Information about medical services



Social and workforce issues

- Job quality
- Diversity and equal opportunities
- Work-life balance measures
- Health and Safety at work
- Training and professional development



Environmental issues

- Sanitary waste



Fight against corruption and bribery

- Ethical management and fight against corruption



Respect for human rights

- Respect for human rights

5.2 THE SUSTAINABLE DEVELOPMENT GOALS

In 2015, the United Nations, along with partnerships, adopted and fostered the commitment to the **Sustainable Development Goals (SDGs)** through the 2030 Agenda in order to strengthen universal peace and justice. The 17 SDGs were developed as a result of public consultations and international negotiations, which incorporate global challenges that we face as a society in the social, economic and environmental fields.

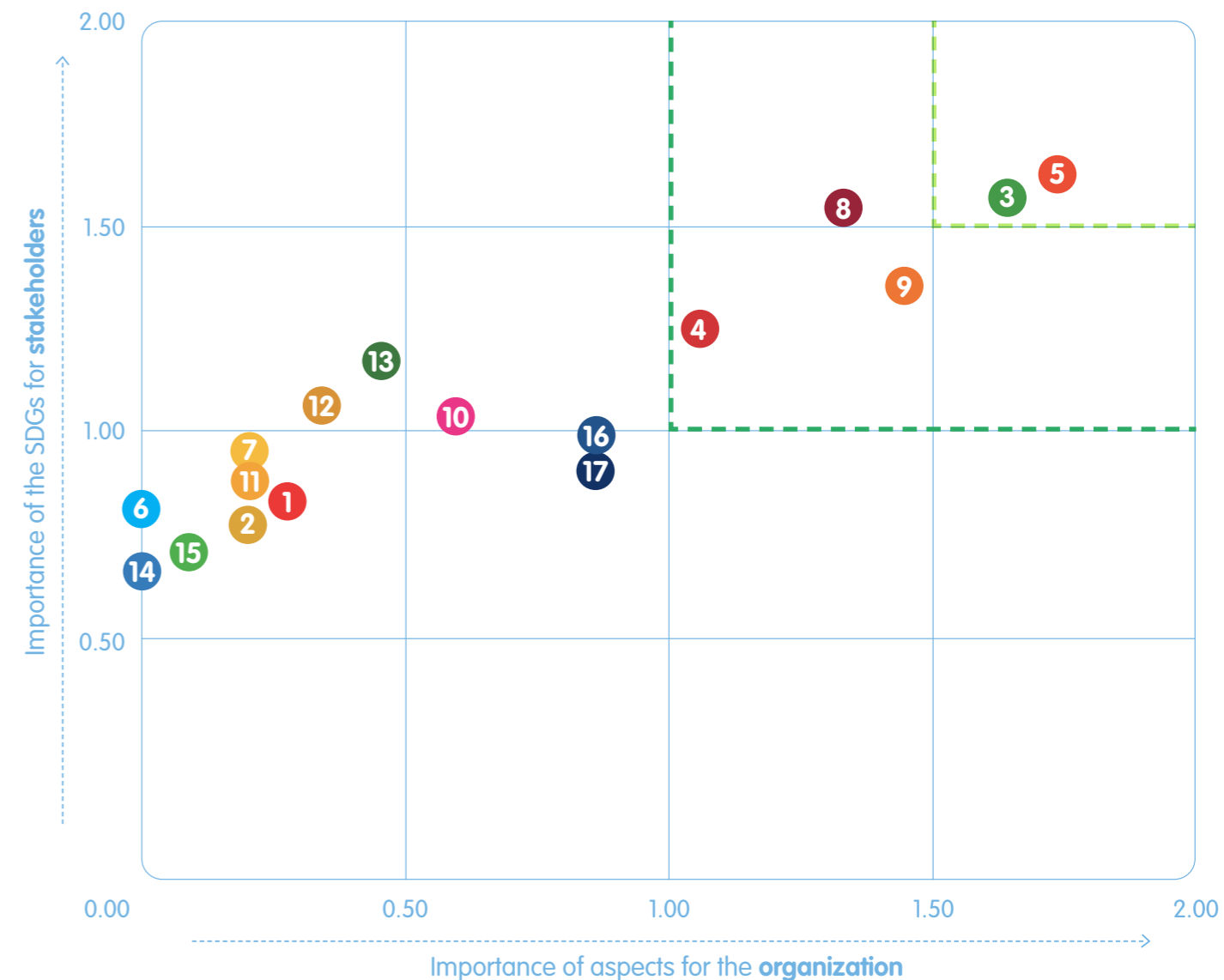


At IVIRMA, we consider that the SDGs are key as agents of change and this is reflected through the corporate commitment to them. Therefore, the SDGs that are a priority for the organization were identified, the most relevant being SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality) which, in turn, serve as the basis for developing sustainability actions in the organization.

Important SDGs for IVIRMA

- 1 No poverty
- 2 Zero hunger
- 3 Good health and well-being
- 4 Quality education
- 5 Gender equality
- 6 Clean water and sanitation
- 7 Affordable and clean energy
- 8 Decent work and economic growth
- 9 Industry, innovation and infrastructure
- 10 Reduced inequalities
- 11 Sustainable cities and communities
- 12 Responsible consumption and production
- 13 Climate action
- 14 Life below water
- 15 Life on land
- 16 Peace, justice and strong institutions
- 17 Partnerships for the goals

- Threshold of significant/ most significant SDGs
- Threshold of somewhat significant and significant SDGs



High priority



Medium priority



In the following table, we relate the material topics to the important Sustainable Development Goals, topics to which we respond throughout this report.

| MATERIAL TOPICS | SDG | REPORT SECTION |
|--|-----|---|
| <ul style="list-style-type: none"> » Patient health and safety » Health and Safety at work » Information about available services | | Chapter 6: Commitment to patients Chapter 7: Commitment to the Team Chapter 3: The essence of who we are |
| <ul style="list-style-type: none"> » Diversity and equal opportunities » Work-life balance measures | | Chapter 7: Commitment to the Team |
| <ul style="list-style-type: none"> » Training and professional development | | Chapter 7: Commitment to the Team Chapter 8: Commitment to Science, Education and Society. |
| <ul style="list-style-type: none"> » Job quality » Ethical management and fight against corruption » Respect for human rights | | Chapter 7: Commitment to the Team Chapter 8: Commitment to Science, Education and Society. Chapter 4: Our ESG model |
| <ul style="list-style-type: none"> » Research, innovation and teaching » Commitment to sustainable development | | Chapter 8: Commitment to Science, Education and Society. |

06

Commitment
to Patients



6.1 PATIENT-CENTERED CARE

Our main goal is the satisfaction of our patients: they are the reason and the core of all our work

Patient-centeredness is what defines us as a company and governs our daily work. A philosophy that is integrated into the values of our Team and that allows us to continue leading the field of reproductive medicine today.

In our clinics, we work daily so that each of our patients can achieve their dream of being a mother. Our pillars to achieve that shared dream are three:



Exceptional clinical results



The best professionals with the highest quality



A totally satisfactory patient experience

6.2 DIGITALIZATION, SECURITY AND INNOVATION



DIGITIZATION

In a changing and complex environment, we have been able to combine being close to each patient with the promotion of technological tools, such as the Patient Portal, the First Online Visit, or the face-to-face and distance education system that we have been studying, developing and improving for years.

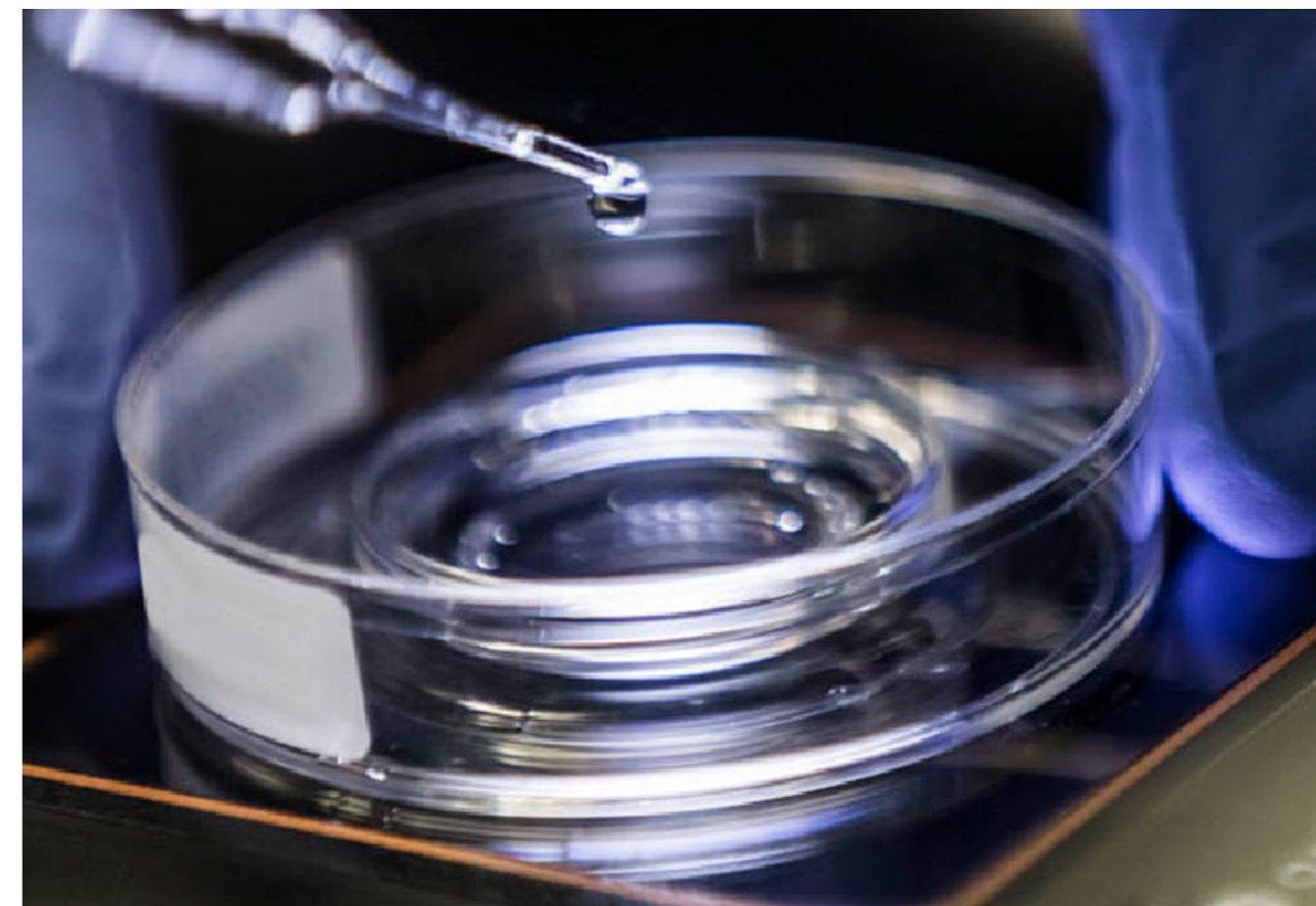
The digitalization that we offer is increasingly widespread and is more necessary than ever

DIGITALIZATION OF CONTENTS

After the path started with the digitization of contents resulting from the first visit made, or the description of pathologies and proposed treatment plans and access to different types of images such as 3D uteruses or the visualization of pathologies such as uterine fibroids or syndromes through mobile objects in 2021, during the year 2022 the dissemination of educational videos on the proposed treatment plans has evolved.

PATIENT EDUCATION HUB

The Patient Education Hub, in addition to being a compliance requirement in the US, has reinforced the objective of education and digitization to improve the understanding of infertility by each patient and thus achieve optimal treatment and, above all, eliminate paper and unnecessary physical presence.





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PATIENT PORTAL 2022

Focused on continuous improvement in communication with patients, we provide them with updates of the Patient Portal, a tool exclusively designed for their satisfaction and connected to our digital medical records system. In this way, each patient can have at all times, through a mobile device or tablet, the greatest amount of information possible about the explanation they have received in medical consultation, the findings of their evaluation, their analyses or a simple explanation about the treatments proposed.

In 2020, 70% of patients used the Patient Portal. In 2021, 80% used it during their treatment, increasing to 90% in 2022, with close to 4,000 active patients in many months of the year

From the **Patient Portal**, it is possible to carry out a multitude of actions such as viewing the medication, sharing documentation, signing consents or making payments, among others.

In addition, the tool is based on the premises of two-factor authentication and the use of certificates, to allow patients the option of making an electronic signature and signing consents from home.

In 2022, the option of greater security has been added through KYC (Know Your Client) tools that allow the digital identification of people for complete security in health care, by extracting data from the ID card and verifying basic security measures.



FIRST ONLINE VISIT

Around 5,500 first online visits, both in national and international patients

Since the COVID-19 pandemic, we have continued to provide, through established telemedicine systems, close communication with patients, which has led to an increase, both in the first online visit, and in the diagnosis of patients.

At IVIRMA, we use video calls or videoconferences with easy-to-use and highly effective platforms to share images and explanations in real time as if we were in a face-to-face consultation. In addition, it allows sharing interactive 3D images, easily understandable statistics, explanations of fertility treatments and procedures used by the doctor in consultation.

In 2022, we have innovated by starting a new process for the creation of a new videoconference platform. This tool has interactive videos so that each patient can get to know our facilities, including presentations projected by our gynecology team to patients without losing mutual contact; with access to relevant information provided by patients before the first visit; and with the contents just a click away for all people.

In addition, due to the increased interest shown in the egg donation program, we have launched a pilot project for the first contact with the clinic for this group online. This has allowed us to reduce waiting lists and speed up the selection of donors in favor of improving our treatments. This pilot has been carried out in the centers of Sevilla, Málaga, Almería, Las Palmas, Bilbao and Madrid.



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PRESCRIPTION

Along with the above, the inclusion of electronic prescriptions in Spain and the US, integrated with pharmacy services, means agility in obtaining medication and better communication with patients.

In the US, our Electronic Medical Record System (ARTEMIS) is certified by the DEA (Drug Enforcement Administration), Surescripts Network and Exostar as a fully integrated resource for creating and submitting electronic prescriptions to pharmacies in the US.

The DEA requires the identification of a supplier company to be verified with its identity verification company before approving the controlled substance. To meet this requirement, the Artemis team developed a custom ID testing process certified with a third-party vendor. With this certification, Artemis joins other large government contractors such as Raytheon, the Ministry of Defense, Lockheed Martin, as well as other large companies such as Boeing, Rolls-Royce, Honeywell, HP and many others using the Exostar ID Proofing solution.

REDUCTION OF PRINTED DOCUMENTATION

For yet another year, the increase in the use of digitized documentation has made it possible to minimize the number of printouts. During 2022, there has been a further reduction in printouts of around an additional 7% over previous years, as the same criteria that have favored videoconferencing (coronavirus, teleworking and technology socialization) have decreased the need for printouts.

These events have been favored and driven since 2020 by two notable actions:



Electronic signature: With around 95% electronic signatures on informed consent, the use of paper in the group's clinics has been drastically reduced.



Digitization of contents: As previously mentioned, physical brochures, handbooks or guides are no longer shared, but are shared digitally.

In 2022, software systems of clinics have been integrated with laboratories, which has led to the digitization of some components of the medical record that were previously handled on paper.

After the end of 2022, we are one step closer to completely eradicating paper printing in clinics





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GENETIC AND IMMUNOLOGICAL CONSULTATIONS

Continuing with the aforementioned, through corporate applications, new medical records have been incorporated for patient follow-up: one for genetics and another for immunology, which have been digitized to eliminate the use of paper.

They are managed through counters, in order to identify the number of consultations answered and the number of consultations resolved, which is equivalent to the number of paper documents that are no longer part of the medical record.

THE SECURITY PRESENT IN DIGITALIZATION

The year 2022 has meant a qualitative leap in security at all levels: organizational security, patient safety, and device security. All this, with the necessary control that allows establishing rules to encourage savings in energy consumption and reduce the carbon footprint in our organization.

We implement new tools to continue ensuring the safety, confidentiality and comfort of each patient



IVIRMA INSIDE: DIGITALIZATION IN DAILY LIFE, SECURITY AND ARTIFICIAL INTELLIGENCE

In 2022, the digitalization of the workplace has continued through corporate platforms, and the monitoring of different aspects of security has increased to improve every day with indicators and comparisons with other similar organizations, with greater emphasis on safety and security, both for patients and information. Tools such as two-factor authentication have become commonplace on a daily basis.

Aligned with the above, this new year has brought considerable improvements at the Cybersecurity level, enhancing the knowledge and use of applications by the entire workforce.

Artificial Intelligence to manage complexity

The inclusion of application and database performance metrics has made it possible to optimize the use of machine resources. Based

on the information on the number of requests made to each server and the average duration of each of the requests, memory and processor consumption is optimized, and therefore has a direct impact on energy consumption.



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FACIAL RECOGNITION

There has been an increase in the need to have a digital identity and to promote aspects such as facial recognition, not only from a clinical point of view, but also for the traceability of patients within the clinic. Facial biometry allows us to identify patients and match the photo we have with their own image.

In 2021, biometrics ensured consents were signed by the right people in the corresponding exam rooms, as well as other locations in clinics – always digitally – eliminating the current paper-based process, including biometric signature of gynecologists and nurses.

In 2022, there has been a further extension to get patient samples in laboratories to start monitoring with facial recognition. In this way, we offer the maximum guarantee of patient safety for sample traceability.

UPDATE OF THE GUIDELINES FOR GAMETE DONATION

In addition, in 2022, we have introduced important changes in Spain, Portugal, LATAM and Italy by reviewing and updating the guidelines for gamete donation.

One of the most outstanding points is the expansion of the list of diseases, both those considered safe and detected in basic screening tests, as well as those detected as donor exclusion criteria. Likewise, a new informed consent on the Psychological Assessment of donors (required by the CNRHA) has been published, and improvements have been made in its assignment, automating the patient-donor matching process. All of this aimed at continuing to improve patient safety in donation programs.

GENETICS

Genetics is a further step in patient safety. Verifying the genetic compatibility of patients and the viability of embryos is a complex process that has been simplified from the point of view of patient management in 2022, in order to increase safety and clinical traceability in patient medical records.

To achieve this, complex integrations have been developed among IVIRMA applications, genomic data processing systems and patient data traceability and anonymization processes, to offer all the necessary guarantees in the treatments.

ANONYMOUS WAITING ROOMS, WITH PATIENT TRACKING AND ARRIVAL IDENTIFICATION

In 2020, strict compliance with anonymous calls to patients was carried out in waiting rooms, together with the guarantee of traceability required by the times of COVID-19, which caused an increase in respect and monitoring of patients. In 2022, the demand of patients to be able to indicate their arrival autonomously and validate their data was covered, through identification and appointment confirmation forms.





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THE EMPLOYEE HEALTH APPLICATION (EHA) WAS CREATED IN 2021, DISSEMINATION IN 2022

The genesis of the EHA Project was to digitally track workforce health activity internally, such as flu vaccines and staff consents.

To do this, we developed a brand new app that includes workforce demographics, vaccine card tracking, COVID-19 test scheduling, and results.

Throughout 2022, the application has been expanded through a complete reporting system to keep all staff records organized and in compliance with the requirements of each state and federal government agency—which allows ensuring the traceability of interactions with patients—and, in addition, it makes it easier for us to have an internal diagnosis in case of need.

For more information on Patient Safety, refer to the section [“Safety always ahead”](#).

INNOVATION

Innovation is a core strategy at IVIRMA, which allows us to remain worldwide leaders. Notable actions in this area, in addition to all of the above, have been:

Ovarian rejuvenation

Ovarian insufficiency is described as a fairly common multidisciplinary problem in reproductive medicine, which is fundamentally related to low response and advanced maternal age. The heterogeneity of patients in the era of personalized medicine has driven research towards the development of new strategies to meet the challenge of treating this type of patient and explore all reproductive options. As a consequence of this research, a promising line of action has emerged through regenerative medicine, where ovarian activity has been recovered from the patient’s own biological material.

We are currently working on several procedures such as the IVI Regenerate Ovary Treatment, ASCOT-1 (injection of stem cells) and OFFA (ovarian reactivation), which seeks to reactivate ovarian activity by promoting follicular development. The results obtained to date have been presented at international conferences and, although these

are very preliminary data, they suggest that the intraovarian administration of growth factors reactivates follicular development and allows the performance of assisted reproduction treatment in a population of women with poor reproductive prognosis.

Presently available data, presented at the ESHRE’s 2022 Annual Meeting, indicate that patients undergoing an ovarian rejuvenation procedure experience increased AMH levels, which in turn is associated with the potential for more oocytes during puncture. In addition, this improvement remains stable over time, strengthening the effectiveness of these techniques in resolving the problem faced by many women and couples who consider oocyte donation as the last option.





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Mosaic Embryo Policy

To rescue embryos with reproductive potential that were previously ruled out as non-euploid, and without affecting the safety of our treatments, in March 2022, the mosaic embryo transfer policy in Europe was modified and we adapted our protocols to the latest scientific evidence, and, in this way, we unified criteria with our clinics in the United States.

All mosaic embryos are transferable as long as they are analyzed with FEC's (Foundation for Embryonic Competence) patented PGTseq-A procedure (now part of Juno Genetics).

According to the NON-SELECTION STUDY, a prospective study published by our group in the United States (Tiegs et al., 2021), mosaic embryos, regardless of the chromosome involved, have the same ability to implant and generate a healthy newborn as euploid embryos. The experience in US clinics in two years of application of the policy has been very positive with excellent live birth rates and no fetal aneuploidies.

With our technique (PGTseq-A JUNO Genetics) it has been shown and published that:

1. Aneuploids are really aneuploids.
2. Mosaic embryos are not aneuploid; they have the same rate of implantation and live births without mosaicism or aneuploidy as euploids.
3. No mosaic embryo was subsequently classified as aneuploid in validation rebiopsies.
4. No transferred mosaic has generated an aneuploid pregnancy with our technique.

These results have been confirmed across all PGT-A treatments in the United States and in Europe after the policy change.

Changes in the guidelines for ovarian stimulation

Besides improving the guidelines for ovarian stimulation in oocyte donors and patients, and making them as comfortable as possible, our centers have modified the standard guidelines for new stimulation strategies with very encouraging results.

Medroxyprogesterone acetate emerges as an effective alternative to conventional GnRH treatment in the guidelines for ovarian stimulation for oocyte female donors and in patients who will not undergo fresh embryo transfer. By switching from subcutaneous injections to oral medications, we offer female donors an improvement in terms of comfort during the process, so this new concept is currently fully accepted in this population of women.

In a study conducted in fertility preservation patients and cycles with PGT-A, and presented at the ESHRE's 2022 Annual Meeting by Dr. Juan Giles, from our IVI Valencia clinic, who won the award for best poster presentation in Clinical Sciences, it was concluded that the clinical results, the number of oocytes retrieved, and the aneuploidy rates when using AMP are similar to conventional stimulation guidelines.

This new approach has made it possible to increasingly personalize assisted reproductive treatments and, at the same time, offer greater comfort. The relevance acquired by this study and its results have made it possible for our clinics to improve the guidelines for ovarian stimulation in oocyte donation procedures, prioritizing the well-being, safety, and satisfaction of our female donors.

For more information on Innovation in our company, refer to the section ["8. COMMITMENT TO SCIENCE, EDUCATION AND SOCIETY"](#).

6.3 COMMITTED TO PATIENTS

IVIRMA is a pro-women company, and our commitment to each patient and to the women who trust our professional team with their desire to be mothers has continued to guide our steps for more than three decades.

Thus, during 2022, we have reinforced this commitment through the following awareness-raising, communication and marketing actions:



I Social Barometer of Spanish women’s perception of motherhood and fertility

We have led the ‘I Social Barometer of Spanish women’s perception of motherhood’, an extensive survey carried out by GFK –a leading company in market analysis– that shows the behavior and attitudes of women between 25 and 45 years old regarding fertility, motherhood and assisted reproduction, within the current social, political and economic framework.

Initiative “I’m up to the endometrium”

‘I’m up to the endometrium’ is our initiative, together with Endometriosis patients, to put an end to the myths and silences of this disease. This action was born to convey how women who live with this disease or are in the diagnostic process feel, providing them with information resources to answer their questions and encouraging them to share their stories on social networks to end the misunderstanding they suffer.

Sending press releases to the media

The press releases that we send to the media help us to bring assisted reproduction closer to society in general and to be able to share with them the latest advances in reproductive medicine. These press releases are related to more social issues, which respond to the main interests and current social issues, as well as scientific press releases, to disseminate studies, findings and participation in relevant congresses in the reproductive field of our medical and research team.

In this sense, IVIRMA makes an Endometriosis Unit made up of experts available to all these women to offer comprehensive care to patients suffering from this disease with the aim of improving their quality of life.

Publications on Social Networks

We continue to bring the figure of our medical staff closer to our community of patients to respond to their main concerns and give them the greatest peace of mind in their reproductive processes. The objective is that our patients and potential patients have access to all the information they need, related to the field to which we dedicate ourselves, as well as to make the sector visible in favor of humanization.

Coverage of scientific congresses, conferences and local courses

From our corporate channels, as well as externally, we have reported in real time the main findings and studies presented by IVIRMA at meetings such as ESHRE, ASRM, SEF, ASEBIR or SRI.

Testimonials

Patients are our best subscribers, because nothing helps other patients more than someone sharing their story with them. This helps to naturalize assisted reproduction and make it more real. Thus, we have offered testimonial content during 2022 on our different channels to provide each patient with that confidence that real stories give.

Redesign of page landing about prices

This 2022 we have evolved in the direction of sustainability and transparency by redesigning our price landing towards a more transparent, digital and user-friendly model.

The objective has been to show the information to our patients in a simple and easy-to-interpret way, as well as to support it by sending digital documents that facilitate the understanding of the information.





IVF One Product Launch

Spain faces a significant problem of declining birth rates. Furthermore, as society advances and evolves, more and more women decide to postpone motherhood which, unfortunately, has a negative impact on their fertility rate.

To alleviate this problem, we wanted to get closer to younger women by creating a product called IVF One that includes:

- First visit and Diagnosis with results on the same day.
- €500 bonus.
- Seminogram.
- 24 month interest-free finance and the possibility of financing medication.

New circuit IVI Dono

To improve the semen donation process for future donors, we have designed a new protocol. If the first test to assess the semen quality is considered suitable, from that moment on the process can begin counting this as the first donation. With the improvement of this new circuit we have streamlined the semen donation process.

Email Post FV with Proposed Treatment

We know that the stage after the First Visit is one of the key steps to help our patients fulfill their dream. For this reason, we have strengthened this moment, offering the patient several video resources to clarify any possible doubts they may have and so they decide to do their treatment with us.



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Women's Month – New Opportunity Action

As part of our commitment to Women, we launched the “New Opportunity” action, where we offered assistance and economic help to those women who did not start treatment with us, after coming for the First Visit.

PROSEPA project

The loyalty of our patients is a key line of our Patient Service area. Our objective of achieving the desired pregnancy for anyone who comes to our clinic affects all our actions and, from that commitment, arises this project, which seeks to monitor patients who abandon treatment to accompany them in a personalized way throughout the process until the ultimate goal of motherhood.

Fertility Days Online

After the great demand for our Fertility Days, but always keeping in mind the key factor that time plays, we detected the need to transform this program into a more flexible model.

Knowing that novelty brings great value to these events, but being aware of the importance of flexibility, we decided to create a library of on-demand content. In this way, we positioned ourselves next to our patients, adapting to their needs so that they could consume valuable content when and where they wanted, thus eliminating the time barrier. More than 300 women have been able to benefit from this action since its activation in April 2022.





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Guidelines for women

Like every year, we innovate in **specific guidelines for women** with the aim of accompanying, raising awareness and giving them tools for the process they are experiencing.

- **Launch of the Polycystic Ovary Syndrome Guide (PCOS):** It was launched in September 2022, with the aim of raising social awareness about the disease and also being able to help all women who suffer from it, since it is one of the main causes of infertility in women. It is available completely free of charge on the IVI website at <https://ivi.es/guia-ovarios-poliquisiticos/>, and, so far, we have had more than 370 downloads.
- **Male Infertility Guide**, in Brazil.
- **Launch of the Single Motherhood By Choice Guide, in Portugal:** this practical guide for single-parent families aims to provide information regarding this growing family model and resolve any question regarding single motherhood. In the case of Portugal, this option has only been possible for 5 years, so it is important to make visible the options that assisted reproduction offers when seeking pregnancy. In fact, a total of 767 downloads have been recorded in 2022.
- **Começa Uma História ('A story begins') Guide, in Portugal:** provides all the necessary tools and answers questions about the egg donation treatment.





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Locally, some of the main milestones and actions to highlight in favor of women are:

In the United States:

Q&A videos from patients and medical staff: future patients have access to the experiences of other patients on their journey towards fertility to solve the main doubts and any questions that may arise before starting any treatment.

Awareness campaigns to bring assisted reproduction closer to American society. The content includes real patient stories across radio and social media platforms, testimonials, and videos created to benefit multiple audiences, including straight couples, single people, and LGBTQ.

In Panama:

The **First Center of Excellence** in the region is dedicated to the treatment of ovarian problems, offering patients a new hope of gestating with their autologous eggs.

Refresher course in Reproductive Medicine for Obstetrics and Gynecology residents.

In the UK (Create):

Awareness campaign on Instagram to support the LGBTQ+ community through Q&A and answer sessions on our social networks.

In Italy:

AMH Campaign: In the month dedicated to Mother's Day, we offered a promotion week for a free anti-Müllerian hormone test to allow women to have information about the state of their fertility and quickly carry out the correct controls.

In Portugal:

Uma Vida Mais Fértil ('A more fertile life') Agreement, infertility community, in Portugal. Our agreement aims to produce content for their mediums to raise awareness.



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6.4 PATIENTS' OPINIONS

The satisfaction of patients and donors is one of our priorities. In order to know their opinions and perceptions, **we carry out satisfaction surveys** that help us to continuously improve our services, in addition to having a **complaint management system** incorporated into our Quality System that allows us to study it in detail and share it with the medical area in order to establish the pertinent actions for continuous improvement.

Active listening and monitoring of patients and donors is a priority for continuous improvement. Their opinion is key when developing improvement plans

Satisfaction surveys

At IVIRMA we continue to measure patient satisfaction based on surveys at different times of treatment

During the year 2022, the surveys of patients and donors from our clinics in Spain, Portugal, Italy, the United Kingdom, Chile and Panama have been carried out on our website through the Patient Portal, increasing the number of questionnaires, which are sent at specific stages of each patient's experience, from the first visit to the end of the treatment, in order to obtain information on the satisfaction of each patient in each stage of the process. In Brazil, we continue to perform them in person at the clinic via tablet.

By analyzing these reports, areas for improvement are detected, potential causes of satisfaction and dissatisfaction are identified, and the necessary actions are established to improve the user experience.



The results of the satisfaction surveys are communicated to the people in each of the clinics so that the team involved is informed to improve the services offered.

On the other hand, at IVI Foundation, the Research Support and Management Unit (UAGI, in Spanish) has implemented, during the year 2022, a system of surveys through the INVESTIGA platform, aimed at research staff, for the ongoing assessment of the services provided by the unit in its ongoing improvement plan. The surveys are sent automatically after each interaction with the Foundation (UAGI), and from them and the analysis of their results, it can be determined that, out of 85 data, the average obtained is 4.88 in the questions issued, which include that the proposed solution their query has been effective, with a high degree of



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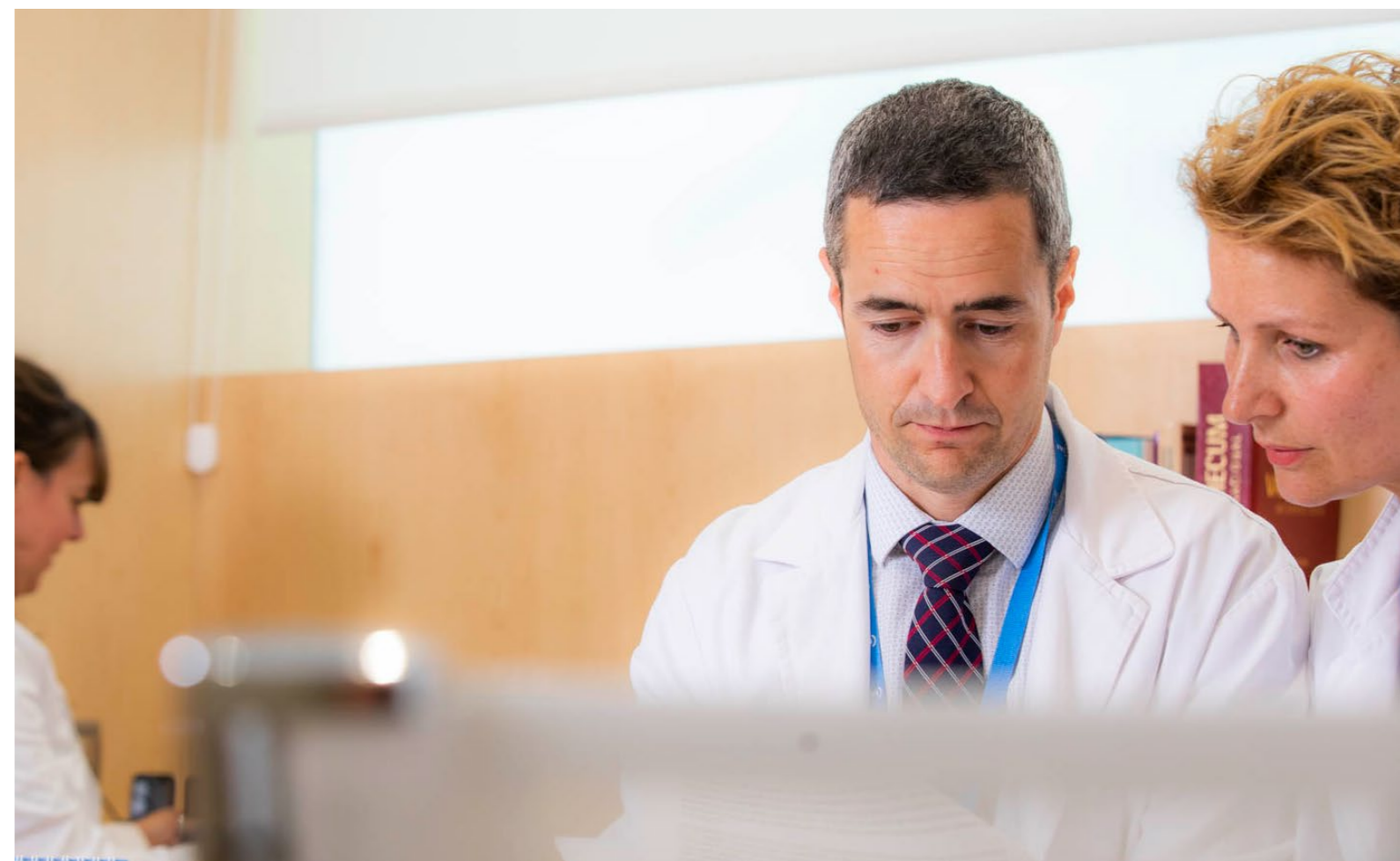
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satisfaction, indicating that the communication with the UAGI staff has been close and smooth and the information has been provided in a clear and concise manner.

At Create (UK) and Vitanova (Denmark), satisfaction surveys are sent to each patient after the first consultation and after the egg retrieval. In addition, we make it easy for people to give us specific feedback and we monitor it on a weekly basis. Regarding post-first visit surveys, 579 people responded, of whom 89.3% would recommend the service, scoring 6 out of 10. In the case of post-extraction surveys, there were 542 responses, of which 77% scored 6 out of 10. In the case of the rating based on opinions on the TrustPilot platform, Create received 127 new reviews that scored 4.4 out of 5, and Vitanova obtained 29 new reviews that scored 4.8 out of 5.

In the US, surveys are sent after the first consultation and after pregnancy. It is also encouraged that patients leave reviews on different platforms such as FertilityIQ. In 2022, 442 reviews were obtained, 89% of them were positive (393), 1% were neutral and 10% negative (49). All of them were answered. In addition, in 2022, the Patient Navigator program was still used to improve communication and the experience from the first contact with the patient until treatment. This portal offers patients the opportunity to leave comments and ask questions related to their experience, and our team can address issues in real time for instant resolution.

At Biomedical Supply, we also promote satisfaction surveys that are sent to different groups: IVF laboratories, gynecologists and distributors who work with the company. All the answers obtained got the highest mark.





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Complaints and grievances systems

Within the framework of the Patient Safety and Quality Management System, in the clinics in Spain, Portugal, Italy, the United Kingdom, Chile and Panama, we have specific procedures to measure patient satisfaction and deal with grievances or complaints.

The Quality Department promotes and encourages staff so that any comments or

complaints (formal or informal) regarding the service, coming from patients and donors, are registered and communicated internally. This information becomes a fundamental element for continuous improvement.

During the year 2022, a total of 846 complaints and grievances have been registered, distributed as follows:

| GEOGRAPHICAL AREA | 2022 | 2021 | Difference |
|-------------------|------------|------------|-------------|
| Spain | 728 | 828 | -12% |
| Portugal | 42 | 43 | -2% |
| United Kingdom | 27 | 30 | -10% |
| Italy | 6 | 13 | -54% |
| LATAM | 43 | 50 | -14% |
| TOTAL | 846 | 964 | -12% |

As of the date of writing this report, we have resolved a total of 599 complaints or grievances (541 in Spain, 32 in Portugal, 1 in Italy, 18 in the United Kingdom and 39 in LATAM).



In 2022, the number of patients who have attended our centers has increased compared to the year 2021 (+4%), while the total complaints and grievances registered in IVIRMA Europe and LATAM during 2022 have decreased (-12%) compared to 2021. Specifically, there have been 118 fewer complaints/grievances than in the previous year.

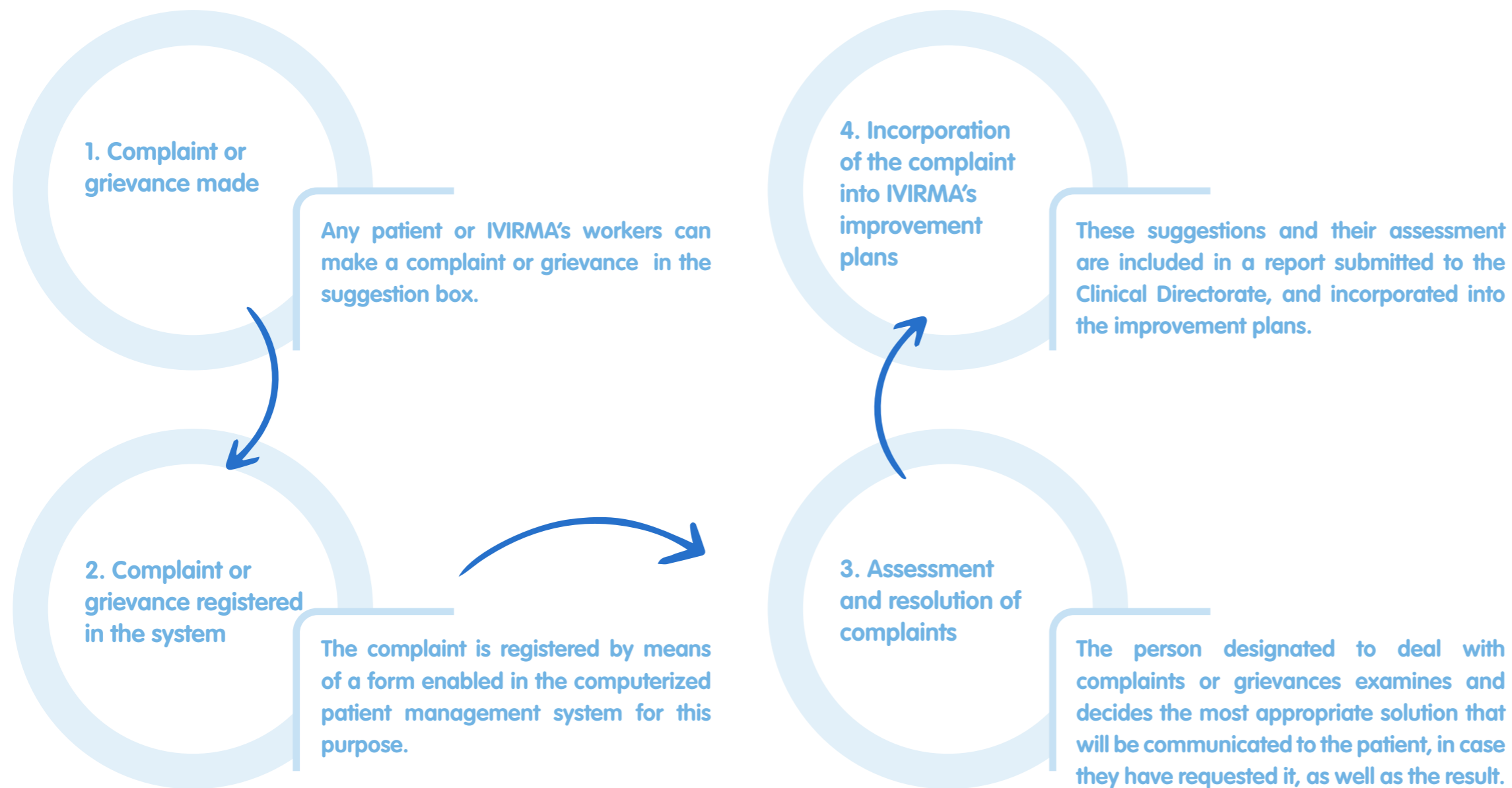
In the case of the US, a complaint and information collection system has been established in the Patient Portal with a highly positive satisfaction rate that allows us to prioritize actions and establish areas for improvement. At a quanti-

tative level, of the total 49,858 evaluations received in 2022, 385 were registered with a score of 1 or 2 out of 5, which receive a follow-up call for improvement. The remaining 49,473 scored equal or greater than 3 out of a maximum of 5. It should be noted that 47,606 of these scored 5. The Patient Navigator application allows us to provide real-time improvement issues on a daily basis, which has been useful in our continuous improvement strategy.



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How do we manage a complaint or grievance?



In the case of DIBIMED, complaints are managed through the commercial department, general management or through the email box specifically set up for this purpose: quality@dibimed.com. The DIBIMED team, made up of the Quality, Customer Service and Commercial departments, gathers all the necessary information and carries out a prior assessment. Subsequently, the person is contacted to inform about the status of the incident and the information is sent to the corresponding manufacturer for Research. Once the Research is completed by the manufacturer, DIBIMED is informed and the information is transferred to the client. In 2022, the company received a total of 32 grievances, all of which were satisfactorily addressed.



Commitment
to the team



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7.1 TEAM STRUCTURE AND FIGURES

Our leadership model puts people first and encourages the development of our team, ensuring equal opportunities.

People are the fundamental basis of all IVIRMA activities: our most precious asset. A committed, professional and results-oriented team that makes us unique and leaders in our sector

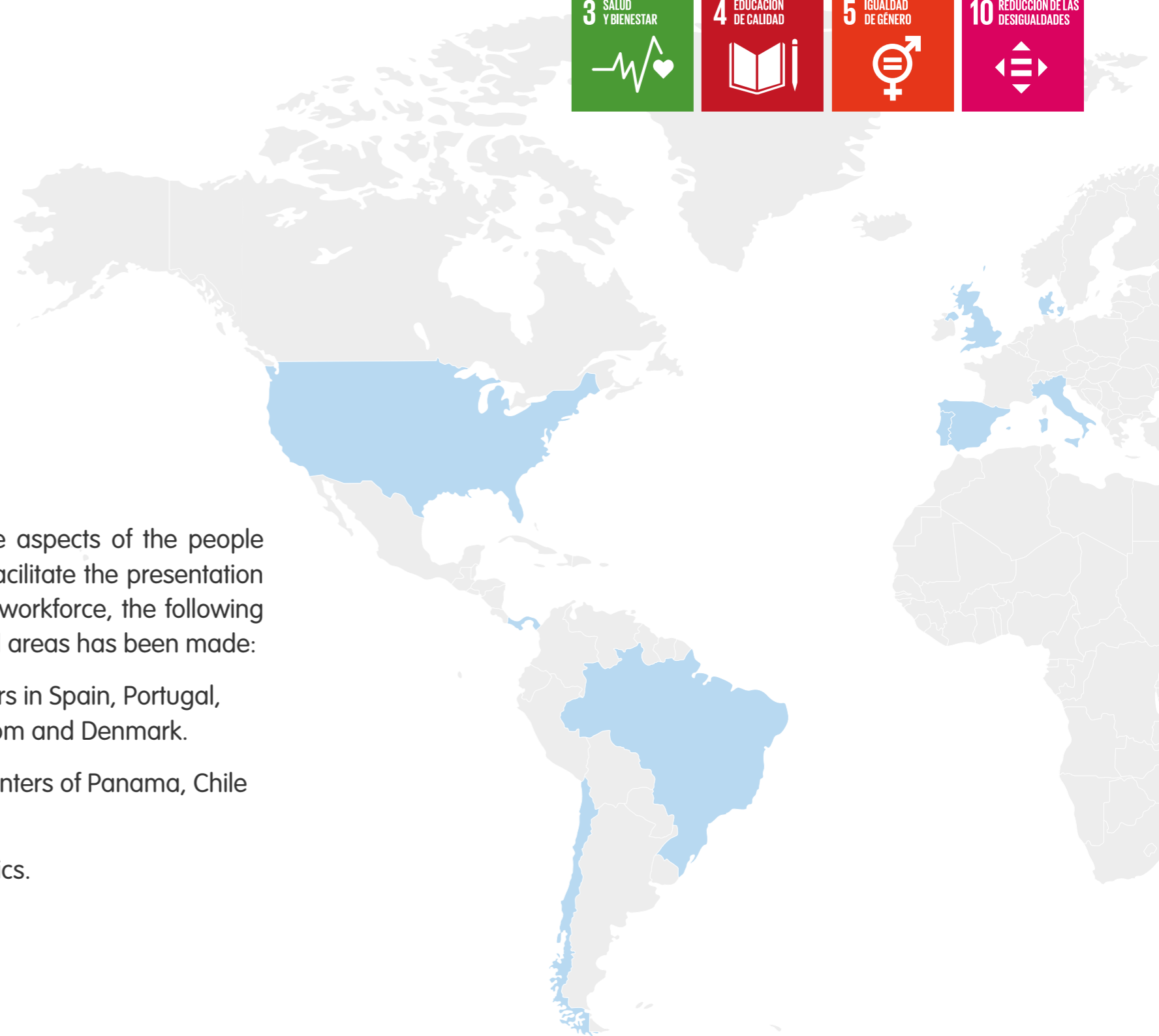
With this objective, in 2022, all our efforts in the Human Resources area have been focused on the implementation of a new information system for the digitization of people management processes to generate a better value proposition and experience for the Team. This is crystallized in IVIRMA People, a software tool (SAP) that offers an innovative, global digital space that unifies all processes to offer a personalized experience to our team.

For the analysis of the aspects of the people area and in order to facilitate the presentation of the data related to workforce, the following group by geographical areas has been made:

Europe: includes centers in Spain, Portugal, Italy, the United Kingdom and Denmark.

LATAM: includes the centers of Panama, Chile and Brazil.

US: includes all US clinics.





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To define the occupation, the IVIRMA categories have been used, unified globally for the entire group in order to provide global data, according to the same categorization of the previous Reports:

Support functions (headquarters): Includes all the support functions to the clinics within the headquarters area of IVI Team and IVI America and all USA Management, IVI Foundation and Biomedical Supply. Example: MKT, Finance, HR, and other functions.

Nursing: Includes nursing personnel, such as Nurses or Clinical Assistants.

Laboratory: Includes all laboratory staff, biologists, IVF (In Vitro Fertilization) laboratory technicians, andrology and general.

Medical staff: Includes medical equipment.

Clinical support staff: Includes all functions in clinics that are not included in the previous groups and which, due to their administrative or broader profile, have a clinical support function.

Patient care services: Includes all assistants and coordinators of national and international patient care services.

Executive staff: Includes the management team of the clinics and Headquarters.



At IVIRMA, we are a staff of 2,995 professionals distributed in 9 countries to bring reproductive medicine to any part of the world.

Out of our **2,995 workers**, 2,546 are women (85.01%) and 449 men (14.99%). The percentage of women and men in the organization has not changed compared to previous years, which in 2021 amounted to 85.08% women and 14.92% men.

Women continue to be the majority of our staff

All the workers who are part of the company as of 12/31/2022 have been taken into account (the workers who have left during the year are not taken into account).

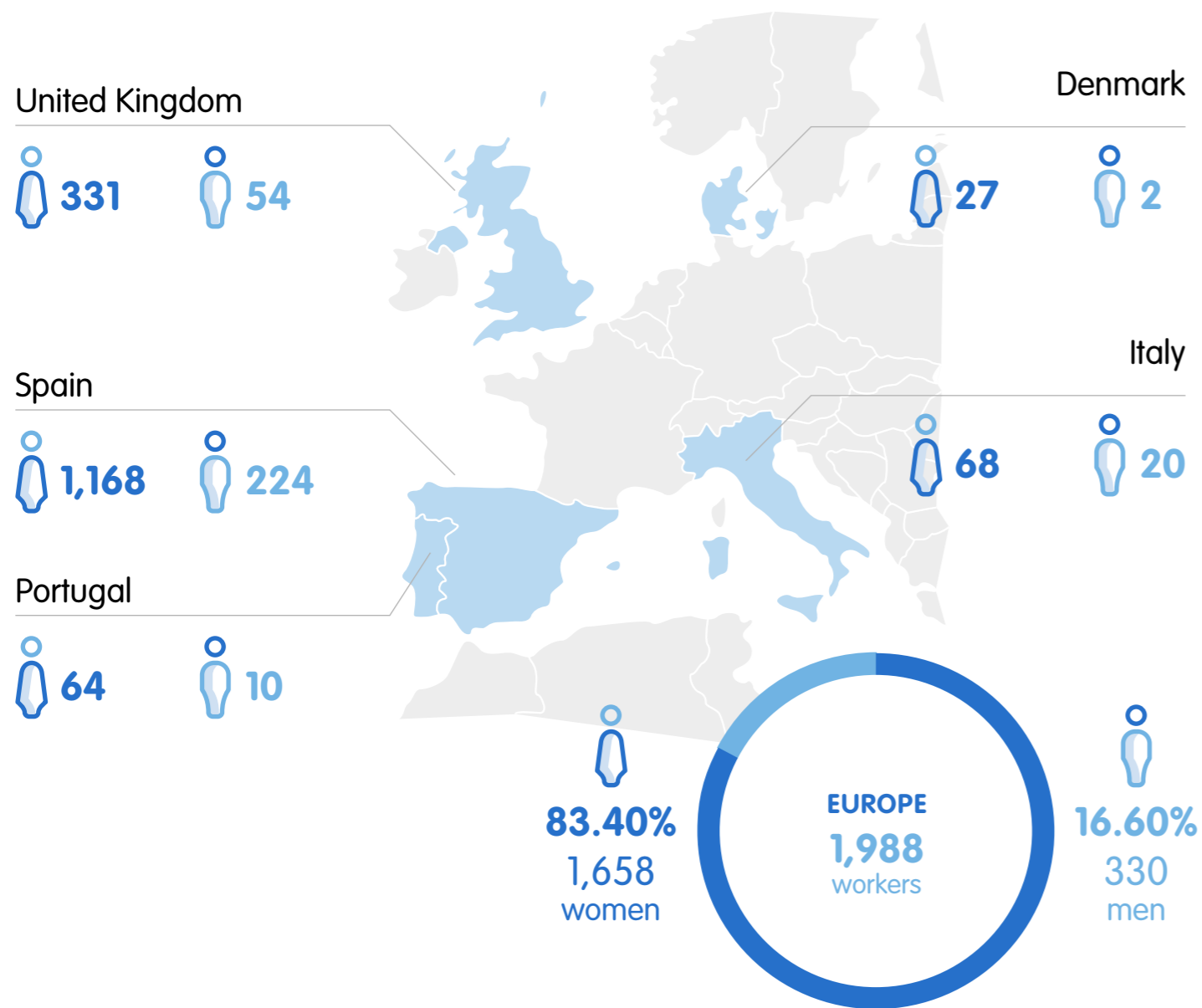


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The distribution of these 2,995 people geographically is as follows:

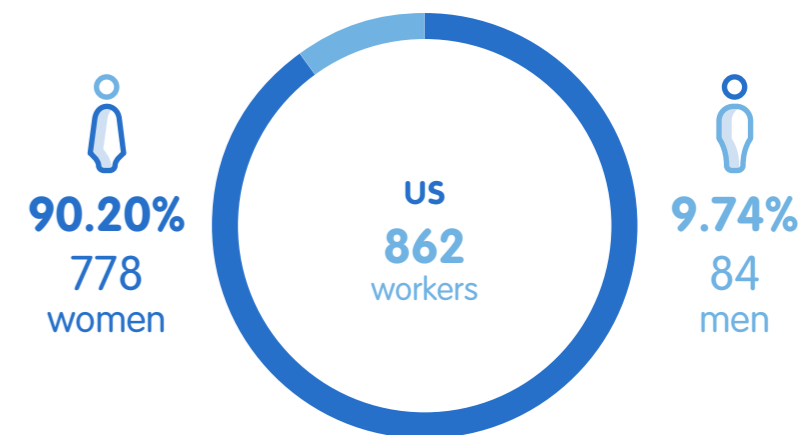
Europe

1,988 workers, of which 1,658 are women (83.40%) and 330 are men (16.60%). By country, we find the following distribution:



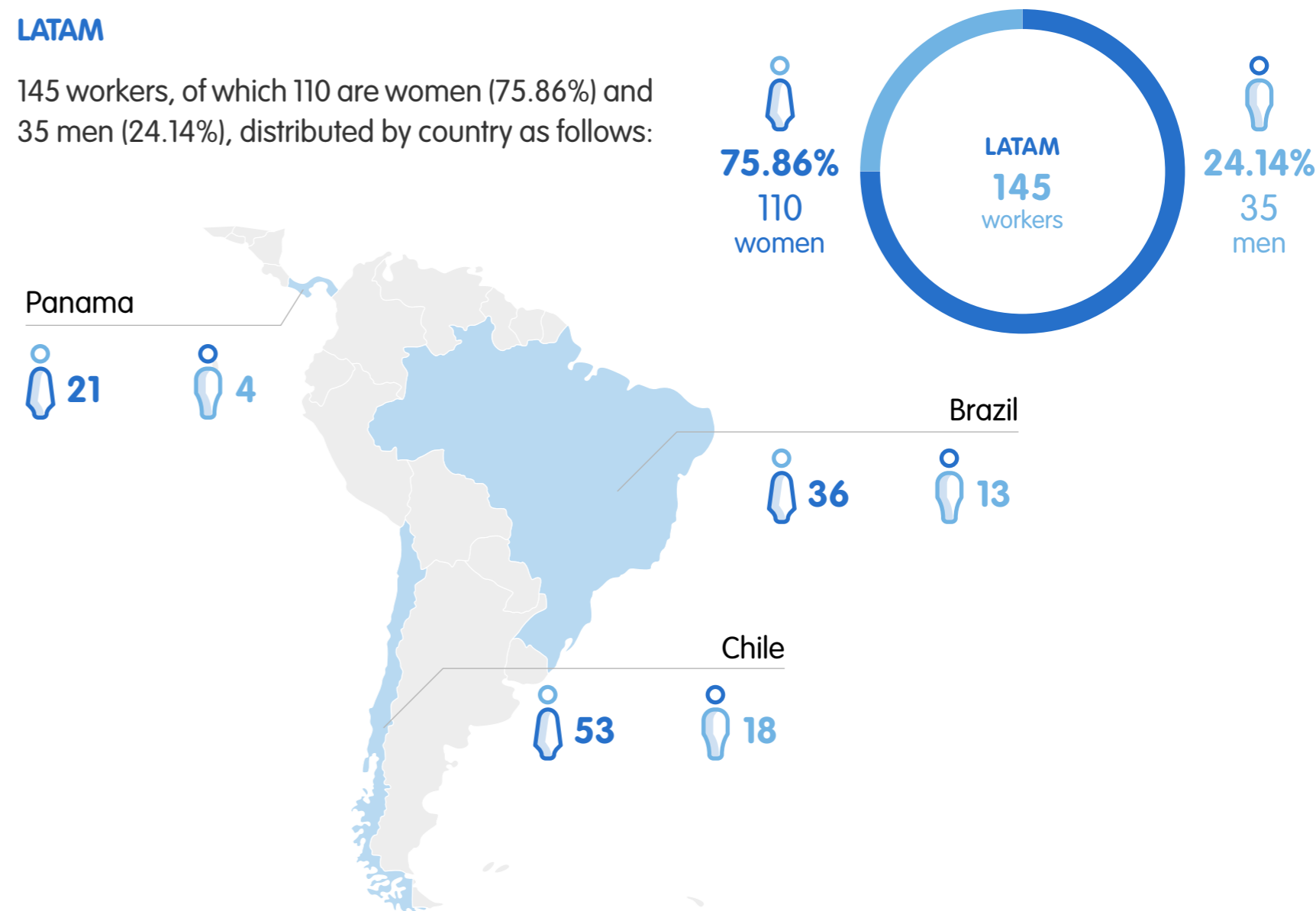
US

862 workers, of which 778 are women (90.26%) and 84 men (9.74%).



LATAM

145 workers, of which 110 are women (75.86%) and 35 men (24.14%), distributed by country as follows:

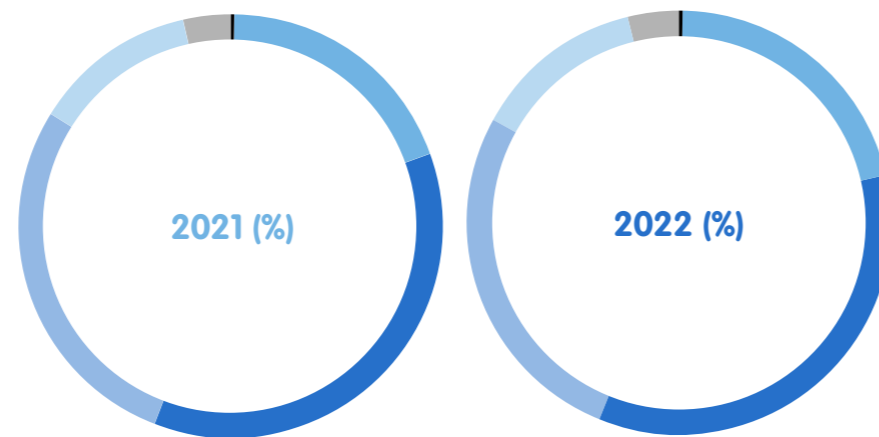


The distribution by age of IVIRMA's employees is mainly concentrated in the range between 30 and 39 years old, representing 34.79% of the total, while people under 21 represent a very low percentage (0.53 %). The range from 40 to 49 years old represents 26.98% of the workforce, the one from 21 to 29 years old, 20.87%, the one from 50 to 60 years old, 13.16% and, finally, 3.67% of workers are over 60 years old.

If we analyze each of the **geographic areas**, the 30-39 age group also represents the highest percentage in all countries (except Europe, where the 40-49 age group is slightly higher), with the presence of the rest of the groups being similar in all cases. These percentages are similar to those of 2021.

Staff by age

The highest percentage of workforce is concentrated between 30 and 49 years old



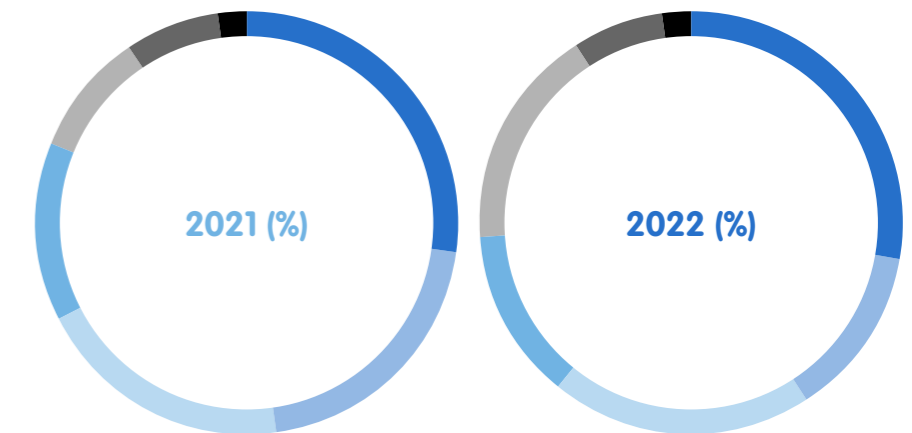
| Age Group | 2021 (%) | 2022 (%) |
|----------------------|----------|----------|
| ● Under 21 years old | 0.45% | 0.53% |
| ● 21-29 years | 19.16% | 20.87% |
| ● 30-39 years | 36.50% | 34.79% |
| ● 40-49 years | 27.83% | 26.98% |
| ● 50-60 years | 12.5% | 13.16% |
| ● Over 60 years | 3.57% | 3.67% |

We have taken into account all the workers who are part of the company as of 12/31/2021 and 12/31/2022.

Regarding **occupations**, the majority of our workforce is concentrated in the nursing (28%), laboratory (20%), and Support Functions (HQ) (17%) categories. The patient care services team represents 13% of all IVIRMA professionals, as do the clinical support people, who represent 13% of the workforce, followed by the medical staff (7%) and executive staff (2%).

Staff by professional category

We have taken into account all workers that are part of the company as of 12/31/2021 and 12/31/2022.



| Professional Category | 2021 (%) | 2022 (%) |
|------------------------------------|----------|----------|
| ● Nurses | 27.4% | 28% |
| ● Clinical support | 20.5% | 13% |
| ● Laboratory | 19.6% | 20% |
| ● Patient Care Services | 13.7% | 13% |
| ● Support functions (headquarters) | 9.5% | 17% |
| ● Medical staff | 7% | 7% |
| ● Executive staff | 2.2% | 2% |

The distribution of IVIRMA's workforce by gender, age and professional category is detailed below. In this specific indicator, the information is analyzed by country, as indicated by Law 11/28. The rest of the tables continue the global distribution and by geographical area, in the specific cases indicated in the chapter introduction in order to provide grouped information and facilitate the understanding of the global report.

Additionally, in the appendix to this document, the table with the data for 2021 is included in order to facilitate the comparison with respect to the period analyzed in this report corresponding to 2022.

Distribution of employment by gender, age and occupation

| VIRMA GLOBAL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|------------------------|--------------------|-----------|---------------------|------------|---------------------|------------|---------------------|------------|----------------|------------|---------------|-----------|------------|--------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupations | | | | | | | | | | | | | | |
| Support Functions (HQ) | 0 | 3 | 17 | 72 | 41 | 137 | 30 | 97 | 11 | 69 | 2 | 21 | 101 | 399 |
| Clinical support | 1 | 6 | 13 | 73 | 25 | 78 | 33 | 66 | 14 | 70 | 5 | 13 | 91 | 306 |
| Medical staff | 0 | 0 | 0 | 5 | 22 | 47 | 15 | 66 | 14 | 22 | 8 | 5 | 59 | 146 |
| Laboratory | 0 | 0 | 30 | 145 | 40 | 169 | 28 | 118 | 9 | 40 | 2 | 8 | 109 | 480 |
| Nursing | 0 | 5 | 1 | 214 | 5 | 334 | 4 | 198 | 2 | 53 | 0 | 26 | 12 | 830 |
| Patient Care Services | 0 | 1 | 4 | 50 | 11 | 123 | 8 | 118 | 1 | 63 | 0 | 9 | 24 | 364 |
| Executive staff | 0 | 0 | 0 | 0 | 5 | 5 | 18 | 9 | 22 | 4 | 8 | 3 | 53 | 21 |
| Total | 1 | 15 | 65 | 559 | 149 | 893 | 136 | 672 | 73 | 321 | 25 | 85 | 449 | 2,546 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

| SPAIN | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|------------------------|--------------------|----------|---------------------|-----------|---------------------|-----------|---------------------|-----------|----------------|-----------|---------------|----------|------------|--------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupations | | | | | | | | | | | | | | |
| Support Functions (HQ) | 0 | 1 | 11 | 32 | 30 | 49 | 26 | 57 | 7 | 28 | 1 | 3 | 75 | 170 |
| Clinical support | 0 | 0 | 3 | 3 | 11 | 16 | 25 | 44 | 7 | 44 | 3 | 11 | 49 | 118 |
| Medical staff | 0 | 0 | 0 | 1 | 10 | 17 | 3 | 36 | 8 | 13 | 4 | 4 | 25 | 71 |
| Laboratory | 0 | 0 | 8 | 39 | 16 | 75 | 19 | 98 | 5 | 30 | 0 | 3 | 48 | 245 |
| Nursing | 0 | 0 | 0 | 51 | 4 | 124 | 2 | 118 | 2 | 20 | 0 | 3 | 8 | 316 |
| Patient Care Services | 0 | 0 | 1 | 17 | 5 | 74 | 6 | 103 | 1 | 45 | 0 | 5 | 13 | 244 |
| Executive staff | 0 | 0 | 0 | 0 | 1 | 1 | 9 | 3 | 15 | 0 | 1 | 0 | 26 | 4 |
| Total | 0 | 1 | 11 | 32 | 30 | 49 | 26 | 57 | 7 | 28 | 1 | 3 | 244 | 1,168 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

Distribution of employment by gender, age and occupation

| ITALY | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|------------------------|--------------------|----------|---------------------|-----------|---------------------|-----------|---------------------|-----------|----------------|----------|---------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupations | | | | | | | | | | | | | | |
| Support Functions (HQ) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clinical support | 0 | 0 | 2 | 4 | 2 | 7 | 1 | 4 | 2 | 4 | 0 | 0 | 7 | 19 |
| Medical staff | 0 | 0 | 0 | 0 | 2 | 4 | 0 | 2 | 1 | 0 | 0 | 0 | 3 | 6 |
| Laboratory | 0 | 0 | 0 | 4 | 5 | 6 | 2 | 2 | 0 | 0 | 0 | 0 | 7 | 12 |
| Nursing | 0 | 0 | 0 | 7 | 0 | 11 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 19 |
| Patient Care Services | 0 | 0 | 0 | 1 | 2 | 4 | 0 | 2 | 0 | 4 | 0 | 0 | 2 | 11 |
| Executive staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 |
| Total | 0 | 0 | 2 | 16 | 11 | 32 | 3 | 12 | 4 | 8 | 0 | 0 | 20 | 68 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

| PORTUGAL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|-----------------------|--------------------|----------|---------------------|-----------|---------------------|-----------|---------------------|-----------|----------------|----------|---------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupations | | | | | | | | | | | | | | |
| Clinical Support | 0 | 0 | 0 | 0 | 1 | 5 | 0 | 3 | 0 | 3 | 0 | 0 | 1 | 11 |
| Medical staff | 0 | 0 | 0 | 0 | 2 | 3 | 0 | 2 | 0 | 1 | 0 | 0 | 2 | 6 |
| Laboratory | 0 | 0 | 0 | 6 | 1 | 7 | 3 | 2 | 0 | 1 | 0 | 0 | 4 | 16 |
| Nursing | 0 | 0 | 0 | 4 | 0 | 10 | 0 | 5 | 0 | 2 | 0 | 0 | 0 | 21 |
| Patient Care Services | 0 | 0 | 1 | 2 | 1 | 6 | 0 | 0 | 0 | 2 | 0 | 0 | 2 | 10 |
| Executive Staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Total | 0 | 0 | 1 | 12 | 5 | 31 | 3 | 12 | 1 | 9 | 0 | 0 | 10 | 64 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

Distribution of employment by gender, age and occupation

| UNITED KINGDOM | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|-----------------------|--------------------|----------|---------------------|------------|---------------------|------------|---------------------|-----------|----------------|-----------|---------------|-----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupation | | | | | | | | | | | | | | |
| Clinical Support | 1 | 4 | 4 | 62 | 7 | 39 | 3 | 8 | 5 | 9 | 1 | 2 | 20 | 124 |
| Medical support | 0 | 0 | 0 | 2 | 3 | 4 | 4 | 14 | 4 | 4 | 2 | 0 | 13 | 24 |
| Laboratory | 0 | 0 | 6 | 32 | 4 | 22 | 1 | 6 | 3 | 0 | 0 | 0 | 14 | 60 |
| Nursing | 0 | 0 | 0 | 34 | 0 | 39 | 0 | 21 | 0 | 15 | 0 | 9 | 0 | 118 |
| Patient Care Services | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Executive staff | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 1 | 1 | 1 | 1 | 6 | 2 |
| Total | 1 | 4 | 10 | 132 | 15 | 105 | 11 | 49 | 13 | 29 | 4 | 12 | 54 | 331 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

| DENMARK | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|------------------------|--------------------|----------|---------------------|----------|---------------------|----------|---------------------|----------|----------------|----------|---------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupation | | | | | | | | | | | | | | |
| Support Functions (HQ) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clinical support | 0 | 2 | 0 | 3 | 0 | 3 | 1 | 0 | 0 | 2 | 0 | 0 | 1 | 10 |
| Medical staff | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 2 | 0 | 0 | 1 | 4 |
| Laboratory | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 5 |
| Nursing | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 8 |
| Patient Care Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Executive Staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 2 | 0 | 5 | 0 | 7 | 2 | 9 | 0 | 4 | 0 | 0 | 2 | 27 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

Distribution of employment by gender, age and occupation

| US | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|------------------------|--------------------|----------|---------------------|-----------|---------------------|-----------|---------------------|-----------|----------------|-----------|---------------|-----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupation | | | | | | | | | | | | | | |
| Support Functions (HQ) | 0 | 2 | 6 | 40 | 11 | 88 | 3 | 40 | 4 | 41 | 1 | 18 | 25 | 229 |
| Clinical support | 0 | 0 | 0 | 1 | 1 | 3 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 7 |
| Medical staff | 0 | 0 | 0 | 3 | 3 | 18 | 3 | 6 | 1 | 2 | 2 | 1 | 9 | 30 |
| Laboratory | 0 | 0 | 13 | 54 | 7 | 45 | 3 | 7 | 1 | 9 | 2 | 5 | 26 | 120 |
| Nursing | 0 | 5 | 1 | 104 | 1 | 130 | 2 | 44 | 0 | 15 | 0 | 14 | 4 | 312 |
| Patient Care Services | 0 | 1 | 1 | 24 | 1 | 22 | 0 | 9 | 0 | 8 | 0 | 3 | 2 | 67 |
| Executive Staff | 0 | 0 | 0 | 0 | 3 | 4 | 5 | 5 | 3 | 2 | 6 | 2 | 17 | 13 |
| Total | 0 | 2 | 6 | 40 | 11 | 88 | 3 | 40 | 4 | 41 | 1 | 18 | 84 | 778 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

| BRAZIL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|-----------------------|--------------------|----------|---------------------|----------|---------------------|-----------|---------------------|----------|----------------|----------|---------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupation | | | | | | | | | | | | | | |
| Clinical Support | 0 | 0 | 3 | 0 | 1 | 2 | 3 | 0 | 0 | 0 | 0 | 0 | 7 | 2 |
| Medical staff | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 2 | 3 |
| Laboratory | 0 | 0 | 1 | 2 | 1 | 4 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | 7 |
| Nursing | 0 | 0 | 0 | 5 | 0 | 6 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 14 |
| Patient Care Services | 0 | 0 | 1 | 2 | 0 | 5 | 1 | 1 | 0 | 0 | 0 | 1 | 2 | 9 |
| Executive staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Total | 0 | 0 | 5 | 9 | 3 | 18 | 5 | 7 | 0 | 1 | 0 | 1 | 13 | 36 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

Distribution of employment by gender, age and occupation

| CHILE | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|------------------------|--------------------|----------|---------------------|-----------|---------------------|-----------|---------------------|-----------|----------------|----------|---------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupation | | | | | | | | | | | | | | |
| Support Functions (HQ) | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Clinical support | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 5 | 0 | 3 | 1 | 0 | 2 | 9 |
| Medical staff | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 1 | 0 | 0 | 0 | 0 | 4 | 1 |
| Laboratory | 0 | 0 | 2 | 4 | 5 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 11 |
| Nursing | 0 | 0 | 0 | 5 | 0 | 9 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 16 |
| Patient Care Services | 0 | 0 | 0 | 1 | 2 | 8 | 1 | 3 | 0 | 4 | 0 | 0 | 3 | 16 |
| Executive Staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Total | 0 | 0 | 3 | 10 | 8 | 25 | 5 | 10 | 1 | 8 | 1 | 0 | 18 | 53 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

| PANAMA | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|-----------------------|--------------------|----------|---------------------|----------|---------------------|----------|---------------------|----------|----------------|----------|---------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupation | | | | | | | | | | | | | | |
| Clinical Support | 0 | 0 | 0 | 0 | 2 | 2 | 0 | 2 | 0 | 2 | 0 | 0 | 2 | 6 |
| Medical staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Laboratory | 0 | 0 | 0 | 2 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4 |
| Nursing | 0 | 0 | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| Patient Care Services | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Executive Staff | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Total | 0 | 0 | 0 | 7 | 3 | 9 | 1 | 3 | 0 | 2 | 0 | 0 | 4 | 21 |

All workers who are part of the company as of 12/31/2022 have been taken into account.



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WE ARE COMMITTED TO A LONG-TERM RELATIONSHIP WITH OUR STAFF

Our commitment to job quality is evident in the overall rate of people employed with a permanent contract, which reaches 96.46%. This percentage is very similar in each of the geographical areas where the company operates.

Regarding the termination of the employment relationship, in 2022 there have been a total of 110 dismissals, which have affected all occupations. Of these, 26 have taken place in Europe, 75 in the US and 9 in LATAM.

We are committed to quality employment, 96.46% of IVIRMA's workers has a permanent contract



*All workers who are part of the company as of 12/31/2021 and 12/31/2022 have been taken into account.

Total number and distribution of types of employment contract IVIRMA Global*:

| | 2021 | | 2022 | |
|---------------------|------|-------|------|-------|
| | Men | Women | Men | Women |
| Permanent part-time | 50 | 617 | 63 | 700 |
| Permanent full-time | 319 | 1,498 | 372 | 1,754 |
| Temporary part-time | 7 | 37 | 2 | 24 |
| Temporary full-time | 20 | 122 | 12 | 58 |
| Internships | 5 | 11 | 0 | 10 |

*All workers who are part of the company as of 12/31/2021 and 12/31/2022 have been taken into account.

Below is the distribution of IVIRMA's employment by contract, gender, job category and age, and the annual average number of contracts, as well as the number of leaves by gender, age and job category. The annex to this document includes data for 2021 on workforce distribution and number of terminations to facilitate comparison with 2022.



Distribution of employment by type of contract, gender and occupation

| IVIRMA GLOBAL | Permanent part-time | | Permanent full-time | | Temporary part-time | | Temporary full-time | | Internships | | Total men | Total women |
|------------------------|---------------------|-----------|---------------------|------------|---------------------|----------|---------------------|----------|-------------|----------|------------|--------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupation | | | | | | | | | | | | |
| Support functions (HQ) | 7 | 51 | 88 | 337 | 0 | 0 | 6 | 6 | 0 | 5 | 101 | 399 |
| Clinical support | 9 | 57 | 79 | 236 | 1 | 5 | 2 | 6 | 0 | 2 | 91 | 306 |
| Medical staff | 8 | 24 | 49 | 114 | 1 | 3 | 1 | 4 | 0 | 0 | 59 | 146 |
| Laboratory | 19 | 120 | 88 | 340 | 0 | 3 | 2 | 16 | 0 | 1 | 109 | 480 |
| Nursing | 8 | 303 | 4 | 505 | 0 | 8 | 0 | 13 | 0 | 1 | 12 | 830 |
| Patient care services | 11 | 143 | 12 | 202 | 0 | 5 | 1 | 13 | 0 | 1 | 24 | 364 |
| Executive staff | 1 | 2 | 52 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 53 | 21 |
| Total | 7 | 51 | 88 | 337 | 0 | 0 | 6 | 6 | 0 | 5 | 449 | 2,545 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

| EUROPE | Permanent part-time | | Permanent full-time | | Temporary part-time | | Temporary full-time | | Internships | | Total men | Total women |
|------------------------|---------------------|-----------|---------------------|------------|---------------------|----------|---------------------|----------|-------------|----------|------------|--------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupation | | | | | | | | | | | | |
| Support Functions (HQ) | 2 | 12 | 67 | 147 | 0 | 0 | 6 | 6 | 0 | 5 | 75 | 170 |
| Clinical support | 9 | 57 | 67 | 212 | 1 | 5 | 2 | 6 | 0 | 2 | 79 | 282 |
| Medical staff | 8 | 18 | 35 | 86 | 0 | 3 | 1 | 4 | 0 | 0 | 44 | 111 |
| Laboratory | 18 | 96 | 53 | 223 | 0 | 3 | 2 | 15 | 0 | 1 | 73 | 338 |
| Nursing | 6 | 212 | 2 | 252 | 0 | 5 | 0 | 12 | 0 | 1 | 8 | 482 |
| Patient care services | 7 | 141 | 9 | 108 | 0 | 5 | 1 | 13 | 0 | 1 | 17 | 268 |
| Executive staff | 1 | 0 | 33 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 34 | 7 |
| Total | 2 | 12 | 67 | 147 | 0 | 0 | 6 | 6 | 0 | 5 | 330 | 1,658 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

Distribution of employment by type of contract, gender and occupation

| US | Permanent part-time | | Permanent full-time | | Temporary part-time | | Temporary full-time | | Internships | | Total men | Total women |
|------------------------|---------------------|-----------|---------------------|------------|---------------------|----------|---------------------|----------|-------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupation | | | | | | | | | | | | |
| Support Functions (HQ) | 5 | 39 | 20 | 190 | 0 | 0 | 0 | 0 | 0 | 0 | 25 | 229 |
| Clinical support | 0 | 0 | 1 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 7 |
| Medical staff | 0 | 3 | 8 | 27 | 1 | 0 | 0 | 0 | 0 | 0 | 9 | 30 |
| Laboratory | 1 | 18 | 25 | 101 | 0 | 0 | 0 | 1 | 0 | 0 | 26 | 120 |
| Nursing | 2 | 88 | 2 | 221 | 0 | 3 | 0 | 0 | 0 | 0 | 4 | 312 |
| Patient care services | 0 | 2 | 2 | 65 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 67 |
| Executive staff | 0 | 1 | 17 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 17 | 13 |
| Total | 5 | 39 | 20 | 190 | 0 | 0 | 0 | 0 | 0 | 0 | 84 | 778 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

| LATAM | Permanent part-time | | Permanent full-time | | Temporary part-time | | Temporary full-time | | Internships | | Total men | Total women |
|------------------------|---------------------|----------|---------------------|----------|---------------------|----------|---------------------|----------|-------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupation | | | | | | | | | | | | |
| Support Functions (HQ) | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Clinical support | 0 | 0 | 11 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 17 |
| Medical staff | 0 | 3 | 6 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 5 |
| Laboratory | 0 | 6 | 10 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 22 |
| Nursing | 0 | 3 | 0 | 32 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 36 |
| Patient care services | 4 | 0 | 1 | 29 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 29 |
| Executive staff | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 |
| Total | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 35 | 110 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

Distribution of employment by type of contract, gender and age

| IVIRMA GLOBAL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|-----------|---------------------|------------|---------------------|------------|---------------------|------------|----------------|------------|---------------|-----------|------------|--------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent part-time | 0 | 6 | 6 | 88 | 22 | 240 | 20 | 238 | 10 | 101 | 5 | 27 | 63 | 700 |
| Permanent full-time | 1 | 7 | 54 | 427 | 121 | 625 | 113 | 420 | 63 | 217 | 20 | 58 | 372 | 1754 |
| Temporary part-time | 0 | 1 | 1 | 10 | 0 | 8 | 1 | 3 | 0 | 2 | 0 | 0 | 2 | 24 |
| Temporary full-time | 0 | 0 | 4 | 29 | 6 | 19 | 2 | 9 | 0 | 1 | 0 | 0 | 12 | 58 |
| Internships | 0 | 1 | 0 | 6 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 10 |
| Total | 1 | 15 | 65 | 560 | 149 | 893 | 136 | 672 | 73 | 321 | 25 | 85 | 449 | 2,546 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

| EUROPE | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|----------|---------------------|------------|---------------------|------------|---------------------|------------|----------------|------------|---------------|-----------|------------|--------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent part-time | 0 | 3 | 5 | 44 | 18 | 180 | 17 | 211 | 7 | 82 | 4 | 16 | 51 | 536 |
| Permanent full-time | 1 | 3 | 26 | 222 | 84 | 323 | 90 | 317 | 56 | 145 | 9 | 25 | 266 | 1035 |
| Temporary part-time | 0 | 0 | 1 | 8 | 0 | 8 | 0 | 3 | 0 | 2 | 0 | 0 | 1 | 21 |
| Temporary full-time | 0 | 0 | 4 | 28 | 6 | 19 | 2 | 8 | 0 | 1 | 0 | 0 | 12 | 56 |
| Internships | 0 | 1 | 0 | 6 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 10 |
| Total | 1 | 7 | 36 | 308 | 108 | 531 | 109 | 541 | 63 | 230 | 13 | 41 | 330 | 1,658 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

Distribution of employment by type of contract, gender and age

| US | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|----------|---------------------|------------|---------------------|------------|---------------------|------------|----------------|-----------|---------------|-----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent part-time | 0 | 3 | 0 | 40 | 2 | 56 | 2 | 23 | 3 | 18 | 1 | 11 | 8 | 151 |
| Permanent full-time | 0 | 4 | 21 | 184 | 25 | 254 | 13 | 87 | 6 | 62 | 10 | 32 | 75 | 623 |
| Temporary part-time | 0 | 1 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 3 |
| Temporary full-time | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Internships | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 8 | 21 | 226 | 27 | 310 | 16 | 111 | 9 | 80 | 11 | 43 | 84 | 778 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

| LATAM | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|----------|---------------------|-----------|---------------------|-----------|---------------------|-----------|----------------|-----------|---------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent part-time | 0 | 0 | 1 | 4 | 2 | 4 | 1 | 4 | 0 | 1 | 0 | 0 | 4 | 13 |
| Permanent full-time | 0 | 0 | 7 | 21 | 12 | 48 | 10 | 16 | 1 | 10 | 1 | 1 | 31 | 96 |
| Temporary part-time | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Temporary full-time | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Internships | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 8 | 26 | 14 | 52 | 11 | 20 | 1 | 11 | 1 | 1 | 35 | 110 |

All workers who are part of the company as of 12/31/2022 have been taken into account.



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Annual average of contracts by gender, age and occupation – **IVIRMA GLOBAL*** (average of annual contracts according to the time worked)

Support functions Headquarters

| IVI GLOBAL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|-------|---------------------|-------|---------------------|--------|---------------------|-------|----------------|-------|---------------|-------|--------------|---------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent full-time | 0.00 | 1.00 | 14.03 | 59.36 | 35.31 | 114.59 | 29.22 | 78.85 | 6.84 | 57.38 | 1.75 | 14.16 | 87.14 | 325.35 |
| Permanent part-time | 0.00 | 1.00 | 0.00 | 5.39 | 0.00 | 16.47 | 1.69 | 12.59 | 3.69 | 9.34 | 1.00 | 5.00 | 6.38 | 49.79 |
| Internships | 0.00 | 0.32 | 1.02 | 2.78 | 0.00 | 0.13 | 0.00 | 0.52 | 0.00 | 0.00 | 0.00 | 0.00 | 1.02 | 3.75 |
| Temporary full-time | 0.00 | 0.00 | 1.28 | 2.78 | 2.00 | 2.71 | 0.25 | 0.79 | 0.00 | 0.07 | 0.00 | 0.00 | 3.53 | 6.34 |
| Temporary part-time | 0.00 | 0.00 | 0.08 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.08 | 0.00 |

Clinical support

| IVI GLOBAL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|-------|---------------------|-------|---------------------|-------|---------------------|-------|----------------|-------|---------------|-------|--------------|---------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent full-time | 0.33 | 2.19 | 8.19 | 58.27 | 23.64 | 60.08 | 27.57 | 47.45 | 12.00 | 53.02 | 3.90 | 9.61 | 75.63 | 230.61 |
| Permanent part-time | 0.00 | 2.25 | 1.00 | 3.37 | 3.28 | 14.78 | 4.05 | 15.94 | 2.00 | 15.00 | 1.67 | 5.00 | 12.00 | 56.34 |
| Internships | 0.00 | 0.00 | 0.00 | 0.23 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.23 |
| Temporary full-time | 0.00 | 0.00 | 1.00 | 0.80 | 0.02 | 2.21 | 0.12 | 1.87 | 0.00 | 0.00 | 0.00 | 0.00 | 1.14 | 4.87 |
| Temporary part-time | 0.00 | 0.00 | 0.31 | 3.42 | 0.00 | 1.04 | 0.00 | 0.38 | 0.00 | 0.00 | 0.00 | 0.00 | 0.31 | 4.84 |



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Medical Support

| IVI GLOBAL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|-------|---------------------|-------|---------------------|-------|---------------------|-------|----------------|-------|---------------|-------|--------------|---------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent full-time | 0.00 | 3.02 | 16.31 | 37.37 | 13.22 | 50.53 | 12.86 | 13.46 | 6.00 | 5.67 | 158.44 | 0.00 | 48.39 | 110.05 |
| Permanent part-time | 0.00 | 0.00 | 2.75 | 4.00 | 1.00 | 13.03 | 1.00 | 5.86 | 3.00 | 0.00 | 30.64 | 0.00 | 7.75 | 22.89 |
| Internships | 0.00 | 0.00 | 0.75 | 2.21 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 2.96 | 0.00 | 0.75 | 2.21 |
| Temporary full-time | 0.00 | 0.00 | 0.00 | 0.25 | 1.00 | 0.00 | 0.00 | 2.00 | 0.00 | 0.00 | 3.25 | 0.00 | 1.00 | 2.25 |
| Temporary part-time | 0.00 | 3.02 | 16.31 | 37.37 | 13.22 | 50.53 | 12.86 | 13.46 | 6.00 | 5.67 | 158.44 | 0.00 | 48.39 | 110.05 |

Laboratory

| IVI GLOBAL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|-------|---------------------|--------|---------------------|--------|---------------------|-------|----------------|-------|---------------|-------|--------------|---------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent full-time | 0.00 | 0.00 | 22.19 | 111.29 | 33.24 | 118.15 | 20.44 | 75.07 | 8.67 | 25.35 | 1.30 | 7.10 | 85.84 | 336.95 |
| Permanent part-time | 0.00 | 0.00 | 3.95 | 14.83 | 6.07 | 49.76 | 8.00 | 42.51 | 1.00 | 14.34 | 0.00 | 2.13 | 19.02 | 123.56 |
| Internships | 0.00 | 0.00 | 0.00 | 0.38 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.38 |
| Temporary full-time | 0.00 | 0.00 | 0.47 | 9.15 | 0.33 | 2.99 | 0.00 | 0.42 | 0.00 | 0.00 | 0.00 | 0.00 | 0.81 | 12.56 |
| Temporary part-time | 0.00 | 0.00 | 0.27 | 1.05 | 0.03 | 0.00 | 0.00 | 1.67 | 0.00 | 0.00 | 0.00 | 0.00 | 0.30 | 2.73 |



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Patient Care Services

| IVI GLOBAL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|-------|---------------------|-------|---------------------|-------|---------------------|-------|----------------|-------|---------------|-------|--------------|---------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent full-time | 0.00 | 0.84 | 1.84 | 28.53 | 6.56 | 80.59 | 4.00 | 51.08 | 0.00 | 29.79 | 0.00 | 6.11 | 12.40 | 196.93 |
| Permanent part-time | 0.00 | 0.00 | 2.00 | 10.35 | 3.56 | 36.23 | 2.19 | 61.71 | 1.00 | 32.97 | 0.00 | 3.00 | 8.76 | 144.27 |
| Internships | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.08 | 0.00 | 0.22 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.30 |
| Temporary full-time | 0.00 | 0.00 | 0.00 | 4.15 | 0.00 | 1.45 | 0.61 | 1.07 | 0.00 | 1.58 | 0.00 | 0.00 | 0.61 | 8.24 |
| Temporary part-time | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.83 | 0.00 | 1.04 | 0.00 | 0.19 | 0.00 | 0.00 | 0.00 | 6.06 |

Nursing

| IVI GLOBAL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|-------|---------------------|--------|---------------------|--------|---------------------|--------|----------------|-------|---------------|-------|-------------|---------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent full-time | 0.00 | 0.41 | 0.96 | 132.85 | 0.06 | 198.48 | 2.00 | 101.79 | 1.00 | 31.50 | 0.00 | 13.14 | 4.01 | 478.18 |
| Permanent part-time | 0.00 | 0.67 | 0.00 | 52.39 | 4.42 | 120.91 | 1.41 | 93.96 | 1.00 | 23.43 | 0.00 | 13.48 | 6.83 | 304.85 |
| Internships | 0.00 | 0.00 | 0.00 | 0.23 | 0.00 | 0.25 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.48 |
| Temporary full-time | 0.00 | 0.00 | 0.00 | 3.36 | 0.00 | 5.43 | 0.00 | 1.69 | 0.00 | 0.52 | 0.00 | 0.00 | 0.00 | 11.00 |
| Temporary part-time | 0.00 | 0.62 | 0.00 | 5.21 | 0.00 | 2.56 | 0.00 | 0.80 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 9.19 |



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Executive staff

| IVI GLOBAL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|-------|---------------------|-------|---------------------|-------|---------------------|-------|----------------|-------|---------------|-------|--------------|--------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent full-time | 0.00 | 0.00 | 0.00 | 0.00 | 5.01 | 5.00 | 16.46 | 9.55 | 21.68 | 2.00 | 7.92 | 3.00 | 51.07 | 19.55 |
| Permanent part-time | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | 0.00 | 2.00 | 0.00 | 0.00 | 1.00 | 2.00 |
| Temporary part-time | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.00 | 0.00 | 1.00 | 0.00 |

Number of dismissals by gender, age and occupation

| IVIRMA GLOBAL | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|------------------------|--------------------|----------|---------------------|-----------|---------------------|-----------|---------------------|----------|----------------|----------|---------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupation | | | | | | | | | | | | | | |
| Support Functions (HQ) | 0 | 0 | 0 | 10 | 1 | 11 | 1 | 4 | 1 | 3 | 0 | 1 | 3 | 29 |
| Clinical support | 0 | 0 | 3 | 3 | 2 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 5 | 7 |
| Medical staff | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 1 | 1 | 3 |
| Laboratory | 0 | 0 | 1 | 6 | 3 | 3 | 0 | 3 | 1 | 3 | 0 | 1 | 5 | 16 |
| Nursing | 0 | 0 | 0 | 4 | 0 | 11 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 19 |
| Patient care services | 0 | 0 | 0 | 10 | 0 | 8 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 21 |
| Executive staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Total | 0 | 0 | 0 | 10 | 1 | 11 | 1 | 4 | 1 | 3 | 0 | 1 | 15 | 95 |

All workers who have been at the company at some point have been taken into account, even if they were not part of the workforce on 12/31/2022.



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WE RETAIN AND ATTRACT THE BEST TALENT

The recruitment and selection process that we develop at IVIRMA allows us to choose the most competent person for the job

During 2022, a total of 921 new people have joined the company. Out of these new hires, approximately 83.93% have been permanent (permanent part-time contract and permanent full-time contract).



Through our Human Resources tool IVIRMA People, we manage job offers from the Recruiting unit. The channels used to attract talent are our employment portal linked to the IVIRMA corporate website, social networks and specialized employment portals, all of which are integrated into the People corporate tool. Likewise, during this year, the new employment portal associated with the corporate website has been designed, available in all the languages belonging to the different geographical areas of the IVIRMA Global group.

We also promote internal promotion, convinced that our growth is closely linked to the growth of our team. Internal promotion positions are disseminated through several internal communication platforms, such as our IVIRMA Announcements corporate mailbox, and, in the case of Spain, through the Works Council (CDC, in Spanish), a monthly document that includes all relevant information directed to workers. Soon, the communication of internal promotion positions will be carried out exclusively through Workzone, the new corporate internal communication tool. This practice will be common globally for all internal promotion positions.

In order to improve the organization's internal talent, training programs are offered to workers. A clear example of these programs aimed at embryology and gynecology groups is the Master's degree in Assisted Human Reproduction that we promote at IVIRMA, which makes it possible to create talent groups and allows for the development of an agile recruitment strategy to meet the needs that may arise in the organization.

The number of new hires by type of contract, gender and age is detailed below.





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Number of new hires by type of contract, gender and age – IVIRMA Global

| Type of contract | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|-----------|---------------------|------------|---------------------|------------|---------------------|------------|----------------|-----------|---------------|-----------|------------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Permanent part-time | 0 | 4 | 0 | 40 | 7 | 33 | 4 | 20 | 1 | 7 | 0 | 3 | 12 | 107 |
| Permanent full-time | 1 | 8 | 30 | 269 | 38 | 177 | 14 | 64 | 5 | 34 | 3 | 11 | 91 | 563 |
| Temporary part-time | 0 | 2 | 2 | 15 | 0 | 11 | 0 | 5 | 0 | 0 | 0 | 0 | 2 | 33 |
| Temporary full-time | 0 | 1 | 5 | 33 | 9 | 22 | 3 | 19 | 0 | 2 | 0 | 0 | 17 | 77 |
| Internships | 0 | 1 | 3 | 9 | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 0 | 3 | 16 |
| Total | 1 | 16 | 40 | 366 | 54 | 247 | 21 | 110 | 6 | 43 | 3 | 14 | 125 | 796 |



7.2 OUR REMUNERATION POLICY

At IVIRMA, we use a job classification system to objectively determine the contribution of all our workers. We always make sure that the criteria used for compensation decisions are based on our internal equity principles, which is essential in our Compensation Policy.

We promote that our workers can evolve within their position based on their performance, always adapting to the characteristics of the various work environments in which we operate.

The Performance Evaluation System boosts the annual growth of our internal talent

In 2022, we launched the **new Performance Evaluation model** to align the position of each person with our values in order to build a corporate culture in which not only the objective is important, but also the path.

With this new model, we intend to systematically evaluate the skills and behaviors of each professional linked to values, quality standards and results throughout the organization, in order to:

- Identify individual and collective development gaps.
- Improve the performance of the organization.
- Recognize and reward the team fairly and equitably.
- Provide people with relevant feedback to help them develop their professional careers.

The merit, level of responsibility and talent of each professional are the only criteria used for the salary update

Our commitment to Equal Pay and remuneration policy crystallized in the incorporation, in 2021, of a specific Compensation and Benefits function within the people area to address the remuneration policy globally.

Every year, we review the different groups that have an annual payment-in-kind percentage and we make sure to set strategic objectives in this area. The Remuneration Policy of **Management** is also progressive, depending on the trajectory and evolution of the clinic's activity.

It should be noted that IVIRMA's employees also profit from other benefits, such as payment-in-kind throughout Spain, transport tickets or childcare vouchers that entail tax savings for our team.



IVI advantages

Through the IVI Advantages program, our professionals can access social benefits: from internal organization discounts to favorable conditions with other companies for being IVIRMA employees.

During the financial year 2022, a total of 672 professionals have benefited from this platform, generating a total saving of €9,692.

At the IVIRMA Global level, and due to the multitude of profiles that comprise our workforce, the associated geographical dispersion and the diversity of functions, we are working on a global standardization of jobs. During 2022, a homogenization of categories and positions has been carried out, with the corresponding job analysis and evaluation, to improve management in this area through a sized, coherent, equitable and global remuneration policy, in line with our corporate commitment to people. This new classification will be transferred in the next Sustainability Report corresponding to the year 2023.

Currently, the occupations established ad hoc for the Sustainability Report contain highly different profiles and ranges of responsibility. For example, in Support Functions we have middle managers, technical staff and administrative staff. These occupations are specified in the following tables, which show average remuneration data broken down by gender, age and occupation.

Additionally, in the appendix to this document, we have included the table with the data for 2021 to facilitate the comparison with respect to the period analyzed in this report corresponding to 2022.

Average remuneration broken down by gender, age and occupation - GLOBAL

| Age | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | |
|------------------------|--------------------|------------|---------------------|-------------|---------------------|-------------|---------------------|-------------|----------------|-------------|---------------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women |
| Occupation | | | | | | | | | | | | |
| Support Functions (HQ) | €0.00 | €32,908.31 | €36,087.80 | €37,274.12 | €51,124.70 | €47,369.58 | €51,568.79 | €51,025.28 | €82,106.06 | €48,490.76 | €42,000.00 | €72,543.46 |
| Clinical support | €32,209.82 | €28,375.32 | €26,550.46 | €31,687.74 | €39,395.49 | €38,026.83 | €33,371.72 | €35,036.09 | €48,789.06 | €41,919.60 | €36,235.21 | €34,364.21 |
| Medical staff | €0.00 | €0.00 | €0.00 | €100,618.04 | €92,880.78 | €117,518.58 | €139,993.47 | €104,338.31 | €109,094.13 | €97,958.94 | €180,844.19 | €120,468.19 |
| Laboratory | €0.00 | €0.00 | €36,943.73 | €37,461.79 | €48,957.43 | €49,583.59 | €58,349.16 | €49,758.78 | €94,718.95 | €81,999.97 | €142,366.94 | €99,807.52 |
| Nursing | €0.00 | €35,650.67 | €43,877.74 | €44,401.17 | €0.00 | €49,627.39 | €37,988.92 | €46,507.85 | €28,054.00 | €52,356.09 | €0.00 | €78,019.14 |
| Patient Care Services | €0.00 | €40,952.56 | €30,878.77 | €32,482.16 | €28,185.05 | €25,741.36 | €20,104.86 | €27,015.78 | €0.00 | €29,099.61 | €0.00 | €33,718.32 |
| Executive staff | €0.00 | €0.00 | €0.00 | €0.00 | €245,162.10 | €164,950.33 | €246,005.72 | €262,463.41 | €225,003.72 | €243,159.38 | €256,555.91 | €265,197.95 |

The people on the staff with a permanent contract as of 12/31/2022 have been taken into account, and the average annual gross salary has been considered to observe the evolution throughout the year and facilitate comparability.

Regarding the **salary** analysis, men and women are present in different proportions in the different occupations designed for the Report. This occurs naturally in accordance with the structure of the healthcare sector. This aspect, as well as the great variety of profiles and responsibilities and the different levels of seniority, explain the data obtained. In addition, the information includes data from countries with highly varied socioeconomic levels with a different distribution in the occupations, so the average is affected by this variability. The percentages expressed in the tables below, given the level of data aggregation, do not express the existence of wage differentiation that could be considered a gender pay gap.

Compensation analysis by occupation - GLOBAL

| Occupation | Median earnings for men | Median earnings for women | Salary analysis (%) |
|-----------------------|-------------------------|---------------------------|---------------------|
| Support functions | €51,063.63 | €47,802.74 | 6.39% |
| Clinical support | €36,734.18 | €36,359.84 | 1.02% |
| Doctors | €118,657.43 | €108,424.11 | 8.62% |
| Laboratory | €53,825.50 | €49,070.27 | 8.83% |
| Nursing | €36,977.40 | €48,269.46 | -30.54% |
| Patient Care Services | €25,940.61 | €27,958.71 | -7.78% |
| Executive staff | €238,662.25 | €235,201.84 | 1.45% |

*This difference in favor of Women is due to the disparity of profiles and geographic areas included in the global study, and to the representation of each gender according to the group. For example, nurses in the US have very high salaries, adequate to the socioeconomic level and value of the position in the country. In addition, there is a different representation of men and women (12 men compared to 830 women).

If we compare data from the same country, as is the case of Spain, where we group together similar positions for these two significant occupations, the salary % of the nursing personnel drops to 0.08%, which reflects the variability produced by incorporating different countries.

| Occupation Spain | Median earnings for men | Median earnings for women | Salary analysis (%) |
|------------------|-------------------------|---------------------------|---------------------|
| Nursing | €28,779.00 | €28,800.98 | -0.08% |

As previously mentioned, equal pay is at the core of our values within the people area and, therefore, we have defined a remuneration system based on salary bands, without making a distinction from a gender perspective but taking into account the responsibilities and the different degree of seniority of people. The result of this general salary diagnosis is explained by:





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7.3 WORK-LIFE BALANCE AND WORK ORGANIZATION AS A PRIORITY

Work-life balance

Our commitment to the well-being of the team has materialized for many years in our internal policies that are committed to flexibility, work-life balance, equality and co-responsibility.

A Time Management Policy was implemented in 2021 and remains in force in 2022, which covers the fundamentals of time optimization, establishes a process of acceptance and control of overtime to avoid attendance and encourages the non-extension of the working day. In any case, we do not have a formal disconnection-from-work policy.

In addition to granting all **paid leaves** that include the current legislation of each country and the applicable collective agreement, we are committed to the **flexible schedule** so that our staff can adapt their professional life with their family needs both in the clinics and in our offices.

The **headquarters** have implemented **the Telework Policy**, integrated into the time management policy. This procedure applies to all IVIRMA professionals, excluding, due to the nature of their work, persons with a health profile, those whose provision of services involve direct interaction with the patient or the public, or who, due to the nature of their work, require face-to-face working hours for the proper development of the functions of the center.

The annual work schedule establishes the rest periods for Easter Week, Christmas and August to favor work-life balance by working a single shift. All the schedules have been agreed with the Legal Representation of the Workers in those centers where it exists.

During 2022, breaks have been exhaustively monitored through the Dasstime platform, to compensate for possible excesses during the workday and to ensure compliance with the maximums established by agreement. It was also protocolized that the aforementioned overtime is better compensated with time, always trying to negotiate with the staff to facilitate its liquidation.





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Work-life balance measures

Globally, 330 work-life balance measures have been taken in 2022.

| | 2021 | | 2022 | |
|---|-------|-----|-------|-----|
| | Women | Men | Women | Men |
| Work-life balance measure Total | 255 | 20 | 303 | 27 |
| Parental leave | 131 | 16 | 191 | 20 |
| Breastfeeding leave | 1 | 0 | 49 | 2 |
| Risk during pregnancy | 5 | 0 | 6 | 0 |
| Reduction of working hours for child care | 0 | 0 | 28 | 4 |
| Leave of absence for family reasons | 0 | 0 | 2 | 0 |
| Reduction in working hours for legal guardianship | 101 | 3 | 24 | 1 |
| Other | 14 | 1 | 3 | 0 |

Parental leave

Globally, 211 parental leaves have been taken in 2022.



| | 2021 | | 2022 | |
|---------------------------------------|-------|-----|--------|-----|
| | Women | Men | Women | Men |
| Employees entitled to parental leave* | 2,780 | 473 | 2,536* | 449 |
| Employees on parental leave | 131 | 16 | 191 | 20 |

*All employees at IVIRMA are entitled to parental leave, with the exception of trainees.

Absenteeism

The absenteeism rate is an important indicator for our organization and we are constantly working to reduce it. We meet periodically with the Health and Safety Committee of the clinics to improve processes and ensure the health of our team.

Absenteeism rate

| | Absent hours and Absenteeism % |  |  |  |
|--------|--------------------------------|---|---|---|
| | | | | |
| GLOBAL | 2021 | 245,373.00 98.66% | 3,345.00 1.34% | 248,715.00 100% |
| | 2022 | 271,967.77 86.11% | 43,870.71 13.89% | 315,838.48 100% |
| EUROPE | 2021 | 152,552.00 99.29% | 1,096.00 0.71% | 153,648.00 100% |
| | 2022 | 178,370.27 88.69% | 22,738.85 11.31% | 201,109.12 100% |
| US | 2021 | 42,765.00 99.58% | 180.00 0.42% | 42,945.00 100% |
| | 2022 | 65,886.50 76.10% | 20,692.85 23.90% | 86,579.35 100% |
| LATAM | 2021 | 21,209.00 98.55% | 311.00 1.45% | 21,520.00 100% |
| | 2022 | 27,711.00 98.44% | 439.00 1.56% | 28,150.00 100% |



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We favor spaces for social dialogue

There is a strong commitment to labor rights of employees and the rights to participate in the organization

The right to **freedom of association** is ingrained in our processes and we ensure that our workers have access to the appropriate infrastructure (meeting space, digital media, among others) to ensure that communication and social dialogue are easy and effective.

The workers have legal representation in the following 6 centers: IVI Valencia, IVI Barcelona, IVI Bilbao, IVI Madrid, IVI Sevilla, IVI Málaga. UGT, CCOO, ELA y CGT are members of an association that supports the candidates and has representatives in all the centers. These last electoral processes have developed normally, without incidents in the electoral process or in the formation of commissions.

We always promote social dialogue and we do so, even more, in cases where there is no legal representation. In these cases, we develop direct agreements with the groups involved, extending the agreements reached with the workers' council to standardize company policies, whenever the center's casuistry allows it.

Within the framework of the **Collective bargaining**, the organization gives priority to the deadlines agreed with the representatives of the workers as the minimum period offered. In addition, corporate policies include

the minimum times established by law. The term is established based on the measures to be adopted and their scope. In any case, and given the geographical disintegration of IVIRMA's workplaces, the minimum term is usually between 3 and 4 weeks, in order to ensure optimal communication and implementation of the measures to be adopted.

In the financial year 2022, regular contact was made with the legal representation. The Workers' Statute, in art. 64, sets a minimum quarterly periodicity. However, in the last year, periodic meetings were held at the request of one of the parties, even reaching monthly or bi-monthly meetings in some cases, for example, in the centers of Madrid or Barcelona.



IVIRMA scrupulously follows the legislative framework on labor rights for all its staff

* General Union of Workers (UGT); Workers Commissions (CCOO); Basque Workers' Solidarity (ELA); General Confederation of Labour (CGT).



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The private health collective bargaining agreement applies to each province of Spain, which guarantees compliance with current legislation on economic matters, hiring, professional classification and working hours. The company is committed to the legislative monitoring of the 22 different agreements that are maintained at the level of content and salary tables. In addition, the salary table of the collective bargaining agreement of Alicante, Cantabria, Ibiza-Mallorca, Las Palmas, Madrid, Pamplona, Sevilla, Zaragoza and Barcelona have been updated in 2022.

The legal figures belonging to each country, such as the Labor Code of Panama and Labor Law of the United Kingdom, among others, govern the rights of all our workers in the world, with 100% of our employees covered by the agreement that applies by geographic region. Finally, in terms of safety and health at work, in most of the agreements there is no additional regulation in this regard.

Lastly, no operation or suppliers with which the company collaborates has been detected in which the rights of workers in terms of freedom of association and collective bargaining have been infringed or are suspected of being infringed.

7.4 HEALTH AND SAFETY AT WORK

We care for people

It is essential to our corporate culture to ensure a positive and healthy workplace at all levels of the company. In 2022, we have continued to promote the safety and well-being of our workers at all times and we have continued adapting our protocols in this matter.

In this way, additional training is also organized in First Aid, Cardiopulmonary Resuscitation, Blood Draw, Fire Drills and informative talks on PPE (Personal Protective Equipment) to guarantee maximum health and safety. In this sense, the prevention service organizes specialized training, as well as ergonomic studies of specific areas in which workers carry out repetitive movements.

In 2022, there was a cluster of COVID cases at the beginning of the year that raised the alarm again. The established sanitary measures have continued and will continue to be implemented, following the indications of current legislation in the health sector. These measures, due to our health activity, have continued to be implemented in all our centers.

Our commitment to SDG 3, Good Health and Well-being, begins with the health care and prevention of our Team



In relation to the context of COVID-19, despite having decreased considerably, actions such as the following have continued to be carried out:

- **Organizational measures:** Large crowds have been avoided at all times, organizing the work stations to maintain the relevant distances and establishing shifts to limit contacts when the health situation so requires. In addition, the restrictions on the use of common areas continued to minimize interpersonal contact and guarantee the maintenance of the safety distance.
- **Collective and individual protection measures:** ventilation, cleaning and disinfection measures continued.
- **Detection, notification, Research and management of cases and contacts:** We have continued working on the detection, Research and monitoring of cases and close contacts in coordination with the health authorities.
- **Measures for clinically vulnerable workers:** The needs of clinically vulnerable workers are continuously evaluated so that we adapt to their specific circumstances according to the protection measures to be observed.

We do not only care about the health and safety of our workers, but also that of patients

Each of our clinics has implemented personalized prevention programs according to the current context. In addition, in Spain each clinic has a person responsible for risk prevention who manages threats related to the activity and develops specific prevention regulations locally. This is done in coordination with the Human Resources Department. In the case of the US, there is a specific health insurance and the department of Business Operations collaborates closely with Human Resources of America in the management of Employee Health and Safety. In the rest of the countries we work with external suppliers, who provide us with health care. As specific examples, we find ACHS in Chile, ASSA in Panama, Central Unimed Nacional in Brazil or the insurance company INAIL (Istituto nazionale per l'assicurazione contro gli infortuni sul lavoro) in Italy. In the UK we have a specific team Health and Safety policy that details the corporate commitment in this area.

All the people who join IVIRMA receive information related to occupational risks prevention when they start their career in the company. In addition, they can access all the documents through the Digital Onboarding Program. Likewise, in the US, the Employee Handbook also describes these fundamental aspects.





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The Human Resources department, together with the accident insurance company, collaborates in the management of occupational accidents and illnesses in Spain. At IVIRMA, each center with a Works Council also has the presence of a **Health and Safety Committee** in which workers participate as witnesses of accidents at work. Occupational safety, health and risk prevention management in the rest of the countries where IVIRMA is present is carried out by a prevention services company that guarantees its management and offers a service very similar to the one we develop in Spain. US centers also take HIPAA (Health Insurance Portability and Accountability Act) into account in defined processes and are therefore even more committed.

In the United States, the EHA (Employee Health Application) application was created as part of a vaccination campaign organized in this country and is still valid today. This application provides users with personalized information about their current health status.

In this commitment to health and safety, in the US we have an inclement weather policy that establishes a protocol of action for professionals in the event of a weather emergency or bad weather.

In Spain, on the occasion of the European Sustainable Mobility Week, we launched an awareness-raising campaign to make us rethink the way we move around our cities, in addition to sharing digital informative leaflets on prevention of the different modes of transport.

Occupational accidents and diseases

In Spain, we prepare annual reports on occupational accidents and diseases suffered in our organization with the aim of reviewing the evolution of these key indicators, discovering their causes and applying preventive measures. This practice is essential for IVIRMA and is combined with the work carried out by an external prevention service that visits each clinic to assess and determine the risks present.

These evaluations are essential to know the magnitude of the risks in terms of health and safety and to propose the best possible measures to suppress or reduce them.

To minimize risks, we use the following resources:

- Information and training of workers.
- Accident Research.
- Periodic controls.
- Control and use of PPE (Individual Protective Equipment).
- Action measures against emergencies.
- Coordination of business activities.

In the case of the rest of the countries, we have an external provider locally, as detailed in the previous section.

Through this prevention we reinforce a fundamental aspect for the company: to minimize, as far as possible, the causes of all hazards in the workplace

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During the financial year 2022, there have been no severe accidents in any of the IVIRMA workplaces globally.

In addition, given the nature of our activity at all workplaces worldwide, we do not have any occupational disease. The report of our external supplier for the 2022 analysis period corroborates this fact, which is applicable in all the workplaces included in the Report. At IVIRMA, there are effective interventions to prevent occupational diseases. These interventions include, for example, isolation of sources of pollution, ventilation, noise control, substitution of hazardous chemicals, improvement of furniture, and work organization.

In 2023, the objective is to maintain the highest standards in terms of protection and safety of staff and patients, advice, maintenance of facilities in the best conditions and training.

Prevention is present in all IVIRMA processes

Occupational accidents in employees

| EUROPE | 2022 | |
|--|---------------------------------|---------------------------------|
| | Women | Men |
| Occupational accidents fatalities | 0 | 0 |
| Rate of fatalities due to work accidents | 0 | 0 |
| Victims of a serious work accident | 0 | 0 |
| Rate of severe occupational accidents | 0 | 0 |
| Number of registered occupational injuries | 24 | 6 |
| Rate of recordable occupational injuries | 1.567721656 | 1.987722501 |
| Main types of occupational injuries | Wounds and superficial injuries | Wounds and superficial injuries |

| US | 2022 | |
|--|---------------------------------|-----|
| | Women | Men |
| Occupational accidents fatalities | 0 | 0 |
| Rate of fatalities due to work accidents | 0 | 0 |
| Victims of a serious work accident | 0 | 0 |
| Rate of severe occupational accidents | 0 | 0 |
| Number of registered occupational injuries | 14 | 0 |
| Rate of recordable occupational injuries | 17.09735724 | 0 |
| Main types of occupational injuries | Wounds and superficial injuries | - |

| LATAM | 2022 | |
|--|---------------------------------|-----|
| | Women | Men |
| Occupational accidents fatalities | 0 | 0 |
| Rate of fatalities due to work accidents | 0 | 0 |
| Victims of a serious work accident | 0 | 0 |
| Rate of severe occupational accidents | 0 | 0 |
| Number of registered occupational injuries | 1 | 0 |
| Rate of recordable occupational injuries | 1.814618567 | 0 |
| Main types of occupational injuries | Wounds and superficial injuries | - |

To calculate the rate of recordable occupational injuries, the following formula has been followed: (number of accidents x 200,000) / number of hours worked.



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Accident frequency rate by gender

| | 2022 | |
|--------|-------|------|
| | Women | Men |
| EUROPE | 7.83 | 9.93 |
| LATAM | 9.07 | 0 |
| US | 11.26 | 0 |

The following formula was used to calculate the accident frequency indicator: (number of accidents) / (number of hours worked) x 1,000,000.

Severity rate

Total 2022



The following formula was used to calculate the severity rate indicator: (number of working days lost *1000) / total number of hours worked.

Occupational health and safety management system

IVIRMA's Health and Safety System covers all Group workers globally, in line with the applicable regulatory framework in the different territories where we operate.

Health insurers, through an external contract for the provision of services adapted to the country, cover the needs of each geographical area.

In the case of Spain, there is a specific prevention policy that marks the strategic lines of the rest of the centers. In this regard, all employees are covered by the collaborating social security entity and the mutual accident insurance company. An external prevention service also exists to minimize the risks inherent to each position in our clinics.

The Prevention Plan for all IVIRMA centers includes:

- Risk assessment.
- Emergency Plan and corrective measures.
- Research of accidents, in case any occur.

Each IVIRMA center in Spain has assigned a person responsible for documentation and possible incidents related to occupational risk prevention. The Management also plays an important role in the continuous improvement of prevention processes and is committed to providing the necessary resources and disseminating it throughout the organization. It not only assumes responsibility for accidents that occur in the workplace, but also those that occur during commutes to and from the workplace.



7.5 INVESTMENT IN TRAINING AND DEVELOPMENT

WE INVEST IN TRAINING AND GROWTH

Training as a pillar of our organization to attract, retain and promote the growth of our people

We believe in our Team and, therefore, we want them to receive the best possible training to ensure their professional and personal development. We developed a **training policy** to attract, retain and promote the growth of our people.

We work daily to offer **innovative training** with the support of our different groups and in line with our strategic plans. The training is part of the Human Resources Policy and applies to all countries in Europe and LATAM (Spain, Italy, Portugal, UK, Chile, Panama, and Brazil). The USA has a specific training plan with courses adapted to local needs. We distinguish the training for headquarters and for clinics as follows:

- Training aimed at our headquarters and the IVI Foundation. These training plans are framed, respectively, in 10 development areas: Legal, Operations, Finance, Human Resources, Marketing, Performance Analysis, IT and Medical Affairs for the IVIRMA Team and Innovation and Education for the IVI Foundation. In addition, we distinguish between skills, laboratory, languages, computer science and other courses.
- Training aimed at our clinics. We have developed another set of specialized training that is included in the following areas: skills, medicine and reproduction, laboratory, languages, computing, UAGI (Research Support and Management Unit) and other courses.

The IVIRMA Campus platform is the meeting point for our worldwide staff for training. The Medsafe tool is used in the US for the same purpose of delivering essential training including Patient Privacy, Diversity and Health & Safety.





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Some of the training courses carried out during the year 2022:

Learning for Excellence

In 2022, we included London, Salvador de Bahia and Italy in the program. This action offers training to achieve excellence in the field of health.

In addition, in March 2022, for the first time, we rewarded all those people who achieved excellence the previous year. A total of 92 people from clinics in Spain, Portugal and Panama received this recognition through an accrediting diploma and a corporate gift. The photos of the delivery acts carried out by the directors of the Clinic were disseminated through our corporate social network.

Step by step to sales for the staff of Patient Care Services

Comprehensive experiential training aimed at our Patient Care Services team, where they were trained on the effective way to present budgets for clear and transparent communication with patients.

Basic and Immediate Life Support

In Europe, basic resuscitation training has been reactivated, in order to maintain their skills in determining if a patient is in cardiac arrest and using these maneuvers to apply temporary respiratory replacement until they can get medical help.

The medical staff in Spain and Portugal have also resumed their training in Emergency Resuscitation to be able to identify the deterioration of patients in cardiac arrest in time and take the first Advanced Life Support (ALS) measures while waiting for the arrival of the emergency services.

Leadership Training

In 2021, once we had carried out training courses for the nursing team and the people responsible for patient care services in Spain and Portugal, as well as in headquarters, in 2022, we transferred the same training to the people responsible for the rest of the departments and countries of Europe and Latin America through transformative leadership training.

Specific courses in the US

In the US, the courses are mainly focused on Diversity, Inclusion, and Patient Safety and Privacy. Specifically, there are 4 mandatory courses for the staff, which are the following:

- Diversity, Equality and Inclusion.
- Harassment in the Workplace.
- Privacy of patients and medical matters (HIPAA Privacy).
- Health and Safety (OSHA).

During the year, we have developed a new global training policy that transforms and broadens the learning process. This policy will be launched internally in 2023.

In addition, we have worked on the integration of our IVIRMA People platform and the IVIRMA Campus Training tool, which will allow us to automate processes and develop key indicators for continuous improvement.

A total 75,977 training hours for the workforce in 2022





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Total number of hours 2022

| EUROPE | 2022 | |
|----------------------------------|------------------|--------------|
| | Women | Men |
| Patient care services | 4,051.5 | 166.5 |
| Executive staff | 239 | 571.5 |
| Nursing | 28,361 | 760 |
| Support functions (headquarters) | 1,534 | 633 |
| Laboratory | 18,453.95 | 3,507 |
| Medical staff | 3,953 | 1,407 |
| Clinical support | 4,402 | 0 |
| Total | 60,796.45 | 7,959 |

| LATAM | 2022 | |
|-----------------------|--------------|--------------|
| | Women | Men |
| Patient care services | 156 | 8 |
| Executive staff | 0 | 20 |
| Nursing | 577 | 0 |
| Clinical support | 98.5 | 0 |
| Laboratory | 638.5 | 367.5 |
| Medical staff | 0 | 36 |
| Total | 1,470 | 431.5 |

| US | 2022 | |
|----------------------------------|-----------------|---------------|
| | Women | Men |
| Patient care services | 504.00 | 25.50 |
| Executive staff | 61.50 | 42.00 |
| Nursing | 1,962.00 | 24.00 |
| Support functions (headquarters) | 774.00 | 126.00 |
| Laboratory | 733.50 | 174.00 |
| Medical staff | 103.50 | 49.50 |
| Clinical support | 693 | 48 |
| Total | 4,831.50 | 489.00 |



Total number of hours GLOBAL

2021

**46,378.50**
Total**39,721.00**
women**6,657.50**
men

2022

**75,977.45**
Total**67,097.95**
women**8,879.50**
men



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7.6 DIGITALIZATION, COMMUNICATION AND CORPORATE WELL-BEING

The implementation of new information systems for the digitization of people management processes has become a strategic element whose fundamental objective is to generate optimal experience for our Team

New global and innovative tool in people management

As we have already mentioned at the beginning of this chapter, in 2022, we have implemented SAP technology, leader in organizational and people management, with the aim of unifying and digitizing all our Human Resources processes globally. Our main objective, always focused on people, is the search for satisfaction and continuous excellence.

Internal communication

Internal communication, understood as a two-way company-professional dialogue, has always been present at IVIRMA. This commitment to internal communication stems from the conviction that correct people management, informed and valued people, allows linking the company's goals with the person's daily work, which has a direct impact on patient satisfaction and organizational success.

The main internal communication tools are:

Internal communication platform

Our global internal communication platform works as a corporate social platform where interaction is facilitated and a horizontal dialogue is generated to give space to our people. In addition, through this portal, our professionals have access to personal and private documents, such as payroll or certificates. In 2022, work has been done on IVIRMA Live, the new internal communication platform integrated into SAP that we will launch in the first half of 2023. It is a digital, innovative and easy-to-use space through a mobile APP, which allows segmented communication with professional people based on the subject matter and scope of the communication. In addition, this tool adapts to the needs of the Team to streamline day-to-day work and to create a globally shared corporate culture.

Sending of periodic communications

An essential means of communication globally is the sending of periodic newsletters to the different areas of the company and clinics with relevant content on services, processes and corporate information. During the year 2022, more than 350 communications have been sent seeking transparency and an inclusive perspective in all of them.

There is nothing more important than you

We started the year by launching a clear and necessary message. There is nothing more necessary than you.

This initiative was born from the need to reinforce people's feeling of belonging, the feeling that all the events experienced could not shake the wonderful team that makes up this organization and that, by being united and caring for each



other, we are capable of everything. For this, we made a comparison between this reflection and the casuistry that accompanies any family where, whatever happens, the family always prevails. To add impact to all this, we accompanied the message with a small gift, a plant for each person in the organization, which in turn reinforced the metaphor that we gave life as a gift, just as we do in our daily activity at IVI with each patient who visits our centers.

Recognition Plan

We redesigned our annual recognition plan, whereby each person on the team has the possibility of voting for a colleague with professional arguments. It is an initiative to value the strengths of each person from the perspective closest to day-to-day: that of the team. This year, to reach more people, we increased the number of votes per person to 10.

The people with the most votes from each center received a diploma at the Christmas event, in addition to an additional day of vacation. The impact was multiplied since all the people who were nominated, regardless of whether they were winners or not, received the messages

sent by their colleagues, generating a climate of emotional well-being with the words of encouragement from the team.

To those who came to stay

In this 2022, we wanted to recognize the loyalty of the people, the commitment and the involvement of those who came to stay. Anyone who as of December 31, 2022 had served a minimum of 20 years in the company, was presented with a personalized plaque and 4 additional days of vacation to enjoy at any time in 2023.

IVIRMA Global closer to Biotechnology and Applied Biology students

The purpose of the People department is to bring the reality of the labor world closer to students of master's degrees and postgraduate courses in health sciences to open up a path for them in the professional environment. For this, we use the potential of our educational area, Global Education, as well as the existing relations with the University, to participate in an informative session during the opening and/or closing day of the master's degrees in applied

assisted reproduction biotechnology. Through the creation of an environment for dialogue and learning, we explain the first steps for joining the world of work and the international projection of the sector, in addition to providing a guide where we explain the steps that have to be taken for the homologation of the degree and how they can prepare to make the leap to an international work experience.

100% of the students enrolled in our employment platform, which has allowed us to have more than 90 postgraduate students connected with us, allowing them to be up-to-date with current and future job opportunities.

We are committed to the viralization/ digitization of content on LinkedIn

Together with the MKT department, a strategy of unifying profiles on LinkedIn has been worked on to offer an agile and dynamic employment platform through the publication of job opportunities in Spain, the UK, Portugal, Italy and the USA on a weekly basis. In addition, we align ourselves with our brand ambassadors (IVIRMA professionals) so that they join the corporate dissemination in order to find the professional profile that best fits our company.

Visits of the HR Department to the clinics both nationally and internationally

With the aim of building relationships of trust with our main internal stakeholder, people, and offering a space for closeness and transparency, we have promoted face-to-face meetings at the clinics, which allows us to learn about concerns and listen first-hand to the needs of the team.





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7.7 EQUALITY, DIVERSITY AND ACCESSIBILITY

We respect and promote the different sensibilities as a unique value for the exchange of ideas and progress of IVIRMA

Respect is a fundamental value at IVIRMA. Our work philosophy and corporate values allow people to work freely and creatively in a collaborative environment. By respecting different characteristics such as nationality, age or gender, we promote the exchange of ideas and progress within our company.

Women are the majority in IVIRMA's business areas, representing 85% of the total. For this reason, at IVIRMA we work to implement policies that guarantee equal opportunities in all areas of the organization.

The Code of Ethics and Conduct establishes several commitments related to equal opportunities. We are committed to SDG 5, Gender equality, to guarantee equal opportunities for all. The company also promotes access to employment, training, promotion of professionals and working conditions, as well as access to and supply of goods and services, with regard to the professional activity of workers. IVIRMA is also committed to its non-discrimination policy based on race, nationality, social origin, gender or others. Additionally, in the US, a section related to our commitment to equality is included in the Employee Handbook, placing special emphasis on the prohibition of any type of sexual harassment.

In addition, in 2022, a microsite was launched on the US website with the commitment to Diversity, Equality and Inclusion, to raise internal and external awareness on the matter.

At IVIRMA we want to continue to ensure equal opportunities between women and men in the organization, and to this end, specific actions have been carried out in 2022 to mainstream gender in our organization. In this sense, in March 2022, we supported the Adecco Foundation within the framework of Women's Week to overcome the barriers faced by thousands of women looking for work. In the US, an awareness campaign was launched under the slogan "Break the Bias", inviting the Team of the American offices to spread the message.

At Create, our female Medical Director, Professor Geeta Nargund, is a co-founder of [Ginsburg Women's Health Board](#), an organization that fights to eliminate gender differences in the area of health, paying special attention to improving the lives of women.

Likewise, in 2023, work will continue on group equality plans that are currently under negotiation with the Negotiating Committee and are expected to be registered in the second quarter of 2023. The Equality



plan in Spain will include all statal centers, with a commitment beyond the law since it includes 14 centers that do not have a legal obligation to have a specific plan as they do not reach the minimum required by Royal Decree 901/2020. Previously, the Equality plans of the IVI Valencia, IVI Madrid and IVI Barcelona centers were negotiated and registered, but it was decided to work on a group plan to unify criteria, as well as go beyond the established requirements. In fact, the new HR platform, launched in 2022, is intended to extract data from gender indicators at a global level, which allows information to be instantly extracted from the company's daily management system.

In 2022, we have prepared an inclusive language guide that was jointly approved by the Negotiating Commission of the Equality Plan as part of the internal communication policy and is pending dissemination to the Team. In addition, our internal communication policy places a specific emphasis on equality and diversity within our organization for any communication.

Human Rights Campaign Top Performer -



LGTBIQ+ Campaign in the USA.

In our centers in the US, we obtained the certification of "LGBTQ+ Healthcare Equality Top Performer" for our commitment to the LGBTQ+ community, positioning ourselves within the 27% of clinics with the highest standards in this matter.

Our commitment is reflected in the following implemented policies:

- A strong and visible Non-Discrimination Policy that protects patients and staff on the basis of sexual orientation and gender identity.
- Training programs offered to all incoming and current staff to provide the information and skills necessary to provide culturally competent care and services to LGTBIQ+ patients.
- The existence of an internal planning or advisory committee focused on issues of care for LGTBIQ+ patients and an official plan to reduce inequalities in the medical field that specifically applies to LGTBIQ+ patients, in addition to issues of race, ethnicity and language.
- Policies and procedures intended to eliminate bias and insensitivity, and to ensure appropriate and inclusive interactions with transgender people.

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Diversity in the the workplace - 2022

| | Under 30 years | | 30 to 50 years | | Over 50 years | | Disabled people | |
|----------------------------------|----------------|-------|----------------|-------|---------------|-------|-----------------|-------|
| | Men | Women | Men | Women | Men | Women | Men | Women |
| Support functions (headquarters) | 17 | 75 | 71 | 234 | 13 | 90 | 1 | 3 |
| Clinical support | 14 | 79 | 58 | 144 | 19 | 83 | 2 | 2 |
| Medical staff | 0 | 6 | 37 | 113 | 22 | 27 | 0 | 0 |
| Laboratory | 30 | 145 | 68 | 287 | 11 | 48 | 0 | 5 |
| Nursing | 1 | 219 | 9 | 532 | 2 | 79 | 0 | 3 |
| Patient care services | 4 | 51 | 19 | 241 | 1 | 72 | 0 | 7 |
| Executive staff | 0 | 0 | 23 | 14 | 30 | 7 | 0 | 0 |

The number of workers as of December 31, 2022 has been taken into account.

Protocol against sexual or gender-based harassment

For IVIRMA, whose project is to carry out high-level reproductive medicine hand in hand with the best professionals, the Team of qualified people that integrate is, without a doubt, decisive in achieving the objectives that we have set for ourselves. For this reason, the company's Management expresses its strong commitment to avoid possible "harassing behaviors at work" and, to this end, expresses its desire that all the team hired be treated with dignity, not allowing or tolerating any type of harassment of any kind, and especially in cases of sexual and/or gender-based harassment.

Situations of sexual and gender-based harassment in the workplace (or any other situation that involves an attack on the dignity or privacy of employees) are taken very seriously at IVIRMA. In 2022, a protocol was developed together with the Negotiating Commission of the Equality Plan to prevent, detect and act in situations of sexual and gender-based harassment. At the time of writing this report, it has not yet been published.

This procedure stems from the conviction that everyone has the right to be treated with dignity and respect and, by virtue of this right, we reject all kinds of harassing behavior at work. In addition, it is part of our





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commitment to the Sustainable Development Goals, specifically with SDG 3, Good Health and Safety, and SDG 5, Gender Equality. It declares zero tolerance for this type of situation and incorporates the institutional and firm commitment to this type of action.

In addition, this protocol will be applied in all centers in Spain, LATAM, Italy, Portugal and the United Kingdom. For centers in the US, where they have an Employee Handbook with a specific section on this subject, in addition to mandatory training, a specific protocol will be established in accordance with the regulations and the specific language of the country, although corporate policies of this protocol will serve as a baseline for the rest.

In 2022, no complaints or reports were received in relation to this issue.

At IVIRMA, we make sure that all disabled people feel comfortable thanks to adequate accessibility and usability in our centers

Universal accessibility for disabled people

As of December 2022, we have a total of 23 disabled workers in the workforce, 20 of whom are women and 3 are men. These 23 disabled people represent 1% of the total IVIRMA workforce.

| | 2021 | | | 2022 | | |
|----------------|-------|-----|-------|-------|-----|-------|
| | Women | Men | Total | Women | Men | Total |
| Disabled staff | 21 | 4 | 25 | 20 | 3 | 23 |

The number of disabled employees who continue in the company as of 12/31/2022 (employees who have left during 2022 are not taken into account).

Given the impossibility of finding qualified profiles that would allow us to cover 2% of the workforce with disabilities, during 2022, the Certificate of Exceptionality was renewed for the third consecutive year in Barcelona and Valencia, which was validated in both cases by the Labor Authority. This is specified, for another year, in the collaboration agreement with the Adecco Foundation, through which we carry out personalized and comprehensive support for disabled family members of the organization's workers, promoting their social and labor integration. In the rest of the workplaces with more than 50 workers, 2% of the staff is comprised of disabled people.

Universal accessibility standards are an important basic reference that all our clinics comply with, adapting to the regulations of the community or country where the clinic is located: adapted accesses and toilets, signage, furniture, ramps, access platforms and elevators so that the elements can be understood and used by all patients and staff.

A family silhouette at sunset with a large blue number 8 overlay. The scene shows a woman, a man, and a child in a grassy field at sunset. The woman is on the left, the man is on the right, and the child is in the middle, being held up by both. The background features a large tree on the left and residential buildings in the distance. A large blue number '8' is overlaid on the left side of the image, with the text 'Commitment to society' written in blue inside the top loop of the number.

Commitment to society

8.1 CONTRIBUTION TO SOCIETY: A RESPONSIBILITY FOR THE PRESENT AND FUTURE



Since the beginning of the foundation, we have actively supported society with multiple initiatives related to health, women and children, accompanying the most disadvantaged groups. And, starting in 2019, we managed our strategic objective by aligning it with the SDGs, specifically, with SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality). The commitment of our foundation is reaffirmed with our Social Action promoted in 2022, as demonstrated by the following projects:

IVIRMA with Ukraine

We have supported the critical situation in Ukraine from the beginning, through a fund and a special emergency committee that coordinates the work between the different departments of the company to promote actions with a real impact on the population. This is reflected in the collaborative bargaining agreement with Farmamundi to provide humanitarian aid and meet the most urgent needs of internally displaced persons in Ukraine.

The humanitarian intervention focused on the Poltava Territory, a region where refugees from Sumy, Kharkiv, Kherson, Luhansk, Donetsk, Zaporizhzhia and Dnipro arrive. This emergency action lasted 8 months



and was divided into 2 phases. In the first phase, 1,000 internally displaced people or refugees who arrived in Poltava, mostly women, minors, the elderly and/or people with some type of disability, were provided with food kits, basic necessities and hygiene products. In the second phase, material and emergency medical aid were sent.

In addition, a corporate website was created to provide transparent and updated information about the intervention and to offer a platform for donations to anyone who wanted to support Farmamundi's humanitarian intervention in the field.

IVIRMA with the Adecco Foundation for Women’s Day

As part of our commitment to the United Nations SDG 5 (Gender Equality), we have made a corporate donation from the IVI Foundation to support various activities during the Adecco Foundation Women’s Week, an event that aims to support and advocate for the most vulnerable women and their labor integration.

The actions that were carried out were:

- Workshops with experts, industry webinars, mentoring interviews and empowerment sessions, among others.
- Dissemination and information campaigns to make the situation of women visible.
- Attention to a woman at risk of social exclusion through an employment itinerary.
- Support for the #EmploymentForAll Report: women at risk of exclusion in the world of work.

In addition to the training actions, together with other collaborating companies, we participate through donations in the audiovisual piece *Tenemos que fijarnos más* (‘We need to pay more attention’). This awareness-raising campaign reveals the story of Belén, a woman at risk of exclusion who bears witness to the story of many other women who encounter great economic, family and social obstacles to finding employment.

Adecco Foundation Family Plan

For 7 years, we have supported another initiative of the Adecco Foundation: the Family Plan. It is an employment support program for disabled people from 0 to 64 years old. The objective is to provide them with the tools they need to increase their autonomy and employability in the short, medium or long term.

In 2022, 10 disabled family members of the workforce were supported through an individualized intervention plan to cover the needs of each person. These intervention programs are developed along 5 large dimensions, adapted to the Adecco Foundation’s inclusion cycle: 1) health, 2) family, 3) social sphere, 4) education and 5) employment.

Also, through the Family Plan School, workshops are organized to share and acquire training on disability. In many of the workshops at this school, the family participates together with the beneficiary, addressing concerns and sharing therapies, tools and mechanisms that allow the whole family to be part of the intervention plan—including the dimension of job orientation—of the beneficiary and make it more effective.

Make a Wish

As on every Christmas, this year we have collaborated with the Make a Wish entity with the aim of helping boys and girls with serious illnesses to fulfill an illusion through the digital platform Universo de estrellas (‘Universe of stars’). In this way, the people who make up IVIRMA leave a message for the beneficiary on a web page, the IVIRMA digital planet, and, for each message sent to Universo de estrellas, IVIRMA donates €1.3 to help them in treatment and make their dream come true.

Thus, this year we supported Martí, an 8-year-old boy who, at only 5, was diagnosed with a hematological disease and whom we helped with his treatment. In this way, we also helped him through sponsorship to fulfill his dream of going to Disneyland Paris in 2023 to visit Mickey Mouse’s house and meet him and Goofy, his two favorite characters.



Our team: ambassador of our Social Action

Teaming: Listening, commitment and creation of a fairer society

Teaming combines two fundamental factors of the essence of IVIRMA: teamwork and solidarity.

The commitment of the team is comprehensive, not only through their monthly donations —an amount doubled by the IVI Foundation—, but also with the presentation and selection of projects by the people who actively participate in the program by promoting and supporting causes they feel especially united to.

In the US, specific actions are carried out in social matters such as Chick Mission, an organization that promotes the preservation of fertility in young women diagnosed with cancer through educational programs and defense of legislative changes in the country, and Resolve, a social community dedicated to providing all those embarking on the path to motherhood with a space for empowerment through knowledge and a sense of community.



In 2022 the following figures were obtained:

- 12 projects, more than 350 votes, 3 winning projects.

The 3 winning projects of Teaming 2022 were:

- **Diabetes Zero Foundation:** The foundation works tirelessly to find a cure for type 1 diabetes, a disease that affects more than 10 million people worldwide, by supporting and funding high-quality research.
- **Together for Life:** The project was born to support and accompany minors and families affected by the war in Ukraine, create a safe and sustainable refuge and support their social and labor integration.
- **Cystic Fibrosis Foundation (Valencian Community):** The organization provides holistic care to people with cystic fibrosis and their families, through social and psychological care, and respiratory physiotherapy to improve their quality of life and inclusion.

Forum Merck Lectures

As in previous years, and through presentations by doctors Anabel Salazar and Irene Rubio, we participated in the 9th edition of the Merck Foundation Africa-Asia Luminary 2022, held online and in person. At the conference, which aims to contribute to the social and economic development of Africa and Asia, a dialogue forum was created for different professionals, where they can exchange experiences and solutions related to the health and social field in these countries, such as the management of health care in the coming years and the empowerment and education of girls.



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Sponsorship of the I International Conference on Responsible and Sustainable Companies in the Valencian Community

We participate as sponsors of this event with the aim of disseminating and promoting sustainability as a comprehensive, cross-cutting and inherent strategy, to value sustainability as a true differential factor at the regional and national level.

Contribution to Employment and Local Development

At IVIRMA, aware of our contribution to the progress and development of society, through our business activity, in addition to the promotion of actions of a social nature, developed in collaboration with other entities and strategic allies, as mentioned above, we maintain our commitment to generating a positive impact through job creation. In this sense, the table below shows employee expenses by country in €, which reflects the contribution of value in employment generation.

| COUNTRY | 2022 | 2021 |
|---------------------|--------------------|--------------------|
| Spain | 72,460,554 | 75,109,487 |
| Italy | 5,302,617 | 4,500,872 |
| Portugal | 2,749,934 | 2,454,595 |
| United Kingdom | 23,800,336 | 10,863,723 |
| Denmark | 1,887,262 | 716,696 |
| US | 88,621,738 | 65,054,125 |
| Chile | 1,299,460 | 1,200,470 |
| Panama | 682,190 | 590,092 |
| Brazil | 595,173 | 394,406 |
| TOTAL GLOBAL | 197,399,264 | 160,884,465 |



8.2 CONTRIBUTION TO SCIENCE

Investigate to open new paths in reproductive medicine and improve treatments for infertile patients

In 2022, we have maintained a high level of scientific productivity, consolidating ourselves as the most active scientifically assisted reproduction group in the world.

European and American research on human reproduction and infertility is extensive and deep. IVIRMA Innovation, our research area, combines these two environments, becoming a powerful entity that advances in this field, promotes the most talented research staff, shares knowledge and improves technology to lead the way in one of the most advanced fields today: assisted reproduction.

The following 2022 milestones reflect that leadership in the field:

- “Prof. Antonio Pellicer is considered the best researcher in Obstetrics and Gynecology and Reproductive Biology in Spain”
- “Professor José Remohí receives national recognition for his contribution to women’s reproductive health”
- “Artificial Intelligence reaches 90% accuracy in the selection of chromosomally normal embryos”
- “IVI is awarded by the SRI for its research on ovarian activation and embryonic development and implantation”

The result of this scientific innovation, together with technological development, research and experience, allows us to generate knowledge to contribute to the advancement and continuous improvement of the treatments we offer and, consequently, use innovation as one more tool in favor of excellence in patient care services.

The research that we develop at IVIRMA allows us to contribute to the advancement of assisted reproduction and offer excellence in patient care services





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Despite the fact that Basking Ridge, Madrid and Valencia are the IVIRMA centers that mainly have clinical research activity, mainly due to the volume of patients treated, each of the remaining centers, both national and outside our borders, promotes and participates in their own research projects or in collaboration with other IVIRMA centers and external institutions. The existence of a growing number of clinics brings with it an increase in research centers and research activity. In addition, Basking Ridge, Madrid, Oxford and the IVI Foundation have laboratories specifically designed for basic research, to which Barcelona has recently joined, on a par with the main research centers and universities anywhere in the world.

Global research coordination, as well as assistance to the research team in its activity, is carried out through a Research Support and Management Unit (UAGI) to support the company's research infrastructure, in terms of scientific, legal, statistical advice, and economic management and identification of research aid.

Key figures for 2022:

- » 136 scientific articles in prestigious journals, and peer review in English, with an average impact factor of 5.06, compared to 5.00 in 2021, and an accumulated impact factor of 688.08 endorse the activity.
- » We have sent 162 communications to the most relevant conferences in our specialty, of which 136 have been accepted for their oral defense or in poster format.
- » The value of the aid obtained to finance research projects and research staff is more than 3.0 million euros, for the 4th consecutive year.
- » 182 new projects have been started, compared to 110 the previous year, making a total of 499 simultaneously active projects, 29 of them clinical trials, 216 prospective, 223 retrospective, 24 basic research, 5 technical development and 2 case reports. It is the moment in the history of IVIRMA with greater research proposals for the future.
- » The researchers and several of the projects have been awarded mentions and prizes for our scientific activity.

Our Innovation website has become a benchmark in the matter due to the interest and quality of its content, its constant updating and the existence of blogs, podcasts and videos with the opinion of the most representative main researchers, in many cases, global opinion leaders of recognized prestige: <https://www.ivi-rmainnovation.com/>.



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Internal training courses

As in each year, internal training courses have been carried out in Research, Project Management, Good Clinical Practices in Research (accredited by the Valencian School of Higher Studies, [EVES]), and Statistical Analysis of Data and Design of Research Projects, with great acceptance by the staff of the area. For more information, see the Training section ([“7.5 Investment in training and development”](#)).



Featured research articles in 2022

[“Impact of COVID-19 on Infertility Treatments: Not Even a Global Pandemic Was Strong Enough to Hamper Successful Pregnancies.”](#)

This retrospective study aims to describe the impact of COVID on the infertility treatments carried out in our clinics (IVI Spain, Rome, and Lisbon), evaluating how many have been carried out, what type and the success of these infertility treatments carried out during 2020 compared to 2019. It also aims to describe the psychological state of pregnant women during the first months of the pandemic and its correlation with the final outcome of the pregnancy. The results suggest that the COVID-19 pandemic, although devastating, does not appear to have exerted a clinically relevant negative impact on overall pregnancy outcome in our clinics.

[“Breaking the aging paradigm in endometrium: endometrial gene expression related to cilia and aging hallmarks in women over 35 years.”](#)

Female fertility declines with age, which is largely attributed to declining oocyte quality and ovarian reserve. In this work, it has been set out to answer: “Does age affect endometrial gene expression?”. Using unsupervised artificial intelligence methods, we report for the first time that endometrial gene expression changes from the age of 35 in women.

[“Uterine Transplantation in 2021: Recent Developments and the Future.”](#)

This manuscript summarizes recent advances in uterine transplantation and delves into the main new avenues that research will focus on in the coming years.

“Effects of age and oligoasthenozoospermia on telomeres of sperm and blood cells.”

function is the structural stability of chromosomes in cells, cell division and modulating the life span of cell lines. In addition, they are involved in the biology of certain diseases as important as cancer.

In this paper we try to answer the research question: How do age and normo- or oligoasthenozoospermia affect telomere length dynamics in spermatozoa and blood?

With age, the telomeres of all cells shorten, that is, they age. However, the length of telomeres in sperm increases with advancing man’s age. After analyzing the

information obtained, we observed that the group with low sperm count and motility did not show the increase in telomere length with age that is observed in individuals with normal sperm, which suggests that the sperm telomere elongation mechanisms fail in patients with low sperm counts and motility.

In blood, the younger individuals with low motility and low sperm count had a significantly shorter mean telomere length, suggesting that this parameter could be a good biomarker of presenting sperm with low concentration and motility.



“Ovarian reserve parameters and IVF outcomes in 510 women with poor ovarian response (POR) treated with intraovarian injection of autologous platelet rich plasma (PRP).”

The aim of the study was to characterize ovarian reserve parameters and IVF outcomes in women with a history of poor ovarian response (POR) treated with intraovarian injection of autologous platelet-rich plasma (PRP). Our findings suggest that PRP treatment may be considered in women with POR. For wider clinical application, its clinical efficacy will need to be demonstrated in prospective randomized clinical trials.

“Follicular activation in women previously diagnosed with poor ovarian response: a randomized, controlled trial.”

The aim of this work was to investigate whether ovarian fragmentation for follicular activation (OFFA) improves ovarian reserve markers and in vitro fertilization (IVF) outcomes in women with poor ovarian response (POR). Ovarian fragmentation for follicular activation in women with POR produced an increase in antral follicle count seen on ultrasound, but did not modify IVF outcomes when compared with controls, i.e., it did not change the number of oocytes retrieved, nor pregnancy or newborn rate, among others.



Mercury impairs human primary endometrial stromal cell function.”

This research aims to study the effects of mercury exposure on cell viability and functional features of human endometrial stromal cells (hEnSCs), which are supporting cells. Mercury concentrations greater than 250 nM induce oxidative stress and impair cell viability as well as decidualization, a key functional feature of primary human endometrial stromal cells that are transformed allowing, among other things, embryo implantation in the endometrium.

“IVF/ICSI cumulative live birth rates per consumed oocyte remain comparable regardless of sperm DNA fragmentation by TUNEL.”

In this paper we try to answer the research question: Does sperm DNA fragmentation (SDF) affect reproductive success of IVF and intracytoplasmic sperm injection (ICSI) cycles measured as cumulative live birth rates (CLBR) in unselected couples?

In IVF and ICSI cycles with autologous oocytes, the cumulative probability of achieving live birth rates according to the number of embryo transfers made, embryos transferred or oocytes used to reach the newborn, was not impaired by the fact that have different levels of sperm DNA fragmentation.

“The higher the score, the better the clinical outcome: retrospective evaluation of automatic embryo grading as a support tool for embryo selection in IVF laboratories.”

Is the automatic embryo grading function of specific time-lapse systems clinically useful as a decision support tool for IVF laboratories? Several embryo selection algorithms have been described since the introduction of time-lapse technology in IVF laboratories, but no algorithm has been sufficiently consolidated for universal use. Multicentric models based on automated grading systems developed from information obtained from different laboratories offer promise for standardization of embryo selection.

According to our findings, the grading of blastocysts according to the automatic scoring system is directly associated with the probability of implantation and live birth, at least in treatments without preimplantation genetic testing for aneuploidy (PGT-A).

“Perinatal Outcomes in Children Born After Fresh or Frozen Embryo Transfer using Donated Oocytes.”

It is known that autologous singletons born after fresh embryo transfer (ET) have previously been associated with higher rates of preterm delivery and low birthweight, while frozen embryo transfers (FETs) seem to confer a higher risk of hypertensive disorders during pregnancy and macrosomia. However, studies comparing these outcomes using autologous oocytes are unable to adequately disentangle the putative detrimental consequences of embryo vitrification from the possible effects that ovarian stimulation and endometrial preparation may have on endometrial receptivity prior to ET. The oocyte donation model is, for this reason, a more appropriate setting to test these hypotheses; however so far, the information available on neonatal outcomes in this patient population is limited to small and/or heterogeneous studies.



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“Perinatal Outcomes in Children Born After Fresh or Frozen Embryo Transfer using Donated Oocytes.”

Do children born after vitrified-thawed embryo transfers using donated oocytes have worse perinatal outcomes when compared with fresh embryo transfers? No significant differences in birthweight and prematurity rates between fresh and frozen embryo transfers in newborns after oocyte donation were found.

“COVID-19 mRNA vaccines have no effect on endometrial receptivity after euploid embryo transfer.”

We attempted to answer the question: Does the COVID-19 vaccination affect endometrial receptivity after single euploid embryo transfer, measured by sustained implantation rate? From our work, it could be concluded that the administration of mRNA vaccines against COVID-19 had no effect on endometrial receptivity and embryo implantation, regardless of the number of doses and the time interval from vaccination and embryo transfer. The potential negative effect of the vaccine on endometrial receptivity and reproductive outcomes is reassuring for patients undergoing assisted reproductive treatment.





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Scientific awards received in 2022

“ASRM Prize Poster”

Marina Segura

“Human blastocysts uptake extracellular vesicles secreted by primary endometrial epithelial cells containing mirnas related to implantation and early embryo development”.

American Society of Reproductive Medicine Annual Meeting, Anaheim, California, October 22-26, 2022.

“ASRM Star Award”

María José de los Santos / Jason Franasiak / Juan Antonio García-Velasco / Nicolás Garrido / James Hotaling / Marcos Meseguer / Richard Scott / Emre Seli / Dagan Wells / Marie Werner.

“Facultad de Medicina de Sevilla”

Research Project Ideas Award 2022, given by the Faculty of Medicine; for the project: “CENP-V as a potential diagnostic marker of damage in human oocytes”.

“ESHRE 2022 Clinical Science Award for Poster”

Presentation

Juan Giles

“Is Medroxyprogesterone acetate (MPA) an adequate alternative to GnRH antagonist in oocyte vitrification for non oncological fertility preservation (FP) and preimplantation genetic test (PGT-A) cycles?” at the 38th Annual Meeting held in Milan, Italy on July 3-6, 2022.

“SRI 2022 President’s Plenary Award”

Maria Marchante

“Combination of Stem Cell Secreted and Platelet Enclosed Growth Factors Restores Ovarian Function in an Aging Mouse Model” at the 69th Annual Meeting of the Society for Reproductive Research (SRI), to be hold in Denver, CO, USA in March 15-19, 2022.

“SRI 2022 President’s Presenter’s Award”

Pedro de Castro

“Single Cell Transcriptome Description of Early Development Haploid Androgenotes and Parthenotes” at the 69 th Annual Scientific Meeting, to be hold in Denver, CO, USA in March 15-19, 2022.

Yasmin Medina-Laver

“Deciphering the Role Of PGRMC2 In Decidualization and Trophoblast Invasion Using Primary In Vitro Models” at the 69 th Annual Scientific Meeting, to be hold in Denver, CO, USA in March 15-19, 2022.





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8.3 CONTRIBUTION TO KNOWLEDGE

Global Education, our School of Reproductive Medicine, is recognized worldwide as a benchmark for any professional who wishes to focus their career in this field or update their knowledge

We offer a wide portfolio of training programs for recent graduates and for the entire specialist team that works in assisted reproduction clinics: medical, nursing, laboratory, psychological staff, etc. There are several educational formats, such as master's degrees, online courses, clinical courses or personalized training adapted to the needs of students.

The excellence of our programs is the main pillar on which our educational system is based. Our annual academic offer is based on constant updates and new topics related to the latest technologies. In addition, the organization of scientific meetings has not been left out of our agenda. Every two years, we focus on the preparation of the IVIRMA International Congress in a Spanish city and on reproductive medicine symposiums in different countries.

Programs offered in Global Education

Master's degree

We offer a wide range of postgraduate programs in Human Reproduction in collaboration with prestigious universities such as the University of Valencia, the European University of Madrid or the Rey Juan Carlos University, aimed at students with a degree in Biomedical Sciences and specialists in obstetrics and gynecology.

Online courses

We have a portfolio of more than 50 online courses on gynecology, assisted reproduction, psychology, nursing, genetics and research taught on the IVIRMA campus. It is a multilingual and multi-device platform with game content to enrich student learning.

In 2022, we have worked to improve the experience of users in our online courses, and we have opted for Genially, a virtualization program that allows us to create more

interactive content, using videos to achieve greater connection, participation and, in short, to create a memorable learning experience.

In 2022, we received accreditation from the European Accreditation Council for Continuing Medical Education (EACCME) - UEMS for online courses taught through IVIRMA Campus.

Tailor-made consulting and audit services

We offer ad hoc training according to the specific needs of our customers. This service generates a wide network of potential references at an international level, both with the medical professional team and with the pharmaceutical industry.

10th International IVIRMA Congress

Since the last virtual edition of the International IVIRMA Congress ended, which was held online in November 2021, we started organizing and preparing the next edition: the 10th International IVIRMA Congress, which will return to its face-to-face format in April, 2023, in the city of Malaga.

According to Prof. Pellicer, CEO of IVIRMA Global, "this new edition will allow us to study how to stop the birth rate." A program full of knowledge and with renowned speakers who will set the bar very high. Among the most relevant topics of the congress will be:

- Importance of support in the luteal phase from different perspectives.
- Synthetic ex-utero embryogenesis: from naive pluripotent stem cells to embryos.
- Strategies to repair damaged oocytes.
- Creation of sperm.
- Repeated implantation failure.

2022 TRAINING DATA:

Online courses:

53 offered **667** students

Master's degrees:

7 master's degrees. **249** students

Courses in clinics:

46 celebrated **540** students

IVIRMA Assisted Reproduction Symposium:

900 assistants **+79** nationalities **20** speakers

IVF Skills Remote Evaluation winner of the Digital Transformation Award 2022, in Ennova Health 2022, awarded by Diario Médico y Correo Farmacéutico ('Medical Journal and Pharmaceutical Mail')

The purpose of this award is to recognize the most outstanding initiatives in favor of the digitization of the health sector. The IVF Skills Remote Evaluation is a new consultancy modality that allows auditing how certain laboratory procedures are performed, with the aim of achieving the best results.

The objective is to know, without the need to travel, and in a quick and easy way, if the routine in the laboratory is optimal through a platform that we make available to the customer.

Thomas Jefferson University & IVIRMA Global Education

Throughout 2022, we reached a collaborative bargaining agreement with Thomas Jefferson University in which we have launched 3 new online courses on assisted reproduction. These courses, which are aimed at medical specialists and other professionals in the health sector, have AMA credits for continuing education, which means that once the students complete and pass the evaluation of the course, they will receive the certificate that accredits it.

This accreditation guarantees that the activities meet the educational standards of the Accreditation Council for Continuing Medical Education (ACCME) of the United States.

IVIRMA Global Assisted Reproduction Symposium

In February 2022, the IVIRMA Assisted Reproduction Symposium was held in collaboration with the Swiss Embassy in Spain and Andorra.

The meeting, held in the Santiago Grisolí Auditorium of the Science Museum of Valencia, brought together some of the world's leading experts in the sector. The scientific conference, which was led by Dr. Ernesto Bosch, director of IVI Valencia, revolved around topics such as public awareness of science, ethics and obstacles to access to assisted reproduction treatments.

IVIRMA Assisted Reproduction Symposium

The first edition of the IVIRMA Assisted Reproduction Symposium took place in September, which was held online and covered a scientific program of excellence aimed at medical, embryology and nursing personnel.

The data speaks for itself: 900 professionals from 79 countries who enjoyed 20 unique presentations by experts in reproductive medicine. In fact, from Global Education we put all our efforts into developing an excellence program where the following topics were discussed:

- Findings after PGT-A.
- New experimental therapies in ovarian rejuvenation.
- Non-invasive embryo evaluation.
- Immunological treatments.
- Importance of the endometrium in reproductive success.



Biomedical Supply. Vocation towards the training of the sector

At DIBIMED, we have been investing in training and workshops worldwide for more than a decade. Thousands of embryologists have been trained in all aspects of Vitrification in congresses, visits to clinics or in our collaborating and training centers.

During 2022, maintaining our commitment to training the entire value chain in our environment, in addition to continuously holding workshops, we have organized different training formats to serve several stakeholders in the sector:

- **Webinars** about optimization of resources and results in the field of embryo culture.
- **Vitrification Hands-On Workshops at Global Congresses** aimed at attendees to optimize and reduce journeys to attend training courses by our staff and attendees.

In addition, we have implemented online training aimed at our sales force and distributors to provide adequate and updated training, which includes the necessary tools to send the correct message to the sector on good practices in the use of material in assisted reproduction clinics.



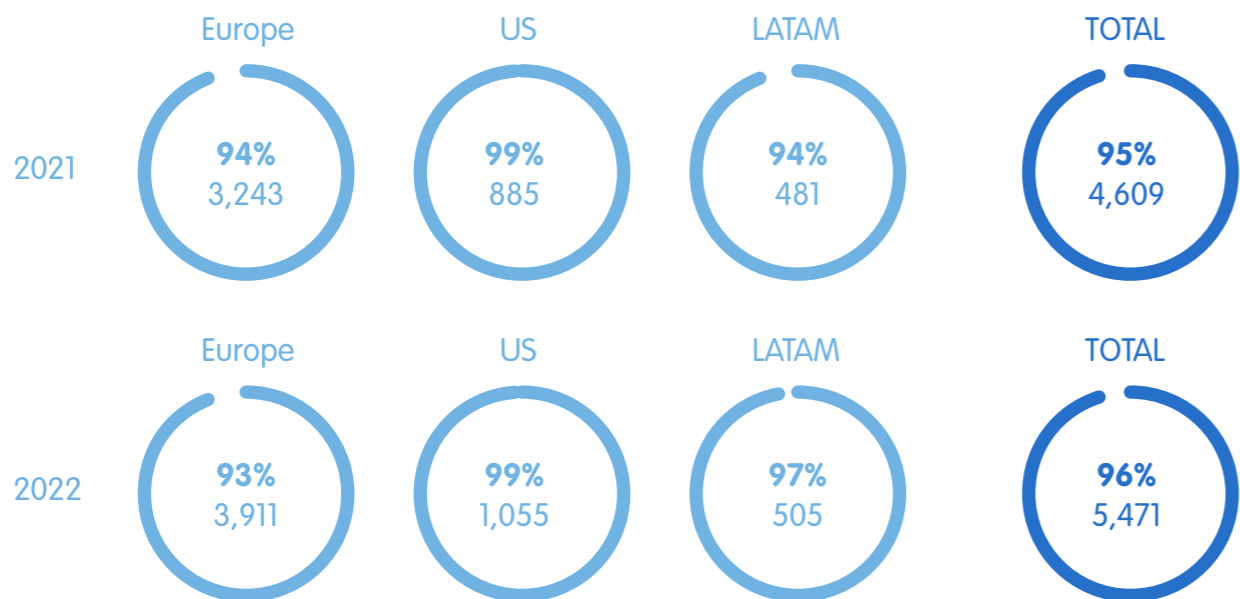
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8.4 SUPPLIERS

The **quality of service, the ethical behavior, the compliance with delivery conditions and the good administration** are the main factors when choosing the ideal company to work with IVIRMA.

Although we do not have a specific local procurement policy, if possible, we always prioritize hiring in the country of origin of the service, although it is subject to product availability. It is important to note that approximately 96% of the companies hired worldwide are local companies, that is, they have a business name in the country where the clinic is located.

% of local suppliers



We consider our suppliers as partners in our goal of offering the best techniques and treatments to patients

We constantly work to monitor the level of service and seek to select companies with the highest quality and safety standards, in order to carry out our activity at the highest possible level. This commitment is applied in all global IVIRMA workplaces since the quality of service and patient safety are corporate priorities at the ESG level.

Likewise, we have a large number of suppliers, which mainly belong to the health and cryobiology sector. We also have companies that provide other services associated with the activity to complete the various support functions within the company.

The Procurement department in Europe and LATAM closely screen our suppliers to ensure that none of them violates the corporate rules according to the Quality Management System

Thus, we have a Procurement Committee, a body responsible for the monitoring and daily implementation of the Purchasing Policy, which is an internal company procedure that defines the rules and regulations related to purchasing management.

The procurement department actively participates in screening suppliers in accordance with the procedures established within the framework of the implemented management system. In 2022, no significant negative social impacts or other circumstances that may lead to the cancellation of orders and/or services, as well as commercial relationships, have been detected.



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In the US, which is not within the scope of the Quality Management System at present, we do not have a formal system for screening suppliers, although we are working to implement a new global solution for our centers in America by 2023. In any case, any supplier that does not comply with good service or is disrespectful is analyzed through our Business Operations department at our American headquarters. In addition, in line with our commitment to patients, we prioritize quality and safety in the selection of these companies.

In our Create centers (UK and Denmark), there is no specific procedure for purchasing management or supplier screening.

Supplier screening

All suppliers in Europe and LATAM with whom we work are subject to a special assessment procedure for suppliers defined according to our quality system.

This assessment is based on the criteria defined through the product/service risk evaluation form and is carried out annually by the Procurement Department, the General Medical Department or the competent staff. 14 different types of suppliers are defined, which, depending on the level of risk identified, must go through several screening stages. It is included in the system of VIRMA's suppliers only after having been tested in the predefined quality system.

All our suppliers are assessed for risk, before becoming business partners

The evaluation does not consider social, environmental or equality criteria when making procurement decisions or selecting suppliers.

Our staff can also use the procurement form to analyze different offers from suppliers in the fairest way. The process involves independent departments (financial, corporate and procurement) and makes decisions based on objective criteria in accordance with existing policies.

On the other hand, the Mallorca clinic follows the guidelines of the Environmental Management System ISO 14001, and manages suppliers in accordance with environmental standards.



09

Commitment
to ethics
and good
governance



9.1 HUMAN RIGHTS

The fight for the protection of human rights in our organization continues to be an obligation rooted in the identity of IVIRMA, especially with regard to freedom of association and collective bargaining, the rights of minorities (racial, religious, linguistic, gender and sexuality, etc.), as well as the rejection of child and forced or compulsory labor (especially focused on suppliers).

In fact, following the line of reliable commitment in our trajectory of unwavering respect for the Universal Declaration of Human Rights, no activity or suppliers with potential risks or complaints of human rights violations were identified during 2022.

As stated in the IVIRMA Code of Ethics and Conduct, updated in the previous year, the entire team undertakes to respect and protect human rights and public liberties recognized in the Universal Declaration of Human Rights in all their activities. As well as committing to respect and protect the specific conventions to ensure the protection of these rights and human dignity in biological and medical applications.

In addition, no cases of discrimination affecting human rights have been reported.

9.2 CONTRIBUTIONS TO NON-PROFIT ENTITIES

In this financial year, and faithful to our social commitments, we have made contributions and donations for a value of €64,465 (approximately €20,000 more than in the previous financial year), for social projects of various kinds.

The following table shows the breakdown of donations by initiative or project:

| ASSOCIATION / NGO | Input |
|--|-------------------|
| Farmamundi - Ukraine Project | €30,000.00 |
| Plan Familia ('Family plan') | €18,000.00 |
| Diabetes Zero Foundation | €4,142.86 |
| Together for Life Foundation | €2,428.57 |
| Cystic Fibrosis Foundation (Valencian Community) | €2,428.57 |
| IVIRMA, The Forest of Life - Reforestum | €7,465 |
| | €64,465.00 |





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9.3 GOOD GOVERNANCE AND TRANSPARENCY

Corporate ethics is born from our values and is transferred to our Team and suppliers

We constantly strive to ensure that all our stakeholders act in accordance with the organizational principles established in applicable laws and regulations, codes of conduct, and internal policies.

Behind our business ethics there is a great effort to promote a corporate culture, where illegal conduct and irregularities have no place, and in the event that they happen, they can be detected on time. At IVIRMA, ethical behavior is inseparable from company management, especially given the nature of our sector. The entire IVIRMA Global staff are ambassadors of our brand and, in turn, the moral and ethical obligation to guarantee the trust of patients is intrinsic, always acting with integrity, honesty and transparency in all our activities.

Our strong commitment to integrity and professional excellence is reflected in compliance with the law and the Code of Ethics and Conduct. We are careful not to compromise our values and therefore do our best to deal with any situation that may arise.

The foundation on which our Corporate Governance is based is corporate ethics, based on the highest demanding standards of good governance

The compliance and criminal risk prevention model

In October 2021, the Board of Directors of IVIRMA updated some of the documents that make up the Crime Prevention and Compliance Program, such as the General Compliance Handbook, general part, and the Code of Ethics and Conduct. To support these official rules, we have implemented a complaint channel for the Compliance Committee to detect and investigate violations of the General Policies and other internal rules. We also established a series of preventive and specific controls, as well as general principles of action that must be followed by all the group's staff to prevent any criminal risk for the organization.

In the same way, we obey all mandatory measures related to Law 10/2010, of April 28, on the prevention of money laundering and the financing of terrorism in Spain. No cases of non-compliance and corruption were found during the reporting period.

During 2023, the Compliance Committee's priorities include upgrading the whistleblowing channel system by seeking and improving secure and effective online whistleblowing channels, specially designed to protect the identity and anonymity of the whistleblower for future enforcement of the complaint.





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The Code of Ethics and Conduct

IVIRMA's Code of Ethics and Conduct reinforces the set of rules that define the corporate culture, values and principles of the group. The mission, vision, principles, values and policy of the company are the basis for the development of the code of ethics, which should guide all people in the conduct and professional performance of the company. The Code of Conduct is shared with the entire group of professionals in Spain and is permanently available on the internal communication platform. Work is underway to adapt the language for implementation in other countries. With regard to the US, the corporate document Employee Handbook is available.

In 2022, a study of the current regulations applicable to compliance in each country where the IVIRMA clinics are located has begun, which will continue during 2023 with the aim of harmonizing and homogenizing the compliance system of the entire IVIRMA group.

Update of the Compliance Handbook

In the Criminal Risk Prevention and Compliance Program, in 2021, the general part of the Compliance Handbook to include the most important legislative innovations introduced by Organic Law 1/2019, of February 20. This provision amends the Criminal Code and changes the formal and substantive aspects of the document in order to improve the logic of its structure and facilitate the understanding and review of certain aspects related to internal control.

In 2022, the specific part of the Compliance Handbook to incorporate the legislative changes that have occurred.

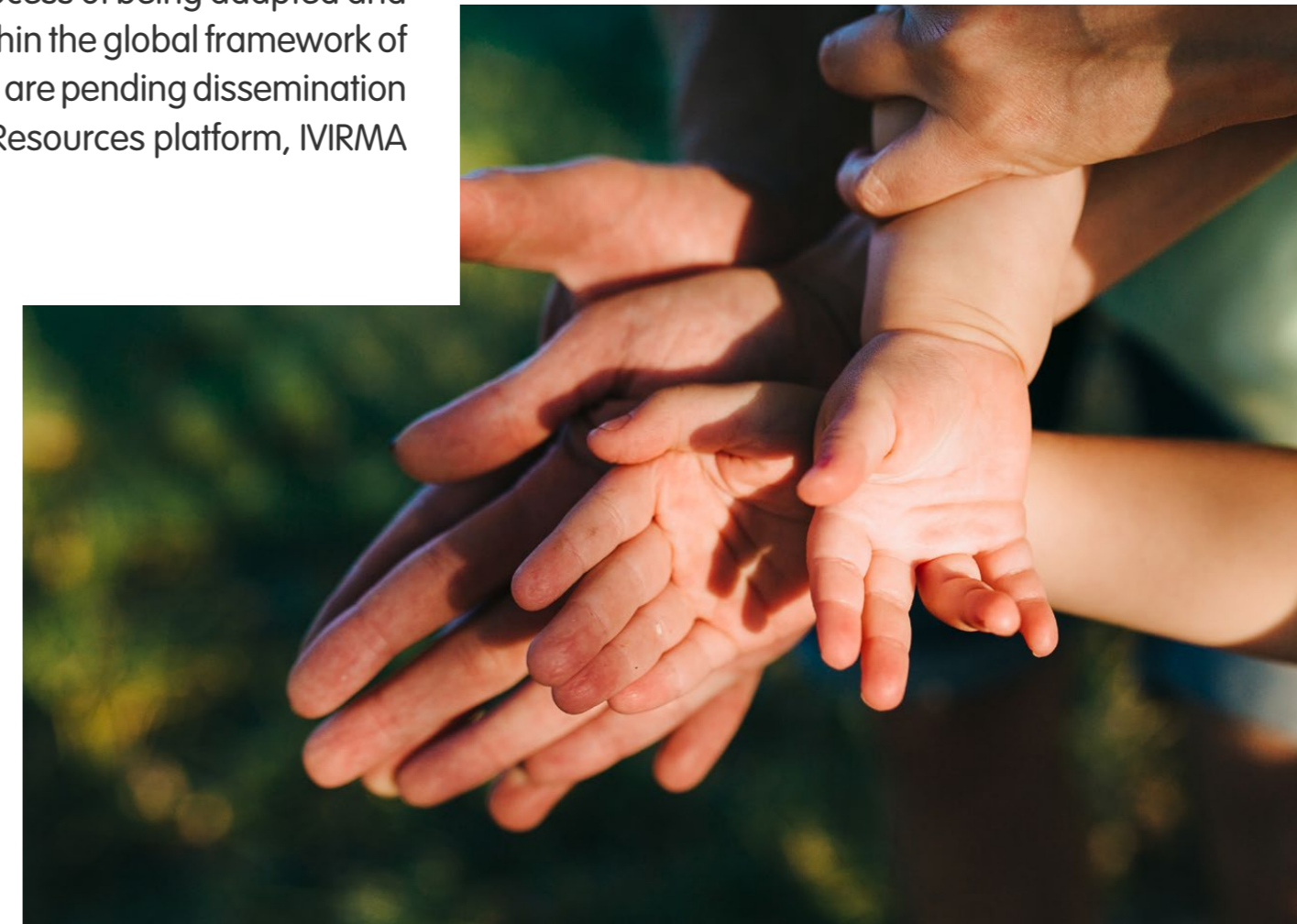
While there is no formal Compliance system in the US, our OSHA compliance program consists of 4 standards related to program safety, medical and residual areas, and health regulations.

Conflict of Interest Management Policy

Since 2019, in Spain, all new hires have signed a conflict of interest policy in their contracts, whereby they undertake to inform the organization of any conflict of interest that may arise in relation to the group's activities. This policy remains in effect on a day-to-day basis.

All staff can access and use this document if their circumstances change and/or new potential conflicts of interest arise.

In the US there is also a specific policy within the Employee Handbook where this commitment is specified. This policy also exists, locally, in the Create centers (UK and Denmark). All these policies are in the process of being adapted and updated by 2023 within the global framework of the organization and are pending dissemination on the new Human Resources platform, IVIRMA People.



The Compliance Channel

The Compliance Committee is the control body in charge of controlling and supervising the operation, effectiveness and compliance with the company’s Criminal Risk Prevention Model. It is comprised of the Global Management of the different areas of IVIRMA Global (HR, IT, Finance, Legal and Medical Affairs).

This committee also has, regarding the Code of Ethics and Conduct, the following obligations:

- Promote a culture based on responsible behavior of all professionals of IVIRMA Global.
- Promote the principle of absolute rejection towards the perpetration of illegal acts or situations contrary to the principles of ethics.
- Check that the value system adopted in the Group’s internal regulations is kept up to date, proposing any updates that may be necessary.
- Promote the preparation and implementation of adequate training and awareness-raising programs of a business-ethical nature.
- Supervise the operation of communication channels.

- Guarantee the fundamental principles of confidentiality and non-retaliation that govern the whistleblowing channels of IVIRMA Global.
- Advise on the resolution of doubts that arise in the application of the Code.
- Analyze and intervene in cases of complaints received through the channels established for this purpose.
- Verify the application of the disciplinary procedure in case of non-compliance with the principles and commitments included in the Code.
- All remaining functions arising from regulatory compliance.

Any person who has evidence or suspicions of any irregularity or conduct can notify it to the Compliance Committee through the specific email address of the Compliance Channel (compliance.emea@ivirma.com).

The Compliance Channel Regulation of IVIRMA Global establishes that any person who is aware of possible risks or non-compliance of the Code of Ethics and Conduct and any other internal rule or protocol of IVIRMA must report it. Therefore, any known or suspicious action must be reported, knowing that the confidentiality of

the whistleblower is guaranteed by IVIRMA. To guarantee anonymity, it is also the obligation of all persons who have knowledge of the complaints made to keep professional secrecy regarding the identity of the whistleblower. Once the complaint is made, the Compliance Committee proceeds with the appropriate Researchs to verify the veracity of the reported facts and define the proposed sanctions if necessary.

It should be noted that during the current financial year 2022 no complaints have been received.

The Compliance Handbook and the Compliance Channel Use Policy are available to the Team on the internal communication platform.

Finally, in the United States there is a specific team of people dedicated to compliance, specialized in the medical field.

During 2022, the Compliance Committee’s main objective was to update the whistleblower channel system by searching for a secure and effective web-based whistleblower channel, which guarantees the anonymity of the whistleblower and protects their identity, for subsequent implementation during 2023.

Communication of policies and procedures in any anti-corruption matter

During 2022, all IVIRMA’s workers in Spain have completed a training course on the Compliance and Criminal Risk Prevention Model.

The main objective of this training course is to inform the entire workforce about the criminal liability of legal entities and the compliance and criminal risk prevention model, in order to prevent the materialization of any illegal act in the workplace.

In addition, it should be noted that in our Code of Ethics and Conduct we have specific chapters to deal with possible Corruption and Bribery associated with business activity.



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9.4 TAX INFORMATION

In the area of taxation, the company contributes mainly with two taxes: corporate tax and value added tax (VAT), which are paid according to the jurisdiction corresponding to each of the Companies in which IVIRMA is structured.

Likewise, and due to the separation of companies, whenever possible, tax consolidation is prioritized in each country. In this way, the Holding Company is in charge of presenting the Corporate Tax (on behalf of the rest of the organizations) and the consolidated result to the Public Tax Administration and, therefore, who has a balance with the Treasury, both debtor and creditor.

The companies to which the general regulations of the Public Tax Administration are applied (and are not under a specific regional regime) can also voluntarily join the VAT Law, in which the IVIRMA Group is also included. Thus, they can benefit from the specific tax specifications on the reconciliation and calculation of the monthly results on a group basis, which will be presented by the Holding Company.

On the other hand, the group's clinics engaged in healthcare activities are exempt from VAT, but

non-deductible input VAT is charged to them, which ultimately represents an extra expense for the company. According to the application of the VAT Pro-rata Rule, clinics can deduct certain input VAT depending on the destination of the goods and services acquired and used in the activities that grant the right to deduct. This is ultimately reflected in a pro-rata percentage of the total non-deductible VAT for the year in question. This percentage is recalculated annually based on the volume of these specific operations.

In order to always be at the forefront of treatments and the sector, and with this objective, IVIRMA has a large number of hard-working people and resources dedicated to research and investment in R&D and IT. Thanks to this, the Group can benefit from tax deductions, both in Spain and in the US, which in the end is reflected in a greater benefit for the organization. Finally, even if these deductions or aid exist in some other country, they do not apply to the organization or are not substantial.

To measure the results obtained in the Researchs, benchmarking and comparisons



of results from previous years are used. There is also a Research Support Unit, where all the organization's projects are managed and brought together, whether or not they involve tax deductions and aid. The purpose of this management is to standardize and regulate the Researchs so that, within the group, the same requirements are always followed.

To avoid tax risks related to deductions, the company annually obtains reports issued by the Ministry of Economy and Competitiveness that are binding for the Treasury. This is the reason why deductions, as a general rule, are applied once the corresponding binding reports have been obtained and, in any case, the applicable limits on the use of deductions and the percentage of minimum taxation required under Spanish regulations with effect from 2022 are respected.

In the tables below, country-by-country benefits obtained and the taxes on corporate profits are observed:

| COUNTRY-BY-COUNTRY BENEFITS OBTAINED (€) | 2022 | 2021 |
|--|-------------------|-------------------|
| US | 20,551,723 | 12,468,908 |
| LATAM | | |
| Panama | 138,532 | -368,461 |
| Brazil | 633,768 | 257,682 |
| Chile | 3,167,566 | 2,252,292 |
| EUROPE | | |
| Spain | 34,343,212 | 40,977,995 |
| Italy | 3,968,106 | -2,971,814 |
| Portugal | 4,207,987 | 2,181,281 |
| United Kingdom | -6,323,959 | 1,214,971 |
| Denmark | 50,743 | 15,522 |
| TOTAL | 60,737,679 | 56,662,334 |

| COUNTRY-BY-COUNTRY TAX ON CORPORATE PROFITS (€) | 2022 | 2021 |
|---|-------------------|-------------------|
| US | 5,428,649 | 2,856,071 |
| LATAM | | |
| Panama | 36,890 | 30,874 |
| Brazil | 244,025 | 145,947 |
| Chile | 498,267 | 738,909 |
| EUROPE | | |
| Spain | 9,239,592 | 8.067.046 |
| Italy | 66,696 | 1.482 |
| Portugal | 891,707 | 682.376 |
| United Kingdom | 1,625,814 | 640.023 |
| Denmark | 29,577 | 9.061 |
| TOTAL | 18,061,217 | 13.171.789 |

Lastly, the grants received at IVIRMA, which are mainly for R&D projects carried out in the clinics.

Financial assistance received from government:

| | | |
|-------------------|-------------------|---|
| 2022 | 2021 | Tax deductions and tax credits |
| 2,595,202€ | 2,916,587€ | |
| 2022 | 2021 | Grants for Investors, grants for R&D and other types of relevant grants |
| 529,975€ | 414,915€ | |



10

Commitment
to the planet





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10.1 ENVIRONMENTAL MANAGEMENT

IVIRMA is committed to caring for the environment and taking the appropriate measures for its protection

Environmental sustainability at IVIRMA is integrated into all aspects of our business. In recent years, different environmental management measures have been developed and implemented aimed at reducing the environmental impact of the company's activity.

This management model is based on a firm commitment on the part of management, reflected in the **Quality Management System Policy** and in our Sustainability Policy (pending approval by the Board by 2023), which establishes the corporate priorities in terms of ESG (Environment, Social and Governance). In addition, the policy establishes sanitary waste as a key issue in our environmental performance, in line with the main concerns detected by stakeholders.

In this sense, regarding environmental management, within the framework of the materiality assessment, the stakeholders surveyed by IVIRMA and the members of the company itself assessed the following topics: circular economy, office waste, sanitary waste, material consumption, energy, water, climate change and GHG emissions and noise and light pollution. Of these, only the sanitary waste aspect was considered relevant and

was classified as material. For this reason, we have a special interest in communicating and reporting information on this topic in this report.

During 2022, the integration of environmental sustainability aspects within the management system has been maintained, as has the availability of information on the company's performance, in relation to different environmental impacts. In the context of preparing our Sustainability Report, in response to Law 11/2018 on non-financial information, we have used the materiality assessment and the most relevant topics identified in it as a reference framework.

In order to be as transparent as possible with our stakeholders, we also publish information on the aforementioned non-material topics included in the scope of environmental sustainability.



Prevention of environmental risks and application of the precautionary principle

In our case, environmental responsibility is subjective, since we do not carry out activities included in Annex III of Law 26/2007 on Environmental Responsibility and is limited to the following resources dedicated to the prevention of environmental risks:

- adopt the necessary prevention and avoidance measures and, where appropriate, repair measures if we fail to comply with the damage prevention and avoidance measures.
- adopt reparation measures in cases of fraud, fault or negligence;

With regard to the application of the precautionary principle, the activity that we carry out in our clinics, provision of reproductive medicine, gynecology, obstetrics and andrology services, is not included in the aforementioned Annex III, nor is it included in the assumptions of section 2 a) of Article 37 of Royal Decree 2090/2008, so our activity would be exempt from constituting a financial guarantee.

Although it is not mandatory, our current Civil Liability insurance policy includes, among others, civil liability coverage for accidental contamination at 100% of the general limit, that is, 4 MM per accident and 8 MM in annual aggregate.

As a basic pillar to support the clinics, we have a Quality Management System, already mentioned in the section [“Our ESG model”](#). In addition, at the IVI clinic in Mallorca, an EMS has been implemented and certified in accordance with the requirements of the ISO14001 standard since 2007. This EMS is the basis on which the environmental risks of the organization are evaluated, given the similarity of the activities of our centers.

As is mandatory, we have processes and procedures (for example, PC-36



for the evaluation of environmental aspects and PC-36.1 for emergencies preparedness and response), which make it possible to determine both the significant environmental aspects and the associated environmental impacts, both in normal operating conditions, as well as in emergency situations.

Given the intrinsic characteristics of our daily work, the priority is the use of medical devices strictly necessary for the provision of healthcare and, on the other hand, in critical processes (processes carried out in the Operating Room and in the In Vitro Fertilization and Andrology Laboratory), embryo tested equipment is exclusively used, that is, tools that have low concentrations of volatile organic compounds and toxic or harmful substances, for the safety and success of our treatments.

This information is determined by extrapolation, together with the group’s materiality assessment, the main environmental risks that the organization considers globally.



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10.2 EMISSIONS AND POLLUTION (ATMOSPHERIC, NOISE AND LIGHT)

IVIRMA's activities generate **polluting emissions** in 3 specific areas: the generator sets used for the production of electricity, the refrigeration systems and our small fleet of vehicles dedicated to the activities that are carried out in the field of Relationship Marketing.

The generators are used on a very occasional basis and are kept on for safety reasons in cases where a blackouts occur on the facilities.

Likewise, there is a control of the emissions generated by the generating sets and the refrigeration systems by the Maintenance Department, who carry out the pertinent internal and external verifications.

IVIRMA's activity does not generate significant noise **pollution**, however, we know that some equipment or facilities can be noisy. We always make sure that the mandatory limitations established by the local laws are applied and that the necessary corrective measures have been applied so that the sources of noise that, to date, have mainly been the air conditioning equipment of the clinics.

Finally, there is no activity of the organization that could generate impacts due to **light pollution**.

10.3 WASTE MANAGEMENT AND CIRCULAR ECONOMY

In the field of waste management, we have a procedure that applies to Spain, Portugal, Italy, the United Kingdom (IVI London) and LATAM, with the specific characteristics of each country. The objective of our waste management processes is to minimize any risk and identify those wastes that, due to their potential danger, must be treated by an authorized waste manager, who must dispose of them in the containers authorized for this purpose.

In the case of most of the countries where we operate, including the US and UK, we work directly with Stericycle, leaders in waste services, complying with current legislation with the utmost rigor. In the case of the USA, we also have a specific waste management policy, which is the responsibility of the Patient Care Committee, and whose objective is to identify and evaluate hazardous waste, informing, raising awareness and establishing procedures for performance.

The most important materiality topic, and the only one considered relevant in terms of environmental sustainability in our **materiality assessment**, is the management of bio-medical waste generated by our activity. This issue is, therefore, the one that has been the subject of the most relevant actions due to its critical nature.



According to the type of waste generated from the activity carried out in the clinics, they are classified as:



Municipal Solid Waste: Depending on the legal requirements of each country, the containers available to the centers are used (eg: municipal, own or the manager), previously segregating them, depending on whether they are paper, plastic and/or general waste or mixture of various types of materials.



Bio-medical waste assimilable to urban: In accordance with the regulations in force in each country, a differentiated intra-center management is carried out, depending on whether the waste is disposed of in municipal containers or is removed by an authorized private manager.



Specific bio-medical waste and special waste (hazardous waste): Have a special treatment that is managed by an authorized manager, who destroys them in a controlled manner. According to stakeholders and the company's activity, it is considered the most relevant type of waste generated, and hence the consideration given to it in the framework of preparing this Report.

At IVIRMA, we take the pertinent measures to reduce the generation of sanitary waste derived from the activities of the organization



WASTE GENERATION BY HEALTHCARE CENTERS

Non-hazardous waste

Hazardous waste

**INTRA-CENTER GENERATION:
SEGREGATION/PACKAGING - COLLECTION/TRANSPORTATION - STORAGE**

General sanitary waste assimilable to urban waste

Specific sanitary hazardous waste (biological)
Hazardous waste (chemicals and others)

EXTRA-CENTER MANAGEMENT: TRANSPORTATION/DISPOSAL

Municipal landfill/
Specific waste management plant

Specific waste management plant

Bio-medical waste is generated mainly in IVIRMA. Specifically, the three categories of hazardous waste detailed below represent 93.4% of the total waste accounted for by the organization.

- **Biohazardous medical waste:** infectious waste, human anatomical waste, body fluids, blood and blood products in liquid form and in amounts greater than 100ml are some of the examples in this category.
- **Sharps waste** such as needles, pipettes and other glassware.
- **Chemical waste includes,** among others, the waste generated in the laboratory as a result of the use of certain chemical substances or the cleaning of equipment.

The risks arising from the waste generated by the company's health and research activities are mainly infection of people and animals and pollution of water and/or soil. For this reason, at IVIRMA, we take the pertinent measures to reduce the generation of hazardous waste (especially those of biological risk) derived from the activities of the organization (our own and those of others in the value chain).

These measures are:

- Formalization of **contracts with authorized management groups** for the transport and treatment of hazardous waste.
- **Search for management alternatives** that allow minimizing the environmental impacts that are generated when carrying out the activity at present, for example, the use of reusable containers.
- Ensure the correct **waste segregation** at spawn points.
- Promote the **awareness of the people** who handle these wastes in order to prevent accidents and carry out a correct segregation and disposal of these wastes.

In this sense, the legislation of each country establishes the requirements that must be applied in the management of hazardous waste, as well as the companies authorized to carry it out. However, at IVIRMA, managers have been designated in the centers and in the central services to collect and control the data on the amount and type of waste generated.





During 2022, the amount of bio-medical (the most relevant for IVIRMA) and chemical waste generated has increased slightly to 138.62 tons (+3.26% compared to 2021). To assess these results, in the context of 2022, the following factors should be considered:

- The use of reusable bio-medical waste containers, in most of the clinics in Spain.
- The integration of new organizations in the IVIRMA group, as is the case of Juno Spain.
- Increase in the number of centers in the scope of analysis due to the incorporation of Create.
- The increase in healthcare activity (+0.19%) in the group's clinics, especially in the United States (+4.60%).

Clinics in Spain represent the most important percentage within the amount of hazardous waste generated, with 34.7%. It is followed by the United Kingdom, with 31.1%, and the United States, with 18.2% of the total weight of hazardous waste generated.

In the case of Spain, the amount of hazardous waste generated per transfer in 2022 is 1,655 kg/transfer (45,215.12/27,315 transfer). Taking into account this relative value of Kg/transfer ratio, the generation of this waste increases in the USA (6%) and Chile (+13%), while it decreases in Spain (-3%), Portugal (-7% according to data at the close of this report), Italy (-2%), Panama (-3%) and Brazil (-22%).

Regarding municipal solid waste, its classification is carried out at IVIRMA clinics, thus facilitating its recycling. In clinics in Spain, this aspect is verified through internal reviews.

Hazardous waste is the most difficult to recycle because at IVIRMA they are mainly bio-medical waste that, in many cases, must be sterilized and/or incinerated for safety reasons. Non-hazardous bio-medical waste is recycled to the extent possible, but it represents a minimum percentage of the total amount generated in IVIRMA clinics.

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Waste by type of treatment:

BIO-MEDICAL AND CHEMICAL WASTE

| Hazardous waste | Treatment | Gross Weight (Tons) 2021* | Gross Weight (Tons) 2022** |
|---|---|---------------------------|----------------------------|
| Laboratory equipment cleaning waste | Regeneration and recycling | 3.15 | 5.70 |
| Remains of chemical products | Regeneration/Incineration | 4.84 | 3.68 |
| Bio-medical | Steam sterilization/ Incineration | 117.84 | 120.11 |
| Others | Regeneration, recovery, recycling, landfill, incineration | 2.43 | 2.91 |
| Total weight of hazardous waste | | 128.26 | 132.41 |
| Non-hazardous bio-medical waste | 5.99 | 5.996.213 | 6.213 |
| Total weight of bio-medical and chemical waste | | 134.25 | 138.62 |

OFFICE WASTE*

| Non-hazardous waste | Treatment | Weight (Tons) 2021 | Weight (Tons) 2022 |
|---------------------|-----------|--------------------|--------------------|
| Paper | Recycling | 2.23 | 3.01 |
| Plastic | Recycling | 1.27 | 1.21 |
| Organic | Landfill | 0.66 | 1.57 |
| Total weight | | 4.16 | 5.79 |

Data from the IVI Mallorca clinic and Biomedical Supply.

*Waste assimilable to urban waste.

Prevention, recycling and reuse measures

For several years, at IVIRMA, we have been progressively implementing measures to digitize patient care and communication processes. For more information, refer to section [6.2. "digitization and innovation"](#).

*In 2021, data from all the countries where IVIRMA operates (Spain, Portugal, Italy, the United Kingdom, Denmark, the United States, Brazil, Chile and Panama) are included as of December 31, 2021.

** In the case of biosanitary waste, the data corresponding to the clinics in Spain calculate the net weights of those centers that collect the waste in reusable containers. The calculation of the total waste reported in 2022 includes data from all centers as of December 31, 2022.



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10.4 SUSTAINABLE USE OF RESOURCES

The efficient use of natural resources is a constant concern for IVIRMA, especially when it comes to water and energy sources that are used daily in our activity. It is our responsibility to use resources sustainably, generating the least possible impact on our environment.

Every day is an opportunity to improve the efficiency of our resources

ENERGY CONSUMPTION

Regarding energy, IVIRMA prioritizes the optimization of energy consumption by improving the efficiency of buildings, equipment, machinery and vehicles.

In this sense, improvement actions have been carried out in the clinics that have been reflected in a more efficient use of energy, as an example, the new clinic in Barcelona that has been designed including sustainability criteria.

FUEL CONSUMPTION

The use of fuels in the activity of IVIRMA clinics is exclusively associated with the consumption of natural gas and gas oil in some of our facilities, as well as the fuels used by the fleet of vehicles of the Relationship Marketing department.

IVIRMA's gas oil consumption in previous years has been mainly linked to the generators used to produce electricity to supply the facilities in the event of an emergency. In fact, there was no actual consumption, since it was mainly stored in the clinic's generator sets for months and this tank was refilled for function tests. However, this year consumption of gas oil for heating is reported in the clinics in Madrid Aravaca and Alicante, which account for 86% of the total consumed.

In 2022, 11,052 liters of gas oil were consumed among a total of 9 clinics, mainly in Spain and the US. This figure represents a notable increase compared to 2021, in which it totaled 7,360 liters.

Regarding fuel consumption in vehicles, by 2022, data from 28 vehicles are reported, corresponding to the fleet of the Field Marketing department.

In this sense, gas oil consumption has decreased, which has gone from





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20,529 liters in 2021 to 2,891 liters in 2022, due to the fact that there are only three diesel vehicles. This also means a reduction in pollution by particles and other substances derived from the combustion of diesel vehicles. In the case of gasoline, there has been a significant increase, going from 21,227 liters in 2021 to 41,881.94 liters in 2022. It is because most vehicles use this fuel and only the fleet in Spain and France has a majority of hybrid vehicles, while in the United States there is only one unit.

The fuel consumption is summarized below:

| FUEL CONSUMPTION BY VOLUME | 2022 | 2021 |
|-----------------------------------|-------------|-------------|
| Heating oil (liters)* | 7,360 | 11,052.3 |
| Natural gas (m ³) ** | 73,051.17 | 14,328.03 |
| Gasoline vehicles (liters)*** | 21,227.03 | 41,881.94 |
| Diesel vehicles (liters)*** | 20,529.6 | 2,891.89 |

| ENERGY FROM FUEL CONSUMPTION (MJ) | 2022 | 2021 |
|--|--------------|---------------|
| Heating oil * | 269,192 | 404,237.87 |
| Natural gas** | 3,076,915.28 | 603,507.86 |
| Gasoline vehicles*** | 705,374 | 1,391,137.029 |
| Diesel vehicles *** | 758,156 | 106,797.15 |

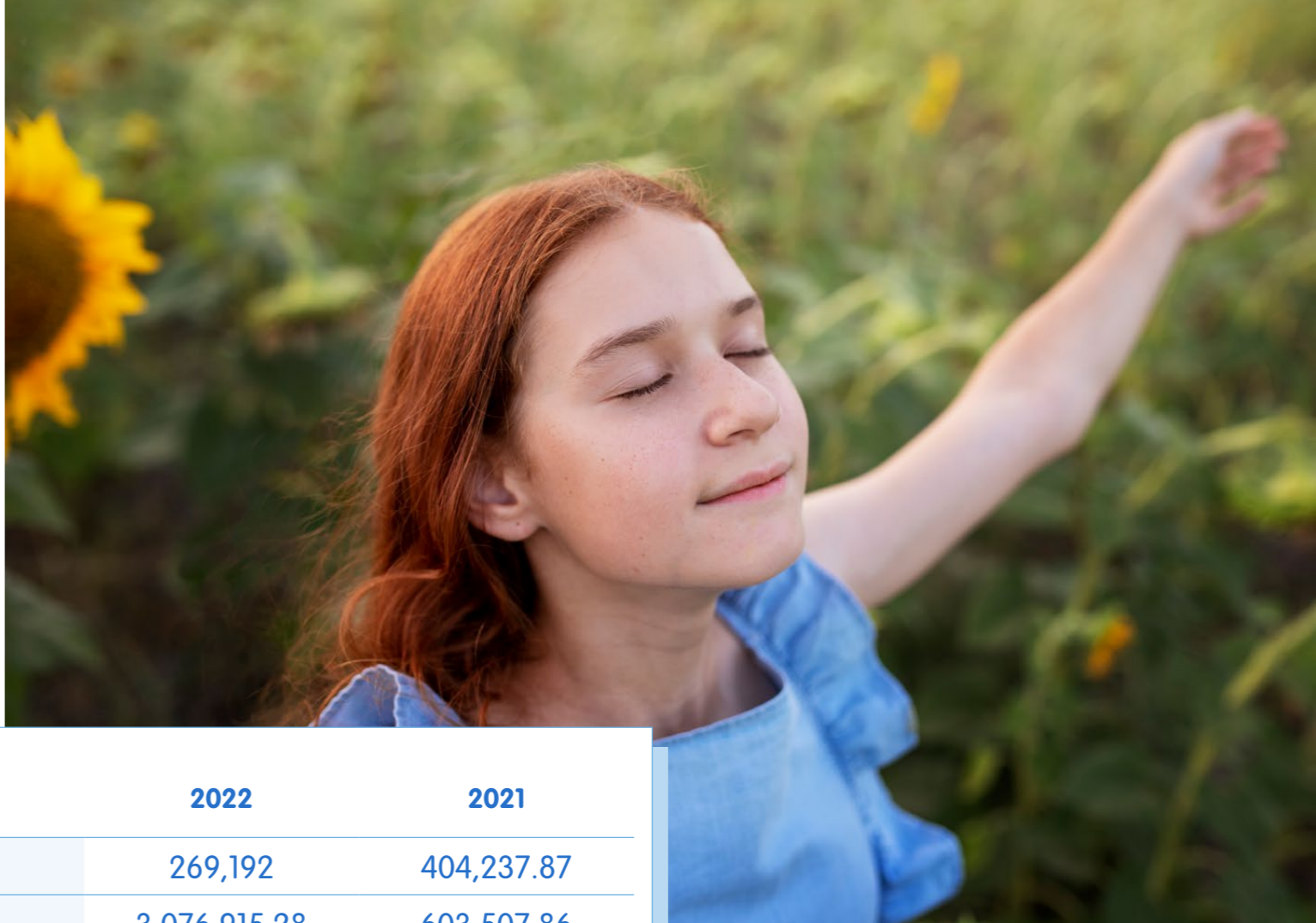
* The consumption of heating oil has been obtained through the invoices. It also includes the consumption of gas oil in electricity generators for emergencies.

** Natural gas is consumed at the clinics in Zaragoza, Rome, Somerset and Marlton in New Jersey (USA) and the headquarters of the IVI Foundation in Valencia. For natural gas, 11.7 kWh/m³ and 3.6 MJ/kWh have been considered following the conversion factors of the Ministry of Industry.

*** The calculation has been made based on fuel consumption data or on IVIRMA vehicles by the Relationship Marketing technicians. It has been estimated a consumption of 7 liters of fuel per 100 km traveled in diesel vehicles, 8 liters per 100 km traveled for gasoline vehicles and 4 liters of fuel per 100 km for hybrid vehicles.

For the conversion of liters of diesel and gasoline for vehicles to MJ, the equivalences shown in this SEDIGAS (Spanish Gas Association) infographic have been used. <http://gasnam.es/wp-content/uploads/2018/01/Nuevo-formato-2016.01.21-Tabla-GASNAM-SEDIGAS.pdf>

No fuel from renewable sources is consumed.





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ELECTRICITY CONSUMPTION

| (KWh) | 2022 | 2021 |
|-------------------------|------------|---------------|
| Electricity consumption | 14,427,434 | 14,744,717.29 |

Electricity consumption has hardly changed compared to 2021, a minimal increase from 51,938,761 MJ to 53,080,982.24 MJ, which is 2.2% more:

| POWER FROM GRID ELECTRICITY CONSUMPTION (MJ)* | 2022 | 2021 |
|--|------------|------------|
| Electricity consumption | 51,938,761 | 53,080,982 |

*Data from 68 clinics. Electricity consumption is included in the rent of the premises in the rest of the centers.

| TOTAL ENERGY CONSUMPTION (MJ) | 2022 | 2021 |
|----------------------------------|------------|------------|
| Energy consumption | 56,748,397 | 55,587,261 |

There is a slight decrease in total energy consumption at IVIRMA, mainly due to the decrease in fuel consumption. In 2022, it has fallen to 55,587,261 MJ, 2.05% below the 56,748,397 MJ of 2021.

In this sense, if in 2021 fossil fuels accounted for 8.4% of the total energy consumed (4,811,657 MJ), in 2022, it has decreased to 4.5% (2,508,300.915 MJ).

Once again, the weight of electricity consumption in the total energy consumed increases, which is a good indicator of the progress in terms of decarbonization that the company is making, especially when it is not increasing the total amount of electricity consumed, a sign that it is also being used more efficiently.





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WATER CONSUMPTION

In order to ensure adequate quality, at IVIRMA clinics, water controls and inspections are carried out periodically by an accredited entity for these analyses. In addition, we carry out monthly monitoring of water consumption in all the Group's clinics, to detect possible deviations or unusual values that may be a warning of a malfunction.

For the IVIRMA group as a whole, the total water consumption during the year 2022 has been 20,190 m³, observing a significant decrease compared to the data for the year 2021, which reached 32,011 m³.

| (m ³) | 2022 | 2021 |
|-------------------|--------|--------|
| Water consumption | 32,011 | 20,190 |

Water consumption data have been reported for all countries, in particular, for the clinics that have their own contract or a separate contract from other facilities, the invoices for which they report the information and the meters are working correctly.

CONSUMPTION OF MATERIALS AND SUPPLIES

As previously mentioned, the materials used were not identified as materials in the materiality assessment carried out with our stakeholders.

In line with our commitment to transparency, we want to highlight that the material used in IVIRMA is mainly medical and sanitary, since paper has been gradually eliminated thanks to increasing digitization. This digitization includes actions such as the elimination of brochures and physical corporate material in marketing and the promotion of telemedicine in the relationship with patients. More information about this general effort can be found in the section on ["Patients"](#) of this report.

Currently, there are no environmental regulations applicable to the materials consumed. Except for consumable stationery and computer equipment, it is mainly sanitary material, so the safety regulations that must be complied with are essential and it is not easy to adopt preventive measures to reduce its consumption, especially in the context of infection prevention lived in recent years.

In the case of Dibimed, we have made different types of designs and have produced more than 3,000 knit caps with the aim of progressively replacing disposable caps and making the use of these devices increasingly sustainable.

Throughout the year we have launched communications aimed at raising awareness and information about different packaging options for some of our products, with the aim of encouraging more sustainable consumption and use of certain references.

We have chosen to distribute and make available to our customers not only 100ml formats of culture oils, but also 500ml formats, in order to reduce the use of packaging. In relation to the packaging of the embryo culture oils marketed, we have chosen to make available to our customers not only the standard PETG format, but also glass formats, which is a much more sustainable packaging.

To communicate these actions and reach the largest possible number of recipients, we have developed a campaign throughout a month on social networks.

Finally, and due to the activity of the organization, the impact associated with food waste is not relevant.

10.5 ENVIRONMENTAL INDICATORS

Direct (Scope 1) GHG emissions

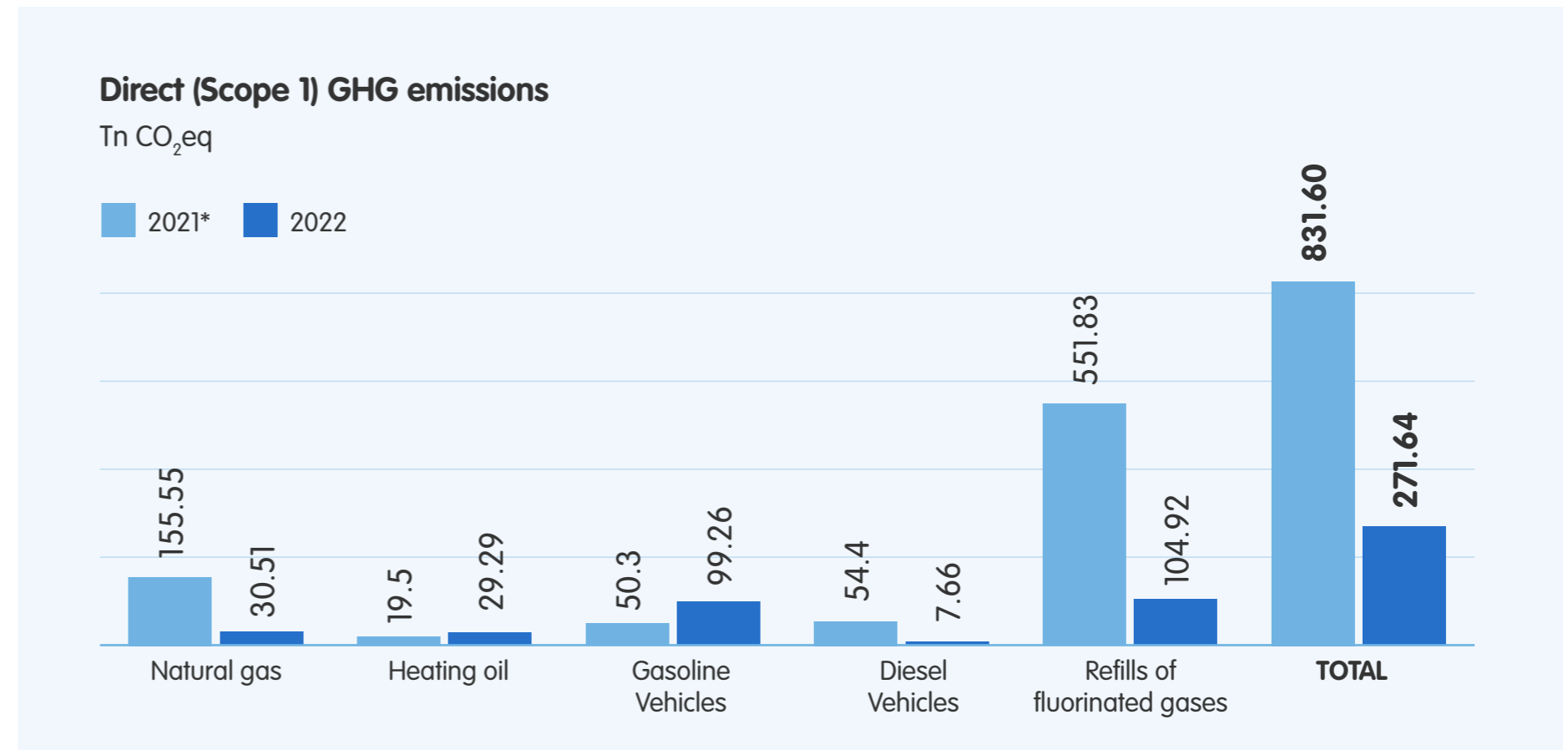
Direct (Scope 1) emissions associated with IVIRMA's activity are linked to the consumption of natural gas and gas oil in some clinics, the fuel consumption of Relationship Marketing vehicles and the refilling of fluorinated gases.

As already mentioned in the Energy section, during 2022, the consumption of fossil fuels has decreased significantly, especially natural gas, but also gas oil, which has had a very important reflection in the calculation of Scope 1 emissions.

The total emissions of CO₂eq in Scope 1 arising from fuel consumption in IVIRMA facilities and equipment is 166.72 Tn CO₂eq in 2022. This represents a significant decrease compared to 279 tons registered in 2021. This amount is divided into:

- **Emissions associated with the consumption of natural gas:** 30.51 Tn CO₂eq (compared to 155.55 Tn CO₂eq. in 2021).
- **Gas oil consumption for electricity generation facilities in the clinics:** 29.29 Tn CO₂eq (19.5 Tn CO₂eq. in 2021). This is the only consumption that has increased.
- **Use of motor vehicles,** mainly due to commercial activity, amounts to 106.92 Tn CO₂eq (slightly higher than the 104.7 Tn CO₂eq in 2021).

During the year 2022, refrigerant gas recharges have been carried out, both in clinics in Spain and in Lisbon. Overall, 50.25 kg of refrigerant gases have been recharged, whose CO₂eq equivalence is 104.92 tons CO₂eq, since it is entirely R-410A gas.



Notes 2022: The scope of the data is the same as the data reported in the fuel consumption section, emissions have been calculated based on the amount of each fuel consumed during 2022.

The Ministry for Ecological Transition's calculation tool has been used to calculate natural gas, diesel for Relationship Marketing vehicles and fluorinated gas refills.

The emission factors are as follows:

Natural Gas: 0.182 kg CO₂eq/kWh.

Heating Oil: 2.65 kg CO₂eq per liter.

Gasoline: 2.37 kg CO₂eq per liter.

Gasoil / Diesel: 2.65 kg CO₂eq per liter.

*All emission factors are those used by the Ministry of Ecological Transition in its Carbon Footprint calculator.

In the case of refrigerant gases, R410-A gas is used in the clinics in Spain and Portugal and the equivalences of gas calculated according to its GWP 100 years, according to the data in Annex I, are the ARG4, of the 4th IPCC report.

<https://envira.es/es/calculador-de-toneladas-de-co2/>

Indirect (Scope 2) GHG emissions

The **indirect (Scope 2) emissions** are related to the consumption of energy from the electrical network in our facilities. Previously, in the section related to energy consumption, it has been pointed out that electricity consumption has grown slightly due to the greater activity of the clinics, which means an increase in tons of CO₂eq emissions in the present scope.

The calculation of emissions in scope 2 amounts to 3,818.9 tons of CO₂eq compared to the 3,606.85 emitted in the year 2021 (this data is accounted for according to the data collected in last year's Report applying the emission factor available in the time of its writing)², which represents an increase of 5.8%.

| SCOPE 2 (ton CO ₂ eq) | 2022 | 2021 |
|-------------------------------------|----------|----------|
| Indirect GHG emissions | 3,818.90 | 3,606.85 |

The scope of the data is the same as the data reported in the electricity consumption section.

The data offered by the CNMC of "250 grsCO₂eq/kWh" has been taken as the general emission factor for the electricity generation system in Spain for the year 2021 and 259 gr CO₂eq/kWh (last value verified by the CNMC at the date of writing this report) for the year 2022.

Source: Fuente Informes de Garantías y Etiquetado de Electricidad de la CNMC.

https://gdo.cnmc.es/CNE/resumenGdo.do?informe=garantias_etiquetado_electricidad

Other indirect (Scope 3) GHG emission

Regarding scope 3, the data referring to the year 2022 include emissions arising from rail and air travel, car rental and accommodation associated with business travel.

After experiencing a reduction in 2021, a very significant increase is observed due to two reasons: on the one hand, the recovery of normal activity, and, on the other, the inclusion of data relating to clinics in the USA, which were not previously accounted for.

During 2022, 3,646 trips by plane and train have been operated in clinics in Spain, a much higher figure than in 2021. Once again, train trips have grown significantly, accounting for 61.5% of the total, well above the 46% they represented in 2021.

Plane journeys represent the remaining 38.5%, a figure well below the 67.5% in 2021 and even below the 46% in 2020.

If in 2021 the journeys of clinics in Spain reached 116.21 tons of CO₂ eq, in 2022 they grew to 318,051 tons, thus recovering the values prior to the COVID-19 pandemic. If we break down these data by type of transport, growth has occurred mainly in air transport, which totals 282 of those 318 tons, that is, 88.7%. In contrast, in 2021, air travel generated 92.7 tons, 80% of the total.

Regarding trains, the emissions generated have increased, growing from 9.13 tons in 2021 to 14.5 in 2022. However, in 2022, they only represent



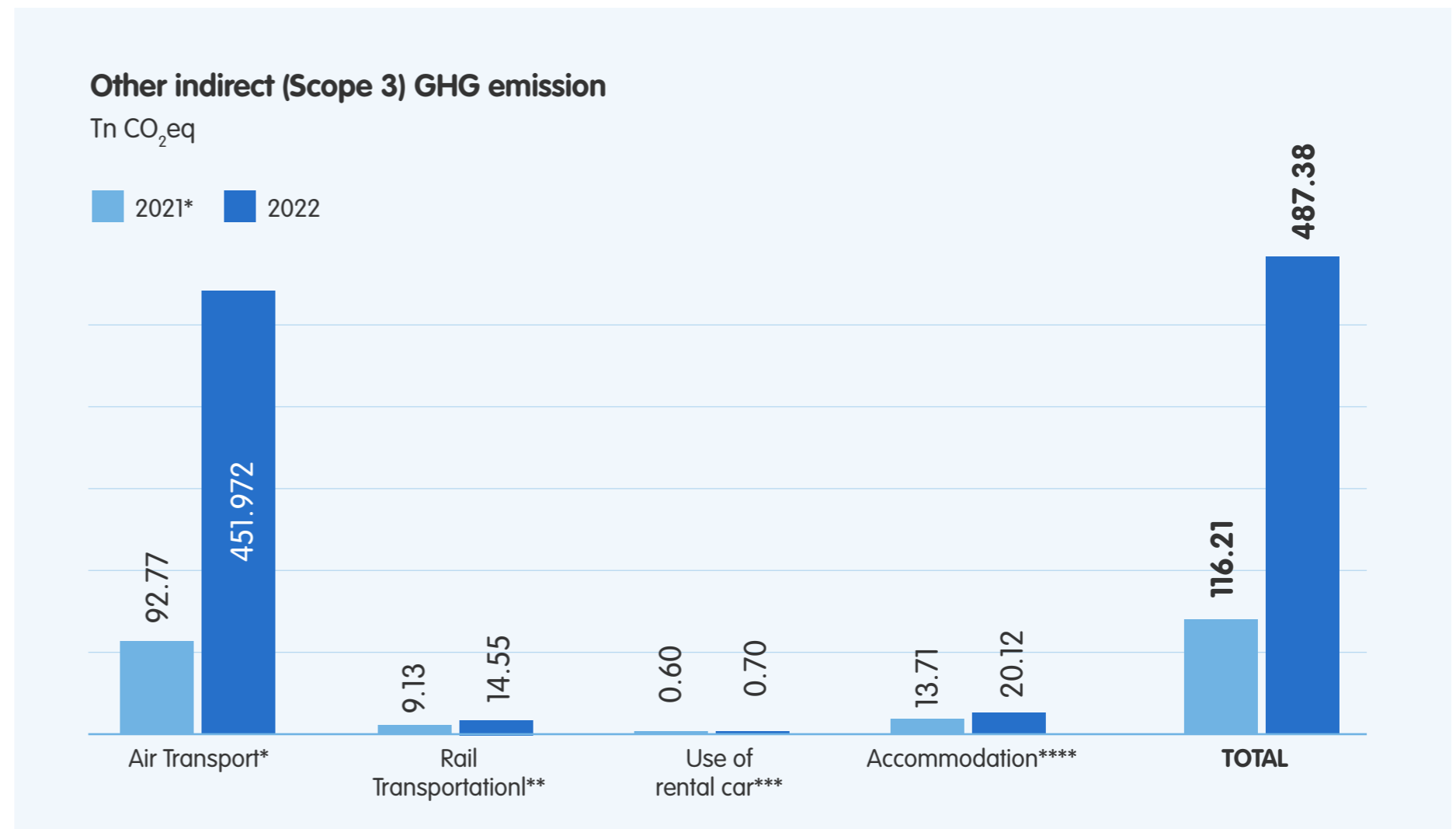


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4.5% of the total compared to 5.6% in 2021, because each time they have a higher percentage within the total number of trips made.

As a whole, the emissions generated by the movements of the clinics in Spain and the United States add up to 487.34 tons, with plane journeys representing 92.7% of the total emissions generated (451.97 tons of CO₂ eq.).

In total, 314 plane journeys have been made through the clinics in the USA. Since they represent a very significant number, the set of emissions associated with business journeys in 2022 is not comparable to those of previous years.



These data have been provided by the travel agency with which IVIRMA collaborates.

*The calculation standards come from the Practical Guide for the calculation of greenhouse gas (GHG) emissions published by the Secretariat of Environment and Natural Resources and the World Resources Institute. In addition, it is based on the calculation methodology of the ICAO - International Civil Aviation Organization.

The calculation of CO₂ in flights is calculated based on the number of miles of the flight.

The formula used has been: = SI (C2 < 1865; C2 * 1.609344 * 0.15; C2 * 1.609344 * 0.11) where C2 is the distance in miles of the segment 1.609344 the Kg of CO₂ per mile and 0.15 or 0.11 the correction factor.

** The Greenhouse Gas Protocol has been used. Corporate Accounting and Reporting Standard developed by three associations: World Business Council for Sustainable Report, World Resources Institute and the Secretariat of Environment and Natural Resources (SEMARNAT).

***The main Spanish Rent a Car companies have been asked for their data on kilometers traveled and CO₂ emissions for each class of vehicle (ACRIS Code).

**** The category and geographical location of the hotel and the duration of the stay have been taken into account. Source: Hotel Food Print.



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10.6 ENVIRONMENTAL FOOTPRINT REDUCTION

Currently, given the low environmental impact that we generate and in accordance with our materiality assessment and Sustainability Policy, and although we work daily to reduce our environmental impact within our corporate DNA, we do not have specific reduction objectives. In any case, we annually review our performance through the data included in this Report, in addition to periodically reviewing consumption as part of the Maintenance and Operations area's objective of ongoing process improvement. Although our activity is not very intensive in greenhouse gas emissions, in 2022 we offset our Scope 3 emissions through the "Forest of Life" project.

"The Forest of life"

In June, on the occasion of World Environment Day, we created our own shared forest, within the Reforestum project, for reforestation in Calahorra de Boedo (Palencia). All this with the aim of mitigating our carbon footprint and adding a new path to what we know how to do best: create life.

IVIRMA's forest of life has an extension of 1.08 hectares and will absorb more than 200 tons of CO₂ in 40 years. During this time, our forest will capture the equivalent of all the CO₂ emissions that we have generated from travel and corporate travel during 2021.

These hectares of forest are home to 1,105 trees of up to 17 different species, generating a carbon sink. The forest is divided into forest shares of 174m², representing each one of the centers of the IVIRMA Global group. It is here where our professionals create life every day.

10.7 BIODIVERSITY

No significant impact on biodiversity has been identified, since our clinics are located in urban environments, and, as already noted, the type of materials consumed do not have a direct and verifiable impact on biodiversity either.



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Appendix



Distribution of employment by gender, age and occupation - IVIRMA Global (2022)

| 2022 | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Total men | Total women |
|----------------------------------|--------------------|-----------|---------------------|------------|---------------------|----------|---------------------|----------|----------------|----------|------------|--------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupations | | | | | | | | | | | | |
| Support functions (headquarters) | 7 | 51 | 88 | 337 | 0 | 0 | 6 | 6 | 0 | 5 | 101 | 399 |
| Clinical support | 9 | 57 | 79 | 236 | 1 | 5 | 2 | 6 | 0 | 2 | 91 | 306 |
| Medical staff | 8 | 24 | 49 | 114 | 1 | 3 | 1 | 4 | 0 | 0 | 59 | 146 |
| Laboratory | 19 | 120 | 88 | 340 | 0 | 3 | 2 | 16 | 0 | 1 | 109 | 480 |
| Nursing | 8 | 303 | 4 | 505 | 0 | 8 | 0 | 13 | 0 | 1 | 12 | 830 |
| Patient Care Services | 11 | 143 | 12 | 202 | 0 | 5 | 1 | 13 | 0 | 1 | 24 | 364 |
| Executive staff | 1 | 2 | 52 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 53 | 21 |
| Total | 7 | 51 | 88 | 337 | 0 | 0 | 6 | 6 | 0 | 5 | 449 | 2,545 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

Distribution of employment by gender, age and occupation - IVIRMA Global (2021)

| 2021 | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Total men | Total women |
|----------------------------------|--------------------|------------|---------------------|--------------|---------------------|-----------|---------------------|------------|----------------|-----------|------------|--------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupations | | | | | | | | | | | | |
| Support functions (headquarters) | 2 | 16 | 52 | 157 | 0 | 1 | 7 | 17 | 1 | 2 | 62 | 193 |
| Clinical support | 14 | 91 | 80 | 333 | 1 | 2 | 5 | 17 | 4 | 6 | 104 | 449 |
| Medical staff | 10 | 21 | 54 | 98 | 0 | 1 | 2 | 3 | 0 | 0 | 66 | 123 |
| Laboratory | 17 | 99 | 75 | 295 | 4 | 3 | 4 | 27 | 0 | 3 | 100 | 427 |
| Nursing | 1 | 260 | 4 | 416 | 2 | 16 | 0 | 38 | 0 | 0 | 7 | 730 |
| Patient Care Services | 5 | 127 | 13 | 186 | 0 | 14 | 2 | 20 | 0 | 1 | 20 | 348 |
| Executive staff | 1 | 3 | 41 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 42 | 17 |
| Total | 50 | 617 | 319 | 1,499 | 7 | 37 | 20 | 122 | 5 | 12 | 401 | 2,287 |

All workers who are part of the company as of 12/31/2021 have been taken into account.

Distribution of employment by type of contract, gender and occupation – IVIRMA Global (2022)

| 2022 | Permanent part-time | | Permanent full-time | | Temporary part-time | | Temporary full-time | | Internships | | Total men | Total women |
|----------------------------------|---------------------|-----------|---------------------|------------|---------------------|----------|---------------------|----------|-------------|----------|------------|--------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupations | | | | | | | | | | | | |
| Support functions (headquarters) | 7 | 51 | 88 | 337 | 0 | 0 | 6 | 6 | 0 | 5 | 101 | 399 |
| Clinical support | 9 | 57 | 79 | 236 | 1 | 5 | 2 | 6 | 0 | 2 | 91 | 306 |
| Medical staff | 8 | 24 | 49 | 114 | 1 | 3 | 1 | 4 | 0 | 0 | 59 | 146 |
| Laboratory | 19 | 120 | 88 | 340 | 0 | 3 | 2 | 16 | 0 | 1 | 109 | 480 |
| Nursing | 8 | 303 | 4 | 505 | 0 | 8 | 0 | 13 | 0 | 1 | 12 | 830 |
| Patient Care Services | 11 | 143 | 12 | 202 | 0 | 5 | 1 | 13 | 0 | 1 | 24 | 364 |
| Executive staff | 1 | 2 | 52 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 53 | 21 |
| Total | 7 | 51 | 88 | 337 | 0 | 0 | 6 | 6 | 0 | 5 | 449 | 2,545 |

All workers who are part of the company as of 12/31/2022 have been taken into account.

Distribution of employment by type of contract, gender and occupation – IVIRMA Global (2021)

| 2021 | Permanent part-time | | Permanent full-time | | Temporary part-time | | Temporary full-time | | Internships | | Total men | Total women |
|----------------------------------|---------------------|------------|---------------------|--------------|---------------------|-----------|---------------------|------------|-------------|-----------|------------|--------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupations | | | | | | | | | | | | |
| Support functions (headquarters) | 2 | 16 | 52 | 157 | 0 | 1 | 7 | 17 | 1 | 2 | 62 | 193 |
| Clinical support | 14 | 91 | 80 | 333 | 1 | 2 | 5 | 17 | 4 | 6 | 104 | 449 |
| Medical staff | 10 | 21 | 54 | 98 | 0 | 1 | 2 | 3 | 0 | 0 | 66 | 123 |
| Laboratory | 17 | 99 | 75 | 295 | 4 | 3 | 4 | 27 | 0 | 3 | 100 | 427 |
| Nursing | 1 | 260 | 4 | 416 | 2 | 16 | 0 | 38 | 0 | 0 | 7 | 730 |
| Patient Care Services | 5 | 127 | 13 | 186 | 0 | 14 | 2 | 20 | 0 | 1 | 20 | 348 |
| Executive staff | 1 | 3 | 41 | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 42 | 17 |
| Total | 50 | 617 | 319 | 1,499 | 7 | 37 | 20 | 122 | 5 | 12 | 401 | 2,287 |

Se ha tenido en cuenta a todas las personas trabajadoras que han estado en algún momento en la compañía, aunque no formaran parte de la plantilla a 31/12/2021.

Number of dismissals by gender, age and occupation – IVIRMA Global (2022)

| 2022 | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|----------------------------------|--------------------|----------|---------------------|-----------|---------------------|-----------|---------------------|----------|----------------|----------|---------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupations | | | | | | | | | | | | | | |
| Support functions (headquarters) | 0 | 0 | 0 | 10 | 1 | 11 | 1 | 4 | 1 | 3 | 0 | 1 | 3 | 29 |
| Clinical support | 0 | 0 | 3 | 3 | 2 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 5 | 7 |
| Medical staff | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 1 | 1 | 3 |
| Laboratory | 0 | 0 | 1 | 6 | 3 | 3 | 0 | 3 | 1 | 3 | 0 | 1 | 5 | 16 |
| Nursing | 0 | 0 | 0 | 4 | 0 | 11 | 0 | 2 | 0 | 2 | 0 | 0 | 0 | 19 |
| Patient Care Services | 0 | 0 | 0 | 10 | 0 | 8 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 21 |
| Executive staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| Total | 0 | 0 | 0 | 10 | 1 | 11 | 1 | 4 | 1 | 3 | 0 | 1 | 15 | 95 |

All workers who have been at the company at some point have been taken into account, even if they were not part of the workforce on 12/31/2022.

Number of dismissals by gender, age and occupation – IVIRMA Global (2021)

| 2021 | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|----------------------------------|--------------------|----------|---------------------|-----------|---------------------|-----------|---------------------|-----------|----------------|----------|---------------|----------|-----------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Occupations | | | | | | | | | | | | | | |
| Support functions (headquarters) | 0 | 0 | 0 | 1 | 0 | 5 | 1 | 3 | 0 | 4 | 1 | 1 | 2 | 14 |
| Clinical support | 0 | 0 | 0 | 12 | 1 | 4 | 1 | 2 | 0 | 2 | 0 | 0 | 2 | 20 |
| Medical staff | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 |
| Laboratory | 0 | 1 | 3 | 8 | 2 | 9 | 0 | 4 | 0 | 0 | 0 | 1 | 5 | 23 |
| Nursing | 0 | 1 | 0 | 8 | 0 | 8 | 0 | 5 | 0 | 3 | 0 | 0 | 0 | 25 |
| Patient Care Services | 0 | 0 | 0 | 7 | 0 | 3 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 13 |
| Executive staff | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Total | 0 | 2 | 3 | 36 | 4 | 29 | 3 | 17 | 0 | 9 | 2 | 2 | 12 | 95 |

All workers who have been in the company at some point have been taken into account, even if they were not part of the workforce as of 12/31/2021.

Average remuneration broken down by gender, age and occupation – **IVIRMA Global (2022)**

| 2022 | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | |
|------------------------|--------------------|------------|---------------------|-------------|---------------------|-------------|---------------------|-------------|----------------|-------------|---------------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women |
| Occupation | | | | | | | | | | | | |
| Support Functions (HQ) | €0.00 | €32,908.31 | €36,087.80 | €37,274.12 | €51,124.70 | €47,369.58 | €51,568.79 | €51,025.28 | €82,106.06 | €48,490.76 | €42,000.00 | €72,543.46 |
| Clinical support | €32,209.82 | €28,375.32 | €26,550.46 | €31,687.74 | €39,395.49 | €38,026.83 | €33,371.72 | €35,036.09 | €48,789.06 | €41,919.60 | €36,235.21 | €34,364.21 |
| Medical staff | €0.00 | €0.00 | €0.00 | €100,618.04 | €92,880.78 | €117,518.58 | €139,993.47 | €104,338.31 | €109,094.13 | €97,958.94 | €180,844.19 | €120,468.19 |
| Laboratory | €0.00 | €0.00 | €36,943.73 | €37,461.79 | €48,957.43 | €49,583.59 | €58,349.16 | €49,758.78 | €94,718.95 | €81,999.97 | €142,366.94 | €99,807.52 |
| Nursing | €0.00 | €35,650.67 | €43,877.74 | €44,401.17 | €0.00 | €49,627.39 | €37,988.92 | €46,507.85 | €28,054.00 | €52,356.09 | €0.00 | €78,019.14 |
| Patient Care Services | €0.00 | €40,952.56 | €30,878.77 | €32,482.16 | €28,185.05 | €25,741.36 | €20,104.86 | €27,015.78 | €0.00 | €29,099.61 | €0.00 | €33,718.32 |
| Executive staff | €0.00 | €0.00 | €0.00 | €0.00 | €245,162.10 | €164,950.33 | €246,005.72 | €262,463.41 | €225,003.72 | €243,159.38 | €256,555.91 | €265,197.95 |

The people on the staff with an indefinite contract as of 12/31/2022 have been taken into account, and the average annual gross salary has been considered to observe the evolution throughout the year and facilitate comparability.

Average remuneration broken down by gender, age and occupation – **IVIRMA Global (2021)**

| 2021 | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | |
|------------------------|--------------------|------------|---------------------|-------------|---------------------|-------------|---------------------|-------------|----------------|-------------|---------------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women |
| Occupation | | | | | | | | | | | | |
| Support Functions (HQ) | €0.00 | €32,908.31 | €36,087.80 | €37,274.12 | €51,124.70 | €47,369.58 | €51,568.79 | €51,025.28 | €82,106.06 | €48,490.76 | €42,000.00 | €72,543.46 |
| Clinical support | €32,209.82 | €28,375.32 | €26,550.46 | €31,687.74 | €39,395.49 | €38,026.83 | €33,371.72 | €35,036.09 | €48,789.06 | €41,919.60 | €36,235.21 | €34,364.21 |
| Medical staff | €0.00 | €0.00 | €0.00 | €100,618.04 | €92,880.78 | €117,518.58 | €139,993.47 | €104,338.31 | €109,094.13 | €97,958.94 | €180,844.19 | €120,468.19 |
| Laboratory | €0.00 | €0.00 | €36,943.73 | €37,461.79 | €48,957.43 | €49,583.59 | €58,349.16 | €49,758.78 | €94,718.95 | €81,999.97 | €142,366.94 | €99,807.52 |
| Nursing | €0.00 | €35,650.67 | €43,877.74 | €44,401.17 | €0.00 | €49,627.39 | €37,988.92 | €46,507.85 | €28,054.00 | €52,356.09 | €0.00 | €78,019.14 |
| Patient Care Services | €0.00 | €40,952.56 | €30,878.77 | €32,482.16 | €28,185.05 | €25,741.36 | €20,104.86 | €27,015.78 | €0.00 | €29,099.61 | €0.00 | €33,718.32 |
| Executive staff | €0.00 | €0.00 | €0.00 | €0.00 | €245,162.10 | €164,950.33 | €246,005.72 | €262,463.41 | €225,003.72 | €243,159.38 | €256,555.91 | €265,197.95 |

The people on the staff with an indefinite contract as of 12/31/2022 have been taken into account, and the average annual gross salary has been considered to observe the evolution throughout the year and facilitate comparability.

Number of new hires by type of contract, gender and age – **IVIRMA Global (2022)**

| 2022 | Under 21 years old | | From 21 to 29 years | | From 30 to 39 years | | From 40 to 49 years | | 50 to 60 years | | Over 60 years | | Total men | Total women |
|---------------------|--------------------|-----------|---------------------|------------|---------------------|------------|---------------------|------------|----------------|-----------|---------------|-----------|------------|-------------|
| | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | Men | Women | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent part-time | 0 | 4 | 0 | 40 | 7 | 33 | 4 | 20 | 1 | 7 | 0 | 3 | 12 | 107 |
| Permanent full-time | 1 | 8 | 30 | 269 | 38 | 177 | 14 | 64 | 5 | 34 | 3 | 11 | 91 | 563 |
| Temporary part-time | 0 | 2 | 2 | 15 | 0 | 11 | 0 | 5 | 0 | 0 | 0 | 0 | 2 | 33 |
| Temporary full-time | 0 | 1 | 5 | 33 | 9 | 22 | 3 | 19 | 0 | 2 | 0 | 0 | 17 | 77 |
| Internships | 0 | 1 | 3 | 9 | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 0 | 3 | 16 |
| Total | 1 | 16 | 40 | 366 | 54 | 247 | 21 | 110 | 6 | 43 | 3 | 14 | 125 | 796 |

All workers who have been at the company at some point have been taken into account, even if they were not part of the workforce on 12/31/2022.

Number of new hires by type of contract, gender and age – **IVIRMA Global (2021)**

| 2021 | Menor de 21 años | | De 21 a 29 años | | De 30 a 39 años | | De 40 a 49 años | | De 50 a 60 años | | Mayor de 60 años | | Total hombres | Total mujeres |
|---------------------|------------------|-----------|-----------------|------------|-----------------|------------|-----------------|------------|-----------------|-----------|------------------|----------|---------------|---------------|
| | Hombres | Mujeres | Hombres | Mujeres | Hombres | Mujeres | Hombres | Mujeres | Hombres | Mujeres | Hombres | Mujeres | | |
| Type of contract | | | | | | | | | | | | | | |
| Permanent part-time | 2 | 2 | 2 | 39 | 5 | 53 | 0 | 20 | 3 | 9 | 1 | 4 | 13 | 127 |
| Permanent full-time | 1 | 4 | 12 | 217 | 23 | 153 | 12 | 56 | 4 | 26 | 1 | 2 | 53 | 458 |
| Temporary part-time | 1 | 1 | 7 | 20 | 2 | 23 | 2 | 18 | 0 | 2 | 0 | 0 | 12 | 64 |
| Temporary full-time | 0 | 2 | 8 | 71 | 11 | 59 | 0 | 22 | 0 | 7 | 0 | 0 | 19 | 161 |
| Internships | 1 | 1 | 1 | 12 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 15 |
| Total | 5 | 10 | 30 | 359 | 41 | 290 | 14 | 116 | 7 | 44 | 2 | 6 | 99 | 825 |

All workers who have been in the company at some point have been taken into account, even if they were not part of the workforce as of 12/31/2021.

Diversity in the workforce

The diversity data in the IVIRMA staff are detailed below.

| 2022 | Under 30 years | | 30 to 50 years | | Over 50 years | | Disabled people | |
|----------------------------------|----------------|-------|----------------|-------|---------------|-------|-----------------|-------|
| | Men | Women | Men | Women | Men | Women | Men | Women |
| Support functions (headquarters) | 17 | 75 | 71 | 234 | 13 | 90 | 1 | 3 |
| Clinical support | 14 | 79 | 58 | 144 | 19 | 83 | 2 | 2 |
| Medical staff | 0 | 6 | 37 | 113 | 22 | 27 | 0 | 0 |
| Laboratory | 30 | 145 | 68 | 287 | 11 | 48 | 0 | 5 |
| Nursing | 1 | 219 | 9 | 532 | 2 | 79 | 0 | 3 |
| Patient care services | 4 | 51 | 19 | 241 | 1 | 72 | 0 | 7 |
| Executive staff | 0 | 0 | 23 | 14 | 30 | 7 | 0 | 0 |

The number of workers as of December 31, 2022 has been taken into account.

| 2021 | Under 30 years | | 30 to 50 years | | Over 50 years | | Disabled people | |
|----------------------------------|----------------|-------|----------------|-------|---------------|-------|-----------------|-------|
| | Men | Women | Men | Women | Men | Women | Men | Women |
| Support functions (headquarters) | 10 | 43 | 44 | 122 | 8 | 28 | 1 | 3 |
| Clinical support | 19 | 76 | 65 | 259 | 20 | 114 | 2 | 3 |
| Medical staff | 0 | 1 | 42 | 100 | 24 | 22 | 0 | 1 |
| Laboratory | 22 | 119 | 71 | 273 | 7 | 35 | 0 | 4 |
| Nursing | 0 | 180 | 5 | 473 | 2 | 77 | 0 | 4 |
| Patient care services | 4 | 53 | 15 | 234 | 1 | 61 | 0 | 6 |
| Executive staff | 0 | 0 | 16 | 10 | 26 | 7 | 1 | 0 |

The number of workers who continue in the company as of 12/31/2021 has been taken into account, without considering the workers who have left during the year 2021.

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The contents required by Law 11/2018 of December 28 on non-financial information and diversity are included in the following index, following the GRI 2021 Standard, which entered into force on January 1, 2023. They have been incorporated, in addition, those indicators or aspects that GRI does not include to respond to the Law.

| Law 11/2018 | Reporting criteria | Section |
|---|---|---|
| General features | | |
| a) A brief description of the business model of the group, which will include its corporate environment, its organization and structure, the markets where it operates, its objectives and strategies, and the main factors and trends that may affect its future evolution. | GRI 2-1 Organizational details (2021) | 3. The essence of who we are |
| | GRI 2-6 Activities, value chain and other business relationships (2021) | 3. The essence of who we are |
| | GRI 2-23 Policy commitments (2021) | 4. Our ESG model |
| | GRI 2-28 Membership associations (2021) | 4. Our ESG model |
| | GRI 2-22 Statement on sustainable development strategy (2021) | 1. LETTER FROM OUR CEO: Our sustainable and innovative path to motherhood |
| | GRI 2-23 Policy commitments (2021) | 3. The essence of who we are |
| | GRI 2-9 Governance structure and composition (2021) | 3. The essence of who we are |
| | Objectives and strategies of the organization | 4. Nuestro modelo sostenible y responsable |
| | GRI 2-2 Entities included in the organization's sustainability reporting (2021) | 2. About this report |
| | GRI 2-3 Reporting period, frequency and contact point (2021) | 2. About this report |
| b) A description of the policies applied by the company regarding such matters, which will include: applied due diligence procedures to identify, assess, prevent and mitigate the significant risks and impacts, and verification and control procedures, including what measures have been adopted. | GRI 2-23 Policy commitments (2021) | 4. Our ESG model |
| | GRI 3-3 Management of material topics | |
| | GRI 2-12 Role of the highest governance body in overseeing the management of impacts (2021) | |
| | GRI 2-16 Communication of critical concerns | |



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Reporting criteria

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c) The results of these policies, including non-financial Key Performance Indicators that allow the monitoring and assessment of progress and that favor comparability between companies and sectors, in accordance with the national, European or international benchmark frameworks used to each subject.

Indicators included in the Social Responsibility Report in the economic, social and environmental spheres

Throughout the memory

d) The main **risks** related to those issues linked to the group's activities, including, where relevant and proportionate, its business relationships, products or services that may have negative effects in those areas, and how the group manages those risks, explaining the **procedures used to detect and evaluate them** in accordance with national, European or international benchmark frameworks for each subject. Information should be included about the **impacts** that have been detected, offering a breakdown of these, particularly on the main risks in the short, medium and long term.

GRI 2-23 Policy commitments (2021)

[4. Our ESG model](#)

GRI 3-3 Management of material topics

[4. Our ESG model](#)

GRI 2-16 Communication of critical concerns (2021)

[4. Our ESG model](#)

GRI 2-29 Approach to stakeholder engagement (2021)

[3. The essence of who we are](#)

GRI 3-2 List of material topics (2021)

[5. Análisis de materialidad y compromiso con la Agenda 2030](#)

GRI 3-3 Management of material topics (2021)

[4. Our ESG model](#)

Main factors and trends that may affect the future evolution of the company

[4. Our ESG model](#)

e) **Non-financial key performance indicators** that are **relevant** to the specific business activity, and that meet the criteria of comparability, materiality, relevance and reliability. Standards that can be generally applied and that comply with the EC guidelines on this matter and the GRI standards shall be used, and the national, European or international framework used for each matter shall be mentioned in the report. The non-financial key performance indicators should be applied to each of the sections of the non-financial information statement. These indicators must be useful, taking into account the specific circumstances and consistent with the parameters used in its **internal risk management and assessment procedures**. In any case, the information presented must be accurate, comparable and verifiable.

GRI 3-1 Process to determine material topics (2021)

[5. Materiality assessment and integration of the 2030 Agenda](#)

GRI 3-2 List of material topics (2021)

[5. Materiality assessment and integration of the 2030 Agenda](#)

Indicators contemplated in the Social Responsibility Report in the economic, social and environmental spheres

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Information on environmental issues

Detailed information about the **current and foreseeable effects of activities** of the company in the environment and, where appropriate, health and safety, evaluation procedures or environmental certification; the resources dedicated to the prevention of environmental risks; the application of the precautionary principle, the amount of provisions and guarantees for environmental risks.

GRI 3-3 Management of material issues (2021)

[10. Commitment to the planet](#)

– **Pollution:** measures to prevent, reduce or repair carbon emissions that severely affect the environment; taking into account any form of air pollution specific to an activity, including noise and light pollution.

GRI 305: Emissions (2016)
L00 Noise and light pollution[10. Commitment to the planet](#)

– **Circular economy and waste prevention and management:** prevention measures, recycling, reuse, other forms of recovery and waste disposal; actions to fight against food waste.

GRI 3-3 Management of material topics (2021)

[10. Commitment to the planet](#)

GRI 306-1 Waste generation and significant waste-related impacts (2020)

[10. Commitment to the planet](#)

Content 306-2 Management of significant waste-related impacts (2020)

[10. Commitment to the planet](#)

Content 306-3 Waste generated (2020)

[10. Commitment to the planet](#)

Content 306-4 Waste diverted from disposal (2020)

[10. Commitment to the planet](#)

Content 306-5 Waste directed to disposal (2020)

[10. Commitment to the planet](#)

L01 Circular economy

[10. Commitment to the planet](#)

L02 Food waste

[10. Commitment to the planet](#)

– **Sustainable use of resources:** water consumption and water supply according to local limitations; consumption of raw materials and the measures taken to improve its use efficiency; direct and indirect energy consumption; measures taken to improve energy efficiency and the use of renewable energy.

GRI 301-1 Materials used by weight or volume (2016)

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GRI 301-2 Recycled input materials used (2016)

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GRI 302-1 Energy consumption within the organization (2016)

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GRI 302-2 Energy consumption outside of the organization (2016)

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GRI 303-5 Water Consumption (2018)

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– **Climate change:** the significant elements of greenhouse gas emissions generated as a result of the company's activities, including the use of the goods and services it produces; the measures taken to adapt to the consequences of climate change; the reduction goals established voluntarily in the medium and long term to reduce greenhouse gas emissions and the mechanisms implemented for this purpose.

GRI 305-1 Direct (Scope 1) GHG emissions (2016)

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GRI 305-2 Energy indirect (Scope 2) GHG emissions (2016)

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GRI 305-3 Other indirect GHG emissions (scope 3) (2016)

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GRI 305-5 GHG emissions intensity

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Measures adopted to adapt to the consequences of climate change

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– **Biodiversity protection:** measures taken to preserve or restore biodiversity; impacts caused due to activities or operations in protected areas.

GRI 304-2 Significant impacts of activities, products, and services on biodiversity (2016)

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GRI 304-3 Habitats protected or restored (2016)

[10. Commitment to the planet](#)**Information on social and staff issues**

– **Employment:** total number and distribution of employment by gender, age, country and occupation; total number and distribution of employment by type of contract, annual average of permanent contracts, temporary contracts and part-time contracts by gender, age and occupation; number of dismissals by gender, age and occupation; the average remuneration and its evolution broken down by gender, age and occupation or equal value; gender pay gap; the remuneration of equal or average positions in the company; average remuneration of directors and executives, including payment in kind; allowances, indemnities, payment to long-term savings pension systems and any other perception disaggregated by sex; implementation of disconnection- from- work policies, disabled employees.

GRI 2-6 Activities, value chain and other business relationships (2021)

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GRI 2-7 Employees (2021)

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Distribution of employment by gender, age, and occupation

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Total number and distribution of employment by type of contract

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Distribution of employment by type of contract, gender, and occupation

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Distribution of employment by type of contract, gender, and age

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Number of new hires by type of contract, gender and age

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Number of dismissals by gender, age and occupation

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GRI 2-19 Remuneration policies (2021)

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L03 Gender pay gap and median earnings

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| <p>– Work organization: Organization of working time; number of absent hours; measures aimed at providing work-life balance and promoting co- responsibility when using this right.</p> | L04 Disconnection-from-work policies | 7. Commitment to the team |
| | L05 Work-life measures | 7. Commitment to the team |
| | L06 Absent hours | 7. Commitment to the team |
| <p>– Health and security: health and safety conditions at work; occupational accidents, in particular their frequency and severity, as well as occupational diseases; disaggregated by gender.</p> | GRI 403-1 Occupational health and safety management system (2018) | 7. Commitment to the team |
| | GRI 403-2 Hazard identification, risk assessment, and incident Research (2018) | 7. Commitment to the team |
| | GRI 403-3 Occupational health services (2018) | 7. Commitment to the team |
| | GRI 403-4 Worker participation, consultation, and communication on occupational health and safety (2018) | 7. Commitment to the team |
| | GRI 403-5 Worker training on occupational health and safety (2018) | 7. Commitment to the team |
| | GRI 403-6 Promotion of worker health (2018) | 7. Commitment to the team |
| | GRI 403-7 Prevention and mitigation of occupational health and safety impacts directly linked by business relationships (2018) | 7. Commitment to the team |
| | GRI 403-8 Workers covered by an occupational health and safety management system (2018) | 7. Commitment to the team |
| | GRI 403-9 Work-related injuries (2018) | 7. Commitment to the team |
| | GRI 403-10 Work-related ill health (2018) | 7. Commitment to the team |
| <p>– Social relationships: Organisation of social dialogue, including procedures to inform and ask the employees and negotiate with them; percentage of employees covered by collective bargaining agreement by country; collective agreements assessment, especially in the occupational health and safety sector; mechanisms and procedures that the company must promote for the implication of workers in the management of the company, in terms of information, consultation and participation.</p> | GRI 2-30 Collective Bargaining Agreements (2021) | 7. Commitment to the team |
| | GRI 402-1 Minimum notice periods regarding operational changes (2016) | 7. Commitment to the team |
| | GRI 407-1 Operations and suppliers in which the right to freedom of association and collective bargaining may be at risk (2016) | 7. Commitment to the team |
| | Balance of collective bargaining agreements, particularly in the field of health and safety at work. | 7. Commitment to the team |
| | GRI 2-29 Approach to stakeholder engagement (2021) | 7. Commitment to the team |



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| <p>– Training: the policies implemented in the training field; the total number of training hours by occupation.</p> | GRI 404 Training and education (2016) | 7. Commitment to the team |
| | GRI 404-1 Average hours of training per year per employee (2016) | 7. Commitment to the team |
| | GRI 404-2 Programs for upgrading employee skills and transition assistance programs | 7. Commitment to the team |
| – Universal accessibility for disabled people. | L07 Accesibilidad universal | 7. Commitment to the team |
| <p>– Equality: measures taken to promote equal treatment and opportunities among women and men; equality plans (Chapter III of Organic Law 3/2007, of March 22, for the effective equality of women and men), measures adopted to promote employment, protocols against sexual and gender-based harassment, integration and universal accessibility for disabled people; policies against all types of discrimination and, where appropriate, diversity management.</p> | GRI 405-1 Diversity of governance bodies and employees (2016) | 7. Commitment to the team |
| | GRI 406-1 Incidents of discrimination and corrective actions taken (2016) | 7. Commitment to the team |
| | GRI 407-1 Operations and suppliers in which the right to freedom of association and collective bargaining may be at risk (2016) | 7. Commitment to the team |
| | L08 Against sexual or gender-based harassment convention | 7. Commitment to the team 8. Commitment to society |
| | Measures adopted to promote equal treatment and opportunities between women and men | 7. Commitment to the team |
| <p>Measures adopted to promote employment and occupation</p> | | |
| <p>Information related to the fight against corruption and bribery</p> | | |
| <p>Measures adopted to prevent corruption and bribery; measures to fight against money laundering; contribution to non-profit foundations and entities</p> | GRI 205-1 Operations assessed for risks related to corruption (2016) | 9. Commitment to Ethics and Good Governance |
| | GRI 205-2 Communication and training about anti-corruption policies and procedures (2016) | 9. Commitment to Ethics and Good Governance |
| | GRI 205-3 Confirmed incidents of corruption and actions taken (2016) | 9. Commitment to Ethics and Good Governance |
| | Contributions to foundations and non-profit entities | 9. Commitment to Ethics and Good Governance |

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– Company’s commitments to sustainable development: the impact of the company’s activity on employment and local development; the impact of the company’s activity on local communities and the territory; the relations maintained with the actors of the local communities and the modalities of the dialogue with them; actions of association or sponsorship.

GRI 3-3 Management of material issues

[8. Commitment to society](#)

GRI 413-1 Operations with local community engagement, impact assessments, and development programs (2016)

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GRI 413-2 Operations with significant actual and potential negative impacts on local communities (2016)

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– Subcontracting and suppliers: inclusion of social, gender equality and environmental issues in the procurement policy; consideration in relation with suppliers and subcontractors of their social and environmental responsibility; supervision and audit systems and their results.

GRI 2-6 Activities, value chain and other business relationships (2021)

[8. Commitment to society](#)

GRI 204-1 Proportion of spending on local suppliers (2016)

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GRI 308-1 New suppliers that were screened using environmental criteria (2016)

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GRI 308-2 Negative environmental impacts in the supply chain and actions taken (2016)

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GRI 414-1 New suppliers that were screened using social criteria (2016)

[8. Commitment to society](#)

GRI 414-2 Negative social impacts in the supply chain and actions taken (2016)

[8. Commitment to society](#)

– Consumers: measures for the health and safety of consumers; Complaints systems, complaints received and its resolution.

GRI 3-3 Management of material topics (2020)

[8. Commitment to society](#)

GRI 416-1 Assessment of the health and safety impacts of product and service categories (2016)

[8. Commitment to society](#)

L09 Complaint systems, complaints received and their resolution

[8. Commitment to society](#)

– Financial information: country-by-country benefits obtained; tax on corporate profits and government grants received.

GRI 3-3 Management of material topics

[9. Commitment to Ethics and Good Governance](#)

GRI 201-4 Financial assistance received from government (2016)

[9. Commitment to Ethics and Good Governance](#)

Country-by-country benefits and tax on corporate profits.

[9. Commitment to Ethics and Good Governance](#)

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