



Keren,
living with epilepsy
(DR Congo)



08. ■ CORPORATE SOCIETAL RESPONSIBILITY PERFORMANCE REPORT

1. INTRODUCTION

UCB aims to be the patient preferred biopharma leader, offering solutions to assist people living with severe chronic diseases and their families, and to diminish its ecological footprint. UCB considers *“health”* and *“improving sustainability”* critical components of its social, economic and environmental engagement of improving lives of people living with severe diseases.

The 2015 Corporate Societal Responsibility (CSR) Performance Report provides data on materiality aspects considered important to UCB. UCB decided to structure the 2015 CSR Performance Report *“in accordance”* with the Core option of the Global Reporting Initiative (GRI) G4 Sustainability Reporting indicators.

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2. CSR ACTIVITIES AT A GLANCE

JANUARY



Field visit to Rwanda

To support a doctoral thesis research and build a neurology academic platform, field visits were organized to health centers in Kigali, Musanze and Shyira

Peter, UCB with 2 staff of the health center in Shyira

FEBRUARY



Guy, UCB with Ernest and Ghislain of the Brothers of Charity Congo.

Field visit to DR Congo

In order to provide continuous support a field visit allowed measuring the impact on Kipushi and Likasi epilepsy outreach programs

APRIL

Occupational Safety Campaign

A "World Day for Safety and Health at Work" with an occupational safety campaign that was organized and supported by employees engaging in initiatives in 17 sites

Dr Li ChuanXiang, treating patients with epilepsy

MAY



Training for Chinese village doctors

A tailored training program was offered to 100 village doctors of minority populations from remote areas of the Yunnan province

JUNE

Stakeholder dialogue in China

Village doctors from Yunnan, nursing staff from Chengde and pediatric neurologists from Fuzhou, Kunming and Shiyan joined a round-table discussion describing their needs in continuous education

2015

JULY

Bike ride for Africa

To attend the NewMedicines™ Annual Conference, 9 colleagues biked from Slough (U.K.) to Brussels (Belgium), fund-raising for new EEG equipment supporting the CSR initiative in DR Congo

SEPTEMBER



NOVEMBER

Community health in China

YaoYang nursing staff and principals attended a training program to share their knowledge and insights with colleagues in Yangzhou, and expressed their eagerness for more education

Green team in Braine-l'Alleud (Belgium) distribute re-usable mugs

AUGUST



Number Green Teams increasing

A growing number of employees join local Green Teams aimed at greening their daily working environment

Africa multi-country epilepsy stakeholder dialogue

In Ghana, UCB participated in a global collaborative meeting with representatives of 12 African countries to define country roadmaps to reduce the epilepsy burden

Field visit to Myanmar

The Hlegu Township achieved a remarkable 65.9% reduction in treatment gap, only one year after the implementation of the epilepsy awareness program.

Win Win,
living with epilepsy
(Myanmar)

DECEMBER



Dynamic Team for Charity


Throughout the year, the Dynamic Team for Charity in Braine-l'Alleud (Belgium) created several activities generating financial support for CSR projects

Global Green Challenge

A recovery plan for expired medication; the winning idea of the Global Green Challenge, implemented at selected pilot sites

3. MATERIALITY AND STAKEHOLDERS DIALOGUE

Defining subjects important to UCB's corporate responsibility involved discussions with various stakeholders.



Material aspects are closely aligned with UCB's *"Inspired by patients. Driven by science"*. At UCB, the patient is central in identifying innovative and sustainable solutions and serves as our motivation in reducing the gap in access to individualized care and helping them navigate their life-long healthcare journey.

During 2015 UCB organized meetings with various stakeholders, important to the business and to society, in order to identify corporate responsibility subjects important to the company and to key external stakeholders. Those stakeholders represented patients, care givers, health care professionals, patient organizations, health authorities, health institutions, foundations, non-governmental organization, non-for-profit organizations, investors, academics, payers, pharmaceutical companies and suppliers, among others. So called *"Patient-value table"* meetings brought stakeholders together and allowed UCB to gain better insights in those subjects that matter to them and to the company. It allowed determining the expectations always considering the patient at the heart of our vision. Indeed, caring for patients is the essence of our company.

The regular meetings were organized at global, regional and country levels and stakeholders engaged without restrictions on the subjects to be discussed. On average, two stakeholders' dialogue meetings were organized in the different UCB operations on a monthly basis.

The topics and needs described were multiple and very layered reflecting different levels and viewpoints of the different academic, scientific, local and global communities. Different stakeholders supported the five aspects considered material to UCB. These aspects are reported in the 2015 Corporate Societal Responsibility (CSR) Performance Report.

These material aspects (MA), similar to last year's material aspects, are:

1. performing business responsibly and ethically;
2. improving access to care for persons with severe chronic diseases;
3. facilitating environmental sustainability across UCB's world-wide operations;
4. engaging in actions to improve access to care for persons living with epilepsy in resource-poor countries; and
5. employee engagement.

For the MA-2 UCB invited stakeholders to address disease areas within the company's strategy. For the MA-4, stakeholders were invited to consider only support to persons living with epilepsy in resource-poor countries. In absence of GRI G4 indicators for MA-4 and MA-5, customized indicators were developed by the CSR department. Additional material aspects, evaluated during the dialogues with different stakeholders, were deemed not material to the company; nevertheless, UCB will continue monitoring these.



Material aspects are closely aligned with UCB's *"Inspired by patients. Driven by science"*.

Conducting business ethically and responsibly as well as reducing the environmental impact is equally critical for those stakeholders. Several stakeholders, especially health care providers, patients, patient organizations and academics, encouraged to further strengthen the CSR patient initiatives in Africa and South-East Asia. Those initiatives offer access to education and care to health care providers and to persons living with epilepsy and their families in resource-poor countries.

UCB's senior management adopted a comprehensive review of factors contributing to economic, environmental and societal sustainability. It resulted in a new business model with an alignment

of UCB's talents; tailored to enhance accountability, preparation and engagement for the future as well as to advance growth and opportunities. UCB talents are the key to the material aspect *"care for patients living with severe chronic diseases"* business model.

Employee engagement is a fundamental material aspect of UCB's vision. Active interactions between employees are encouraged to appreciate the way we are profoundly connected and how we are prepared to embrace the insights of patients.

The commitment of employees to be inspired by patients and driven by science is present every day.

Dieumeri,
living with
epilepsy
(DR Congo)

4. RESPONSIBLE AND ETHICAL BUSINESS CONDUCT

UCB is strongly committed to a culture of integrity, transparency and ethical leadership.

UCB's values statement articulates the core principles and values governing how the organization operates and how decisions are made. It serves as a tool to help employees understand what influences the decision-making process based on integrity, transparency and ethics. The company's success depends on the integrity of its employees.



Aye Aye,
living with
epilepsy
(Myanmar)

UCB's Code of Conduct establishes the boundaries and outlines the expectation for UCB colleagues' behaviors. The Code of Conduct calls for "*Performance with Integrity*" outlining UCB's binding principles of business conduct and ethical behavior expected from every colleague and third parties acting on behalf of UCB. It includes topics like conflict of interest, confidentiality, compliance, anti-bribery and anti-corruption respectfulness, human rights and child labor policies, among others.

The Code of Conduct is one of three mandatory trainings. The training is required to be completed by every colleague and is to be repeated every year.

The Compliance Office organized a Compliance & Ethics Week in May 2015 with town hall meetings on transparency, anti-bribery, anti-corruption and data privacy.

In addition, in October 2015, the Compliance Office supplemented the Code of Conduct with a new anti-bribery and anti-corruption training module, available in 14 languages.

This new training module is intended to help colleagues to achieve a better understanding of the wider scope of risks related to bribery and corruption, how to identify those risks, how to avoid them and how to report them when they observe questionable behaviors.

UCB provides colleagues all necessary tools to focus on bringing quality care to persons living with severe chronic diseases.

4.1 | HUMAN RIGHTS, ANTI-BRIBERY AND ANTI-CORRUPTION

UCB incorporated the United Nations Global Compact (UNGC) ten principles on human rights, labor and environment in the Code of Conduct. In addition, UCB subscribes to the four categories of fundamental principles and rights at work as detailed in the International Labor Organization's Declaration on Fundamental Principles and Rights at Work. The Code of Conduct encompasses those different guidelines (see Code of Conduct on UCB's external website, under the subsection "*Governance*").

UCB has a process to engage suppliers, contractors and agents for the adherence to human rights, anti-corruption, anti-bribery and child labor and no significant risks have been identified. UCB's Global Internal Audit department routinely audits UCB operations for potential risks related to the risk areas identified above.

In 2015, all operations were assessed for compliance-related risks and no incidents of corruption or bribery were identified.

4.2 | RELATIONS WITH PUBLIC AUTHORITIES

UCB made no significant political contributions in any of the countries in which it operates.

Although UCB is not reporting significant issues or formal policy positions in 2015, UCB is actively connected with public policy makers, regulators and other stakeholders.

Countries in which UCB does business have laws and regulations regarding corporations' involvement in the political process. Some of these laws set strict limits on contributions by corporations to political parties and candidates, whereas some laws prohibit them altogether.

In 2015, UCB was not involved in any action regarding laws and regulations relative to anti-competitive behavior, anti-trust or monopoly.

No funding beyond the routine annual memberships is provided.

UCB is also member of various chambers of commerce, associations and initiatives for sustainable development, e.g., Shift (Belgium), Essenscia (Belgium), etc.

UCB is part of the Pharmaceutical Industry Initiative to Combat Crime (PIICC), an Interpol and pharmaceutical sector partnership with the focus on the prevention of all types of pharmaceutical crime including counterfeiting of both branded and generic drugs. UCB is also part of the Transported Asset Protection Association (TAPA), Rx-360 (an International Pharmaceutical Supply Chain Consortium) and EFPIA Security Forum, to work together with other stakeholders, allow benchmarking, jointly identify and discuss solutions and ensure product integrity and transparency across the supply chain.

In order to foster and to accelerate clinical study value-creation for patients with severe diseases, UCB partners with the TransCelerate BioPharma Inc. platform. This platform facilitates the interfaces on study-related matters with industry organizations, e.g., Association of Clinical Research Organization (ACRO), Coalition for Accelerating Standards and Therapies (CFAST), Clinical Trials Transformation Initiative (CTTI) and SCRS Society for Clinical Research Sites (SCRS) and global regulatory authorities. Representatives from clinical research organizations, patient programs, academia from renowned medical schools, e.g., University of Oxford, Cleveland Clinic, etc., pharmaceutical companies, and authorities outline adaptive research models driving patient-driven solutions offering streamlined study design of innovative drugs.

4.3 | RELATIONS WITH INDUSTRY ASSOCIATIONS

UCB is a member of several global and local trade associations, e.g., Biotechnology Industry Organization (BIO, U.S.), European Federation of Pharmaceutical Industries and Associations (EFPIA, Belgium), Japan Pharmaceutical Manufacturers Association (JPMA, Japan), R&D-based Pharmaceutical Association Committee (RDPAC, China) and International Federation of Pharmaceutical Manufacturers & Associations (IFPMA, Switzerland).

Considering the strategic importance, several colleagues actively participate in various taskforces, projects and committees dealing with current sector issues, e.g., Health Safety and Environment, Intellectual Property, Public Policy, Global Health and Compliance, among others. As an example, Jean-Christophe Tellier is member of the Board of EFPIA and Chair of the "Innovation" EFPIA Board Sponsored Committee to address solutions in the area of innovation and pharmaceuticals.

4.4 | ANIMAL WELFARE

UCB acts as a responsible company in the management of animal welfare in all animal studies. Laboratories and research units involved in animal studies are adhering to the standard policies based on the latest scientific findings.

UCB participates in the U.K. Animal Welfare Principles and 3Rs initiatives.

UCB also subscribed to the U.K. Concordat on Openness on Animal Research with the objective of being transparent on the use of animals in research.

Of the animals that UCB researchers and contractors use in experiments, 99% are rodents. Non-human primates, dogs, minipigs and rabbits account for the remaining 1%.

4.5 | SUPPLY CHAIN

The supply chain is a functionally organized entity with strong centralized governance and with direct links with UCB's departments, related product-franchises as well as commercial geographies.

The key value in the organization is an effective central governance of the external network of suppliers, contract manufacturing organizations, contract laboratories, carriers, third-party logistics and commercial distributors; whereby risk management is a major component.

Colleagues of the purchasing department are organized in a network and are located in 19 countries. They are overlooking and interacting over 12 000 different suppliers, predominantly in five countries, *i.e.*, Belgium, Germany, Switzerland, U.K. and U.S.

The Supply Chain Security Council reviews product and supply chain security and oversees UCB's global anti-counterfeiting strategy to ensure the health of patient and the public health. The cross-functional team of the Council is responsible to address, detect, mitigate and prevent risks originating from potential intentional adulteration, theft, counterfeit or diversion of products that may threaten patient safety.

4.6 | PRODUCT RESPONSIBILITY

PROMOTION AND SALES

In 2015, no substantiated customer data privacy complaints were identified and no breaches or loss of customer data have been reported or identified following internal audits.

UCB is strongly committed to comply with all applicable laws, regulations and industry codes, *e.g.*, Directive of the European Parliament and of the Council on the Community Code relating to medicinal products for human use, EFPIA, IFPMA and PhRMA, among others.

UCB's interactions with healthcare professionals focus on providing and exchanging information with the ultimate objective of enabling healthcare professionals to select the most appropriate treatment for their patients. These interactions are based on standards of ethics, integrity and fair market value.

MARKETING COMMUNICATIONS AND UNSOLICITED REQUESTS

Promotional, press and scientific communication relating to our compounds and products are submitted to the global or local promotional scientific review committees, with members duly trained.

In 2015, a total of 869 global communications were reviewed.

UCB has internal processes for deciding how to respond to each and every request.

In 2015, UCB received an average of 3 690 questions per month on our products (29% Cimzia®, 14% Vimpat®, 11% Neupro® and 54% other products).

CUSTOMER SATISFACTION

UCB has implemented different satisfaction programs for patients and healthcare professionals. These programs are executed by an external party on an annual basis.

While the results of the patients' and healthcare providers' satisfaction surveys are overall positive, results are considered proprietary and, as such, are not publicly reported.

PATIENT AND DRUG SAFETY

All of UCB's products are subject to labelling and to an ongoing benefit-risk assessment.

One key obligation of UCB and its colleagues is the monitoring of the safety profile of our products. Like other biopharmaceutical companies, every year UCB receives thousands of adverse event reports from various people (e.g., patients, physicians, pharmacists, etc.). These reports along with other internal and external data (e.g., literature, external databases, etc.) are reviewed and analyzed by our safety teams in order to identify potential safety signals which may be associated with our medicines. The objective of these reviews is to help ensure that the benefit-risk profile of our medicines is clearly communicated and to ensure appropriate actions are taken to minimize potential risks to patients. These benefit-risk assessments, including the product labeling, are reviewed at a multi-disciplinary Benefit-Risk Board at regular intervals.

In 2015, over 40% of products were reviewed.

In accordance with regulations, UCB provides information about individual adverse event reports, periodic summary reports and benefit-risk assessments to the Health Authorities.

In 2015, UCB continued to complete inspections by regulatory authorities without critical findings.

In addition, UCB is strongly committed to provide quality products and has not engaged in sales of banned or disputed products in any of the markets in which it operates.



Younes, UCB

4.7 | RECOGNITION AND REWARDS

The company's commitment of access to healthcare, reducing the treatment gap for underprivileged persons and to perform business ethically and responsibly is taken seriously. Efforts were recognized in 2015 by companies such as the London Stock Exchange's FTSE4Good Index and ECPI.

5. CARE FOR PATIENTS LIVING WITH SEVERE CHRONIC DISEASES

At the core of UCB's mission is the improvement of the life of persons living with severe chronic diseases involving enhanced access to existing treatments and a tailored design and clinical development of new molecules.

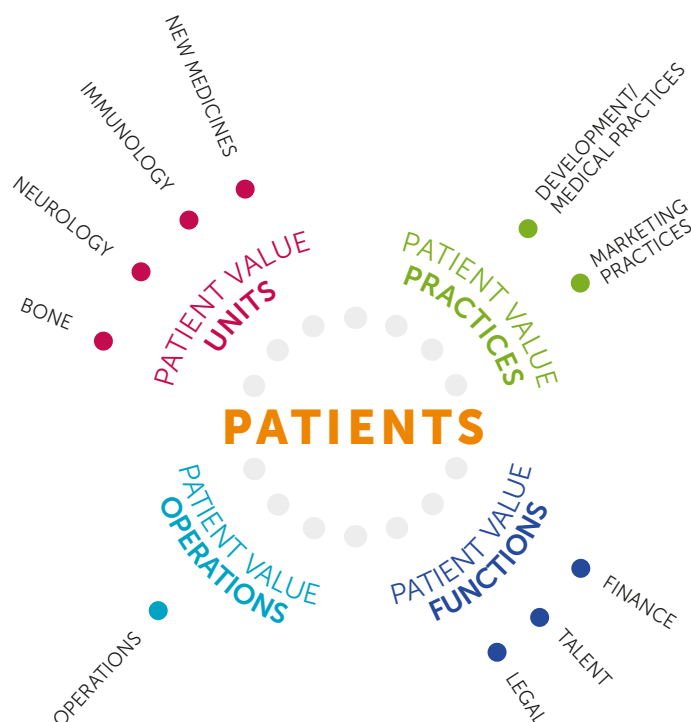
UCB's ability to make a significant difference to the lives of people living with severe diseases depends on the talent and commitment of our people. Data of human resources, talents, societal and environmental parameters are being presented according to Global Reporting Initiative (GRI) G4 Sustainability Reporting Indicators. Whereas, in 2014, UCB was compliant with the GRI G3+ indicators, the company decided to re-analyze these 2014 data in accordance to the GRI G4 indicators, enabling a review of the progress between 2014 and 2015 on different indicators.

5.1 | ORGANIZATIONAL CAPABILITIES

In 2015, UCB strengthened the "*Patient Value Organization*" to be prepared to become the patient preferred biopharma leader. The shared purpose "*create value for patients*" is the foundation of our inspiration and determines our actions, stimulates acting responsibly, being accountable, being engaged and demonstrating agility.

With this ambition at the core, each decision is looked at afresh by each function considering the overarching principle that the patient is at the heart of UCB processes and planning. As a consequence, UCB organized the workforce into four "*Patient Value Organization*" pillars.

UCB adopted this approach to enable a proper resource allocation, to foster cultural diversity, to integrate and to exhibit strong and inclusive leadership whilst executing the company's vision.



5.2 | TALENT

End 2015, UCB employed 7 788 people world-wide, composed of 68 nationalities with a strict balance between women and men.

In 2015, 1 147 new colleagues joined, whereas 1 987 colleagues left the company. Two divestments were completed and a total of 1 013 colleagues were incorporated in the acquiring companies.

UCB is present in 40 countries. A total of 55% of colleagues are located in Europe, 15% in U.S. and 30% in the international markets, including Japan.

UCB fosters diversity of their talents. It is pivotal for UCB to engage dedicated staff to execute strategies in a highly connected, collaborative, innovative and learning way as to successfully implement UCB's engagements and to deliver superior and sustainable value for patients.

TALENT, CULTURE AND INTEGRATION

Alert to culture integration, UCB stimulates staff of affiliates to take responsibilities fostering cultural diversity and integration. This incorporation facilitates the understanding of decision making processes, setting of priorities and human interactions. It accelerates acceptance, integration and creates an intense network; a fundamental basis supporting UCB business objectives.

Several staff from various countries took assignments in different parts of the world.

TALENT AND LEADERSHIP DEVELOPMENT

In 2015, UCB continued the "*leadership pipeline*" training programs. These programs prepare UCB's new leaders for successful performance in future roles by teaching skills and behaviors that will be required as they transition into new positions and provide a place to practice those skills and obtain feedback.

The "*Accelerate*" course provides insight on a transition from an individual contributor to manager of others; 59 colleagues started this course in 2015. The "*Navigate*" course expands on a transition from manager of others to manager of managers; 65 colleagues were enrolled in the course.

TALENT AND DIVERSITY

At UCB, employee engagement and work culture are vital.

In 2015, employee engagement continued to build on what brings people together – UCB's dedication to patients – while leveraging the broad diversity of UCB people across the world.

The work culture demands active sharing and collecting insights from patients and other stakeholders. It demands an inspired sharing among each other in order to co-own a different future of a sustainable well-being society.

UCB's ability to understand colleagues' way of working across nations, culture and education and our commitment to live values without boundaries builds the company that unites us. Also in 2015 UCB continued its Diversity & Inclusion initiatives in several countries.

In countries with staff above 150 people, *i.e.*, Belgium, Brazil, China, Germany, Japan, Mexico, Switzerland, U.K. and U.S., 81% of the leadership teams are from the country and the split between women and men is 37% and 63% respectively.

A first example is the U.S. Women in Leadership (WiL) initiative. WiL is very active and is open to multiple sites, home offices and field-based staff. Members of the Executive Committee participated in an "*Inspired by Diversity*" panel discussion with more than 200 colleagues.

A second example is China where close to 200 colleagues of UCB's affiliate in China, Japan, India, Australia and South-Korea joined the Women with Intelligence, Strength and Equality (WISE) group.

TALENT AND REVIEW

Talent reviews are designed to identify key talents based on the organizational needs. UCB assesses talents based on their sustained performance and their growth potential. A key outcome is the design and implementation of tailored development plans. The process also assists in the identification and preparation of successors for our business critical positions.

In 2015, UCB reviewed 5 813 employee and identified 1 892 as talents for the future (310 of which were identified as Top Talents).

UCB is also driven by a high performance culture with an annual cycle of SMART objective setting, mid-year reviews of those objectives and year-end final appraisals with on-going measurable performance feedback throughout the year. Employees are invited to concentrate on value-driven actions and outcomes.

By February 2016, already 90% of staff completed the 2015 review cycle.

Employees are acknowledged and rewarded for their individual contributions to the company success.

TALENT, TRAINING AND KNOWLEDGE SHARING

Initiatives of knowledge sharing of skills are pivotal in the development of our colleagues.

Every year, the training community creates programs targeting personal and technical development to ensure UCB has the essential skills to move forward in our journey to be the patient-preferred biopharma leader transforming lives of people living with severe diseases. Training and development is the basis of continuous improvement for our people.

UCB continues to adopt a blended approach to training. While much of the training consists of interactive on-line training, UCB appreciates instructor-led training and on the job coaching.

In 2015, UCB invested € 14.9 million in training and developing our colleagues offering different training modules. The majority of the trainings have now been designed to be on-line. The average number of training hours per participating employee was 20 hours, representing a total of 181 448 hours.

A total of 5 417 hours were spent on the Code of Conduct training that includes human rights policies relevant to UCB. The training hours for women and men are 43% and 57% respectively.

In addition, UCB demands all employees to complete the mandatory corporate trainings, *i.e.*, Code of Conduct, IT Security and Drug Safety. A total of 92% of employees completed the Code of Conduct, IT Security and Drug Safety trainings.

5.3. | WELL-BEING AT WORK

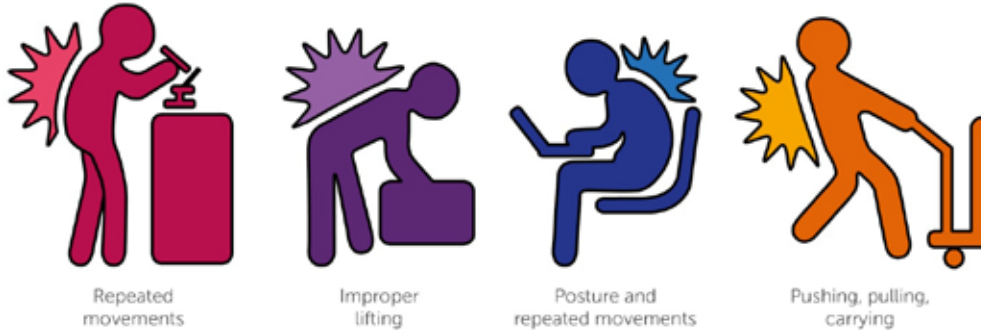
UCB creates a positive and creative environment where both the individual and company objectives are met and people are fostered to express their talents and acquire new skills.

In March, Slough campus (U.K.) ran a "Be Well Week" packed with well-being initiatives and an employee benefits' fair. During this successful week a new "*well-being strategy*" for the U.K. and Ireland was promoted. In addition "*well-being forum*" was organised with representatives transversally throughout the business to consult on well-being.

The Braine-l'Alleud team (Belgium) implemented health and well-being program following the feedback over 1 000 staff. This health and well-being program was based on five key drivers: "*information*", "*prevention*", "*physical well-being*", "*mental well-being*" and "*having fun at work*", carefully tailored to departments across the organization.

Take a Second. Safety First!

Strains and sprains at work can be avoided.
See it. Think about it. Prevent it.



5.4. | HEALTH AND SAFETY

The Lost Time Incident Rate (LTIR) for 2015 was calculated at 2.77 incidents with more than one day of absence per million hours worked. The Lost Time Severity Rate (LTSR) was calculated at 0.03 day lost per 1 000 hours worked.

In 2015, no fatalities occurred as a result of work-related incidents.

UCB has no operations whereby workers show high incidence or are exposed to high risk of occupational diseases.

During 2015, UCB continued managing risk areas identified during regular health and safety reviews, also performed at key Contract Manufacturing Organizations. A first three-year roadmap for strengthening the occupational hygiene program yielded the necessary positive results. A new three-year program (2016-2018) will focus on creating intrinsically safe installations and on employee training.

In 2015, UCB launched the “*Take a Second. Safety First*” behavioral safety campaign aimed at raising awareness about key causes of accidents: slips, trips & falls; road accidents and manual handling. The global campaign in 17 sites was supported by more than 40 initiatives engaging UCB colleagues. These initiatives included a wide variety of workshops aimed at identifying hazards in a fun way. Sessions in understanding key causes of accidents, drivers’ training, vehicle safety or simulations in falling down stairs, rolling cars as well as drawing competitions for children and climbing walls, among other activities were organized.

Whereas the installations and high-technology equipment are by design increasingly safe and sound, health and safety management systems and procedures are applied. UCB’s health and safety strategy promotes “*safe behavior*” as a third pillar. As a proportion of accidents are caused by unsafe behavior promotion of safe behavior is important.

5.5 | INVOLVEMENT WITH LOCAL COMMUNITIES AND CHARITY

As part of our commitment to patients, UCB supports a number of programs for patients and their families.

Considering donations exceeding € 10 000, UCB spent in 2015 more than € 5 043 000 in community sponsorships and charitable donations worldwide, including CSR initiatives. An amount of € 1.6 million annually is reserved for the ongoing CSR patient initiatives. In 2016, an exceptional € 1 million grant was provided to the UCB Societal Responsibility Fund of the King Baudouin Foundation to support new CSR initiatives, reaching persons living with epilepsy in resource-poor countries.

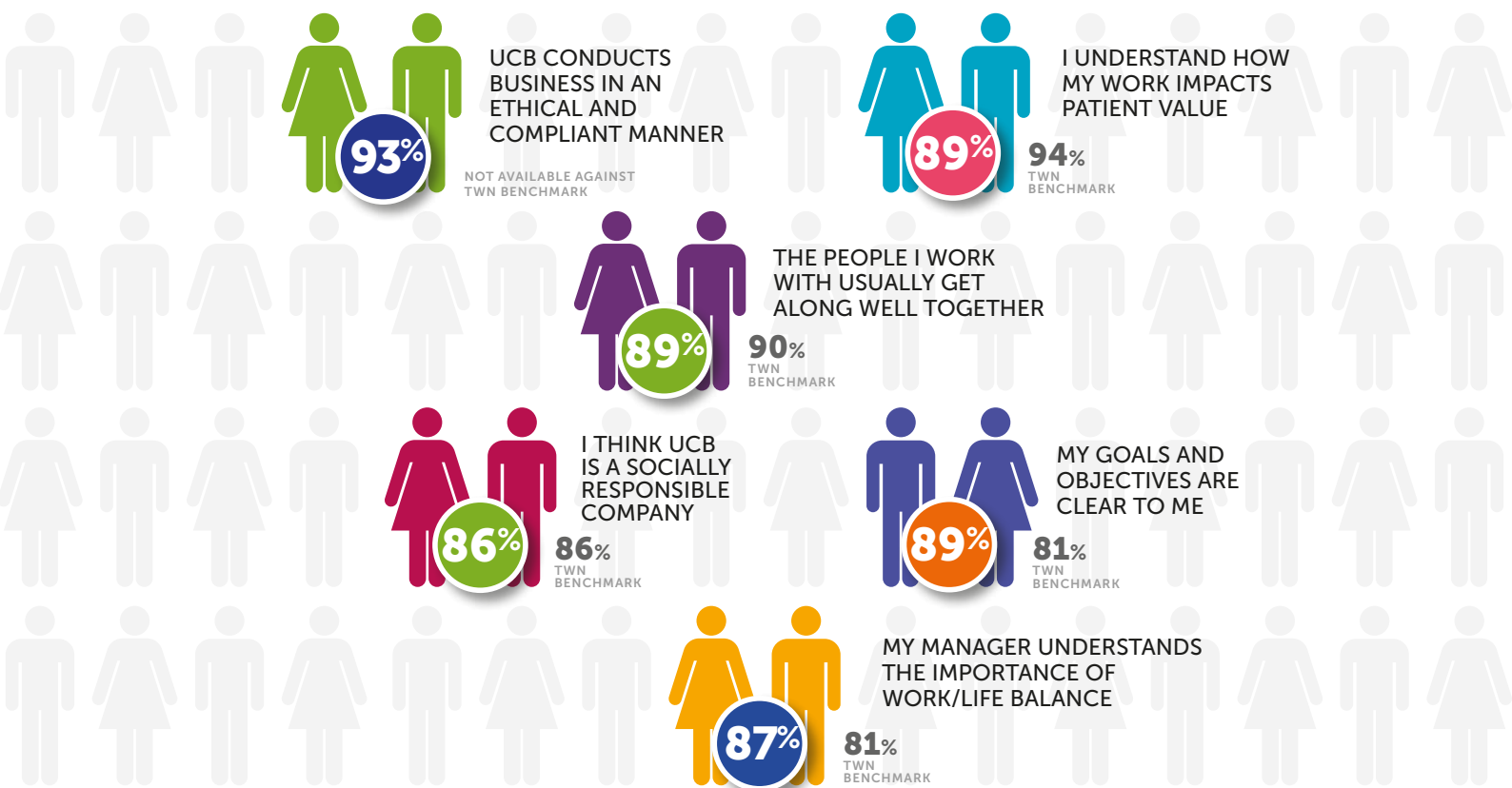
5.6 | UCB VOICES

Employees' engagement is continuously measured.

"UCB Voices", UCB's internal global employee engagement survey, was organized for the 5th time in 2015 by Towers Watson. The results were remarkable with a 90% participation rate. With this response rate our colleagues worldwide recognize the importance and added value in participating in this survey on key patient-value driven strategies.

The feedback provided by Executive Committee members on the survey results stimulates interaction and provides an outline for actions to be implemented at every management level.

The chart below compares the percentage of favorable responses at UCB to the Towers Watson High Performance Norm (TWN), an external benchmark comprising 27 "best-performing" corporations.



6. ENVIRONMENTAL SUSTAINABILITY

UCB takes its responsibility for climate change and potential environmental impacts seriously and strives to reduce or to mitigate the environmental impact.

6.1 | PRECAUTIONARY APPROACH ON ENVIRONMENTAL SUSTAINABILITY

UCB works in the following seven areas:

- > ensuring legal and regulatory compliance;
- > responsibly using natural resources;
- > enhancing energy efficiency while minimizing carbon footprint;
- > promoting green chemistry;
- > controlling and reducing air emissions;
- > actively managing waste streams; and
- > applying greener lifecycle management principles.

UCB applies the precautionary approach in innovation and development of new products as a tool for patient safety and/or environmental risk management, and considers the benefits and potential health and environmental risks of innovation and new technologies in a scientific and transparent manner.

A multi-disciplinary team reviews the potential impacts and the strategies to reduce or mitigate risk and ensures continuity and transparency. UCB integrates initiatives to promote greater environmental responsibility, promotes more resource-efficient processes and incorporates the development of new and clean technologies with an improved environmental performance.

UCB supports the United Nations Climate Change Conference of the Parties 21 (COP21) and under the leadership of management, several initiatives focused on manufacturing process optimization and reduction of CO₂ emissions, were initiated.

In previous years UCB focused on identifying the environmental footprint of its on-site operations. Programs to improve energy efficiency, manage energy and water consumption and to avoid and recover waste were launched and reflect the interest of different stakeholders. Within the context of combating climate change, the programs resulted in an improved understanding of UCB's scope 1 and 2 related emissions of Green House Gasses (GHG), as reported to the Climate Disclosure Project (CDP).

6.2 | BACKGROUND INFORMATION TO 2015 REPORTING

In 2015, the scope of the environmental performance reporting changed again significantly. Key changes include the start-up of the bioplant in Bulle (Switzerland) and the divestiture of the Kremers Urban operation in Seymour (U.S.).

UCB also prepared to better understand the increasingly important environmental footprint up- and downstream of its operations. Over 20 contract manufacturing organizations are requested to inform UCB on key environmental indicators. Global supply chain initiatives for greening the logistical processes are being prioritized. As a first step towards scope 3 reporting, the GHG emissions related to business travel are included in this report.

Inspired by the Patient Value Organization, the environmental footprint will be linked to operations and also be directly linked to products. Two pilot projects were launched in 2015: the carbon footprint of Briviact® and a methodology to define the "Green Product Sustainability" (GPS) approach. This initiative will entail a comprehensive mapping of internal and external parameters in the value chain of selected compounds in order to understand the product-specific ecological footprint.



6.3 | ENERGY

This year, the overall energy consumption increased by 4%; usage of gas increased by 10%, usage of fuel and electricity were reduced by 26% and 1% respectively. The increase in energy consumption is influenced by the above stated changes in reporting scope, to UCB's production volumes in general, to variations in climatological conditions (with an impact on the need for cooling and/or heating), to the replacement of fuel by gas for heating purposes and to energy saving programs implemented at various UCB sites.

Energy saving initiatives implemented in 2015 led to a recurrent energy saving of 6 743 GigaJoules, which is 0.6% of UCB's scope 1 and scope 2 energy usages. Key contributors were HVAC turn-off during weekends in Shannon (Ireland), heat recovery projects in Bulle (Switzerland) and insulation projects in Braine-l'Alleud (Belgium).

In 2015, over 59% of the electricity consumed by UCB originated from renewable sources with four UCB sites fully reliant on green electricity, *i.e.*, Bulle (Switzerland), Monheim (Germany), Braine-l'Alleud and Brussels (Belgium). UCB generated 1 658 GigaJoules electricity through solar panels installed in Braine-l'Alleud (Belgium) and Bulle (Switzerland).

Overall scope 1 and scope 2 CO₂ emissions were reduced by 1%; scope 1 emissions increased by 8% (due to the increased gas consumption) whilst scope 2 emissions were reduced by 10% (thanks to a modest reduction in electricity consumption and to the CO₂ emission factors/kWh electricity consumed which were reduced at most UCB sites).

As a first step towards reporting scope 3 CO₂ emissions, the emissions linked to business travel, were measured in 2015. Air travel resulted in 20 119 tons of scope 3 CO₂ emissions, which is 31% of UCB's scope 1 and scope 2 emissions.



6.4 | WATER

Water consumption at the UCB facilities increased by 3% (or 21 729 m³). Factors which influenced water consumption are similar to those mentioned in the energy subsection, *i.e.*, change in reporting scope, UCB's production volumes in general, variations in climatological conditions (with an impact on the need for cooling) and water saving programs implemented at various sites. UCB's transformation to a leading biopharma company may further impact water consumption as these production processes tend to be more water demanding.



6.5 | WASTE

Waste generated at different UCB facilities increased by 12%. UCB globally managed to recover 95% of its waste, predominantly through recovery of waste as a fuel to generate energy and the recovery and regeneration of solvents. This percentage of recuperated waste steadily improved by more than 9%, when compared to 2010. Waste avoidance and improved waste recovery by an active management of various waste streams remains a key in managing UCB's ecological footprint.

6.6 | **EMPLOYEE ENGAGEMENT**

The following are a few examples of the activities of UCB employees supporting green planet initiatives.

BEE-O-DIVERSITY

Installation of five bee colony hives in Braine-l'Alleud (Belgium). It is calculated that the 250 000 bees will impact 20 billion pollinated flowers, contribute to 3 500 hectares of biodiversity and apple and pear trees that will yield over ten tons of fruit. During the "*Green Planet Day*" close to 100 colleagues visited the newly installed hives.

BIOFFICE

The "*Green Team*" in Braine-l'Alleud (Belgium) launched the BIOffice initiative in July. Aim is to collect office supplies that are no longer in use and make them available for re-use by others. Additional Green Teams were created in 2015; colleagues were invited to improve UCB's environmental footprint. The teams operate as local think tanks to change daily behaviors and increase awareness about the use of natural resources, energy and waste.

HAPPY GREEN BULLE

Over 70 colleagues in Bulle (Switzerland) participated in "*Attitude Green Happiness*" video, submitted to the Fribourg Happy Awards, an initiative of the Fribourgissima and Radio Fribourg. Although the team did not win, the enthusiasm and dynamic positive engagement was overwhelming.



Michel, UCB

7. ACCESS TO CARE FOR UNDERPRIVILEGED PERSONS IN LOW- AND MIDDLE-INCOME COUNTRIES

Improving health conditions in low- and middle-income countries is complex and challenging.

UCB's strategy includes investment in advanced training and disease education to support selected healthcare systems. Strengthening neurology knowledge and facilitating access to neurology healthcare systems is core to the six patient initiatives and fulfil four key strategic objectives:

- > provide sustainable education for persons living with epilepsy and their family on access to epilepsy care, diagnosis & treatment;
- > improve community awareness on epilepsy allowing better acceptance & integration of persons living with epilepsy in their social and economic network;
- > offer quality neurology training for local health care staff permitting proper diagnosis and treatment of persons living with epilepsy; and

- > create academic neurology platforms to educate a next generation of researchers and neurologists to build sustainable value to the country's health infrastructure.

In 2015, UCB established different indicators of these initiatives and is in the process of validating the collection and reporting thereof.

UCB established the "*UCB Societal Responsibility Fund*" to facilitate employees in supporting those initiatives with the financial contributions of their different fund-raising activities. This Fund is under the auspices of the King Baudouin Foundation (Brussels, Belgium) and manages the financial contributions for the Brothers of Charity initiatives in the Democratic Republic of Congo (DR Congo) and Rwanda and provides guidance to the selection of new initiatives.



Keren,
living with
epilepsy (DR
Congo)

"When I was 7 years old, I developed a high fever and my mother got me hospitalized and despite different drugs my high fever persisted and I developed my first seizure. I do not remember. My first memory is one of profound shame. In school, I fell on the ground and the children saw me lying down. I remember I cried in my mom's arm as I felt lonely and ashamed of my disease.

In Kipushi (DR Congo), there was no access to a doctor and therefore I stayed without treatment for two years. I could no longer go to school...

The doctor in the Brothers of Charity mobile clinic confirmed my epilepsy, I received treatment and I am now seizure-free. Seizure-free means I can return to school.

I am now 12 and I tell every child in class my disease is not contagious and no, I am not possessed by a demon. I want to play with them and be happy."

7.1 | BROTHERS OF CHARITY DR CONGO

The epilepsy disease burden in Africa is important and UCB works with the non-governmental organization (NGO) Brothers of Charity in Lubumbashi (DR Congo) to alleviate the disease burden for persons living with epilepsy, and their families, in Lubumbashi and in three other cities, through mobile clinics. The "Neuropsychiatric center Joseph Guislain" is the tertiary psychiatric reference center in the province and offers access to care to persons in need.

Strengthening the neurology capacity is ensured by having Dr. Marcellin starting a four-year master course in neurology at the Cheik Anta Diop University in Dakar (Senegal).

7.2 | BROTHERS OF CHARITY RWANDA

Further research in epilepsy, the world's most common neurological disorder, and different psychiatric illnesses, *i.e.*, depression, will be studied in the framework of the doctoral thesis of Dr. Fidèle Sebera. Prof. Paul Boon (University of Gent, Belgium), joined by Peter, project leader, and Dirk, UCB visited Kigali, Musanze and Shyira to explore the field conditions. Special emphasis on strengthening the awareness of the persons living with both diseases were considered.

A disease awareness campaign put in place by the Rwandan League against Epilepsy and the Rwandan Biomedical Center resulted in the training of grass-root community health agents in Musanze health district (Rwanda). A total of 1 296 health agents attended the training courses.

Strengthening the neurology capacity is further ensured by having Dr. Béni completing his second year of master in neurology at the Cheik Anta Diop University in Dakar (Senegal).



7.3 | WORLD HEALTH ORGANIZATION MOZAMBIQUE

Jonathan,
living with epilepsy
(DR Congo)

The Mozambique epilepsy initiative selected a de-centralized approach covering 16 health districts in five provinces and reaching a population of 3.4 million. A total of 3 372 persons living with epilepsy have been newly identified and have been benefitting from the initiative.

Following multiple stakeholder dialogues, national epilepsy care guidelines were drafted and epilepsy became integrated in primary mental health care. These policy changes also demanded the addition of anti-epileptic drugs on the essential medicines list.

Expanding the capacity of the health system involved an innovative strategy by delegating tasks and offering focused training to all layers of the health care professionals including the faith healers. Other community members involved were teachers, church leaders, journalists, various nongovernmental organization members, community leaders and traditional midwives, among others. The intensive community awareness programs were associated with the distribution of "localized" promotional posters, pamphlets and educational booklets.



Ran,
living with epilepsy
with her mother
(China)

7.4 | **WORLD HEALTH ORGANIZATION MYANMAR**

To date, a total of 1 363 people received in-depth and tailored epilepsy training and those people constitute the human capacity to expand the project to other townships in the nearby future.

In addition, 15 660 persons from different townships participated in epilepsy awareness sessions, including the National Epilepsy Day celebrations.

The joint efforts will reduce the stigma of the disease and improve the integration of persons living with epilepsy in their community.

7.5 | **PROJECT HOPE CHINA**

In 2015, 296 pediatricians completed a pediatric neurology course organized by the faculty of the “Rainbow Bridge” initiative. To date, the program trained 1 335 physicians from 28 provinces.

A Pediatric Epilepsy Primary Care Training Manual was developed and an on-line training CME is now available on the 24-hours medical broadcasting platform.

It will enable physicians in remote areas of China to have access to state-of-the-art disease and diagnosis knowledge for children living with epilepsy.

Educational material for children was prepared and distributed in the participating hospitals. A three minute video “*Lolo, living with epilepsy*” aimed to reduce the disease stigma, especially important for children, was shown in the hospitals, on eight media platform and over 430 000 people watched it in a three month period.

A total of 160 teachers in elementary school, in charge of health care related matters received a one-day training on how to handle seizures and how to assist children living with epilepsy.

Moreover, a total of 64 parents’ education sessions were conducted at participating hospitals reaching 1 006 parents for a better understanding of epilepsy and epilepsy care. Seven Rainbow Bridge educational week-ends were organized with 99 children living with epilepsy and 182 parents and family members.

7.6 | RED CROSS SOCIETY CHINA

Two village doctors' training programs were organized in the "Health and Hope Fund" initiative with the Business Development Center of the Red Cross Society of China.

Two doctor training programs were organized, one in Kunming (Yunnan province, China) and another in Nanning (Guangxi province, China). In total 200 doctors from remote areas of the province came to attend 15-day theoretical and practical courses.

Two YaoYang elderly home training programs were organized. A first training program brought 425 nursing staff to Chengde (Hebei province) where they received intensive 10-day training by staff of the vocational nursing school on elderly health, care and prevention of certain diseases, with a special emphasis on neurological conditions affecting the elderly. The second training program was organized in Beijing with 467 elderly home principles attending a four-day training focused on the IT platform in management of elderly homes, services and elderly mental and neurological health aspects.



Li Fenli,
Village doctor from Yunnan
province (China)

"I am Li Fenli, Hani minority and village doctor in Shuangjiangzhen (Eshan county nearby Yuxi, Yunnan province).

I am the youngest of a family of 7, with 4 elder sisters and 2 elder brothers. One day during my 1st year at primary school, I returned home and found my 2nd oldest brother, who was 6 years older than me, was sent back home by his school teacher for an unknown disease. I saw my brother frothing at his mouth and twisting in his whole body. Later, I learned it was an epilepsy seizure.

Because of repetitive seizures he was sent from school and villagers, children and adults alike, were scared by his terrible appearance in seizure. They were disgusted by him, laughed at him and avoided him.

After finishing senior high school I went to the vocational medical school to study Traditional Chinese Medicine. I remember my parents and my sister's teaching of "be kind and compassionate, be caring and helpful for people". I love my profession as a doctor and want to accomplish one of my life dreams to serve grassroots people at frontline areas.

The training motivates me to do better; it was positive, practical and inspiring."



From left to right
James, Liz, Dan,
Anthony, Dave, Pierre,
Mark, Andrew

7.7 | **EMPLOYEE ENGAGEMENT**

The following are a few examples of employee engagement for CSR patient initiatives for which over € 40 000 was raised.

WALK FOR AFRICA

A total of 547 colleagues from nine European and one U.S. site joined in a walk for persons living with epilepsy in Lubumbashi and Kigali. A creative fund-raising was organized with a small donation of one €/E/US\$ per kilometer.

BIKE RIDE FOR AFRICA

Initiated by one employee, the initiative rapidly gained support from other colleagues. After close to a year of preparatory work, nine courageous bikers left Slough (U.K.) to confront the 438 km to Brussels (Belgium) by bike. For each kilometer, sponsorship was obtained destined to support the procurement of new mobile EEG equipment.

DYNAMIC TEAM FOR CHARITY

The Dynamic Team for Charity (DTC) organized several fund-raising initiatives in Braine-l'Alleud (Belgium) for employees, e.g., lilies of the valley, Zumba BBQ, Halloween cake sale etc. destined to support the procurement of a new EEG equipment. The team also organized events to support underprivileged persons in Brussels, e.g. a shoebox gifts campaign.

SERVE UP BONE STRENGTH AND SILENT NO MORE

During the week of the World Osteoporosis Day, UCB's Bone Patient Value Unit (PVU) organized the #LoveYourBones campaign with awareness on the impact of eating foods rich in calcium, vitamin D and protein has on building and maintaining strong bones. The Bone PVU organized a creative fund-raising initiative whereby for each of the 159 colleagues participating in one-hour physical activities strengthening their bones, a small donation of € 10 was provided to the UCB Societal Responsibility Fund.

8. SCOPE AND REPORTING PRINCIPLES

8.1. | SCOPE

Data regarding human resources are consolidated for all UCB companies worldwide that are globally integrated into our financial consolidation, regardless of their activity (research or industrial sites, affiliates, headquarters).

The Annual Report covers the data from January until December 2015.

The 2014 Annual Report was published in February 2015.

TALENTS

The changes in workforce by employee organization implemented in early 2015 regroup employees under Patient Value Functions, Practice, Units and Operations.

The Patient Value Functions regroup colleagues from Talent and Company Reputation, Finance, Legal Affairs, Public Affairs, Internal Audit, Quality Assurance, Health, Safety and Environment and Drug Safety. Colleagues of the Patient Value Units Bone and Immunology are combined and reported in the Patient Value Unit Immunology. The Patient Value Practices are reported as one entity. As the new employee organization came into effect in 2015 no data for 2014 could be presented.

The turn-over calculation is based on the total number of employees who departed the organization voluntarily or due to dismissal, retirement, or death in service (excluding the 855 staff of the Indian UCB Ltd affiliate and of the Kremers Urban U.S. site associated with the divestments) divided by the total workforce.

Newcomers include colleagues in *"new position"* and *"replacement"*; whereas *"inactive employees"* (return from long-term sick leave, career break, sabbatical or parental leave) are not included.

Departures include colleagues with *"terminated contract"*, *"retirement"* and *"death in service"*; whereas *"inactive employees"* are not included.

TRAINING

A corporate tool *"UCB learning"* allowed consolidation of trainings organized by UCB and followed by UCB employees. The population not covered by this tool represents less than 0.3% of the total population. Mandatory trainings, i.e., Code of Conduct, Drug Safety and IT Security, are followed and consolidated for all employees. Students, apprentices and trainees are not included in the training data.

The performance cycle starts in December and ends in March; hence, the performance data are preliminary.

GEOGRAPHICAL PRESENCE

The regional split is as follows:

- > Europe: Austria, Belgium, Bulgaria, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Luxembourg, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden, Switzerland and U.K.
- > U.S.
- > Japan
- > International markets: Australia, Brazil, Canada, China, Hong Kong, India, Malaysia, Mexico, Russia, Singapore, South Korea, Taiwan, Thailand, Turkey and Ukraine

OCCUPATIONAL, HEALTH AND SAFETY

Occupational, Health and Safety data relate to 99% of people working in UCB.

ENVIRONMENT

Planet data are consolidated for all manufacturing sites, research sites, HQ (Brussels, Belgium) and affiliates from China, India, Italy, Japan, Germany, Mexico and United States. This scope covers 86% of UCB's workforce and is similar to last year's data.

For each of these data it is stated whether UCB's level of reporting covers the requirements fully or partially.

Observations made during the data validation and consolidation:

1. In Atlanta (U.S.) and Monheim (Germany), facilities are rented to 3rd parties and there are no separate meters installed. As a result, utilities consumptions are overestimated and the impact of this overestimation cannot be reliably measured;
2. In Braine-l'Alleud (Belgium), diesel for utility vehicles is reported within fuel consumption as it is stored in the same tank and it is difficult to estimate precisely the consumption related to utility vehicles;
3. The 2015 direct CO₂-emissions for natural gas consumption is calculated considering the high or low heating value. It is using conversion factors published in the Intergovernmental Panel on Climate Change 2006 Guidelines for National Greenhouse Gas Inventories and the United Kingdom Department of Environment, Food and Rural Affairs 2013 Government GHG Conversion Factors for Company Reporting: Methodology Paper for Emission Factors;

4. Considering a growing percentage of electricity generated from renewable sources, CO₂- emissions resulting from electricity consumption were calculated on specific CO₂ equivalents of the electricity mix consumed as reported by the UCB sites. When for a given site a specific ratio was not available, the International Energy Agency (IEA) 2015 ratios were applied by default;
5. A total of 95% of waste generated by UCB is recovered and the methods by which waste is recovered are classified according to Annex B to EU directive 2008/98/EU;
6. The "other indirect GHG emissions (scope 3)" reported under GRI indicator EN 17 relate to domestic and international air travel performed by UCB employees working in 29 countries (Australia, Austria, Belgium, Bulgaria, Canada, China (including Hong Kong), Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, India, Italy, Japan, Luxemburg, Mexico, Netherlands, Norway, Poland, Portugal, South-Korea, Spain, Sweden, Switzerland, Turkey, U.K. and U.S.

8.2. | REPORTING PRINCIPLES

In order to ensure uniformity and reliability of indicators used for all entities, UCB Group decided to represent the data according to the Global Reporting Initiative (GRI) G4 reporting indicators. These sustainability reporting guidelines cover financial and non-financial factors such as social, safety and environmental impacts of the company's performance.

UCB assessed themselves as compliant to the GRI G4 defined indicators "in accordance" with the Core option "General Standard Disclosure" and selected "Specific Standard Disclosure" indicators to report on.

8.3. | ACCURACY

The UCB Corporate Health, Safety & Environment (HS&E) and Corporate Societal Responsibility (CSR) departments are responsible for ensuring that all data are consolidated on the basis of information provided by the manufacturing and research sites as well as affiliates and administrative sites throughout the world.

Country HS&E coordinators perform an initial validation of safety and environmental data prior to the consolidation at corporate level.

Corporate HS&E and CSR also verify data consistency during consolidation. These validations include data comparisons from previous years as well as a careful analysis of any significant discrepancies.

Social data regarding the workforce are extracted from global IT HR systems used as management control database for UCB worldwide.

8.4. | RELIABILITY

In order to obtain an external review of the reliability and thoroughness of the data and reporting procedures, PwC is asked to perform specific verification of selected financial, societal, health, safety and environment indicators.

Their assurance statement, describing the work performed as well as the compliance to the GRI G4 Sustainability Reporting Guidelines and conclusions are submitted, as required, to the Audit Committee as the appropriate body representing UCB's Board of Directors.

The assurance statement will be published in the 2015 Annual Report.

9. TALENT, SOCIETAL AND ENVIRONMENTAL DATA

9.1 TALENT AND SOCIETAL DATA

GRI-G4 INDICATOR	DEFINITION	UNIT OF MEASURE	2014	2015		
LA 1	Total workforce	Employees as of 31 December	Number	8 684	7 788	
	Workforce by gender	Women and men employees	Number women	4 072	3 867	
			% women	47	50	
			Number men	4 612	3 921	
			% men	53	50	
	Workforce by gender and age	Women and men employees by age group	Number women	4 072	3 867	
			- ≤ 29y	444	390	
			- 30 - ≤ 39y	1 430	1 376	
			- 40 - ≤ 49y	1 437	1 367	
			- ≥ 50y	761	734	
			Number men	4 612	3 921	
			- ≤ 29y	599	321	
			- 30 - ≤ 39y	1 448	1 187	
			- 40 - ≤ 49y	1 583	1 468	
			- ≥ 50y	982	945	
	Workforce by region	Europe/Japan/U.S./ International markets	Number			
- Europe			4 237	4 244		
- Japan			319	326		
- United States			1 766	1 179		
		- International markets	2 362	2 039		
		Workforce by region and gender	Europe/Japan/U.S./ International markets	% women/men		
				- Europe	49/51	49/51
				- Japan	20/80	21/79
- United States	51/49			55/45		
		- International markets	44/56	53/47		
		Workforce by employment type	Employees	Number		
				Permanent contract		7 620
				Fixed-term contract		168
Workforce by employment type and gender	Women and men on permanent contract	% women/men		50/50		
Workforce by employee function	Technical operations, administrative/support staff, sales force, managers and executives	Number				
		- technical operations	729	417		
		- administrative/support staff	885	873		
		- sales force	2 691	2 297		
		- managers	4 240	4 074		
		- executives	139	127		
		Workforce by employee organisation	Patient value functions, units, operations and practices	Number		
				Patient Value Functions		1 053
				Patient Value Practices		631
				Patient Value Unit		
				- New Medicines		471
- Immunology/Bone				753		
- Neurology				1 192		
Patient Value Operations				2 017		
Patient Value Technical Operation		1 671				

	Newcomers by gender, age group and region	Gender, age group and region (see separate table)	Number women	816	605
			man	875	542
	Departures by gender, age group and region	Gender, age group and region (see separate table)	Number women	598	786
			men	667	1 201
	Turnover	Number employees leaving (voluntary/non-voluntary) divided by total workforce	%	15	16
LA 06	LTR	Lost Time Incident Rate	Number of incidents resulting in lost time of one day or more within a 12-month period, per million hours worked	2.22	2.77
	LTSR	Lost Time Severity Rate	Number of lost days resulting from a lost time incident within a 12-month period, per thousand hours worked	0.03	0.03
LA 09	Training hours by employee category and gender	Training hours by employee category of technical operator, administrative/support staff, sales force, managers and executives	Number hours women/men		
			- technical operators	40/39	32/50
			- administrative/support staff	17/30	17/33
			- sales force	13/12	13/13
			- managers	20/19	19/21
			- executives	7/6	5/5

NEWCOMERS BY GENDER, AGE GROUP AND REGION (2015)

Gender, age group (year) and region	Women				Men			
	≤ 29	30 - ≤ 49	≥ 50	Total	≤ 29	30 - ≤ 49	≥ 50	Total
- Europe	66	132	16	214	47	138	17	202
- Japan	2	8	1	11	1	23	6	30
- United States	4	86	20	110	3	64	14	81
- International markets	92	173	5	270	83	137	9	229
Subtotal	164	399	42	605	134	362	46	542

DEPARTURES BY GENDER, AGE GROUP AND REGION (2015)

Gender, age group (year) and region	Women				Men			
	≤ 29	30 - ≤ 49	≥ 50	Total	≤ 29	30 - ≤ 49	≥ 50	Total
- Europe	12	127	36	175	20	141	39	200
- Japan	2	6	1	9	1	13	9	23
- United States	61	212	96	369	76	211	124	411
- International markets	60	162	11	233	253	294	20	567
Subtotal	135	507	144	786	350	659	192	1 201

9.2 ENVIRONMENTAL DATA

GRI-G4 INDICATOR		DEFINITION	UNIT OF MEASURE	2014	2015
EN 3	Total	Total gas, fuel oil & vehicle fuel consumption	GigaJoules	613 395	665 697
	Gas	Gas consumption		595 674	652 584
	Fuel Oil	Fuel oil consumption		17 529	12 956
	Fuel vehicle	Utility vehicle fuel consumption		192	158
EN 4	Electricity	Electricity consumption	GigaJoules	476 344	471 804
EN 6	Energy saved	Energy saved due to conservation & efficiency improvements	GigaJoules	30 841	6 743
EN 8	Water	Total water	m ³	782 631	804 360
		Main water		584 997	624 427
		Ground & surface water		197 636	179 933
EN 15	Direct GHG emissions – scope 1	Electricity	Tons CO ₂	0	0
		Gas		33 417	36 610
		Fuel		1 316	963
EN 16	Indirect GHG emissions – scope 2	Electricity	Tons CO ₂	31 367	28 108
		Gas		0	0
		Fuel		0	0
EN 17	Other indirect GHG emissions – scope 3	Business Travel	Tons CO ₂	NA	20 119
EN 23	Waste disposal	Total waste	Tons	9 655	10 822
		Total waste not recovered		539	520
		Total waste recovered		9 119	10 302
		Subtotals			
		• Subtotal waste used principally as a fuel or other means to generate energy (EU waste recovery code R1)		3 116	3 996
		• Subtotal waste recovered through solvent reclamation or regeneration (EU waste recovery code R2)		3 052	2 839
		• Subtotal waste recovered through recycling/reclamation of organic substances which are not used as solvents (EU waste recovery code R3)		1 013	1 604
		• Subtotal waste recovered through recycling/reclamation of inorganic materials other than metals (EU waste recovery code R5)		1 780	1 790
		• Subtotal waste recovery by other methods (EU waste recovery code R4, R6 & R9)		154	74
EN 24	Total number and volume of significant spills	Number	Tons	0	0
		Volume		0	0
EN 25	Hazardous waste	Hazardous waste as defined by locally applicable regulations	Tons	7 292	7 532
	Non-hazardous waste	Other solid waste (excluding emissions and effluents)		2 362	3 291

10. GLOBAL REPORTING INITIATIVE G4 SUSTAINABILITY REPORTING

General Standard Disclosure		External Assurance*	
CATEGORY: STRATEGY AND ANALYSIS			
01	Statement of CEO	●	p 17-21
CATEGORY: ORGANIZATIONAL PROFILE			
03	Name of organization	●	p 4
04	Primary brands, products, and services	●	p 8
05	Location of the organization's headquarters	●	p 31, p80
06	Number of countries where the organization operates, and names of countries where either the organization has significant operations or that are specifically relevant to the sustainability topics covered in the report	● ß	p 146-149
07	Nature of ownership and legal form	●	p 80, p 146-149
08	Markets served (including geographic breakdown, sectors served, and types of customers and beneficiaries)	● ß	p 62-64, p 104
09	Scale of the organization, including		
	• Total number of employees	● ß	p 13, p 169, p 183
	• Total number of operations	● ß	p 146-149
	• Net sales (for private sector organizations) or net revenues (for public sector organizations)	● ß	p 72
	• Total capitalization broken down in terms of debt and equity (for private sector organizations)	● ß	p 23, p 59, p 68, p 74-76
	• Quantity of products or services provided	●	p 62-63
10	Human Resources		
	• Total number of employees by employment contract and gender	● ß	p 183
	• Total number of permanent employees by employment type and gender	● ß	p 183
	• Total workforce by region and gender	● ß	p 169, p 183
	• Significant variations in employment numbers	●	p 169, p 181, p 184
11	The percentage of total employees covered by collective bargaining agreements	◐	Collective bargaining agreements are country-specific
12	The organization's supply chain	●	p 166
13	Significant changes during the reporting period regarding the organization's size, structure, ownership, or its supply chain	●	p 168
14	Whether and how the precautionary approach or principle is addressed by the organization	●	p 173
15	Externally developed economic, environmental and social charters, principles, or other initiatives to which the organization subscribes or which it endorses	●	p 165-166
16	Memberships of associations (such as industry associations) and national or international advocacy organizations in which the organization, referring primarily to memberships maintained at the organizational level		
	• Holds a position on the governance body	●	p 165
	• Participates in projects or committees	●	p 165
	• Provides substantive funding beyond routine membership dues	●	p 165
	• Views membership as strategic	●	p 165

* Indicate if the Standard Disclosure Item has been externally assured. If yes, include the page reference for the External Assurance Statement in the report.

CATEGORY: IDENTIFIED MATERIAL ASPECTS AND BOUNDARIES			
17	Entities included in the organization's consolidated financial statements or equivalent documents and report whether any entity included in the organization's consolidated financial statements or equivalent documents is not covered by the report	●	p 81, p 146-149
18	Material aspect boundaries <ul style="list-style-type: none"> • The process for defining the report content and the Aspect Boundaries • How the organization has implemented the Reporting Principles for Defining Report Content 	●	p 162-163
19	Material Aspects identified in the process for defining report content	●	p 162
20	Stakeholders and material aspects <ul style="list-style-type: none"> • List of entities or groups of entities included in G4-17 for which the aspect is not material or the list of entities or groups of entities included in G4-17 for which the aspect is material • Specific limitation regarding the Aspect Boundary within the organization 	●	p 162
21	For each material Aspect, report the Aspect Boundary outside the organization	●	p 162
22	Effect of any restatements of information provided in previous reports, and the reasons for such restatements	●	No restatements applicable
23	Significant changes from previous reporting periods in the Scope and Aspect Boundaries	●	p 162
CATEGORY: STAKEHOLDER ENGAGEMENT			
24	List of stakeholder groups engaged by the organization	●	p 162
25	The basis for identification and selection of stakeholders with whom to engage	●	p 162
26	The organization's approach to stakeholder engagement, including frequency of engagement by type and by stakeholder group, and an indication of whether any of the engagement was undertaken specifically as part of the report preparation process	●	p 162-163
27	Key topics and concerns that have been raised through stakeholder engagement, and how the organization has responded to those key topics and concerns, including through its reporting and report the stakeholder groups that raised each of the key topics and concerns	●	p 162-163
CATEGORY: REPORT PROFILE			
28	Reporting period (such as fiscal or calendar year) for information provided	●	β p 181
29	Date of most recent previous report (if any)	●	β p 181
30	Reporting cycle (such as annual, biennial)	●	β p 181
31	The contact point for questions regarding the report or its contents	●	β p 193
32	The "in accordance" option the organization has chosen GRI Content Index for the chosen option	●	β p 159, p 182
	The reference to the External Assurance Report, if the report has been externally assured. GRI recommends the use of external assurance but it is not a requirement to be "in accordance" with the Guidelines	●	β p 191
33	The organization's policy and current practice with regard to seeking external assurance for the report	●	β p 182
	The scope and basis of any external assurance provided	●	β p 181
	Relationship between the organization and the assurance providers	●	β p 182
	Whether the highest governance body or senior executives are involved in seeking assurance for the organization's sustainability report	●	β p 182
CATEGORY: GOVERNANCE			
34	The governance structure of the organization, including committees of the highest governance body. Identify any committees responsible for decision-making on economic, environmental and social impacts	●	β p 14, p 32-33
CATEGORY: ETHICS AND INTEGRITY			
56	The organization's values, principles, standards and norms of behaviour	●	β p 164

CATEGORY: ECONOMIC

Disclosures on Management Approach on Material Issues

For each of the aspects described below and explanation as why this aspect is material to UCB can be found in the body of the report. Those material aspects are managed by functions in charge throughout the company worldwide.

Aspect: Economic performance

EC1	Direct economic value generated and distributed	●	β	p 72-76
EC3	Coverage of the organization's defined benefit plan obligations	●	β	p 130-131

Aspect: Market presence

EC6	Proportion of senior management hired from the local community at significant locations of operation	●		p 169
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CATEGORY: ENVIRONMENTAL

Disclosures on Management Approach on Material Issues

For each of the aspects described below an explanation as why this aspect is material to UCB can be found in the body of the report. Those material aspects are managed by functions in charge throughout the company worldwide, especially the Health, Safety and Environmental departments as well as suppliers, contract manufacturing organization and distributors.

Aspect: Energy

EN3	Energy consumption within the organization	●	β	p 174, p 185
EN4	Energy consumption outside of the organization	ⓘ		p 174, p 185
EN6	Reduction of energy consumption	●		p 174, p 185

Aspect: Water

EN8	Total water withdrawal by source	●	β	p 174, p 185
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Aspect: Emissions

EN15	Direct greenhouse gas (GHG) emissions (scope 1)	●	β	p 174, p 185
EN16	Energy indirect greenhouse gas (GHG) emissions (scope 2)	●	β	p 174, p 185
EN17	Other indirect greenhouse gas (GHG) emissions (scope 3)	ⓘ		p 174, p 185

Aspect: Effluent and water

EN23	Total weight of waste by type and disposal method	●	β	p 185
EN24	Total number and volume of significant spills	●	β	p 185
EN25	Weight of transported, imported, exported, or treated waste deemed hazardous under the terms of the Basel Convention, and percentage of transported waste shipped internationally	●	β	p 185

CATEGORY: SOCIAL

Sub-category: Labor practices and decent work

Disclosures on Management Approach on Material Issues

For each of the aspects described below and explanation as why this aspect is material to UCB can be found in the body of the report. Those material aspects are managed by functions in charge throughout the company worldwide, under the leadership of the Talents and Company Reputation department.

Aspect: Employment

LA1	Total number and rates of new employee hires and employee turnover by age group, gender and region	●	β	p 169, p 184
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* Indicate if the Standard Disclosure Item has been externally assured. If yes, include the page reference for the External Assurance Statement in the report

Aspect: Occupational health and safety			
LA6	Type of injury and rates of injury, occupational diseases, lost days, and absenteeism, and total number of work-related fatalities, by region and by gender	●	p 171, p 184
LA7	Workers with high incidence or high risk of diseases related to their occupation	●	p 171
Aspect: Training and education			
LA9	Average hours of training per year per employee by gender, and by employee category	●	β p 184
LA11	Percentage of employees receiving regular performance and career development reviews, by gender and by employee category	●	p 170
Aspect: Diversity and equal opportunity			
LA12	Composition of governance bodies and breakdown of employees per employee category according to gender, age group, minority group membership, and other indicators of diversity	●	β p 14, p 32-33

Sub-category: Human Rights

Disclosures on Management Approach on Material Issues

For each of the aspects described below and explanation as why this aspect is material to UCB can be found in the body of the report. Those material aspects are managed by functions in charge throughout the company worldwide under the leadership of the Talent and Company Reputation and Legal Affairs departments.

Aspect: investment			
HR2	Total hours of employee training on human rights policies or procedures concerning aspects of human rights that are relevant to operations, including the percentage of employees trained	●	β p 170
Aspect: Non-discrimination			
HR3	Total number of incidents of discrimination and corrective actions taken	●	No incident of discrimination identified
Aspect: Child labor			
HR5	Operations and suppliers identified as having significant risk for incidents of child labor, and measures taken to contribute to the effective abolition of child labor	●	p 164

Sub-category: Social

Disclosures on Management Approach on Material Issues

For each of the aspects described below and explanation as why this aspect is material to UCB can be found in the body of the report. Those material aspects are managed by functions in charge throughout the company worldwide under the leadership of the Talent and Company Reputation and Legal Affairs departments.

Aspect: Anti-corruption			
SO3	Total number and percentage of operations assessed for risks related to corruption and the significant risks identified	●	p 164
SO4	Communication and training on anti-corruption policies and procedures	●	β p 164, p 170
SO5	Confirmed incidents of corruption and actions taken	●	p 164
Aspect: Public policy			
SO6	Total value of political contributions by country and recipient/beneficiary	●	p 165
Aspect: Anti-competitive behavior			
SO7	Total number of legal actions for anti-competitive behavior, anti-trust, and monopoly practices and their outcomes	●	p 165
Aspect: Compliance			
SO8	Monetary value of significant fines and total number of non-monetary sanctions for non-compliance with laws and regulations	●	p 165

Sub-category: Product Responsibility**Disclosures on Management Approach on Material Issues**

For each of the aspects described below and explanation as why this aspect is material to UCB can be found in the body of the report. Those material aspects are managed by functions in charge throughout the company worldwide under the leadership of the Global Regulatory Affairs, Drug Safety and Information Intelligence and Integrity departments.

Aspect: Customer health and safety

PR1	Percentage of significant product and service categories for which health and safety impacts are assessed for improvement	●	p 167
PR2	Total number of incidents of non-compliance with regulations and voluntary codes concerning the health and safety impacts of products and services during their life cycle, by type of outcomes	●	p 167

Aspect: Product and service labelling

PR3	Type of product and service information required by the organization's procedures for product and service information and labelling, and percentage of significant products and service categories subject to such information requirements	●	p 167
PR5	Results of surveys measuring customer satisfaction	⌚	p 166

Aspect: Marketing communications

PR6	Sale of banned or disputed products	●	p 167
PR7	Total number of incidents of non-compliance with regulations and voluntary codes concerning marketing communications, including advertising, promotion, and sponsorship, by type of outcomes	●	p 166

Aspect: Customer privacy

PR8	Total number of substantiated complaints regarding breaches of customer privacy and losses of customer data	●	p 166
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Sub-category: Access to care for persons living with epilepsy in resource-poor countries**Disclosures on Management Approach on Material Topic**

For each of the aspects described below an explanation as why this aspect is material to UCB can be found in the body of the report. Those material aspects are managed by the Corporate Societal Responsibility department.

AC1	Total number of persons living with epilepsy having improved access to education, diagnosis and treatment in selected countries or provinces	⌚	p 177-179
AC2	Total number of persons in communities having participated in epilepsy awareness programs in selected countries or provinces	⌚	p 177-179
AC3	Total number of health care staff having participated in neurology training programs	⌚	p 177-179

Sub-category: Employee engagement**Disclosures on Management Approach on Material Topic**

For each of the aspects described below an explanation as why this aspect is material to UCB can be found in the body of the report. Those material aspects are managed by functions in charge throughout the company worldwide under the leadership of the Talent and Company Reputation and Corporate Societal Responsibility departments.

EE1	Number (percentage) of colleagues engaging in UCB Voices®	●	p 172
EE2	Number (percentage) of colleagues completing the mandatory training programs	●	p 170
EE3	Number of initiatives in support of environmental sustainability and sensibilization organized by colleagues	⌚	p 173, p 175
EE4	Number of initiatives in support of UCB's CSR patient initiatives in resource-poor countries organized by colleagues	⌚	p 180

11. ASSURANCE REPORT

INDEPENDENT LIMITED ASSURANCE REPORT ON THE UCB CORPORATE SOCIETAL RESPONSIBILITY PERFORMANCE REPORT 2015

This report has been prepared in accordance with the terms of our engagement contract dated 1 October 2015, whereby we have been engaged to issue an independent limited assurance report in connection with selected data of the Corporate Societal Responsibility Performance Report as of and for the year ended 31 December 2015 in the accompanying Annual Report 2015 of UCB and its subsidiaries (the "Report").

RESPONSIBILITY OF BOARD OF DIRECTORS

The Board of Directors of UCB SA ("the Company") is responsible for the preparation of the selected indicators for the year 2015 marked with a Greek small letter beta (β) in the Corporate Societal Responsibility Performance Report set forth in the Report of UCB and its subsidiaries and the declaration that its reporting meets the requirements of the Global Reporting Initiative (GRI) G4-Core, as set out on 158-190 (the "Subject Matter Information"), in accordance with the criteria disclosed in the Corporate Societal Responsibility Performance Report and with the recommendations of the GRI (the "Criteria").

This responsibility includes the selection and application of appropriate methods for the preparation of the Subject Matter Information, for ensuring the reliability of the underlying information and for the use of assumptions and estimates for individual sustainability disclosures which are reasonable in the circumstances. Furthermore, the responsibility of the Board of Directors includes the design, implementation and maintenance of systems and processes relevant for the preparation of the Subject Matter Information.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an independent conclusion about the Subject Matter Information based on the work we have performed. We conducted our work in accordance with the International Standard on Assurance Engagements (ISAE) 3000 "Assurance Engagements other than Audits or Reviews of Historical Financial Information". This standard requires that we comply with ethical requirements and that we plan and perform the engagement to obtain limited assurance as to whether nothing has come to our attention that causes us to believe that the Subject Matter Information is not fairly stated, in all material respects, based on the Criteria.

The objective of a limited-assurance engagement is to perform the procedures we consider necessary to provide us with sufficient appropriate evidence to support the expression of a conclusion in the negative form on the Subject Matter Information. The selection of such procedures depends on our professional judgment, including the assessment of the risks of management's assertion being materially misstated. The scope of our work comprised the following procedures:

- > assessing and testing the design and functioning of the systems and processes used for data-gathering, collation, consolidation and validation, including the methods used for calculating and estimating the Subject Matter Information as of and for the year ended 31 December 2015 presented on 158-190 of the Annual Report 2015;

- > conducting interviews with responsible officers including site visits;
- > inspecting internal and external documents.

We have evaluated the Subject Matter Information against the Criteria. The accuracy and completeness of the Subject Matter Information are subject to inherent limitations given their nature and the methods for determining, calculating or estimating such information. Our Limited Assurance Report should therefore be read in connection with the Criteria.

OUR INDEPENDENCE AND QUALITY CONTROL

We have complied with the independence and other ethical requirements of the Code of Ethics for Professional Accountants issued by the International Ethics Standards Board for Accountants (IESBA), which is founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour. Our audit firm applies International Standard on Quality Control (ISQC) n° 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

CONCLUSION

Based on our work, as described in this Independent Limited Assurance Report, nothing has come to our attention that causes us to believe that the selected indicators for the year 2015 marked with a Greek small letter beta (β) in UCB's Corporate Societal Responsibility Performance Report 2015, and UCB's assertion that the report meets the requirement GRI G4 – Core, is not fairly stated, in all material respects, in accordance with the Criteria.

RESTRICTION ON USE AND DISTRIBUTION OF OUR REPORT

Our assurance report has been made in accordance with the terms of our engagement contract. Our report is intended solely for the use of the Company, in connection with their Corporate Societal Responsibility Performance Report as of and for the year ended 31 December 2015 and should not be used for any other purpose. We do not accept, or assume responsibility to anyone else, except to the Company for our work, for this report, or for the conclusions that we have reached.

Sint-Stevens-Woluwe, 25 February 2016

PwC Bedrijfsrevisoren bcvba

Represented by

Marc Daelman

Registered auditor

GLOSSARY OF TERMS

CER Constant exchange rates

CORE EPS/CORE EARNINGS PER SHARE

Profit attributable to UCB shareholders, adjusted for the after-tax impact of non-recurring items, the financial one-offs, the after-tax contribution from discontinued operations and the after-tax amortization linked to sales, divided by the number of shares outstanding

EBIT/EARNINGS BEFORE INTEREST AND TAXES

Operating profit as mentioned in the consolidated financial statements

EMA/EUROPEAN MEDICINES AGENCY

Agency responsible for the evaluation of medicinal products designed to protect and promote human and animal health. www.emea.europa.eu

EPS Earnings per share

ESTABLISHED BRANDS

Portfolio of 150 post-patent, high-quality medicines, with proven value for patients and doctors since many years

FDA/U.S. FOOD AND DRUG ADMINISTRATION

Agency within the U.S. Department of Health and Human Services is responsible for protecting and promoting the nation's health. www.fda.gov

IA Idiopathic arthritis

NET FINANCIAL DEBT

Non-current and current borrowings and bank overdrafts less debt securities, restricted cash deposit with respect to financial lease agreements, cash and cash equivalents

KU

Kremers Urban, specialty generic pharmaceutical company in the U.S.

nr AxSpA

Non radiographic axial spondyloarthritis

PGTCS

Primary generalized tonic-clonic seizures
osteoporosis

PMDA/PHARMACEUTICALS AND MEDICAL DEVICES AGENCY

Japanese regulatory agency in charge of protecting the public health by assuring safety, efficacy and quality of pharmaceuticals and medical devices. <http://www.pmda.go.jp/english/>

POS

Partial onset seizure

RECURRING EBIT (REBIT)

Operating profit adjusted for impairment charges, restructuring expenses, and other exceptional income and expenses

RECURRING EBITDA (Recurring Earnings Before Interest, Taxes, Depreciation and Amortization charges)

Operating profit adjusted for amortization, depreciation, impairment charges, restructuring expenses and other exceptional income and expenses

WEIGHTED AVERAGE NUMBER OF ORDINARY SHARES

Number of ordinary shares outstanding at the beginning of a given period, adjusted by the number of shares bought back or issued during the period, multiplied by a time-weighting factor

WORKING CAPITAL

Includes inventories, trade and other receivables and trade and other payables, both due within and after 12 months

Financial calendar 2016

25 April	Interim report
28 April	Annual general meeting
28 July	2016 half-year financial results
25 October	Interim report

Forward-looking statements

This Annual Report contains forward-looking statements, including, without limitation, statements containing the words “believes”, “anticipates”, “expects”, “intends”, “plans”, “seeks”, “estimates”, “may”, “will”, and “continue” and similar expressions. These forward-looking statements are based on current plans, estimates and beliefs of management. By their nature, such forward-looking statements are not guarantees of future performance and are subject to known and unknown risks, uncertainties, and assumptions which might cause the actual results, financial condition, performance or achievements of UCB, or industry results, to be materially different from any future results, performance, or achievements expressed or implied by such forward-looking statements contained in this Annual Report.

Important factors that could result in such differences include but are not limited to: changes in general economic, business and competitive conditions, the inability to obtain necessary regulatory approvals or to obtain them on acceptable terms, costs associated with research and development, changes in the prospects for products in the pipeline or under development by UCB, effects of future judicial decisions or governmental investigations, product liability claims, challenges to patent protection for products or product candidates, changes in laws or regulations, exchange rate fluctuations, changes or uncertainties in tax laws or the administration of such laws and hiring and retention of its employees. There is no guarantee that new product candidates in the pipeline will progress to product approval or that new indications for existing products will be developed and approved. Products or potential products which are the subject of partnerships, joint ventures or licensing collaborations may be subject to differences between the partners. Also, UCB or others could discover safety, side effects or manufacturing problems with its products after they are marketed. Moreover, sales may be impacted by international and domestic trends toward managed care and health care cost containment and the reimbursement policies imposed by third-party payers as well as legislation affecting biopharmaceutical pricing and reimbursement.

Given these uncertainties, the public is cautioned not to place any undue reliance on such forward-looking statements. These forward-looking statements are made only as of the date of this Annual Report. UCB expressly disclaims any obligation to update any such forward-looking statements in this Annual Report to reflect any change in its expectations with regard thereto or any change in events, conditions, for circumstances on which any such statement is based, unless such statement is required pursuant to applicable laws and regulations.

Official report language

Pursuant to Belgian Law, UCB is required to prepare its Annual Report in French and Dutch. UCB has also made this report available in English. In the event of any differences in translations or interpretations, the French version shall prevail.

Availability of the Annual Report

The Annual Report is as such available on the website of UCB (www.ucb.com). Other information on the website of UCB or on any other website, does not form part of this Annual Report.

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