



Changing Diabetes®

Diabetes is changing the world –
How can we change diabetes?

The diabetes pandemic

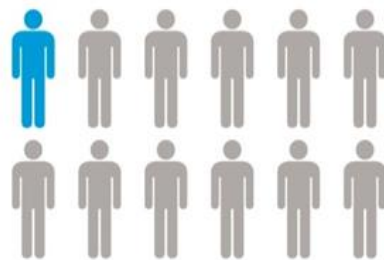
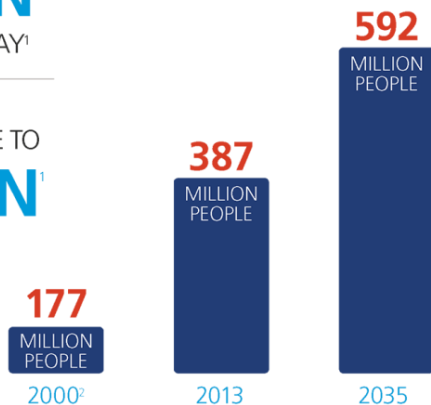
Diabetes is changing the world

387 MILLION

PEOPLE HAVE DIABETES TODAY¹

BY 2035 THIS FIGURE COULD RISE TO

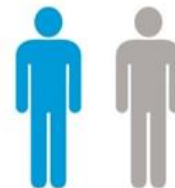
592 MILLION¹



1 in 12

PEOPLE HAVE DIABETES³

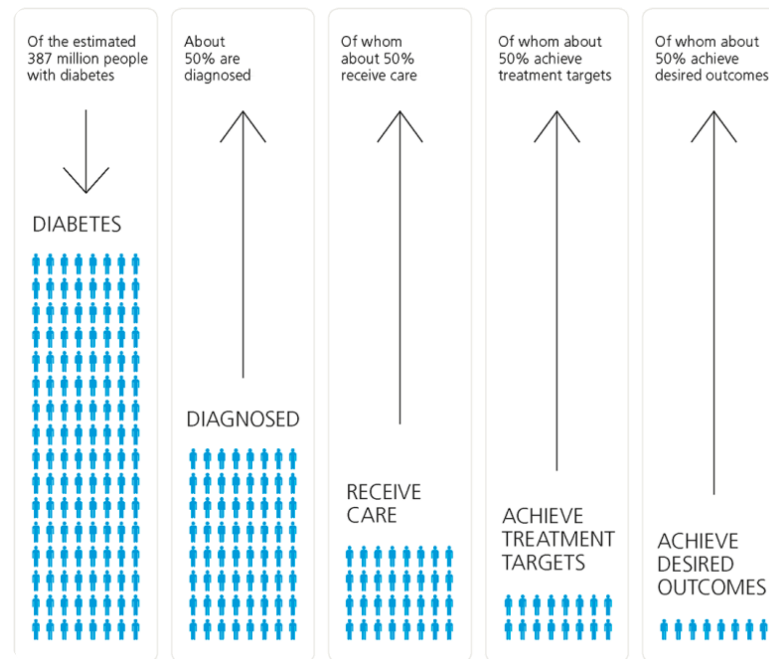
1 in 2 PEOPLE WITH DIABETES DO NOT KNOW THEY HAVE IT¹



The 'Rule of Halves'

The one rule we have to break

- **Changing Diabetes®** is our response to the global diabetes challenge as illustrated by the 'Rule of Halves'.⁴
- With our partners, we are acting at every stage of the diabetes care pathway to boost awareness and detection, improve access to care, provide individualised treatments and address psychosocial barriers.
- Our ultimate goal is to improve the lives of people with diabetes.



Actual rates of diagnosis, treatment, targets and outcomes vary in different countries.

Film: The one rule we have to break

The video player displays a crowd of people. Overlaid on the crowd are five columns of blue human icons, each representing a different stage of diabetes management. The largest column is labeled 'DIABETES'. The second column is labeled 'DIAGNOSED'. The third column is labeled 'RECEIVE CARE'. The fourth column is labeled 'ACHIEVE TREATMENT TARGETS'. The fifth column is labeled 'ACHIEVE DESIRED OUTCOMES'. To the right of the crowd, the text 'Of whom about 50% achieve desired outcomes' is displayed, with '50%' in a large blue font. At the bottom of the video player, a subtitle reads 'to help more people live a better life with diabetes.' The video player interface includes a progress bar at 04:04 and standard playback controls.

DIABETES

DIAGNOSED

RECEIVE CARE

ACHIEVE TREATMENT TARGETS

ACHIEVE DESIRED OUTCOMES

Of whom about **50%** achieve desired outcomes

to help more people live a better life with diabetes.

04:04

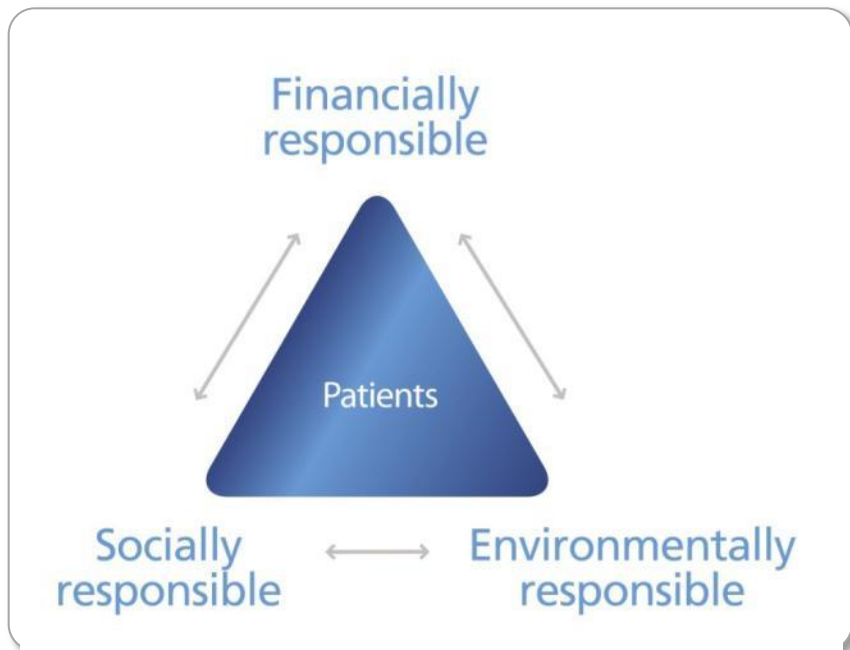
The strategic fit: Sustainability and business



We believe that a healthy economy, environment and society are fundamental to long-term business success



The Triple Bottom Line is how we do business



"The company seeks to conduct its business in a financially, socially and environmentally responsible way."

*Articles of Association,
objectives*



We have an ambition to be a sustainable business

NOVO NORDISK

WAY

- *Our ambition is to strengthen our leadership in diabetes.*
- *We aspire to change possibilities in haemophilia and other serious chronic conditions.*
- *Our key contribution is to discover and develop innovative biological medicines and make them accessible to patients throughout the world.*

We have a values-based management approach

1. We create value by having a patient centred business approach.
2. We set ambitious goals and strive for excellence.
3. We are accountable for our financial, environmental and social performance.
4. We provide innovation to the benefit of our stakeholders.
5. We build and maintain good relations with our key stakeholders.
6. We treat everyone with respect.
7. We focus on personal performance and development.
8. We have a healthy and engaging working environment.
9. We optimise the way we work and strive for simplicity.
10. We never compromise on quality and business ethics.

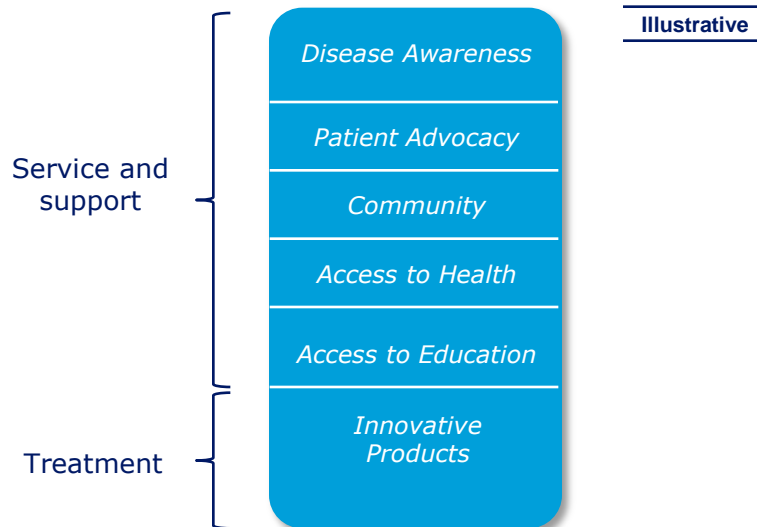
NOVO NORDISK

WAY

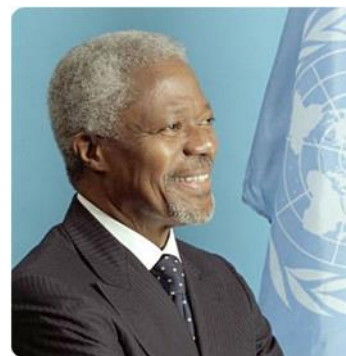


And therefore we pursue a holistic strategy that goes beyond business as usual

Patient value proposition



The business of health requires a patient centred approach



"... it is my aspiration that health will finally be seen not as a blessing to be wished for; but as a human right to be fought for."

- Kofi Annan, former secretary general of the United Nations

Changing Diabetes® is our promise to improve health and quality of life

Improve health outcomes for people with diabetes



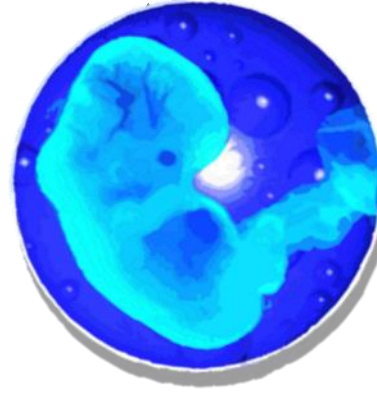
- DAWN2
- Changing Diabetes® barometer
- Healthcare professionals and patient training
- Action on Diabetes

Expand access to affordable care worldwide



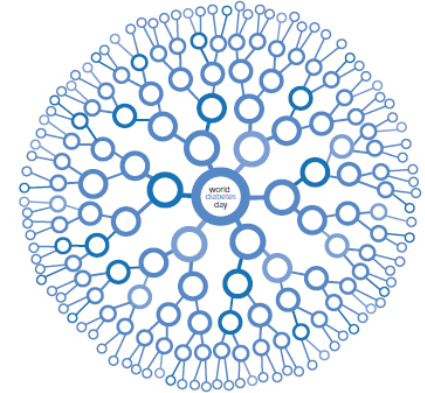
- Changing Diabetes® 40by20 Patient Ambition
- LDC pricing policy
- Changing Diabetes® at the Base of the Pyramid
- Changing Diabetes® in Children

Prevent diabetes in future generations



- Changing Diabetes® in Pregnancy
- Changing Future Health

Drive awareness and public policy



- World Diabetes Day
- Changing Diabetes® Leadership Forums
- Changing Diabetes® Village
- Team Novo Nordisk

With our Global **Access** to Care Strategy we want to:

- Break the Rule of Halves
- Reach more people with quality treatments
- Enable more people to live better lives

A continued commitment to improving access to diabetes care

2000

Introduction of an
access to health
strategy

Establishment of the



WORLD **DIABETES** FOUNDATION

Introduction of a
LDC Pricing Policy

2009

World Partner Project

A PPP to improve
diabetes care in
developing countries

FAIR Programme

Exploring diabetes
care for minority
populations

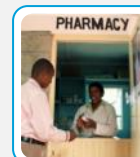
2011

changing
diabetes®
in children

changing
diabetes®
in pregnancy



Next
Generation
Health
focus



Base of the
Pyramid

2013

Updated strategy



On going advocacy and awareness initiatives at the global, regional and country level

Consulting with stakeholders to update our access to diabetes care strategy

We followed a consultation process with key internal and external stakeholders to identify priorities and perceptions taking these into account in defining our strategy.

Review of existing strategy

Internal consultations across the organisation

External consultations with key stakeholders

Global access to diabetes care strategy



Two primary asks from stakeholders

Integration into business

Novo Nordisk's access to health strategy should be integrated into its core business strategy including product development and emerging market strategies.



Access as a global issue

Novo Nordisk's access to health strategy should regard access as a global issue that needs to be addressed in all countries and not only the least developed countries.

Access to healthcare is particularly an issue in low- and middle-income countries



The burden of non-communicable diseases

Non-communicable diseases (NCDs)
kill more than **36 million people** each year.



**More than
60%**
of deaths worldwide¹

Nearly 80%
of NCD deaths – **29 million** –
occur in low- and middle-
income countries¹

1. WHO Fact Sheet Noncommunicable diseases (March 2013). <http://www.who.int/mediacentre/factsheets/fs355/en/>



changing diabetes® in children

Initiated: 2009

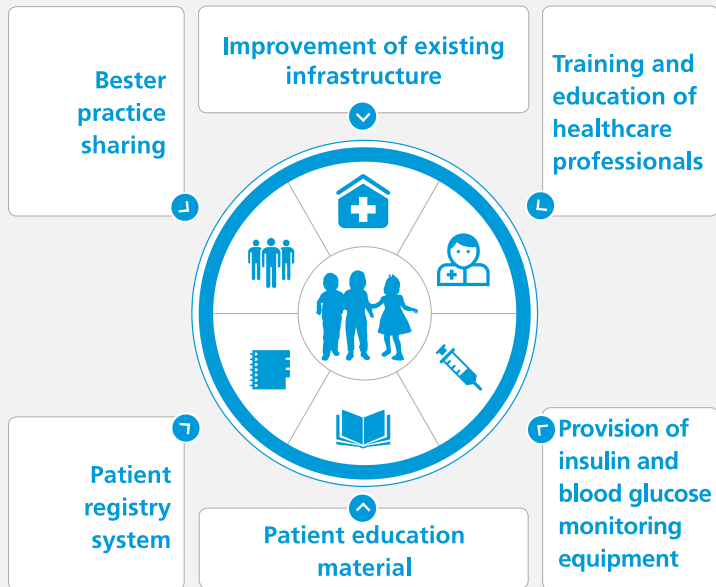
Ambition: Improve delivery of care to 10,000 children with type 1 diabetes in resource-poor settings.

The challenge / background



- **497,100 children** under the age of 15 years with type 1 diabetes in the world
- **High mortality rates**, with a life expectancy of less than one year after diagnosis in some countries / Average survival time for a child with type 1 diabetes in Africa is app 11 months
- Most developing countries do not have any specialised care (**paediatric endocrinology**)
- Very limited data available on **prevalence rates**

Programme design & partners



A **public-private** partnership initiative with:

- Ministries of Health
- Civil society
- World Diabetes Foundation
- Roche
- ISPAD

Our performance

Status as of December 2014



13,000 children with type 1 diabetes are receiving free insulin and care



5,400 healthcare professionals have been trained



108 clinics established



Patient **education** materials & basic training **manual** for HCPs developed



9 countries: Bangladesh, Cameroon, Democratic Republic of the Congo, Ethiopia, Guinea, India, Kenya, Tanzania and Uganda

changing diabetes® in pregnancy

Initiated: 2009

Aim: increase awareness and access to gestational diabetes screening and management for pregnant women in low- and middle-income countries.

Focus: Country projects, advocacy

DIANA TORRECILLA VILLARREAL
with her daughter
Colombia
Diana has GDM

The challenge & opportunity of GDM



- GDM poses an **increased risk** of developing type 2 diabetes for both mother and child.
- 1/5 pregnancies (\approx 6 million) experience **elevated blood sugar***. Of these, 90% are due to GDM.
- **18 million** births were affected by GDM in 2013 globally.
- **21 million** live births had some form elevated blood sugar in pregnancy in 2013**
- The prevalence of GDM reflects the **background prevalence** of type 2 diabetes in the population

Sources: IDF, WHO

* Hyperglycaemia in pregnancy is the medical term for abnormally high blood sugar level. When detected in pregnant women it mostly results in some form of diabetes (either gestational or type 2). Source: WHO: http://apps.who.int/iris/bitstream/10665/85975/1/WHO_NMH_MND_13.2_eng.pdf

** This made it the most common medical condition associated with pregnancy.

Gestational diabetes – why is it relevant?



A **window of opportunity** to:

- Improve **maternal** and **child health**.
- Identify **women at very high risk** of future diabetes -> prevent or delay diabetes and complications.
- Identify **children at high risk** of diabetes -> prevent **intergenerational** transfer of risk.

Our performance

Status as of October 2014



23,300 women screened for GDM –
2,400 diagnosed, treated and educated



3,500 healthcare professionals trained



3 countries: Colombia, India and Nicaragua



Partnership with FIGO* to develop protocols on GDM care



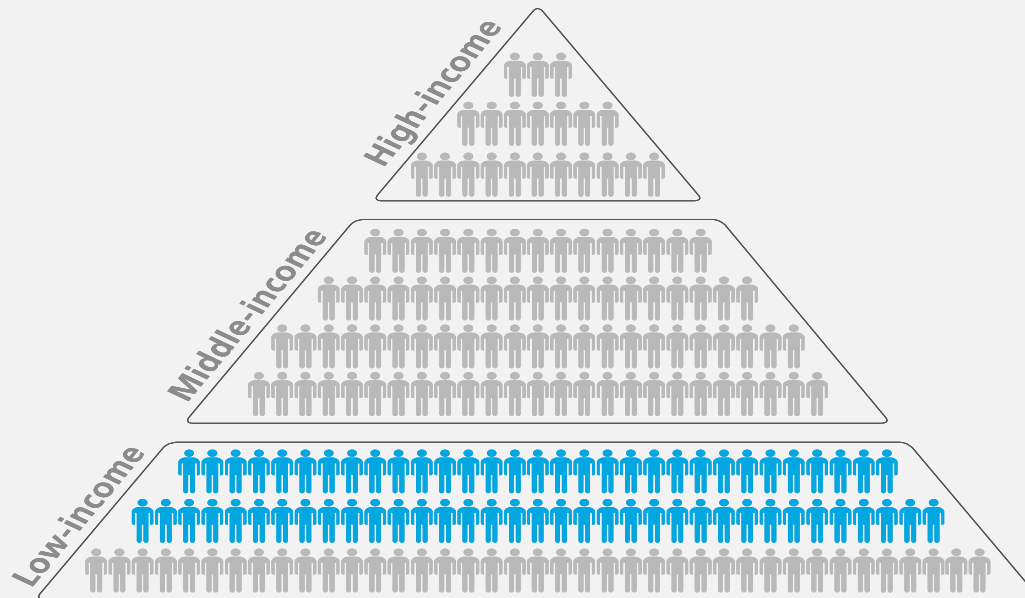
GeDiForCE® - a health economic model developed to assess cost-effectiveness of GDM screening

PHARMACY



Reaching the Base of the Pyramid

The Base of the Pyramid project aims to improve access to diabetes care for **the working poor at the base of the pyramid**



1.1 BN
working poor
earning \$1,500
to \$3,000/year

Partnership-based business models to create **shared value**



Focus on developing **scalable**, **sustainable** and **profitable** solutions that increase access to diabetes care for the working poor and provide value to the business of Novo Nordisk

Differential pricing for Least Developed Countries (LDCs) since 2002

20% of Western World prices

In 2013, Novo Nordisk offered a **maximum price of USD 24 cents** per patient per day* in all 49 LDCs.

In 35 out of the 49 LDCs, insulin was sold at **USD 16 cents** per patient per day **on average****.

In 2013 Novo Nordisk reached an estimated number of **364.452** patients***

* DKK 32,374/KU at WPP level and exchange rate 1USD=5,5DKK

** DKK 20,72/KU at WPP level and exchange rate 1USD=5,5DKK

*** Assuming 40 units/day

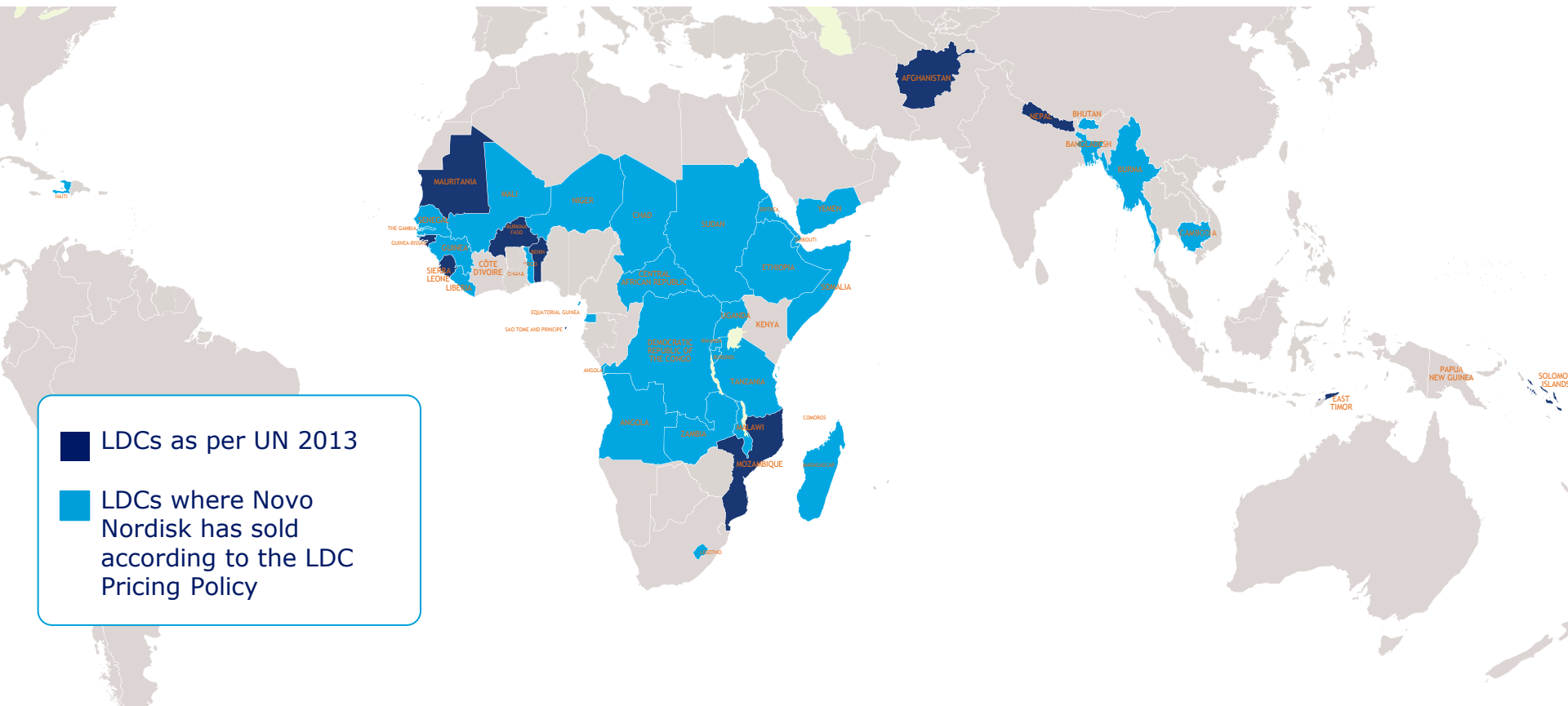
Other LMIC

low tender prices
through large volumes

5.2 mill. patients have
been treated with our
insulin for less than
USD 24 cents/ day in
2013.

2013 reach of the LDC pricing policy

LDC Pricing Policy reached 35 of the 48 LDCs in 2013



■ LDCs as per UN 2013

■ LDCs where Novo Nordisk has sold according to the LDC Pricing Policy

World Diabetes Foundation (WDF)

- Founded in **2002** by a grant from Novo Nordisk A/S of **USD 329 mill.**
- Aim is to support diabetes related projects in **developing countries**
- **398** projects funded to date in **110** countries
- Focus areas are:



Access to care



Prevention



Diabetes foot care



Diabetes & tuberculosis



Diabetes eye care



Type 1 diabetes



Pregnancy & diabetes



Advocacy



