

A woman is lying in a hospital bed, looking up at a healthcare professional in teal scrubs who is adjusting a nasal cannula on her face. Another healthcare professional in teal scrubs stands behind her, and a third in white scrubs is partially visible on the left. Medical equipment, including a ventilator and monitors, is visible in the background. The scene is brightly lit, suggesting a clinical setting.

Welcome to the Fisher & Paykel Healthcare Virtual Investor Series

Andrew Somervell – Vice President
Products and Technology

Our purpose

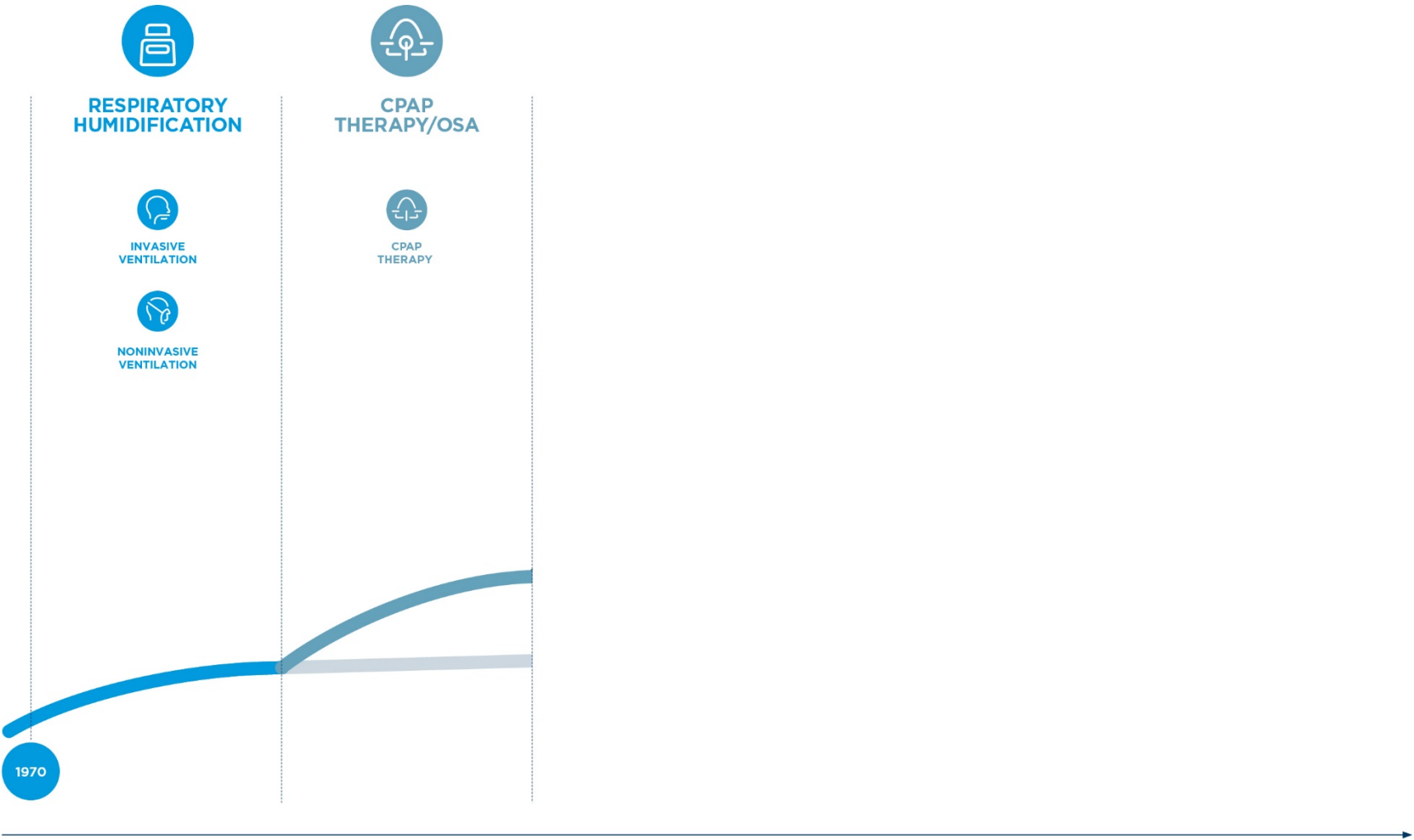
Improving care & outcomes
through inspired and
world-leading
healthcare solutions



Our strategy

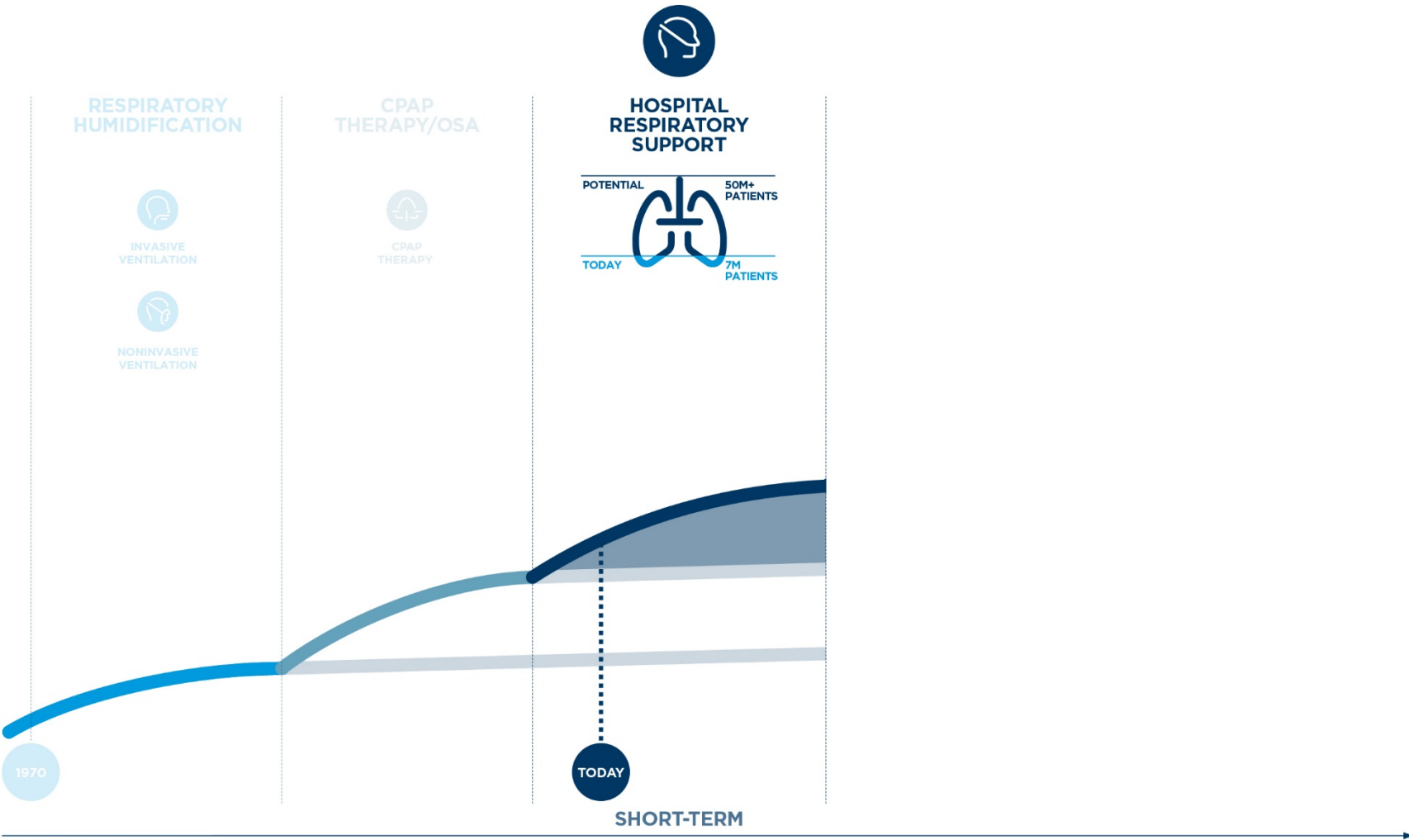
We aim to grow our business in a way that is sustainable over the long term by creating better products, extending our global reach and changing clinical practice.

Our aspiration



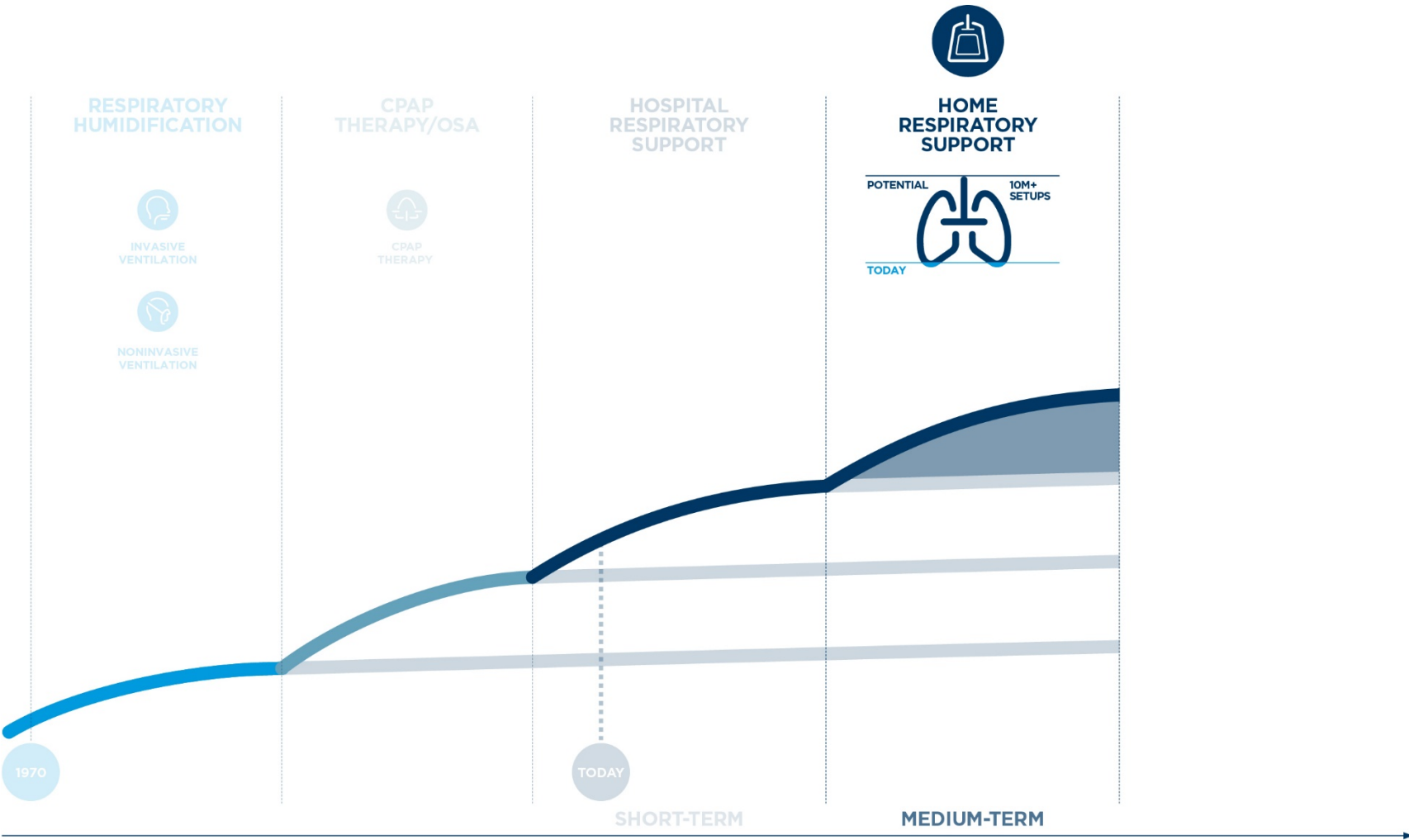
We've established an enviable track record for delivering **SUSTAINABLE REVENUE GROWTH.**

Hospital respiratory support



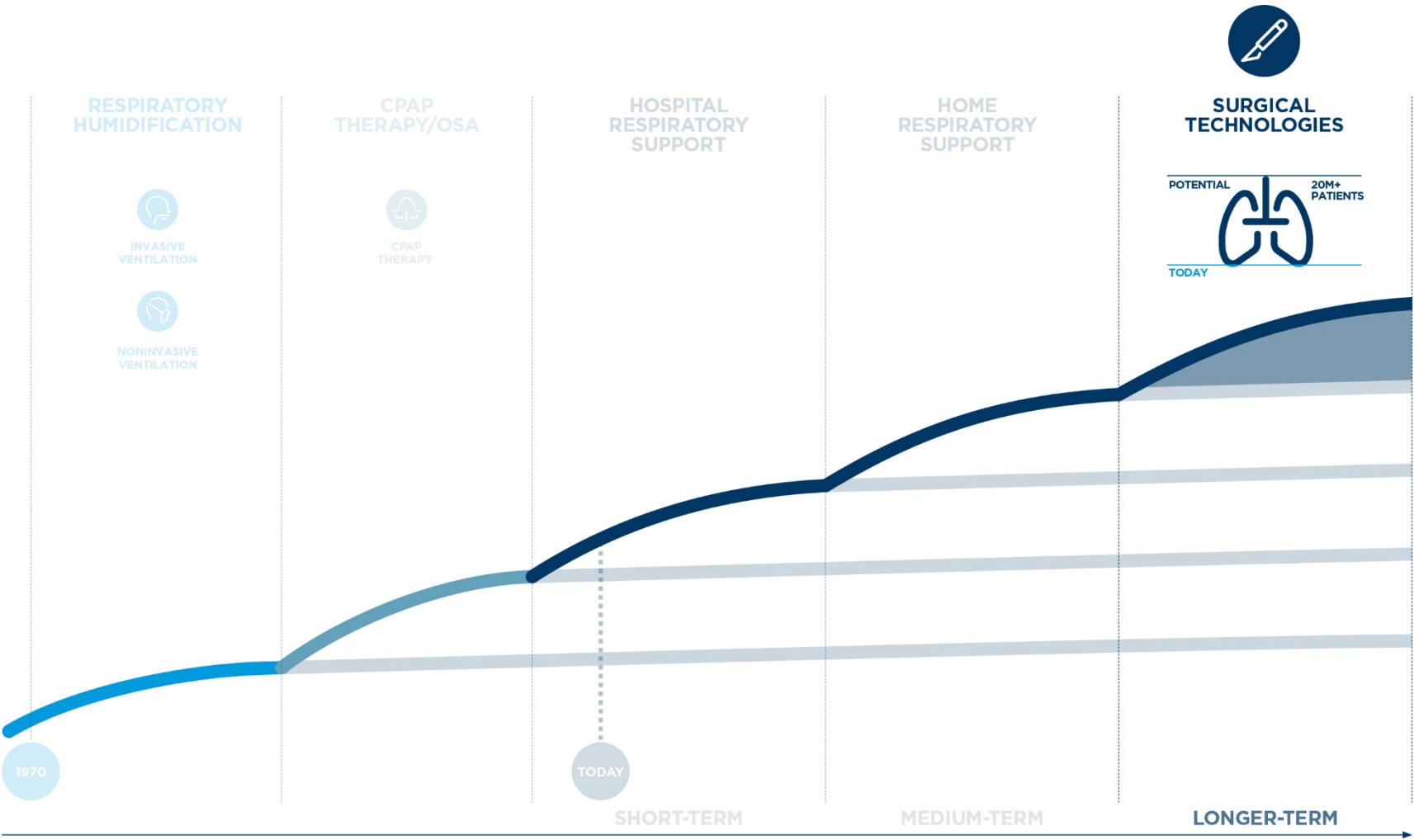
Where will sustainable growth come from in the SHORT-TERM?

Home respiratory support



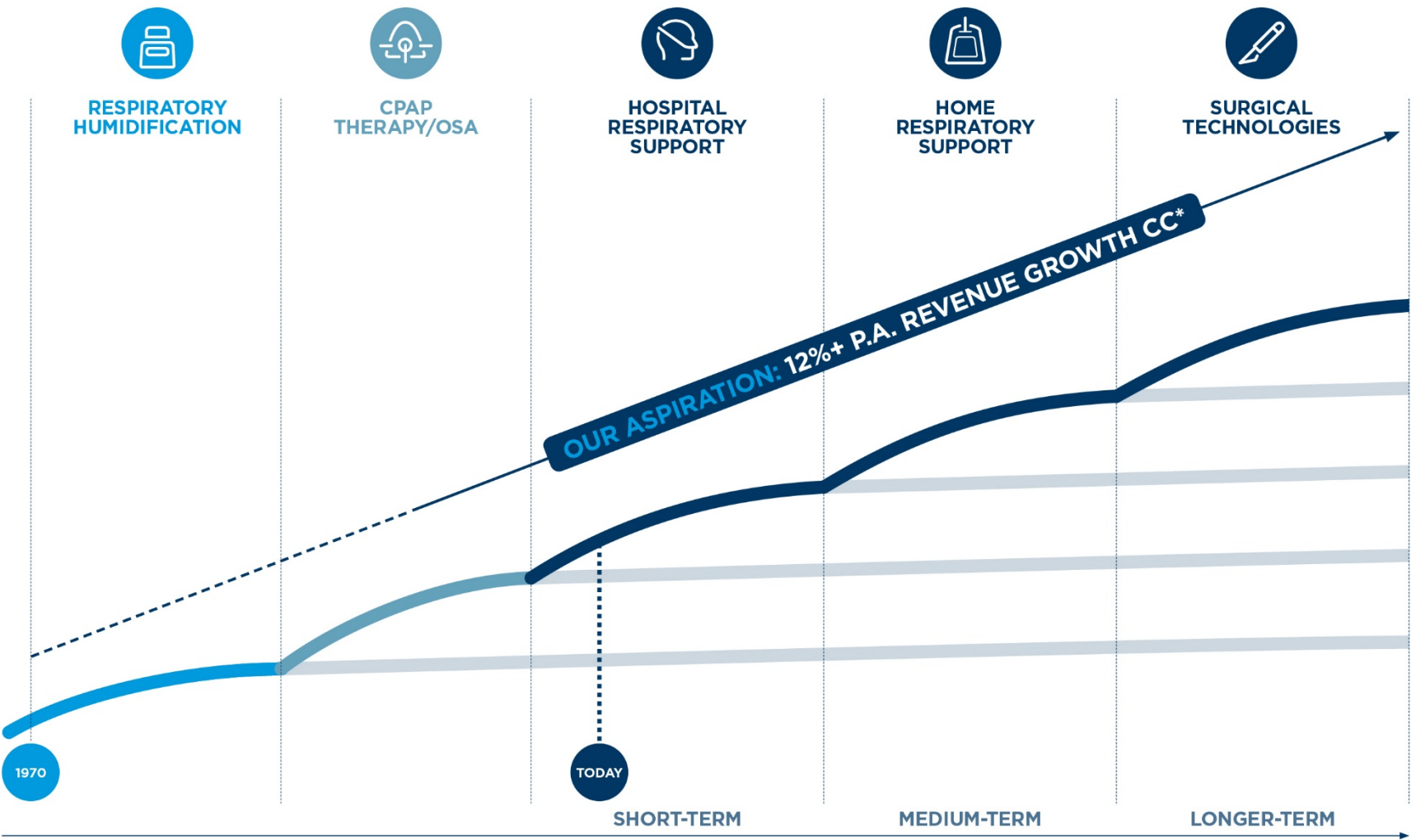
Where will sustainable growth come from in the MEDIUM-TERM?

Surgical technologies



Where will sustainable growth come from in the LONGER-TERM?

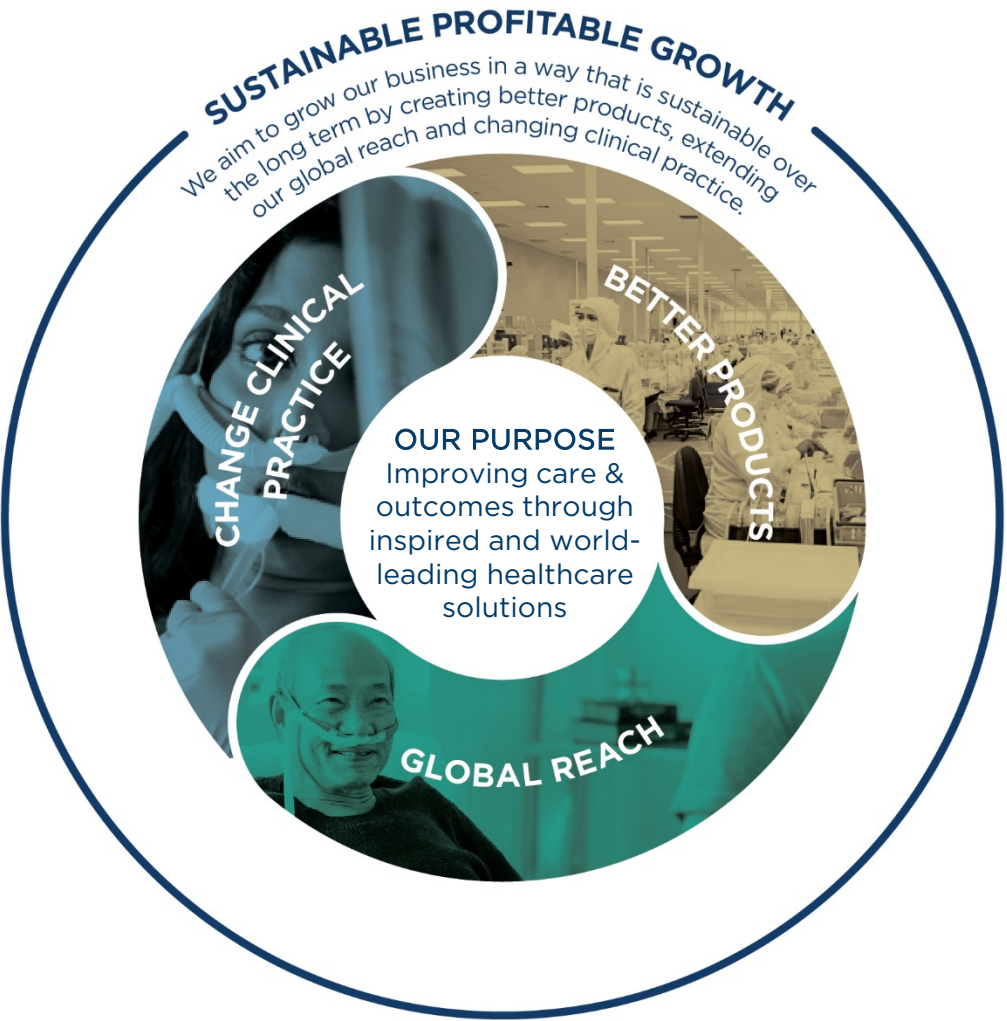
Our aspiration



OUR ASPIRATION:
Sustainably
DOUBLING
our constant
currency revenue
every 5-6 years.

*CONSTANT CURRENCY

Our strategy



A patient centred approach

Patient Care is Complex

Complexity provides opportunity

Doing the right thing for our patients

All parties want the best outcome for patients
Leads to long term thinking

Deep understanding of patients and their care



New Insight / Original Thought



Valued, Protected Differentiation

Deep understanding of a patient's care is key

Virtual investor series itinerary

Day 1 – Changing clinical practice / Better products

- **Optiflow: Hospital Respiratory Support** – Sam Frame


Day 2 – Changing clinical practice / Better products

- **Optiflow: Home Respiratory Support** – Rob Kirton
- **Surgical** – Winston Fong (VP Surgical Technologies)

Day 3 – Global Reach

- **Global Reach** – Justin Callahan (President North American Operations)
- **Global Reach** – Bryan Peterson (General Manager International Operations)

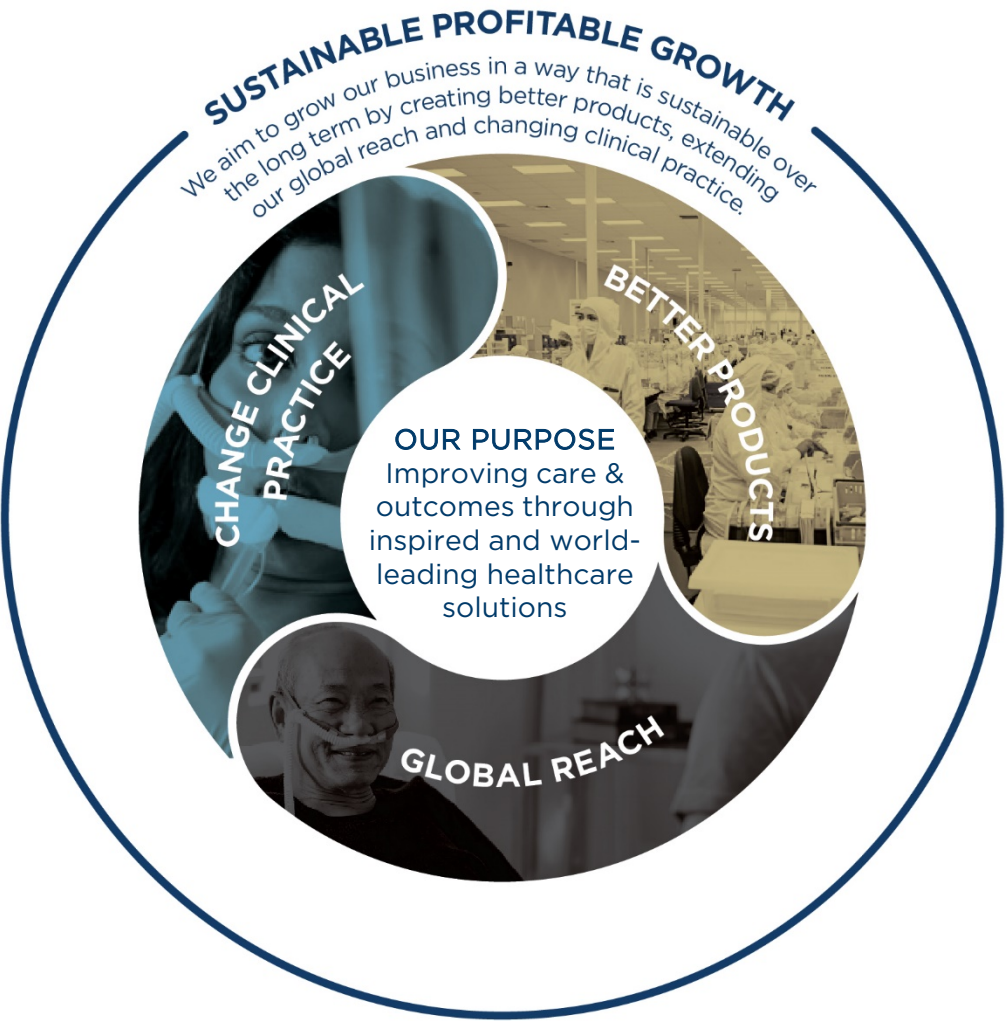
Each day will end with a ten-minute Q&A section. Please write in questions through the Zoom chat function. While every endeavour will be made to answer all questions that are submitted, this may not be possible due to time constraints.



Optiflow™ Nasal High Flow therapy

Sam Frame
Marketing Manager – Optiflow and Airvo

Hospital Respiratory Support

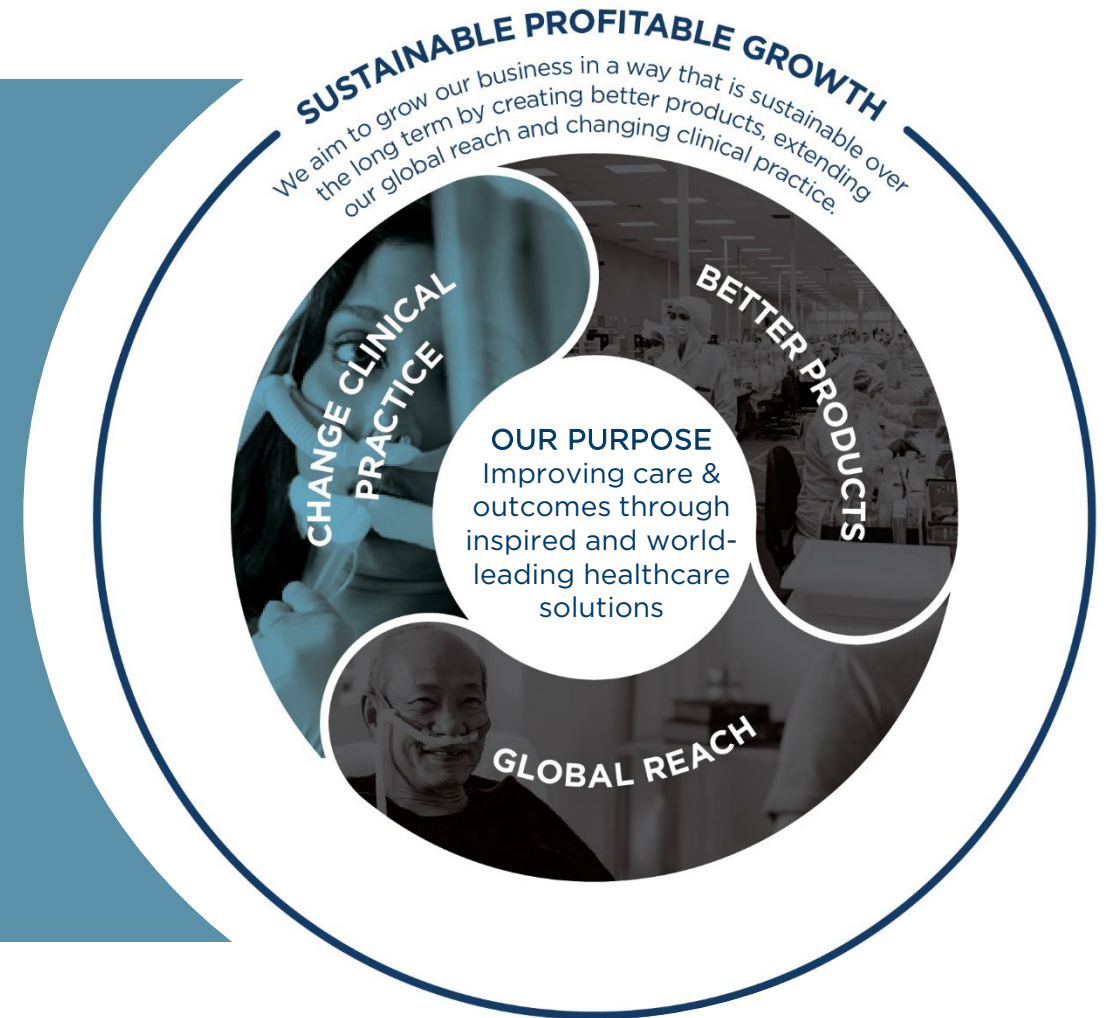


Changing Clinical Practice

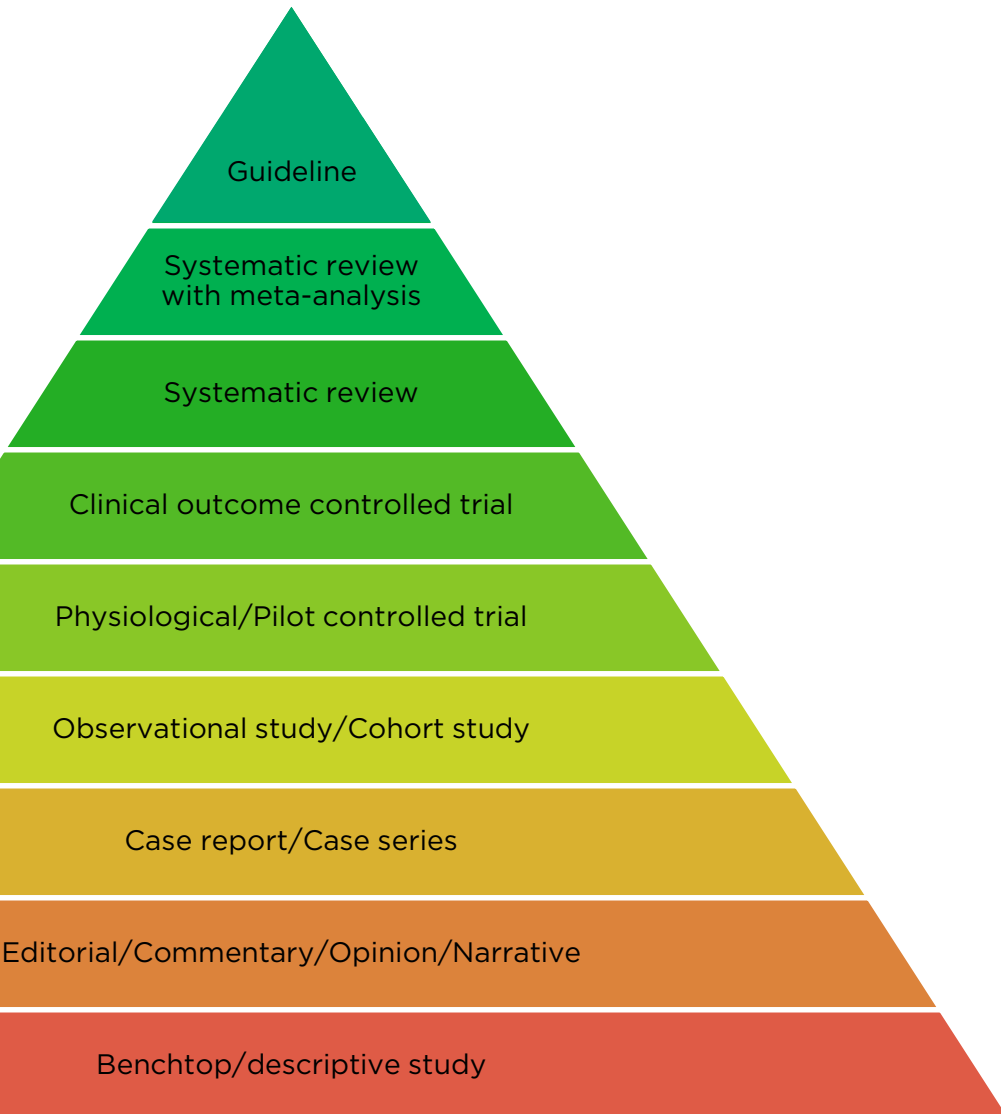
Changing clinical practice is difficult

Global practice change

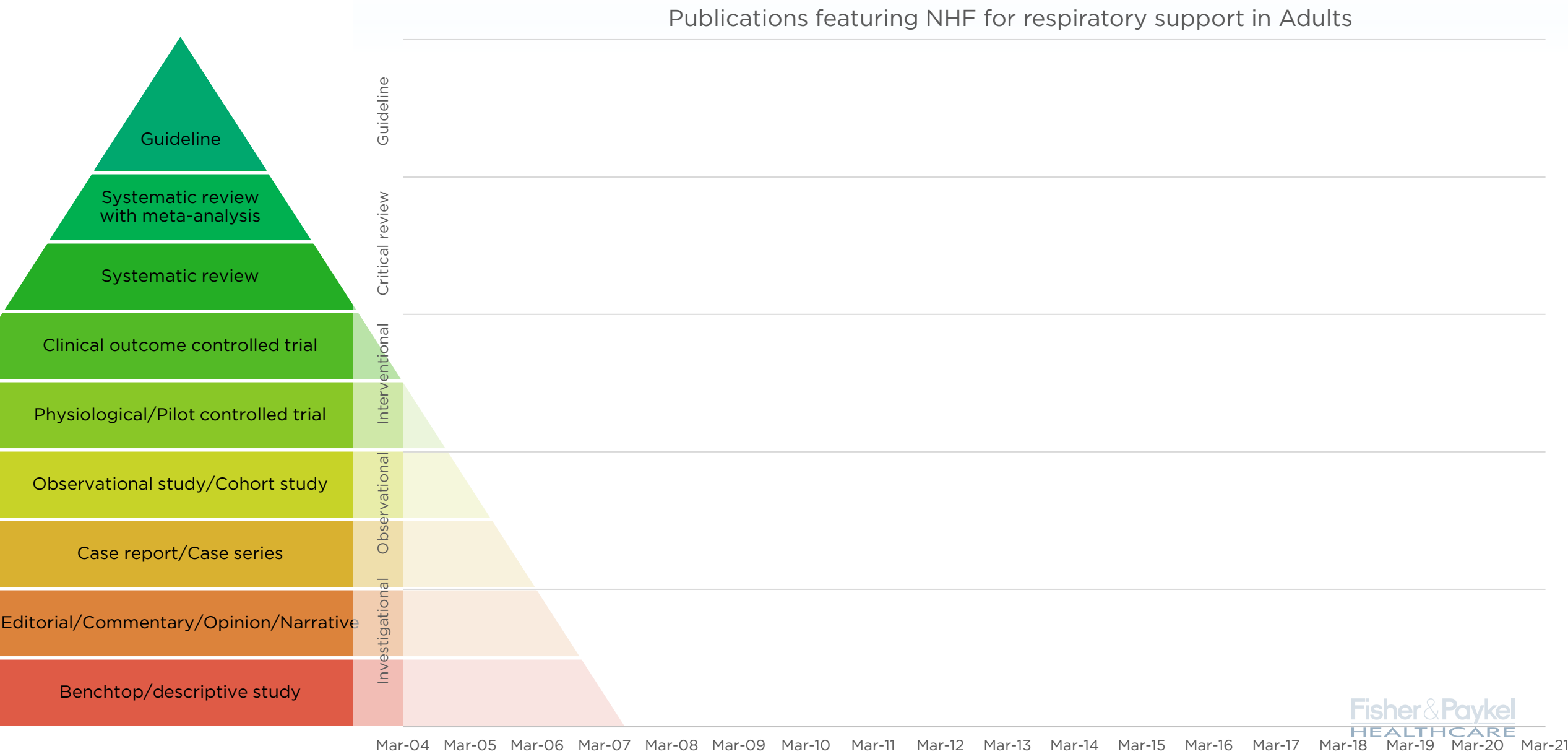
Local practice change



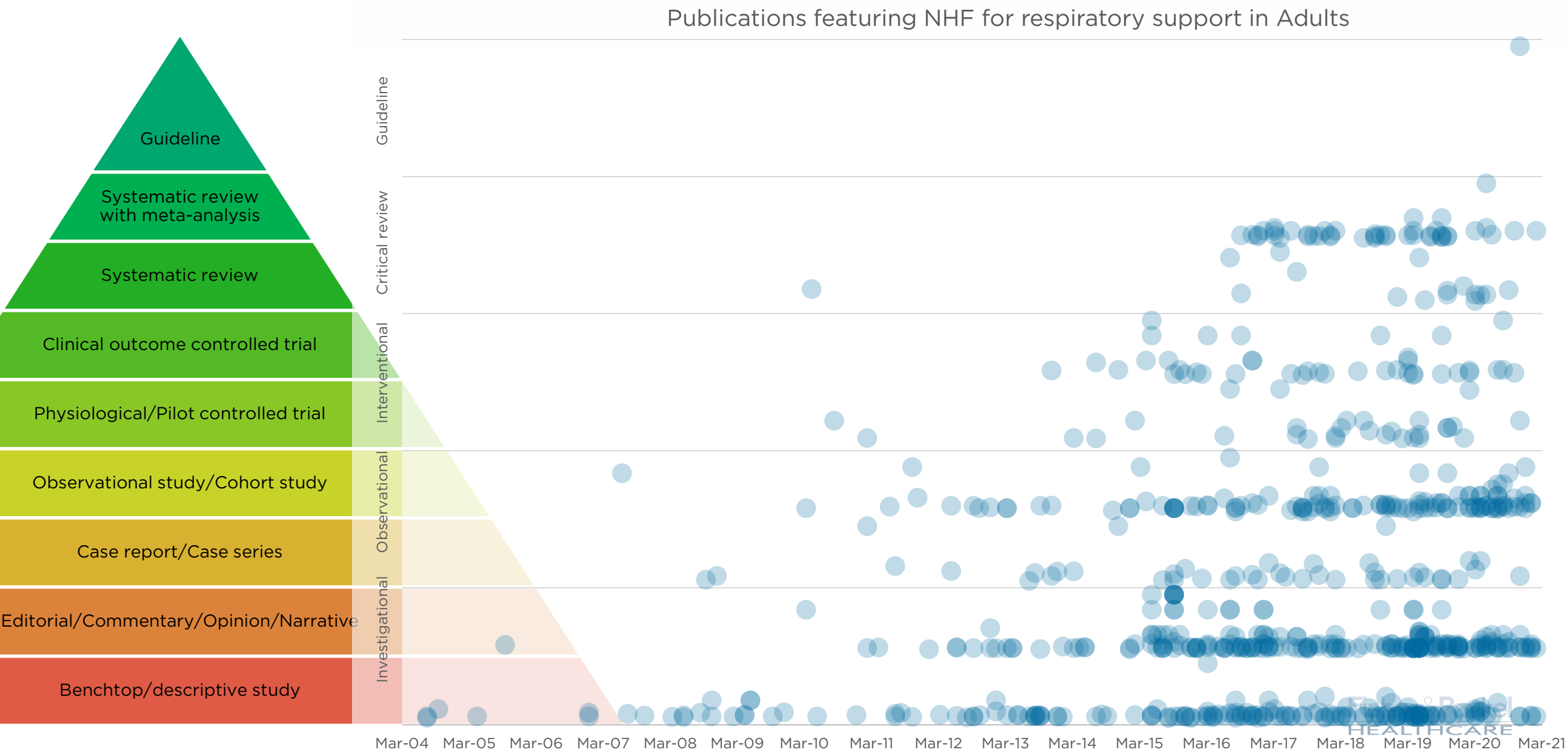
Global Practice Change



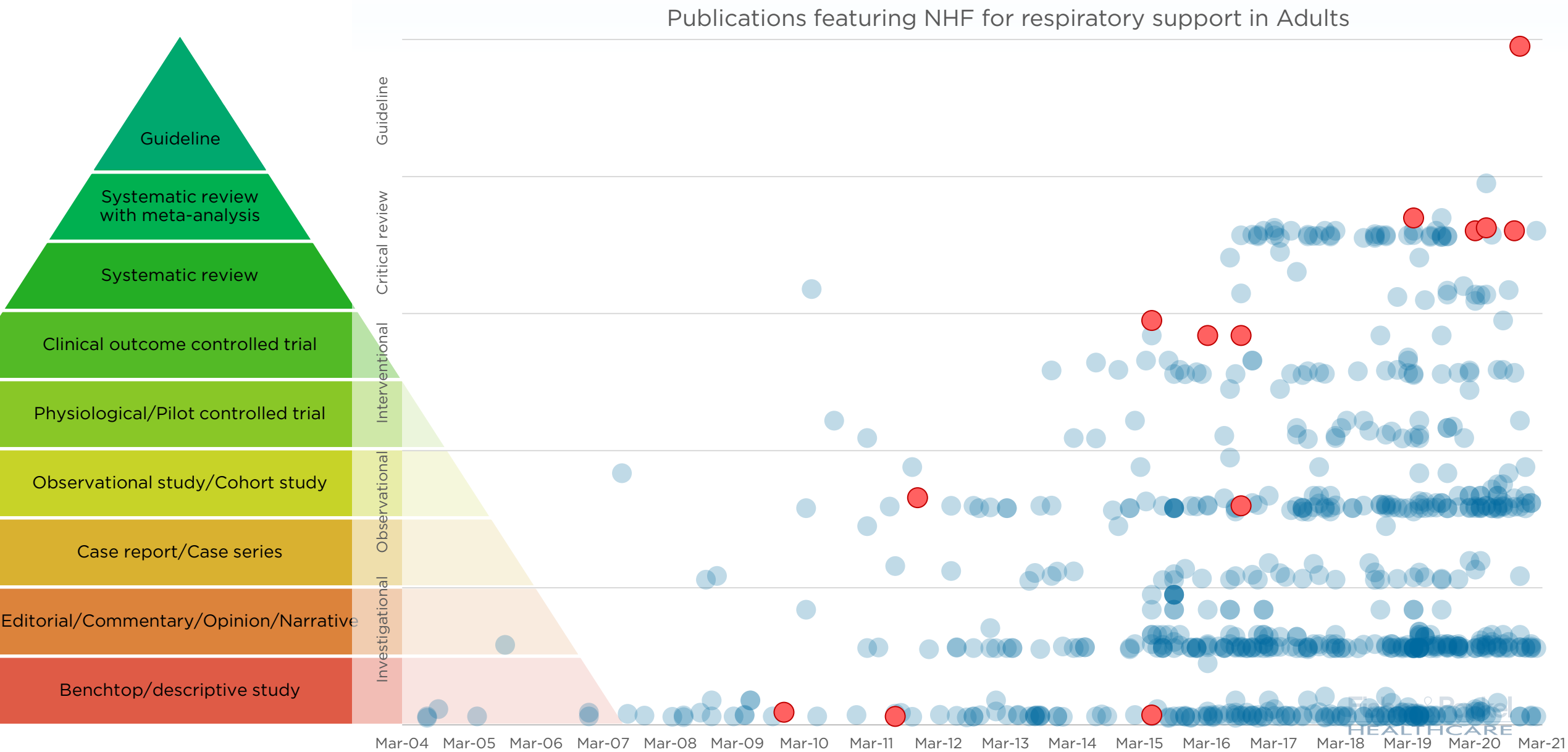
Global Practice Change



Global Practice Change



Global Practice Change



Local Practice Change

Requires us
to change
practice
hospital by
hospital



Changing Clinical Practice

Changing clinical practice is difficult

Global practice change helps local

Local practice change helps global



GLOBAL
PRACTICE
CHANGE



LOCAL
PRACTICE
CHANGE

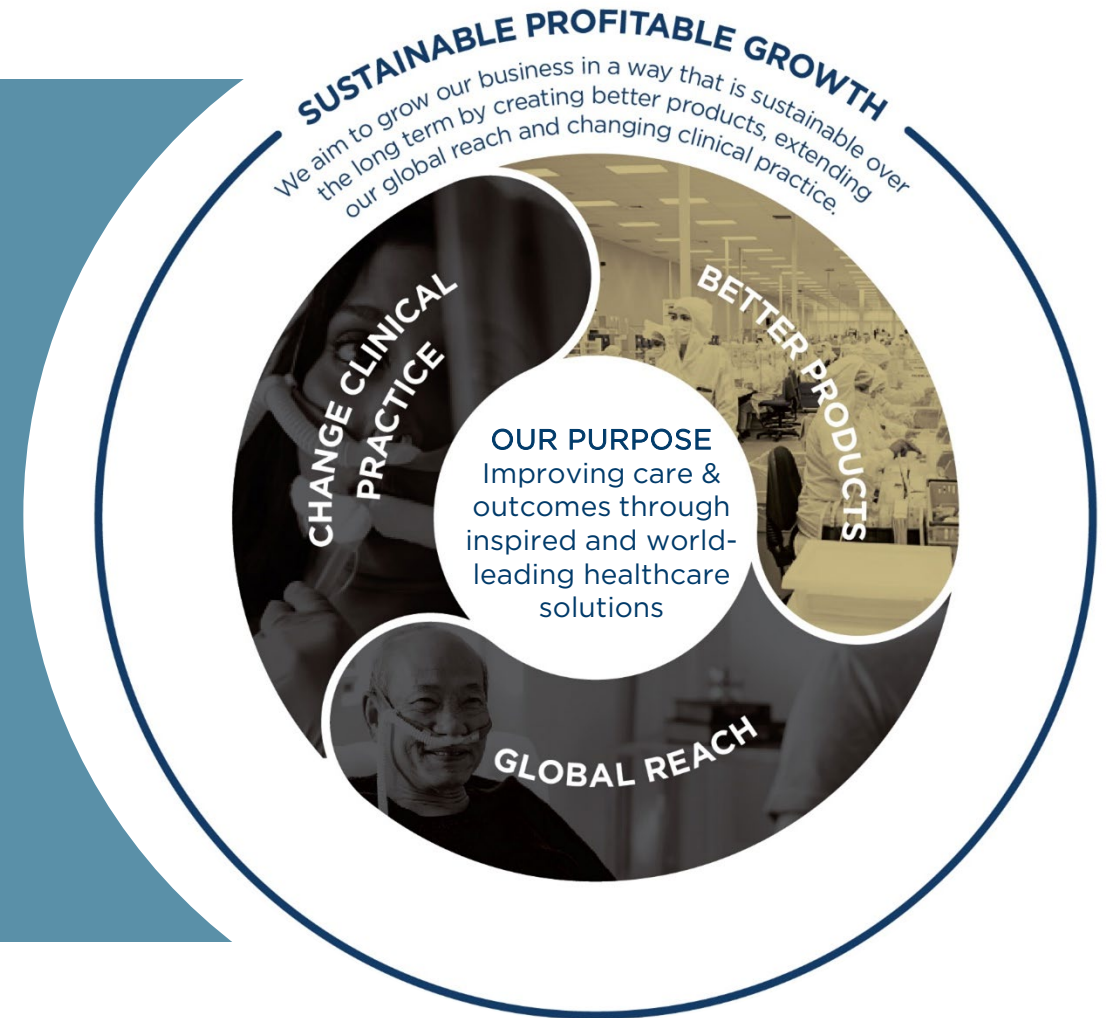
Better products

Optiflow systems

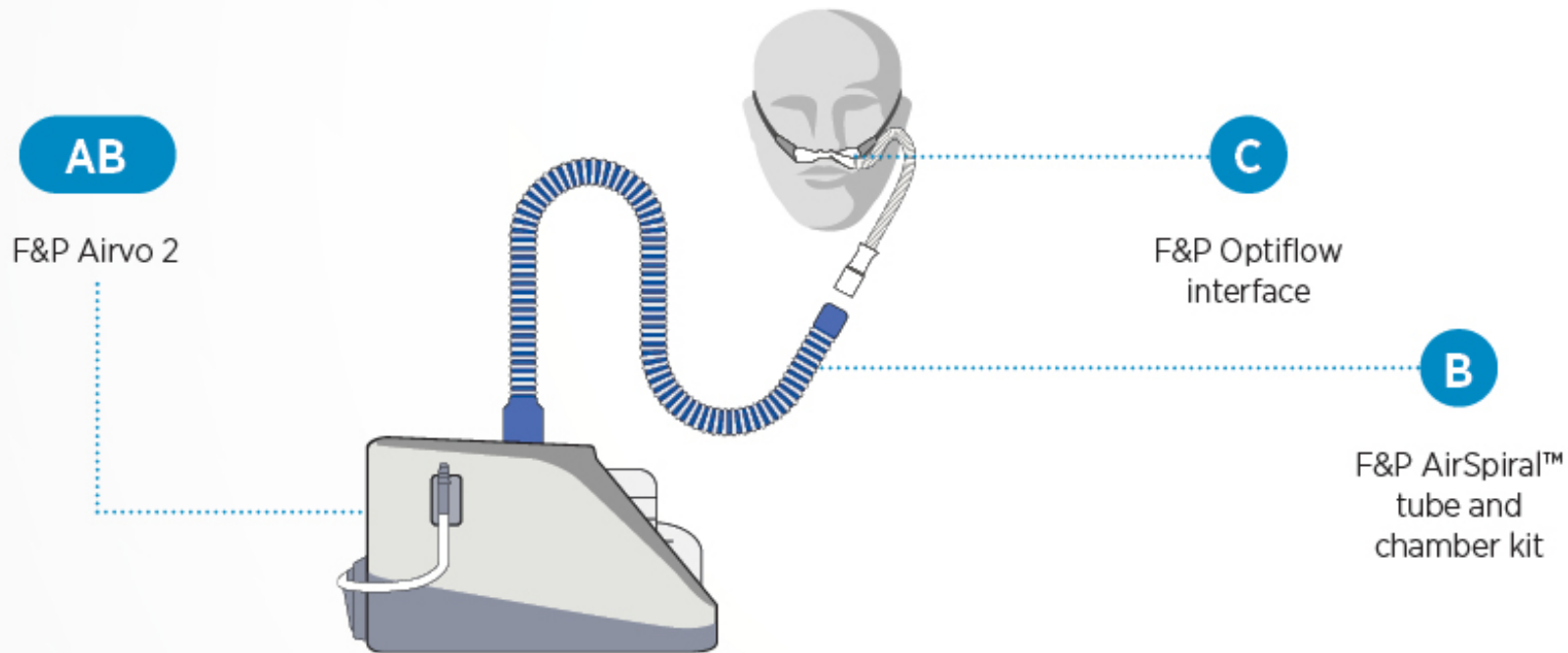
Applying our expertise

Broad application

Adoption



Airvo Optiflow System



Humidification



Broad application

ESICM CLINICAL PRACTICE GUIDELINE FOR NASAL HIGH FLOW

Rochwerf B, et al. Intensive Care Medicine. 2020.

The role for high flow nasal cannula as a respiratory support strategy in adults



Acute hypoxemic respiratory failure

NHF is preferred to conventional oxygen therapy (COT) for patients with hypoxemic respiratory failure.

**STRONG
RECOMMENDATION**



Post-operative

NHF is preferred to COT in high risk and/or obese patients undergoing cardiac or thoracic surgery to prevent respiratory failure in the immediate postoperative period.

Prophylactic NHF to prevent respiratory failure in other postoperative patients is not recommended.

**CONDITIONAL
RECOMMENDATION**



Peri-intubation

No recommendation is made regarding use of NHF in the peri-intubation period.

NHF during intubation should be continued for patients who are already receiving NHF.

**CONTINUE
NHF**



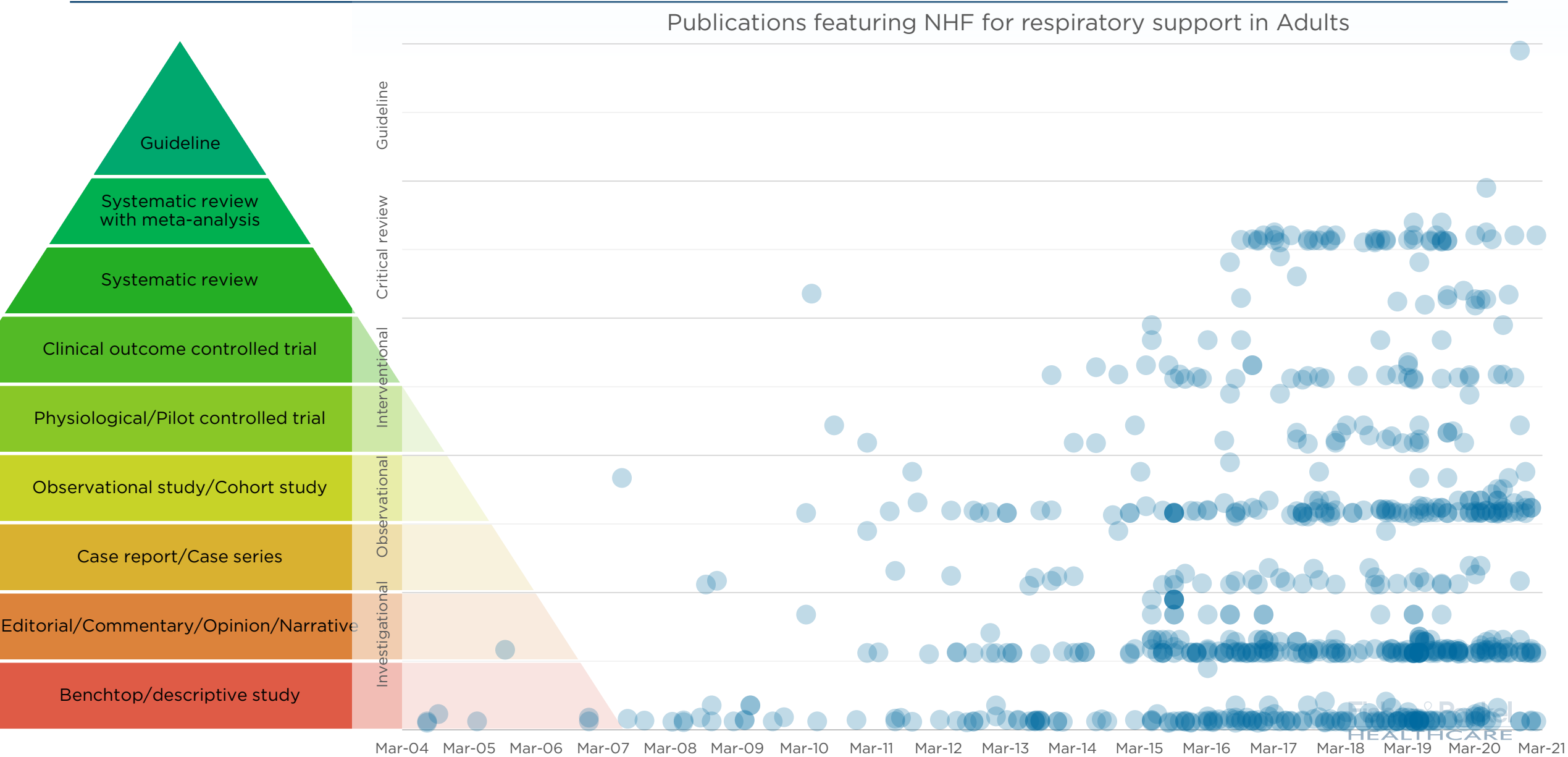
Post-extubation respiratory failure

NHF is preferred to COT following extubation in patients with any high-risk feature who were intubated for >24 hours.

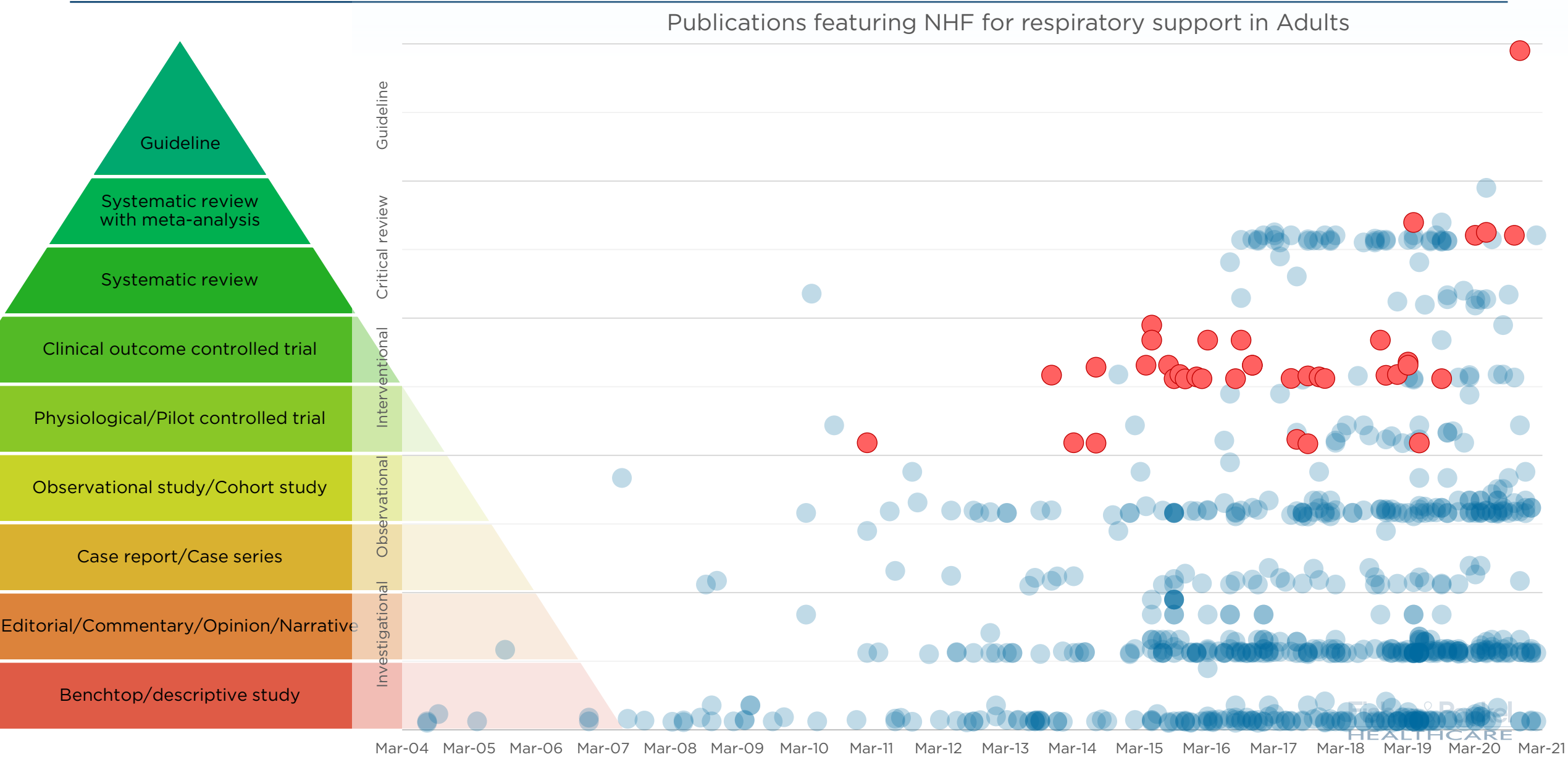
NIPPV is preferred to NHF in patients who would normally be extubated to NIPPV.

**CONDITIONAL
RECOMMENDATION**

Adoption



Adoption



Broad application



Broad application

ESICM CLINICAL PRACTICE GUIDELINE FOR NASAL HIGH FLOW

Rochwerf B, et al. Intensive Care Medicine. 2020.

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**CONTINUE
NHF**



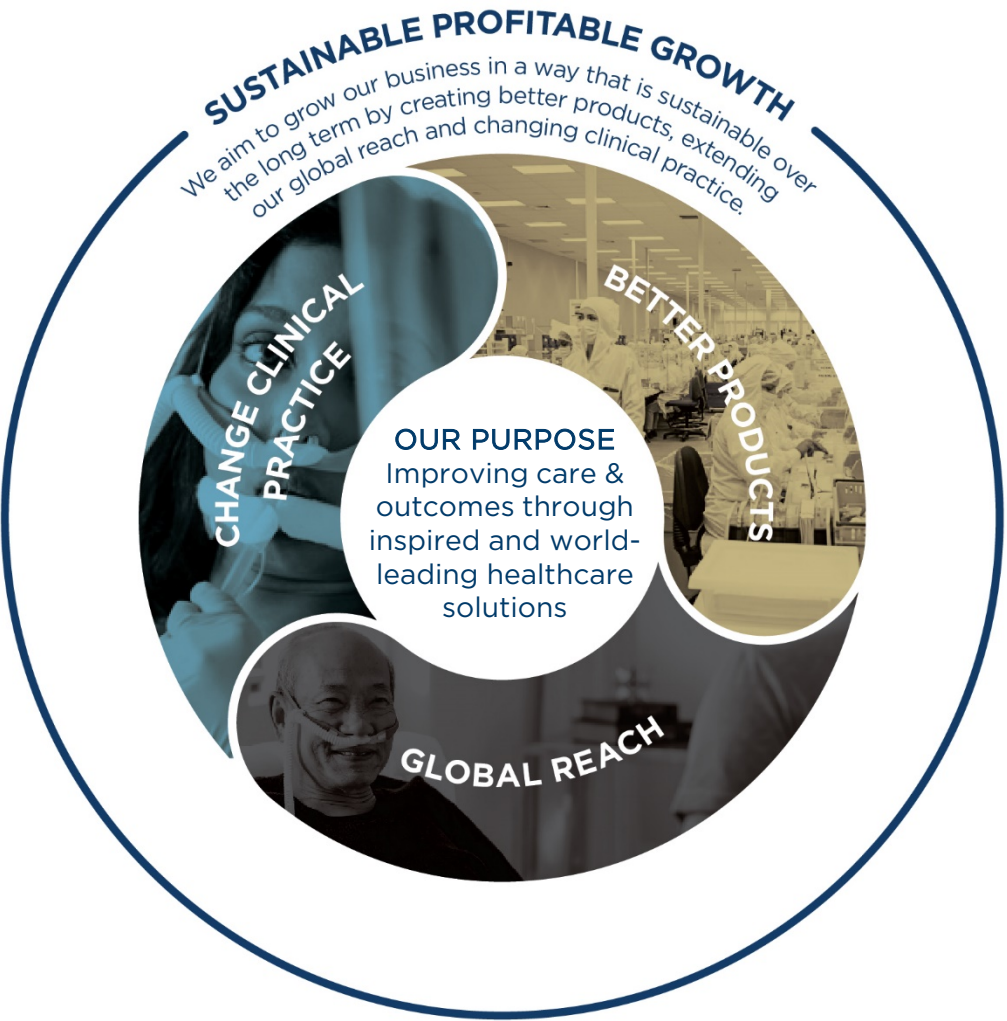
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**CONDITIONAL
RECOMMENDATION**

Hospital Respiratory Support



A photograph of an elderly man sitting in a white armchair, smiling. He is wearing a dark blue sweater and light blue trousers. He has a nasal cannula connected to a white and blue respiratory device (myAirvo) on a small table next to him. The device has a clear water reservoir. A long, flexible white tube connects the device to the cannula. In the background, a person in a white lab coat is partially visible, suggesting a healthcare professional is assisting him. The setting appears to be a home or a clinical office.

Home Respiratory Support -myAirvo

Dr Robert Kirton
Marketing Manager

myAirvo

- Better patient outcomes
- Reduce chronic patients ➡ hospital
 - Major cost of care
- Initial target COPD



myAirvo - Care Continuum

- Chronic patient has respiratory exacerbation ➡ Hospital
- Treated with AIRVO/Optiflow in hospital
- Discharged from Hospital
- Prescribed myAirvo for home use



myAirvo - Nasal High Flow Therapy

- Humidified air for respiratory support
 - Body temperature and 100% Humidified
 - Essential for therapy tolerance
 - Essential for improving mucus clearance
 - 2 to 60 l/min of gas flow
 - Making breathing easier
 - Wash out CO₂
- If oxygen required
 - Can be added into therapy



myAirvo – Who uses it?

Anyone with a Chronic Respiratory Disease

Initial focus is COPD

- 3rd leading chronic killer (WHO)
- **6-8% of the population**
- **Estimates ~ 384 M people worldwide**
- Limited treatment options
- Major unmet need for non-pharma treatment

Other respiratory conditions

- Bronchiectasis
- Asthma
- Cystic Fibrosis
- ILD / IPF
- Chronic Hypoxemia
- Pediatrics
- Tracheostomy
- Other

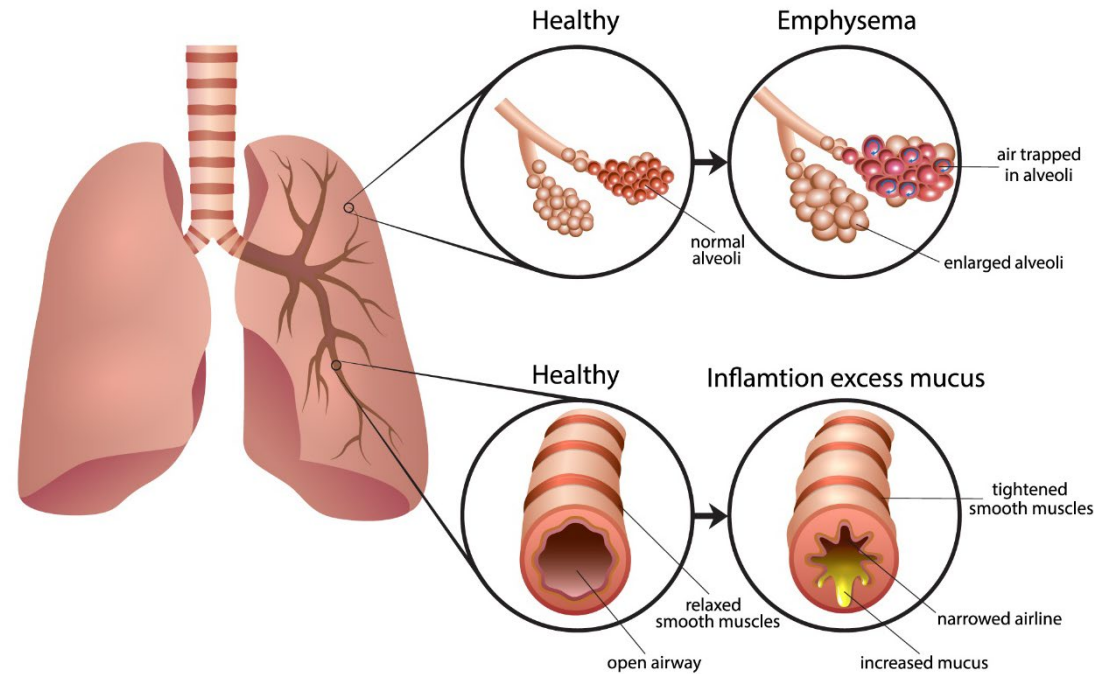
COPD – Chronic Obstructive Pulmonary Disease

Debilitating and
incurable

Progressive disease

Can slow progression and
improve quality of life

Reduce exacerbations and
going to hospital



“COPD is like ‘spending ten years drowning,’ to quote one of my patients’ progressive dyspnea gradually erodes the patient’s quality of life, and thus, their independence.”

- Lindsay M. Lawson, MD

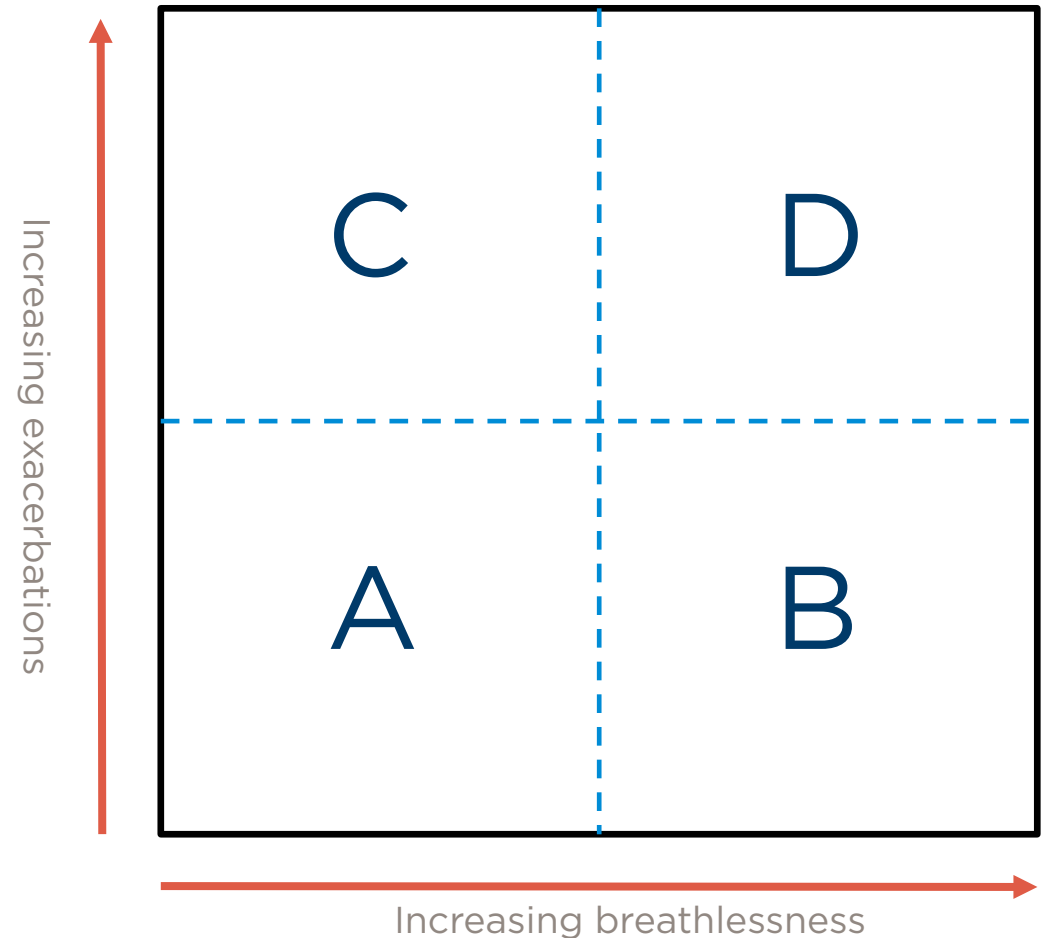
GOLD characterisation of COPD

- Global Strategy for the Diagnosis, Management, and Prevention of COPD
- Degree of COPD is characterized by the airflow limitation (**obstructive**)
 - “How hard to breath in and out”
 - As disease progresses, get harder

FEV ₁ % predicted	
Gold 1	≥80
Gold 2	50-79
Gold 3	30-49
Gold 4	<30

GOLD characterisation of COPD

- Global Strategy for the Diagnosis, Management, and Prevention of COPD
- Degree of COPD is characterized by the airflow limitation (**obstructive**)
 - “How hard to breath in and out”
 - As disease progresses, get harder
- A combination of exacerbations and other symptoms



COPD: Key Published Clinical Evidence



COPD and bronchiectasis
patients in the home


REDUCED
escalation


IMPROVED
quality
of life


REDUCED
hypercapnia


STORGAARD et al. 2018
Hypoxemic COPD on LTOT


REDUCED
exacerbations




REDUCED
CO₂

NAGATA et al. 2018
Hypercapnic COPD on LTOT









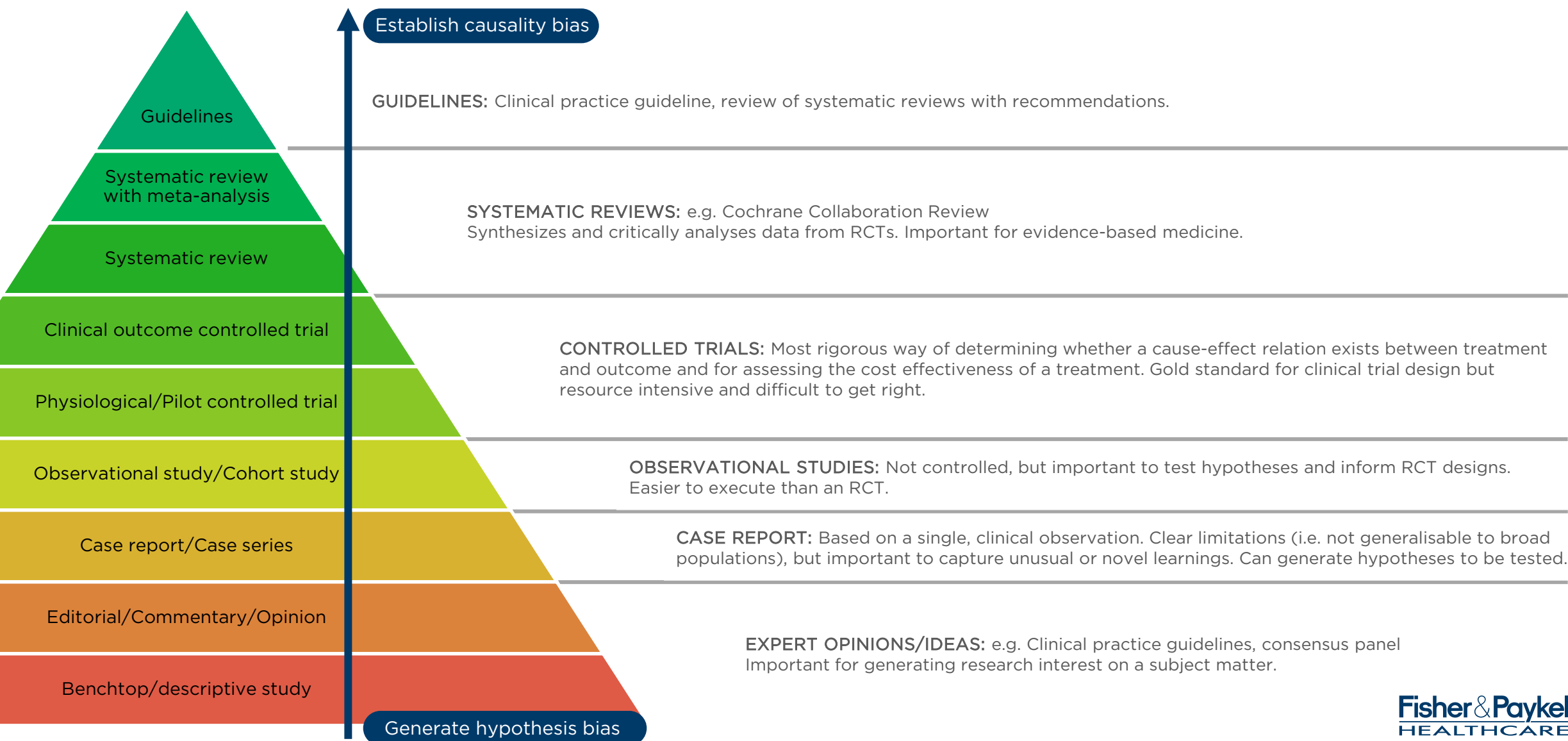
REA et al. 2010
COPD and/on bronchiectasis

REDUCED
exacerbations
days

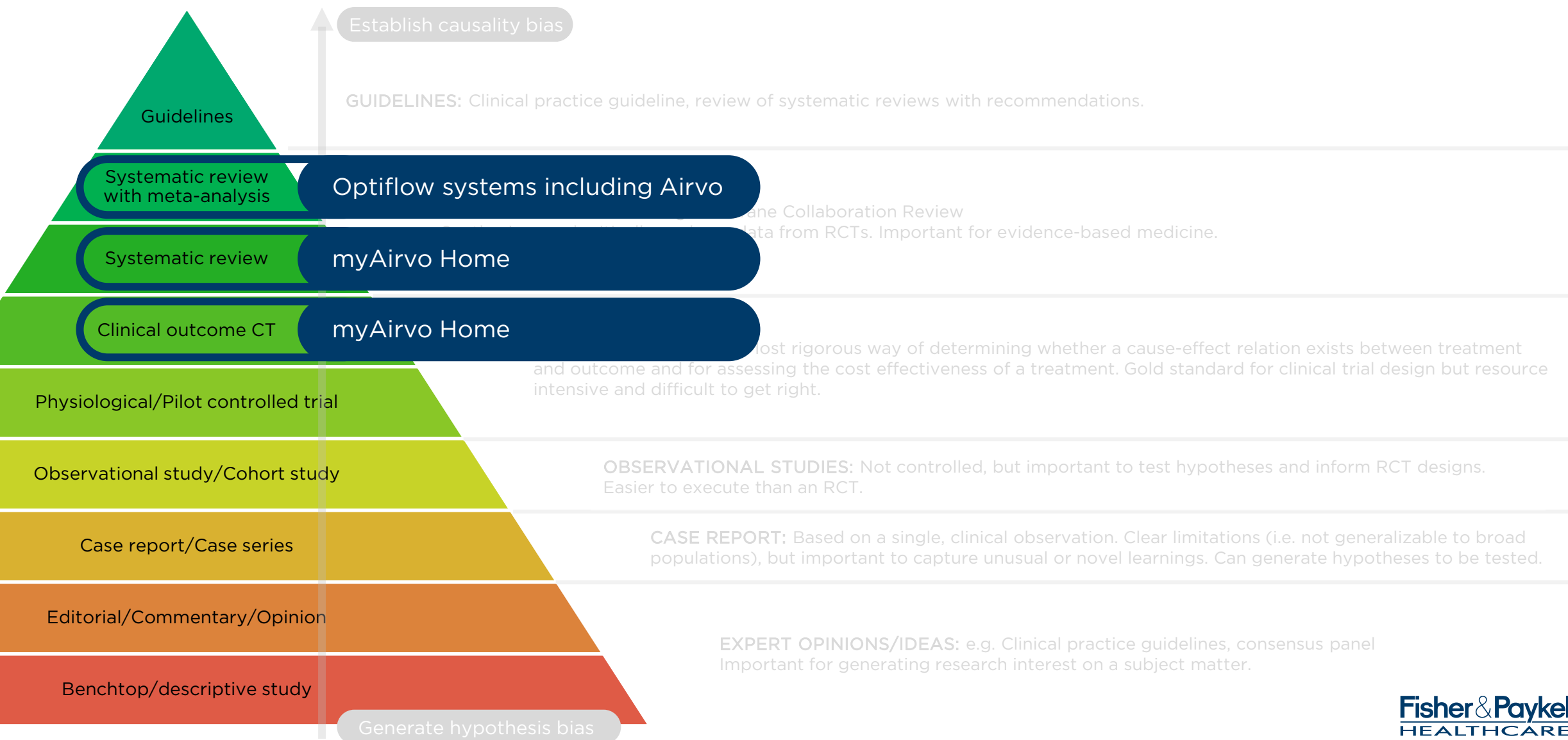




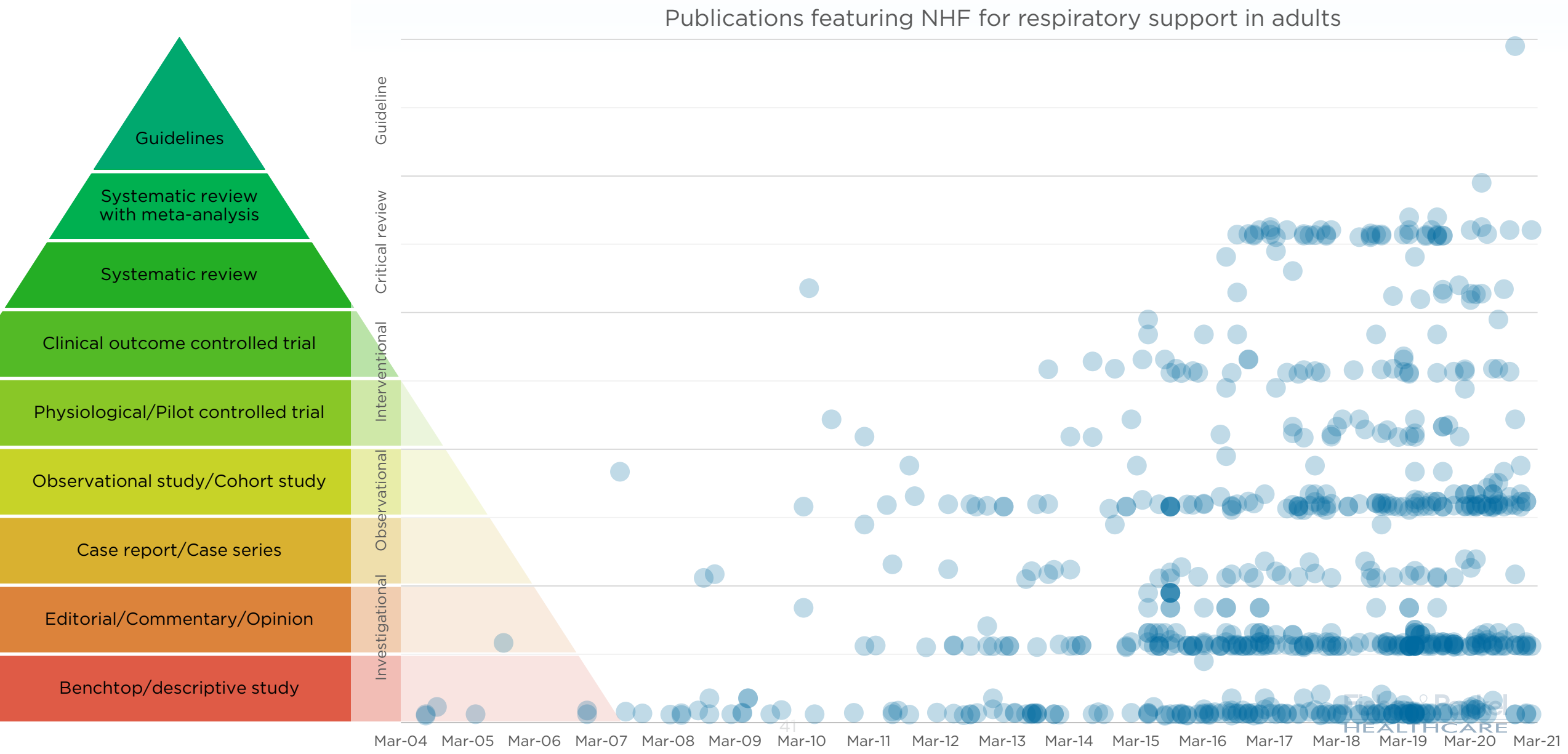
Quality of Clinical Evidence



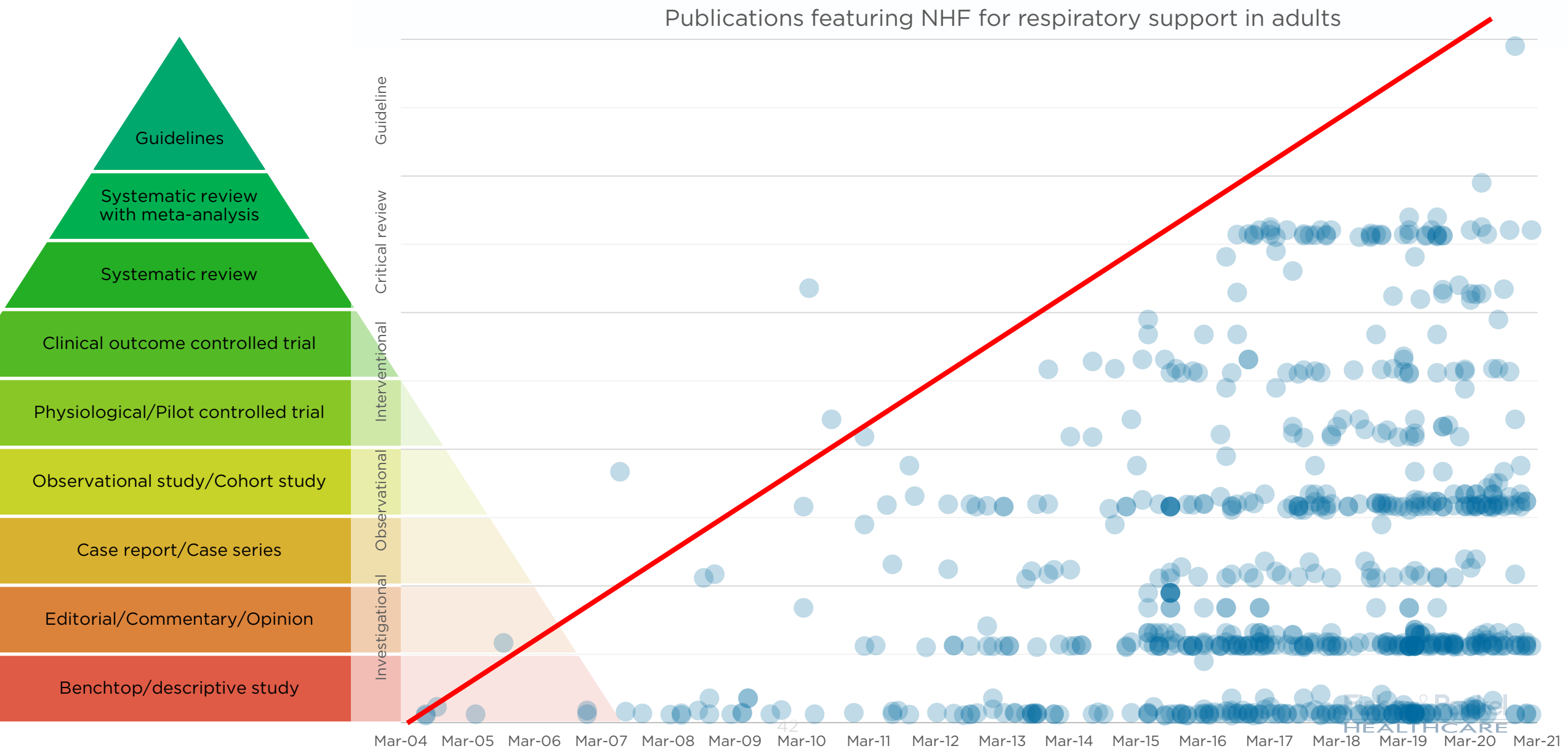
Quality of Clinical Evidence



Quality of Clinical Evidence Unstable Higher Acuity

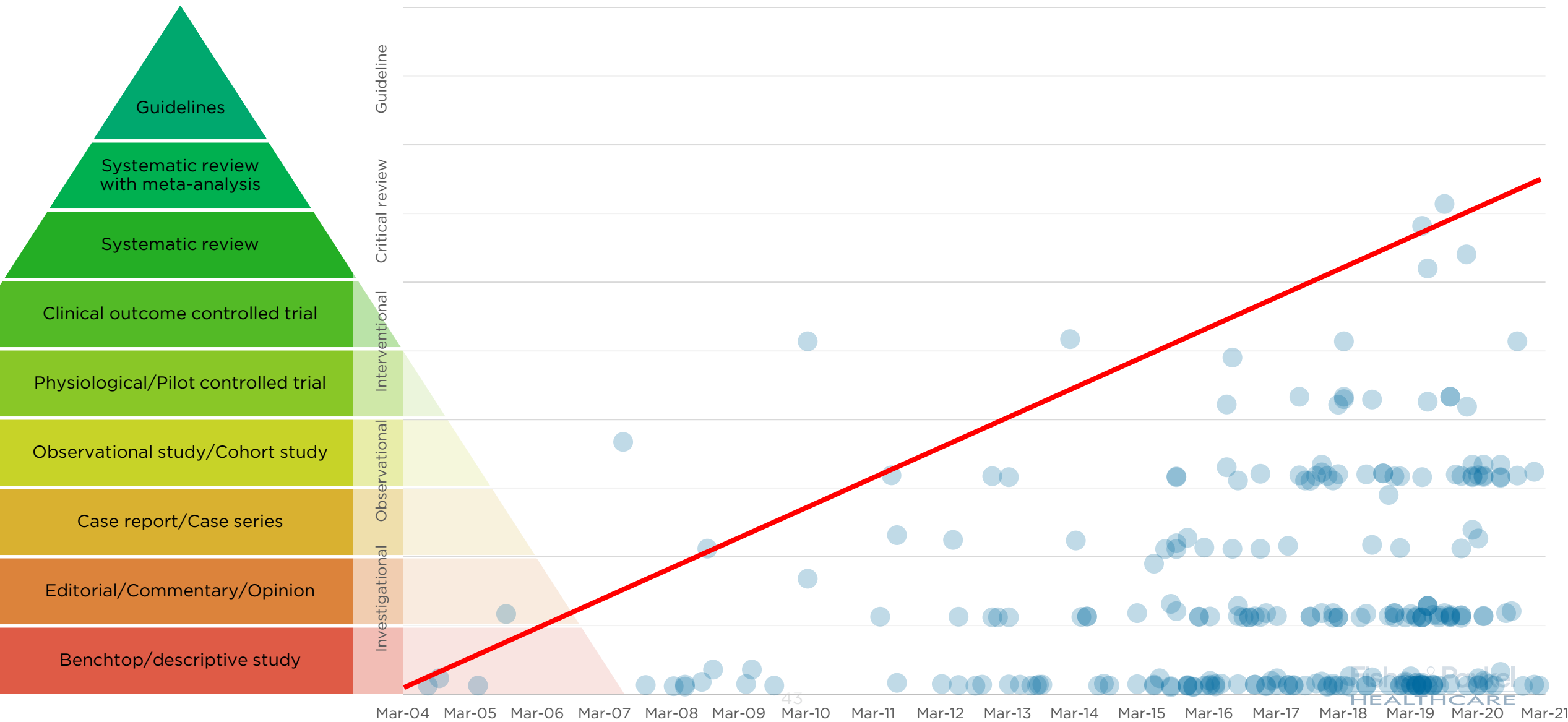


Quality of Clinical Evidence Unstable Higher Acuity



Quality of Clinical Evidence Stable Low Acuity

Publications featuring NHF for respiratory support in stable adults



myAirvo – Growing Clinical evidence

Early evidence
very promising

Needs to change
clinical practice

Many studies underway to
strengthen clinical
evidence

COPD studies = 13

Pulmonary rehab studies

= 5 (COPD)

= 5 (other diseases)

Other disease studies = 5

Summary

- Many potential patients for myAirvo in the home
- COPD a major market opportunity with largely unmet need
- Growing clinical evidence
- Changing clinical practice



Surgical Humidification

Winston Fong
VP Surgical Technologies

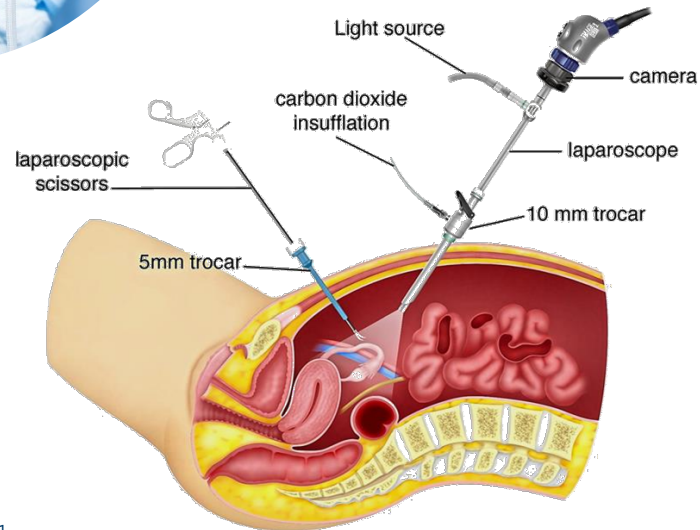


Intro – Laparoscopy and laparotomy



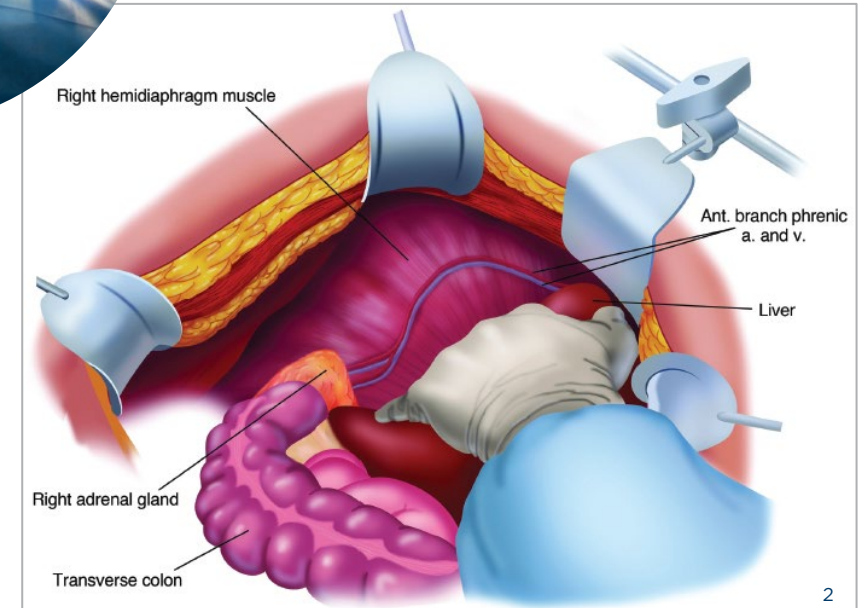
14M

Laparoscopy
procedures



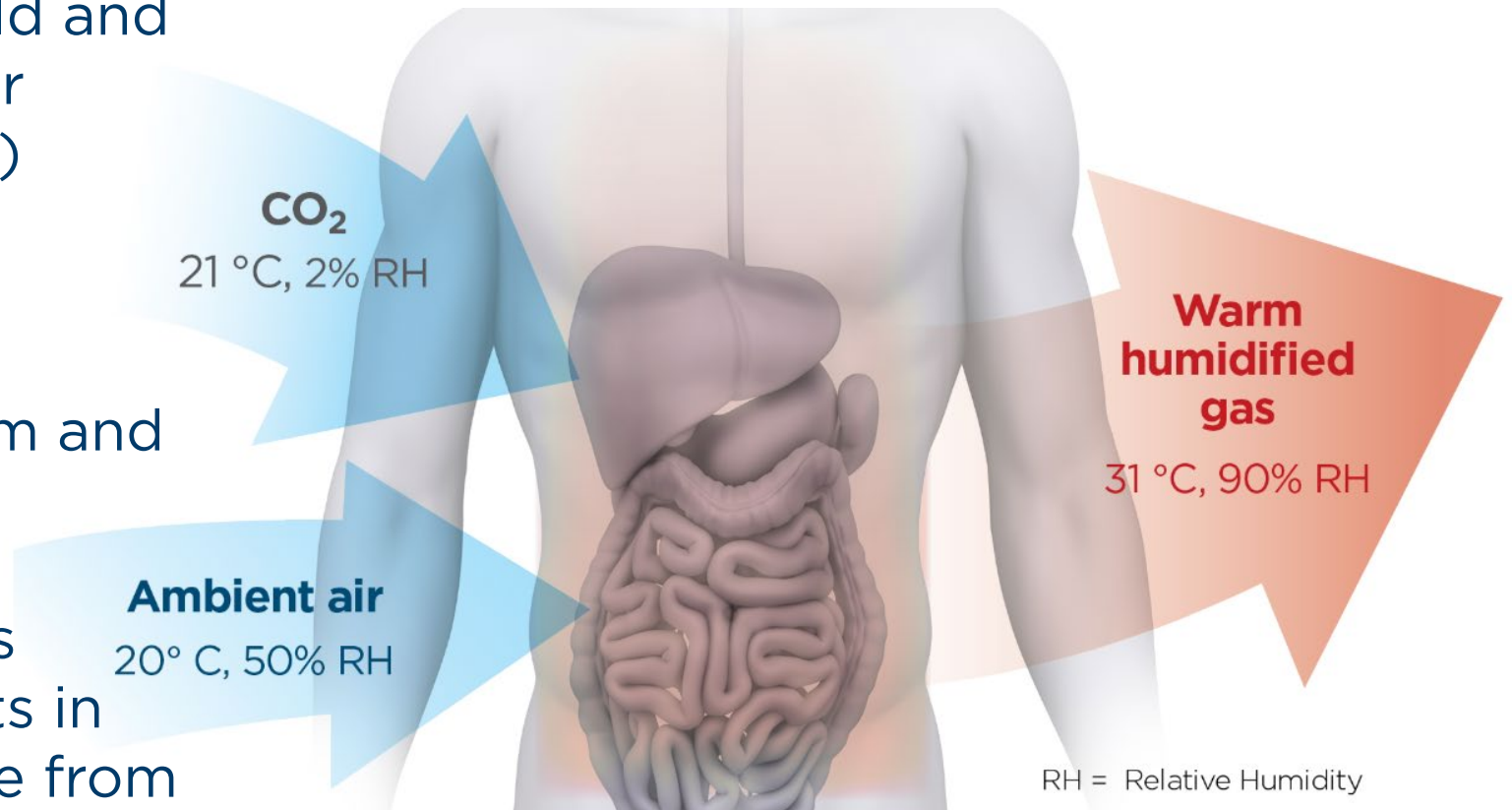
6M

Laparotomy
procedures



Cold dry exposure to the patient

- Patient is exposed to cold and dry CO₂ (laparoscopy) or ambient air (laparotomy) during surgery
- Very different to natural physiological state (warm and wet)
- Cold and dry CO₂ causes evaporation which results in loss of heat and moisture from patient

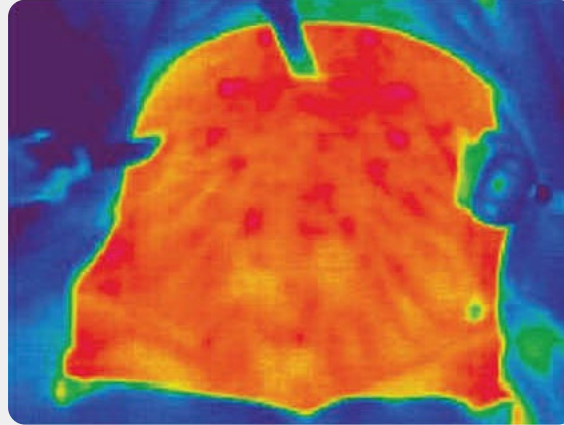


What's the impact from cold dry exposure?

Hypothermia

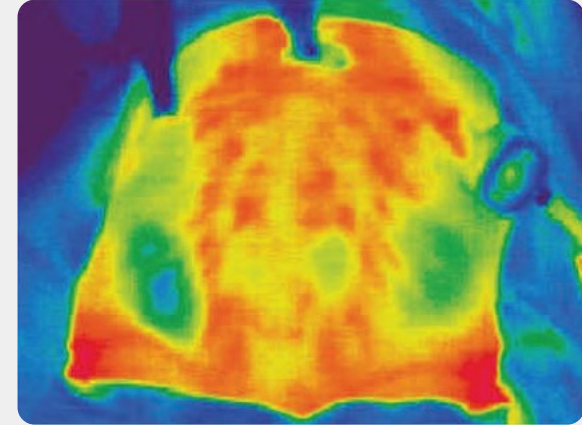
Evaporative heat loss due to exposure to cold, dry CO₂ and/or cold, dry operating room environment

CONTROL



AT THE START OF INSUFFLATION

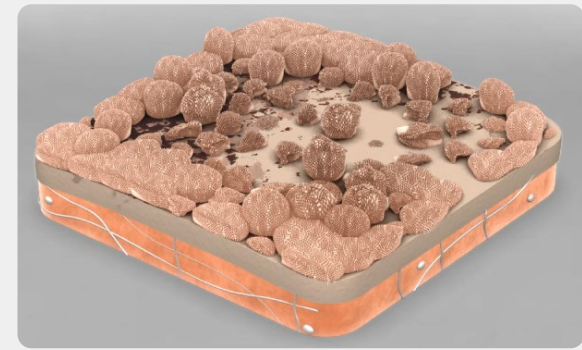
COLD, DRY



AFTER 2 HOURS OF INSUFFLATION

Tissue/Cell damage

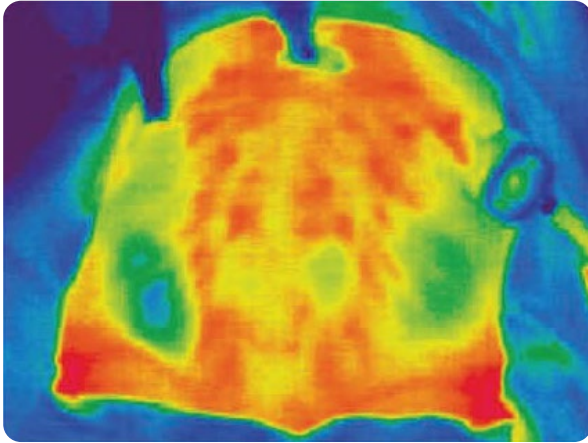
Effect of cold, dry CO₂ and/or cold, dry operating room environment on the tissue surface



Implications of Hypothermia and Tissue/Cell damage

Intraoperative

Hypothermia

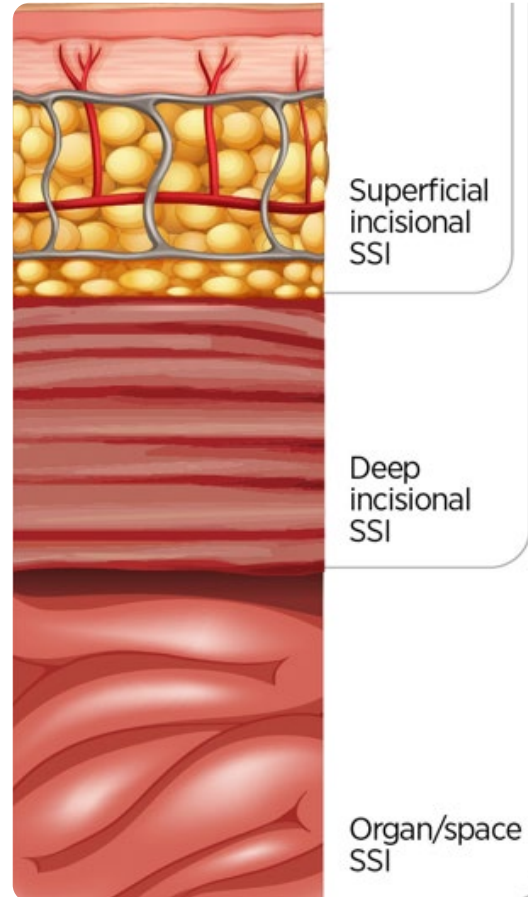


Tissue / Cell damage

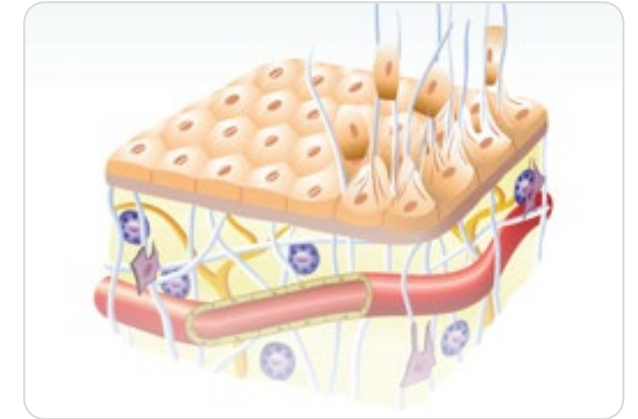


Postoperative

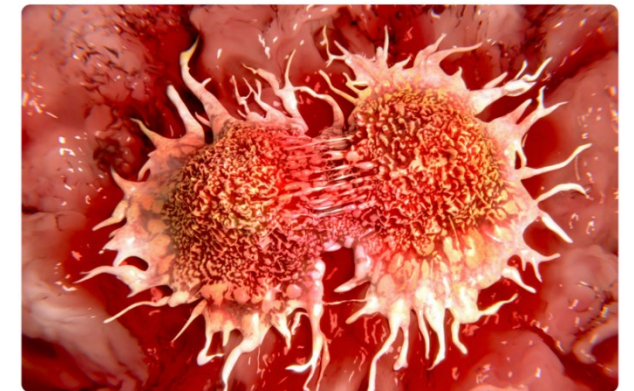
Surgical site infection



Adhesions



Peritoneal Tumor Metastasis



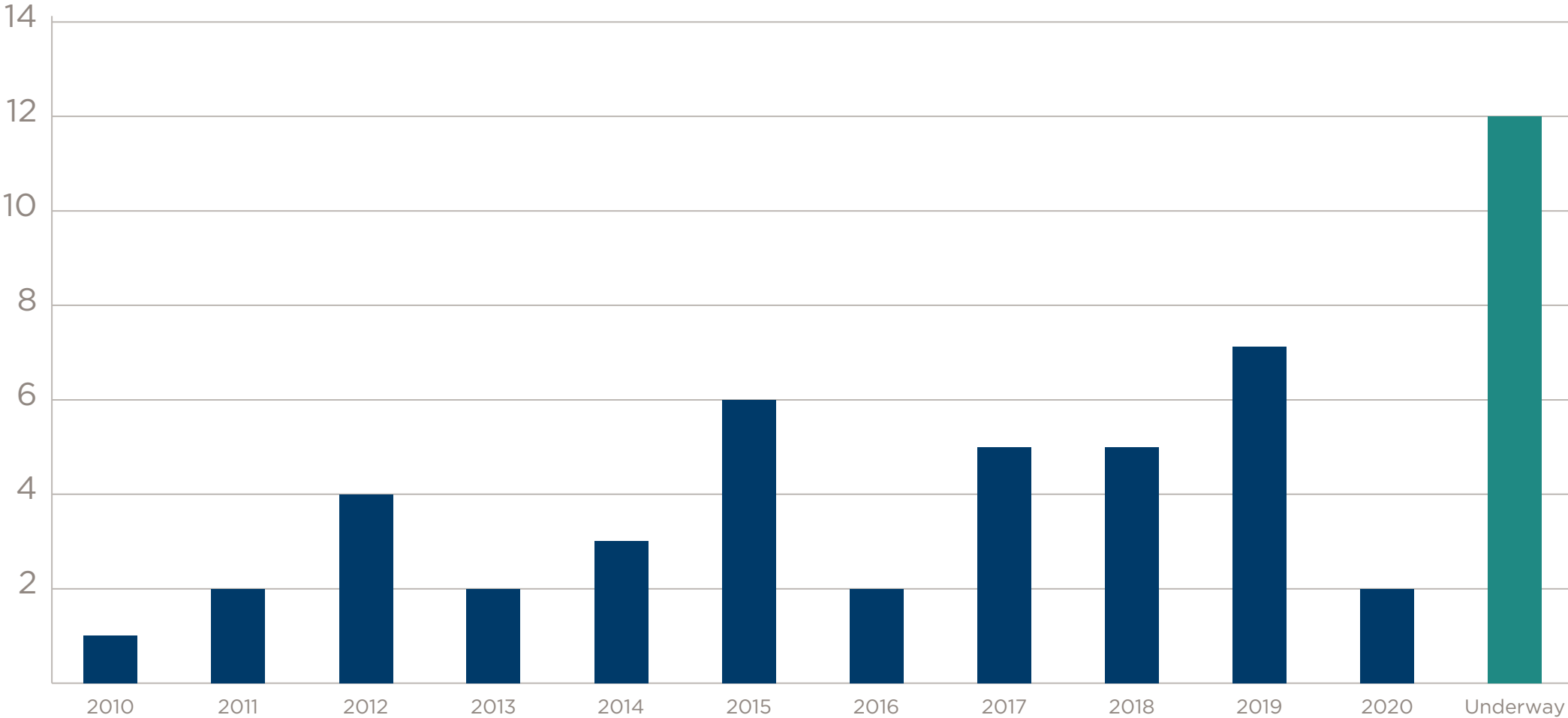
Surgical Humidification with HumiGard

- Surgical Humidification Platform
 - Tuned to deliver warm humidified CO₂
- Humidified Consumables Kit
 - Thermally insulated tube – prevents the loss of heat and humidity to the theatre environment
 - Optimised for Operating Room environments



Growing the clinical evidence

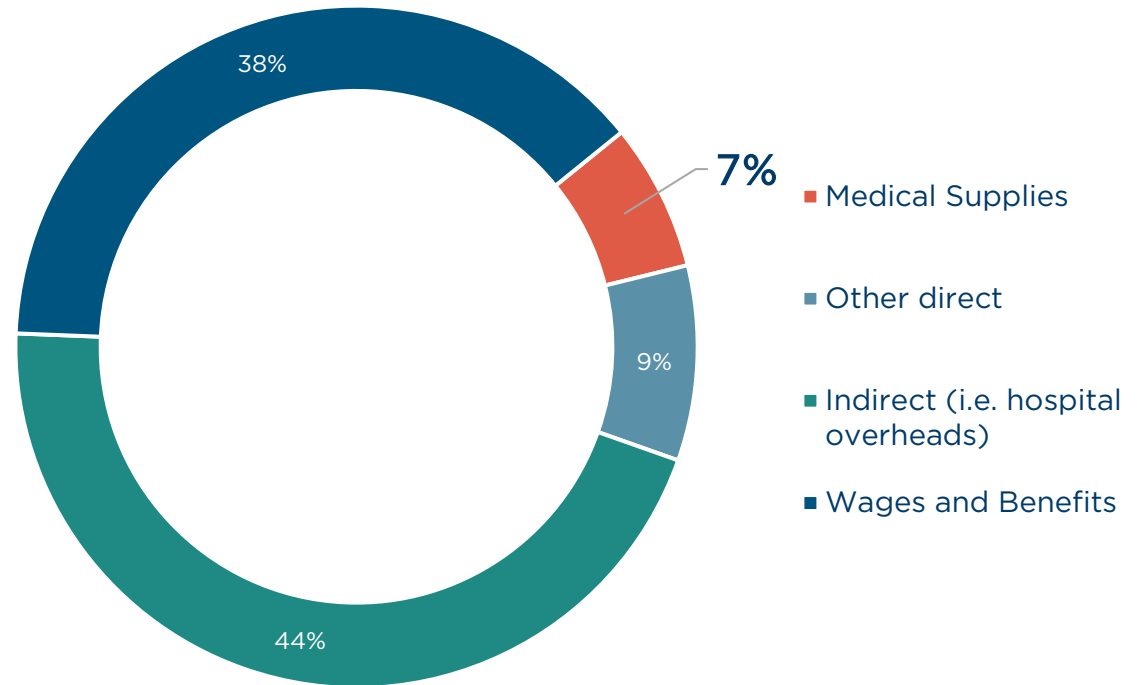
Surgical Humidification research publications per annum



Benefit of improved patient outcomes

Costs of Care in the Operating Room

- 30% of hospital admissions are through the Operating theatres. These admissions represent 50% of hospital costs
- Cost of a hospital stay after a surgical procedure in an OR was 2.5 times more expensive than that of a hospitalised patient not requiring a surgical procedure



Summary

- Surgical humidification plays a key part in establishing a third market within the hospital.
- Right for the patient, good for the caregivers and hospital systems
- ~20M patients (14M Lap, 6M Open) globally

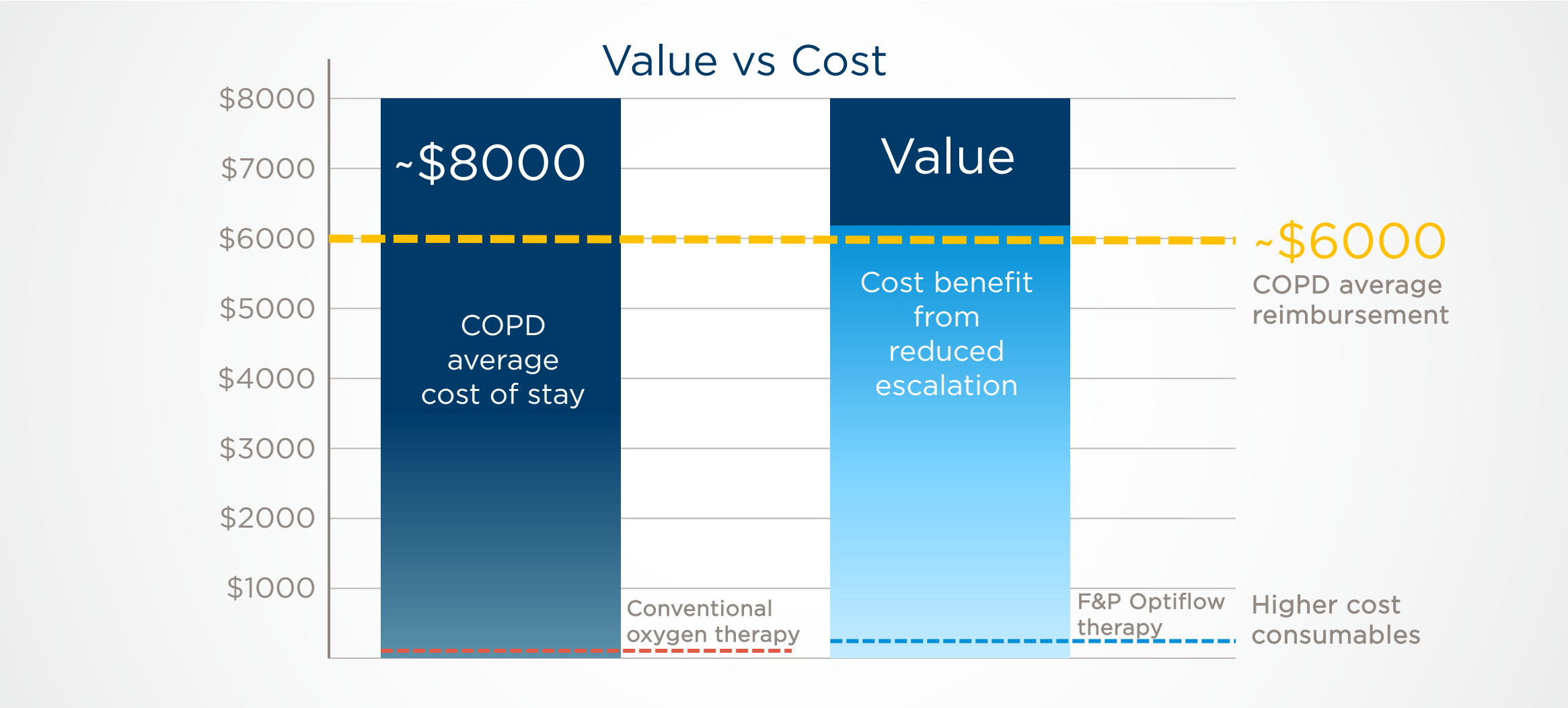


Global Reach Sales & Marketing

Justin Callahan - President
North American Operations



Positioning



Changing Clinical Practice

Using clinical evidence to drive change

Multi layered with multiple stakeholders

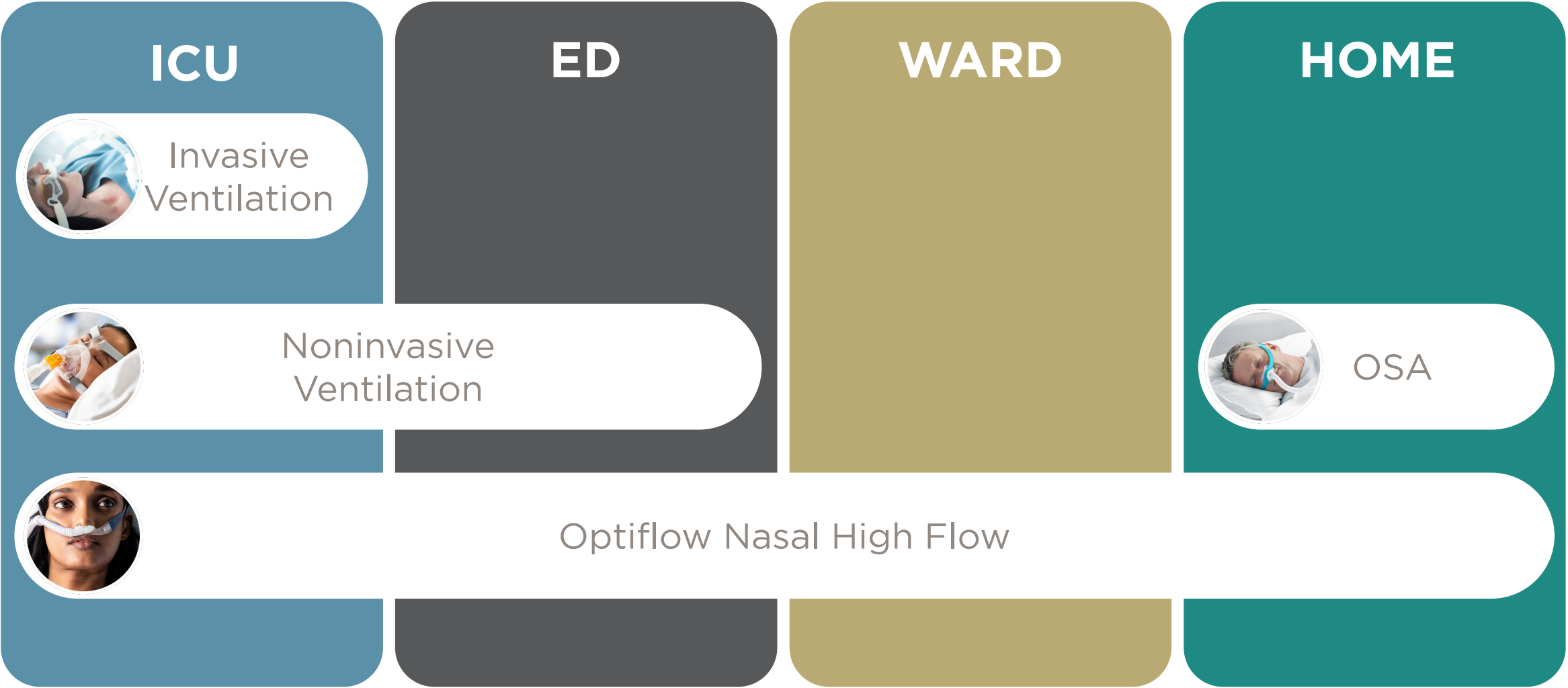
Building confidence with usage inline with the evidence, demonstrating value

Products in each care area builds familiarity and confidence

Customer experience build's trust and confidence



Opportunity across the Care Continuum



Reach & Expertise

Acute Care



Focused Sales Team

- Sales teams need to be experts in the clinical application across the care continuum
- Utilize multiple platforms to access and inform customers

Homecare



Focused Sales Team

- Developing strong collaborative relationships with Key Opinion Leaders
- Manage complex supply chain

Global reach in Developing Markets

Bryan Peterson - General Manager
International Sales - ROW

Changing Clinical Practice

Evolution of a therapy to change clinical practice

- Therapy/Product Development
 - Ideas / observations
 - Improvements to therapy with existing technology
 - Refinement of ideas / development of prototypes, constant improvement
 - Clinical evaluation
- Clinical Development
 - Case studies
 - Physiological outcomes
 - Observational studies
 - RCT's
 - Meta analyses
 - Clinical practice guidelines



Our Global Coverage

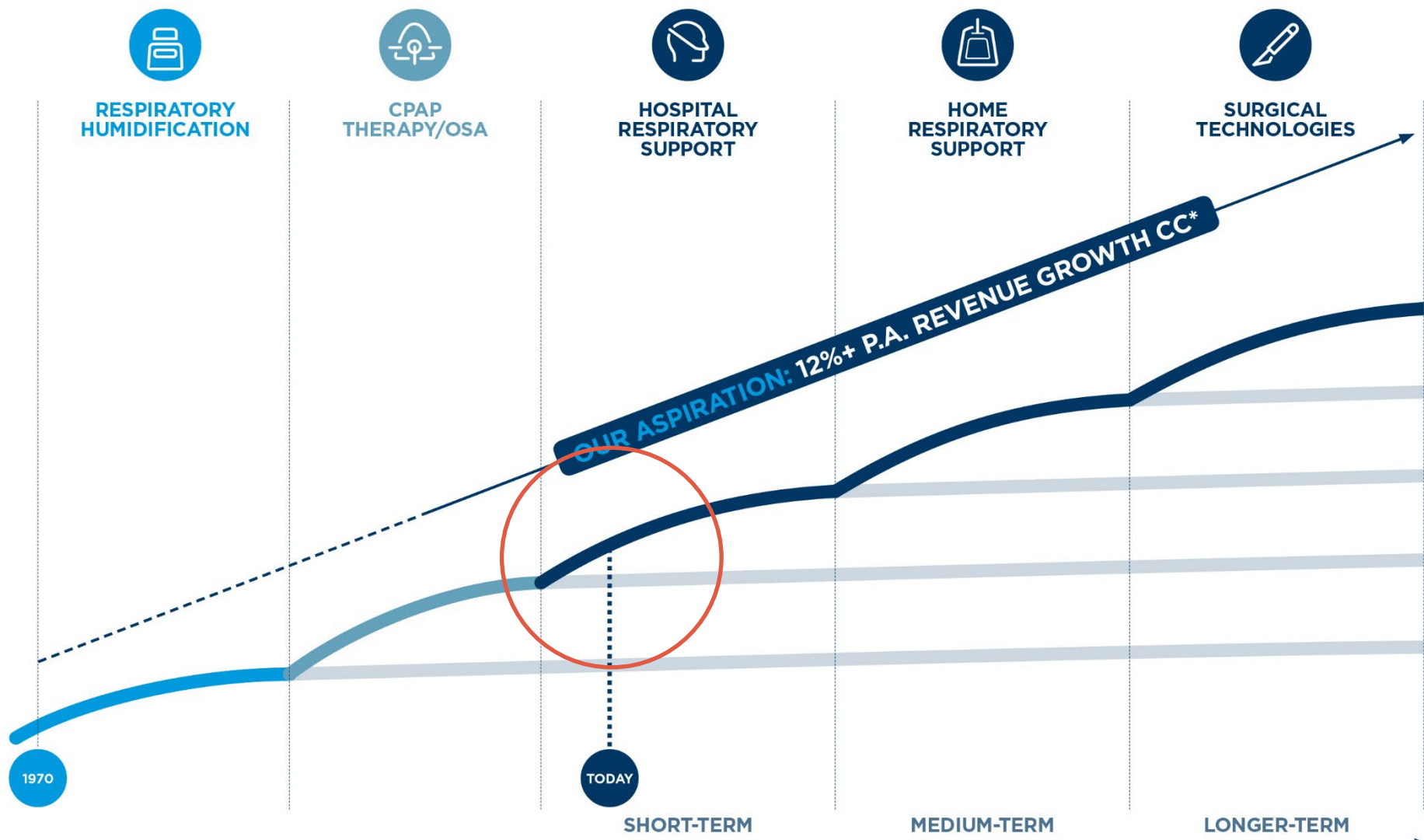


Our people
are located in
45 countries

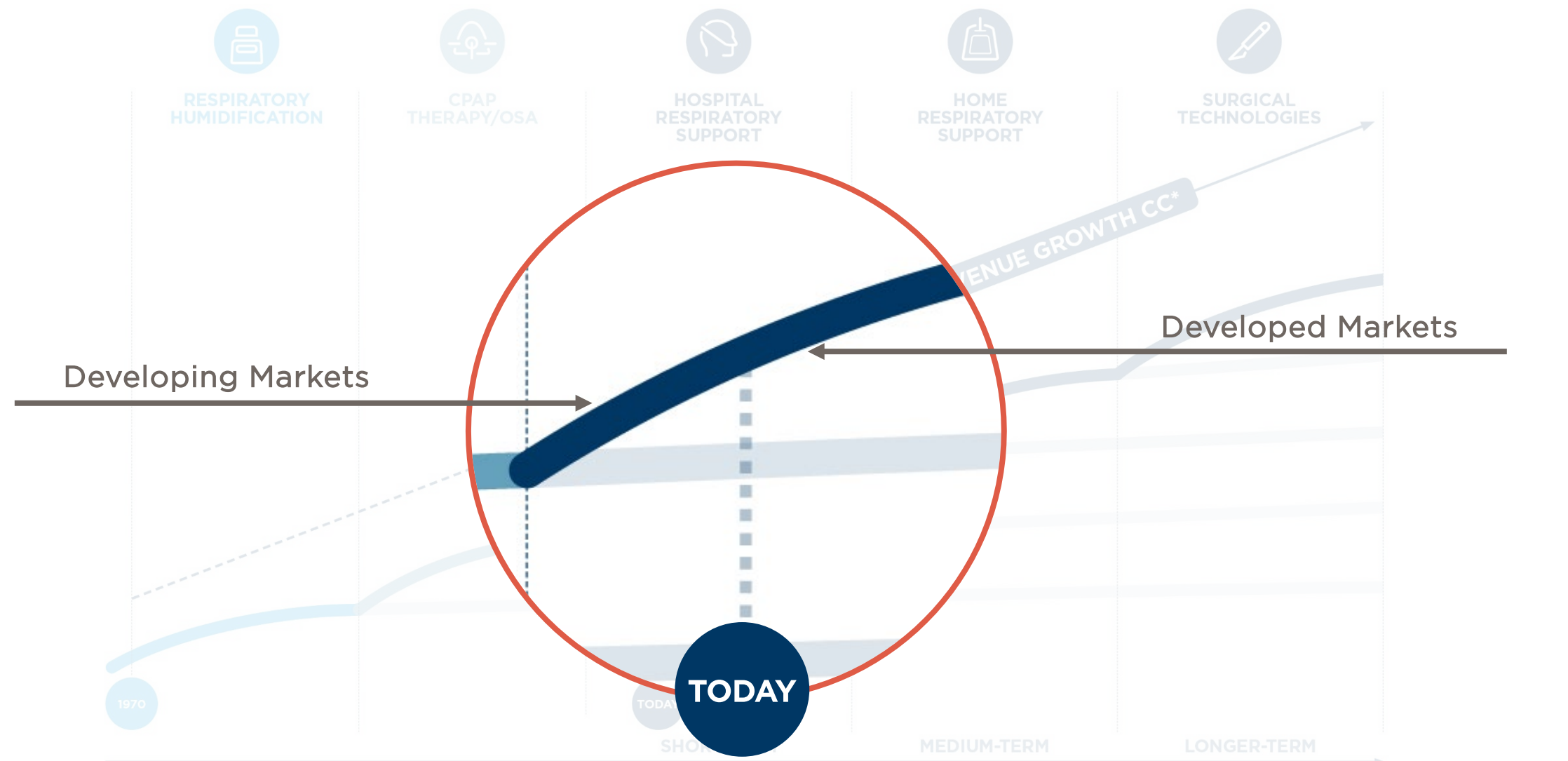
Sell into more than
120+ countries

With more than
180+ Distributors

The Market Development Curve



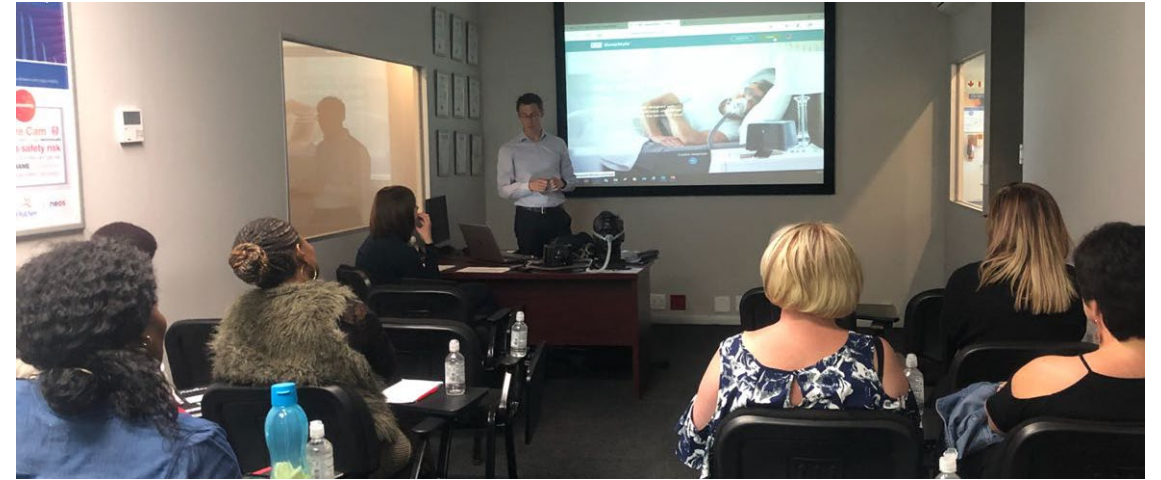
The Market Development Curve



Enhancing Distribution Partners

Distribution Partners

- Independent local company
- Sales/Marketing team
- Finance/Operations team
- May distribute few or many products
- Typically 10-100 people



Multi-channel distribution

- Focus
- Training & support
- Strategic alignment



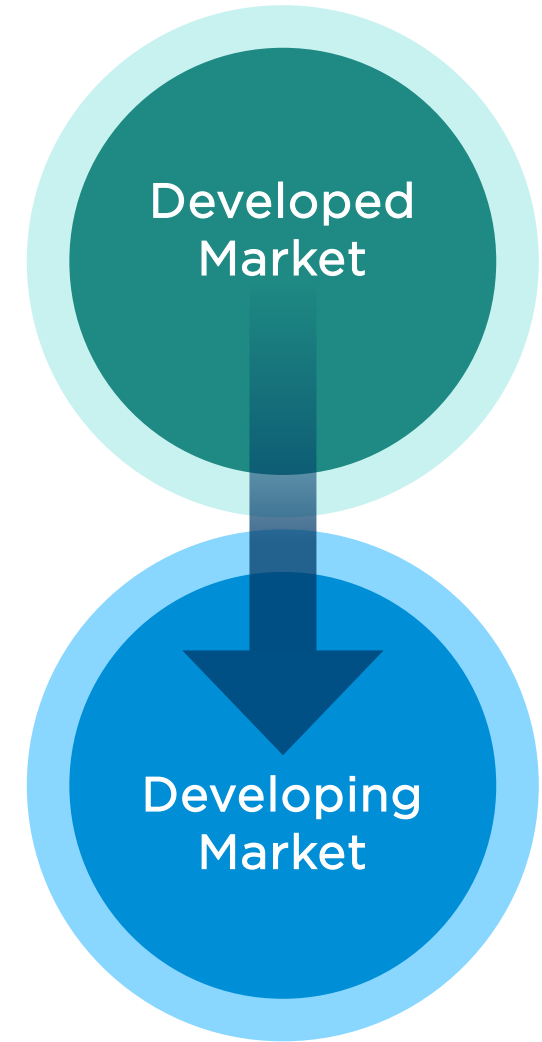
Story remains the same

- Changing Clinical Practice
- Reducing escalation of care
- Enhancing the de-escalation of care and avoidance of rebound
- Sustainable sales



Lessons learned accelerates growth

- Knowledge and learnings from the Developed markets drives growth in Developing markets
 - Same patients
 - Same environment,
 - Potentially different resources available
- Working with KOL's, educating clinicians on therapy, supporting broad utilisation of F&P therapies.
- Distributors tell our story...



Improving care and outcomes

People
Helping
People

