Sustainability Report

2007_Edition

sanofi aventis

Because health matters

Contents

This report was designed according to version 3 of the Global Reporting Initiative Guidelines. The index below lists the indicators that were used. The application of the materiality principle is presented on page 4.

Message from the Chairman/

The world of healthcare is by nature part and parcel of sustainability. Fifteen years ago, sanofi-aventis was already promoting actions in support of sustainability, with initiatives for employee protection, against counterfeit drugs and in favor of access to medicines… Today it may seem commonplace to emphasize the importance of ensuring our products' safety for the environment, yet it is an everyday reality for the men and women of sanofi-aventis.

Jean-François DEHECQ/Chairman of sanofi-aventis

The fact that 80% of the world's population still has little or no access to medicines led us to develop a long-term durable strategy. For several years, our Access to Medicines Division has been carrying out and coordinating initiatives focused on seven areas: malaria, tuberculosis, sleeping sickness, leishmaniasis, epilepsy, mental health and vaccines. Thanks to our efforts in R&D and production, we are helping to provide medicines and vaccines at prices aligned with local needs. This is all part of our sustainability approach.

The access to medicines issue is closely linked to that of intellectual property. At the core of global challenges, medicines are intimately tied to Research capacities. Patent protection is therefore essential, since it enables us to offer differentiated pricing in developing countries and continue to progress along the path of innovation, the very basis of our contribution to Society.

Sustainability also depends on local development. With manufacturing sites around the globe, the Group participates actively in economic and social development on the local scale and at the same time helps reduce the cost and environmental impact of drug transport. We are proud that sanofi-aventis facilities in South Africa manufacture tuberculosis treatments used primarily by local populations, and that our drugs for the treatment of leishmaniasis are produced in Brazil, a country severely affected by this disease.

Another key sustainable development challenge concerns people in industrialized countries, where life expectancy continues to grow each year, bringing with it the appearance of new diseases and ever-increasing healthcare demands. To the question of public funding for healthcare, sanofi-aventis proposes many answers, not only with our broad portfolio of medicines and vaccines – ranging from the most innovative compounds to mature prescription drugs and consumer health products (OTC) to generics – but also thanks to our informational programs for physicians as well as patient education.

In order for sustainable development to become a reality, it must be an approach that is understood, thought out and integrated by all concerned.

Message from the Chief Executive Officer/

Sanofi-aventis acts in an ethical and responsible manner to be a true healthcare partner, today and tomorrow. Our approach places the patient at the center of our business conduct and our social and corporate responsibility commitments as well as our environmental performance. This vision of sustainability is an integral part of our global strategy, designed to respond to patients' needs and expectations by ensuring a balance between access to healthcare, innovation, respect for intellectual property rights and the sustainability of healthcare systems.

In 2007, our approach was rewarded with the Group's entry onto the Dow Jones Sustainability World Index, which recognizes companies with the best sustainability performance. This was a clear acknowledgement of the Groups commitments, since we are already present on the major rating indexes.

In 2007, in addition to continuing initiatives begun in previous years, our sustainable development approach was enriched with the launch of new projects, including the code of supplier conduct, a guide for managers of eco-responsible sites, expansion of diversity awareness by Human Resources, a drug to treat malaria made available at locally-adapted prices, the implementation of the sanofi-aventis Climate Change Awards, and an improved motor vehicle risk prevention program. These are just a few concrete examples of the Group's approach put in practice.

In order to be more transparent with our stakeholders about the conduct of our business activities, sanofi-aventis also created a new Web site dedicated to sustainable development in May 2007.

Making sustainable development an important part of our business operations is a long-term challenge that requires the involvement of everyone, every day.

Gérard LE FUR/Chief Executive Officer of sanofi-aventis

The key challenges of sustainability/

INFLUENCE AND IMPACT ON SUPPLIERS

The major purchasing service categories used by a pharmaceutical company include those related to research activities (e.g., clinical trials), medical congresses and marketing events, pharmaceutical raw materials, logistics, etc.

The key challenges involve:
- incorporating social criteria (specifically in regards to human rights and fair compensation) as well as environmental and ethical dimensions into purchasing criteria
- including in purchasing criteria the dimensions concerning the health and safety of personnel working for suppliers and contractors

Affected stakeholders:
- suppliers

REDUCING IMPACT ON THE AIR QUALITY AND ATMOSPHERE

The primary challenges regarding air quality and atmospheric impacts connected to our business activities include:
- reducing carbon dioxide emissions and combating climate change
- reducing volatile organic compound emissions in connection with the use of solvents
- reducing ozone-depleting emissions as well as NO_x (nitrogen oxide) and SO_x (sulfur oxide) from boilers
- controlling industrial risks

Affected stakeholders:
- associations and international organizations
- local residents and communities

REDUCING IMPACT ON WATER AND SOIL

The major challenges for reducing our business activities' impact on water and soil include:
- reducing water consumption
- controlling wastewater discharge
- reducing and recycling waste
- limiting the risk of soil contamination and ensuring remediation
- protecting biodiversity

Affected stakeholders:
- associations and international organizations
- local residents and communities

USE OF MEDICINES

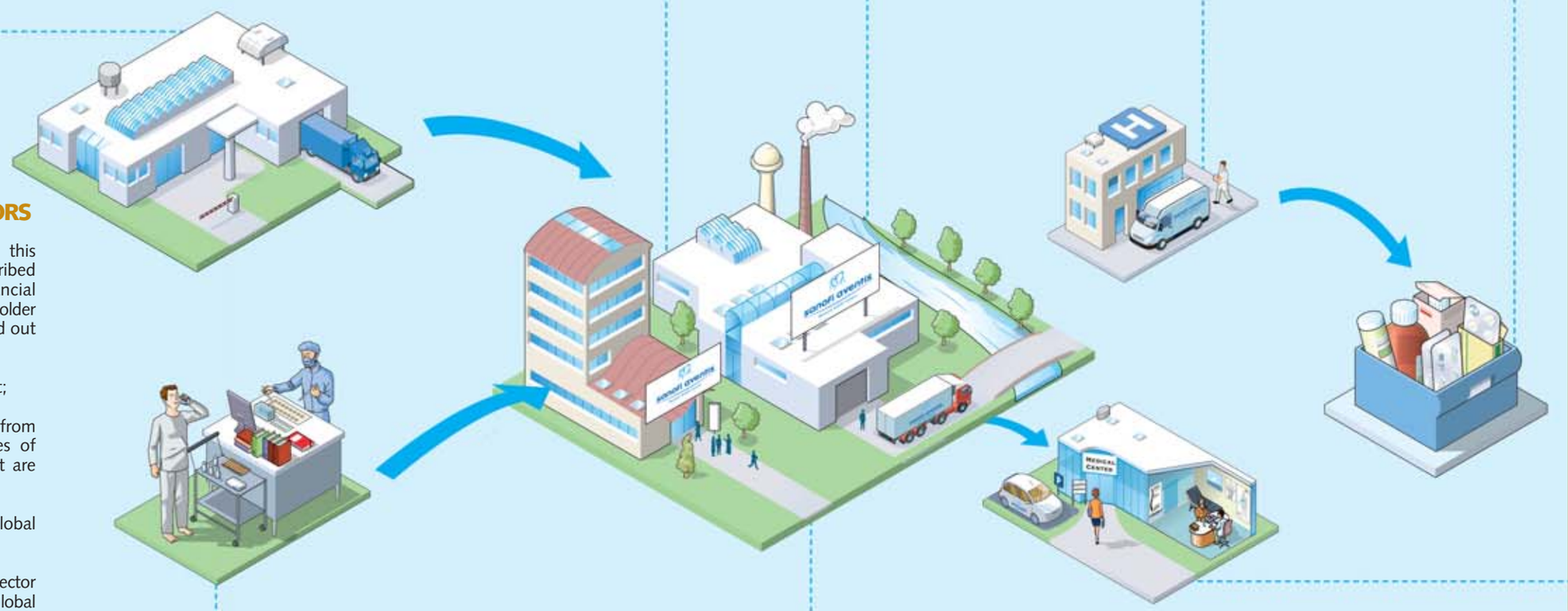
The most important challenges concern:
- access to care for low-income populations by adapting prices and using an appropriate distribution system
- product quality and safety
- monitoring adverse events associated with the use of medicines
- innovation efforts making it possible to increase the efficacy of treatments while reducing their cost

Affected stakeholders:
- patients and patient advocacy groups
- the medical community

END OF A PRODUCT'S LIFE CYCLE

The primary challenges to be met are:
- the environmental impact of active substances following consumption
- recovering and reprocessing unused medicines
- reducing and recycling packaging materials

Affected stakeholders:
- patients and patient advocacy groups
- the medical community



INFLUENCING LAWMAKERS, PRESCRIBERS AND CONSUMERS

The key challenges pertain to:
- lobbying goals and methods that are consistent with the Group's sustainable development policies
- defending intellectual property
- respecting ethics in the promotion of medicines
- the fight against counterfeit drugs
- fighting corruption and preventing conflicts of interest
- raising public awareness for diseases and supporting patient organizations
- limiting the global cost of care and participating in sustaining healthcare systems in industrialized countries and their development in emerging countries

Affected stakeholders:
- public administrations and market authorities
- the medical community
- patients and patient advocacy groups
- associations and international organizations
- competitors

CHOOSING TOPICS AND INDICATORS

To determine the topics to be included in this report, we performed the materiality test described in the Global Reporting Initiative[1] non-financial reporting standard and the AA 1000 SES[2] Stakeholder Engagement standard. The firm Utopies[3] carried out the test, which consisted of analyzing:

- the local and international regulatory context;
- the 2006 sustainable development reports from other pharmaceutical companies and codes of conduct in order to identify the issues that are considered relevant within this sector;
- performance indicators identified in the Global Reporting Initiative G3[1] guidelines;
- the most widely recognized codes across the sector applicable to multinational groups (UN Global Compact, Organization for Economic Cooperation and Development Principles[4], Business Leaders Initiative on Human Rights[5], etc.);
- questionnaires from the major non-financial rating agencies;
- expectations expressed by lobbyists (NGOs, consumer advocacy groups, ethical investors) that are accessible through various publications (reports, Web sites), as well as campaigns and direct questions.

The major topics are shown in the diagram.

(1) www.globalreporting.org.
(2) www.accountability.org.uk.
(3) www.utopies.com.
(4) www.oecd.org.
(5) www.blihr.org.

ETHICS IN RESEARCH

The key issues in this area include:
- innovation
- respecting the principles of bioethics
- treatment and conditions for laboratory animals and the development of alternative research methods
- protecting patients and healthy volunteers who participate in clinical trials
- sharing benefits with the local communities whose traditional knowledge or biodiversity is used by R&D
- research on unresolved health problems, rare diseases and diseases affecting low-income populations

Affected stakeholders:
- the medical community
- competitors
- associations and international organizations
- patients and the public

LABOR CONDITIONS

The major challenges are:
- responsible reorganization management
- preventing discrimination and promoting diversity
- social dialogue, in particular freedom to negotiate and collective representation
- levels of compensation, social protection, training and career prospects aligned with market needs
- employee profit-sharing
- the protection of health and occupational safety for employees and contractors

Affected stakeholders:
- employees and labor unions
- local residents and communities

ECONOMIC IMPACT

The primary challenges are:
- ethical business conduct, in particular with respect to rules on competition and good governance
- local economic development

Affected stakeholders:
- public administrations and market authorities
- local residents and communities
- competitors

The Group's proactive approach

— This section provides an overview of the organization, policies, management systems and dialogue forums established by sanofi-aventis to address the major challenges of sustainability.

CONTENTS

A hands-on approach to sustainability/

Sanofi-aventis is committed to making sustainability an important part of its business operations. This commitment is illustrated by the day-to-day involvement of employees throughout the Group, from the Board of Directors down throughout the businesses.Following the creation of the Sustainability Department specifically devoted to this topic in 2006, the Group's proactive approach was strengthened in 2007 by establishing a sustainability delegate network within functions and in specific countries, and through Group personnel training about sustainability issues.

01. Corporate governance

	THE STANDARDS OF GOOD GOVERNANCE[1]	SANOFI-AVENTIS		
INDEPENDENCE				
DIRECTORS among themselves and in relation to management	At least 50% of Board and Compensation Committee directors are independent	Board of Directors	Audit Committee	Compensation, Appointments and Governance Committee
	Definition of independence determined by the Board of Directors	8/16 independent members	4/4	3/5
	Independence standards based on the Bouton report	Independence standards based on the Bouton report		
	No cross check	No cross check		
	Length of director's term	Four years; reappointment on a rotation basis		
	Number of terms held simultaneously by Group directors	See 2007 Form 20-F, pages 110-114		
AUDITORS in relation to management	Statutory Auditors may not provide consulting services with the exception of audit services	See details in the 2007 Form 20-F, page 167		
	Auditor and Audit Committee meetings without management in attendance	Prior to Board meetings, at Audit Committee meetings semi-annual and annual financial statements are approved		
INVOLVEMENT IN DECISION MAKING				
DIRECTORS	Number of meetings of the Board of Directors in 2007 Average attendance rate at Board meetings in 2007	6 meetings 88%		
	Accounting, Appointments and Compensation Committees[2]	Audit Committee	Compensation, Appointments and Governance Committee	
	Number of meetings in 2007	7	3	
	Attendance rate	96%	82%	
	Assessment of Board operations every three years	Implemented as of 2006. Assessment made by the Board secretary. A report was made at the Board meeting of February 12, 2007		
SHAREHOLDERS	Proportion of votes expressed in a general meeting by shareholders present, represented or by absentee vote	At the general meeting of May 31, 2007, the total number of votes represented 67.3% of existing voting rights. Resolutions were adopted by an average of 93%. One resolution was not adopted[3]		

(1) Based primarily on the Vienot and Bouton reports and the Sarbanes Oxley-Act.
(2) At its February 11, 2008 meeting, the Board of Directors created a Strategic Review Committee.
(3) Legal reciprocity clause in the event of a public tender offer for company securities.

→ THE BOARD OF DIRECTORS

The company is managed by a Board of Directors made up of sixteen members, eight of whom meet the independence criteria in the Bouton report, which are adopted by the Group. An independent director is one who has no material association with a company, its group or management that may compromise the independent exercise of the director's best judgment. The Board of Directors establishes the list of members who meet these criteria.

Directors are appointed for a maximum term of four years.

No more than one third of the serving members may be over 70 years of age.

Subject to the authority specifically reserved for general shareholder meetings, and within corporate scope, the Board of Directors addresses and makes decisions on issues relating to the company's efficient operation and other Board matters. The Board of Directors determines the direction of the business and oversees implementation.

Additionally, five Group employee representatives sit on the sanofi-aventis Board of Directors in an advisory capacity, in accordance with the European Works Council agreement signed on February 24, 2005.

The directors' Code specifies the directors' responsibilities, the Board's composition, its duties and working procedures as well as those if its committees. Once a year, the Board deliberates on its strategy. A formalized assessment is made every three years.

The first assessment was performed at the end of 2006 during interviews with each director conducted by the Board secretary. The outcome of the assessment was presented to the Compensation, Appointments and Governance Committee and subsequently at the Board of Directors' meeting on February 12, 2007.

In addition to a favorable review of the Board's working procedures, the assessment revealed a desire to devote more time to strategic issues.

→ SEPARATION OF THE OFFICES OF THE CHAIRMAN OF THE BOARD OF DIRECTORS AND THE CHIEF EXECUTIVE OFFICER AS OF JANUARY 1, 2007

During the meeting of the Board of Directors on December 14, 2006, it was decided that the following actions would become effective on January 1, 2007:

- the office of Chairman of the Board of Directors would be separated from that of Chief Executive Officer;
- Gérard Le Fur would be appointed as Chief Executive Officer for his entire term as director, with Jean-François Dehecq would remain Chairman of the Board of Directors.

The Chairman represents the Board of Directors. Barring exceptional circumstances, he is the only person authorized to act and express himself in the name of the Board. He organizes and directs the work of the Board, and is accountable for this at the shareholders' general meeting. He is also responsible for ensuring that the corporate decision-making bodies chaired by him operate properly (Board of Directors and shareholders' general meeting).

In close coordination with Senior Management, he may represent the company in its high-level relationships with public authorities and the Group's major partners at both the national and international level, and take part in defining the Group's principal strategic options, specifically in terms of external growth.

The Chief Executive Officer is responsible for the management of the company, and represents it in dealings with third parties. He has the broadest powers to act in the name of the company. Under his responsibility, he assumes Senior Management of the company and chairs both the Executive and Management Committees.

He informs the Chairman of the Board of Directors about significant events and situations relating to the Group's business, in particular in regards to strategy, organization, financial reporting, major investment and divestiture plans as well as major financial operations.

The Board of Directors has limited the powers of the Chief Executive Officer with respect to investments and acquisitions commitments to 500 million euros for commitments undertaken within the scope of a previously-approved strategy and to 150 million euros for commitments made without prior approval of the strategy.

02. Organizing the sustainability system

→ NEW DEVELOPMENTS IN 2007

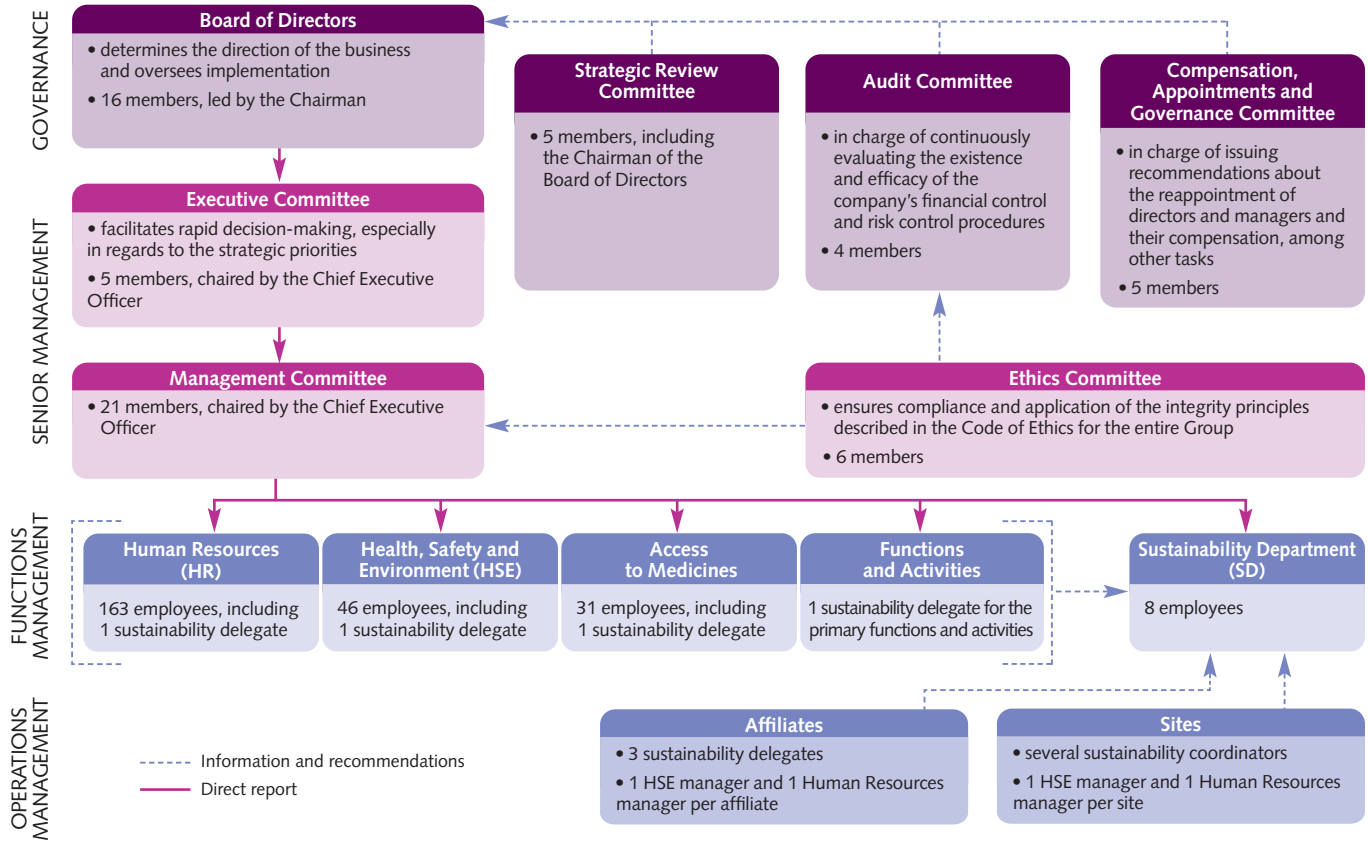
In 2007, the proactive approach to sustainable development was strengthened with the creation of a sustainable development delegate network within the functions and affiliates in certain countries. These delegates have N-1 or N-2 positions within their respective entities. They devote approximately one-third of their time to coordinating and promoting the sustainability approach within their entity and meet every two months with the Sustainable Development manager within the Committee. They oversee action implementation, propose issues to address and discuss new challenges for the company. The improvement plans resulting from these discussions are validated by Senior Management.

In 2007, emphasis was placed on developing dedicated communication tools (e.g., creating a new Web site) and initiating sustainable development training for Group personnel.

→ OUTLOOK FOR 2008

In 2008, the Group will increase training about the approach for employees and will introduce a series of tools designed to meet this goal. Externally, sanofi-aventis will be increasingly involved in partnerships and stakeholder dialogue throughout the various organizations and associations with which the Group has ties.

CORPORATE AND SUSTAINABLE DEVELOPMENT GOVERNANCE



Converting the sustainability approach into actions/

In addition to the Group values and principles on which our sustainability approach is based, specific policies have been defined for Group functions and activities. Adapted resources are also dedicated to ensuring these policies are implemented effectively wherever the Group operates.

01. Group policies

Sanofi-aventis addresses issues identified as being important for the pharmaceutical sector (see methods and challenges, pages 4 and 5).

The Group respects the legal and cultural environment of the countries where it operates.

→ COMPLIANCE WITH THE HIGHEST STANDARDS

The Group adheres to the following international codes, rules and principles:

- the principles of the Universal Declaration of Human Rights (UDHR);
- the principles of the International Labor Organization (ILO);
- the principles of the Global Compact in the areas of human rights, labor standards, the environment and the fight against corruption;
- the directives issued by the Organization for Economic Cooperation and Development (OECD) geared to multinational firms and particularly concerning good business practices and the fight against corruption and illegal payments;
- the "ethical criteria" of the World Health Organization (WHO) with regard to drug promotion, as well as codes from the International Federation of Pharmaceutical Manufacturers Associations (IFPMA) and the European Federation of Pharmaceutical Industries and Associations (EFPIA) concerning Good Commercial Practices;
- rules developed by professional associations (European, American and Japanese) concerning the clinical trial transparency as well as rules contained in the Declaration of Helsinki and governed by the directives of the International Conference on Harmonization (ICH), specifically Good Clinical Practices (GCP);
- the ILAR Guide (Institute for Laboratory Animal Research) and the UFAW Handbook (Universities Federation for Animal Welfare) on animal testing;
- the WHO recommendations for drug donations.

Sanofi-aventis also complies with many external national codes, especially those related to Good Commercial Practices.

→ GROUP LEVEL POLICIES

In addition to external standards and codes, a series of internal company documents outline the principles and policies that apply to the Group as a whole.

The sanofi-aventis **Code of Ethics** defines corporate principles and individual behavioral rules. It was distributed to all employees.

Several Charters and policies delineate the Group's rules and commitments:

- the **Social Charter** outlines the principles that form the common base underpinning human relations within the Group. It was translated into 20 languages and distributed to all employees;
- the **Ethical Charter for Purchasing** defines the relationship between sanofi-aventis buyers and suppliers. The rules and conduct that buyers must adopt, rules concerning conflicts of interest and accepting gifts from suppliers, as well as information that must remain confidential;
- the **sanofi-aventis charter on the humane care and use of laboratory animals, general principles with regard to the ethical use of human biospecimens, and Good Clinical Practices (GCP)** provide the framework for our research and development practices:
  - the Charter specifies the conditions for using laboratory animals and affirms Group principles that promote higher animal care standards,
  - the general principles define the conditions for the use of biospecimens as well as donors' rights,
  - the GCP define the Group's medical ethics rules concerning clinical trials (assessment of benefit/risk ratio, making sure

patients are well informed and obtaining informed consent, public access to clinical data). In addition, the Group finalized creation of its transparency rules for clinical trials;

• the Group has a **Code of Financial Ethics** and a **Data Protection Charter**;

• **the Health, Safety and Environment policy** (HSE) is based on eight guidelines that govern actions with respect to Group employees, outside partners, natural resources and environmental protection. Moreover, Group pharmaceutical chemistry sites adhere to the "chemical industry's commitment to improve environmental protection," an obligation to carry out their operations while paying constant attention to ways of improving safety and protecting health and the environment by applying the principles of Responsible Care®.

In certain areas such as access to medicines, local economic development or increasing public disease awareness, the Group organizes initiatives and programs, often in partnership with international and local organizations that are in full accordance with Group values.

02. Implementing policy

→ CONTROLS AND MONITORING SYSTEMS

Sanofi-aventis adopts procedures that make it possible to disseminate and oversee the policies application. Various management systems make this possible:

• "Data Monitoring Committees" consist of independent experts that monitor the feasibility and risks for subjects or patients in clinical trials. Moreover, Ethics Committees are responsible for monitoring animal use and their welfare;

• the Group's Quality departments ensure the product quality level during various research and development phases, industrial development, manufacturing and distribution;

• Pharmacovigilance(1) divisions in each affiliate and at Group level collect, record, analyze and communicate information concerning our drugs reported by patients, clinical trial investigators and healthcare professionals;

• the HSE policy describes the framework for the Group's actions. Management defines the roles and responsibilities of each person involved. The implementation plan identifies HSE-type hazards and associated risks, as well as areas for site improvements. Each site is responsible for implementing the HSE policy.

Performance assessment and monitoring are recorded in performance charts. Finally, self-inspection, audit and HSE management review procedures ensure program follow-up and progress reports. In addition, three expert committees steered by HSE management – COVALIS, TRIBIO and ECOVAL – assess the chemical and biological risks to employees' health due to research and development and production activities (hazard levels of substances handled by employees, environmental risk of the pharmaceutical active ingredients in drugs marketed by the Group, etc.).

In 2007, numerous sites underwent HSE audits in 19 countries:

• 45 for all types of sanofi-aventis sites and activities, Pharmaceutical and Industrial Operations;

• 9 more specific audits concerning outside contractors' activities.

Many sanofi-aventis sites sought ISO 14001 environmental certification (38 sites worldwide are certified):

• various Human Resources (HR) functions at the Group level develop HR policies with managers from these functions (Pharmaceutical Operations, Research & Development, Vaccines, Industrial Affairs and Support Functions), who ensure their application. They are responsible for action plan implementation and indicator follow-up for their activity; moreover, they periodically report their results to the Group;

• regarding responsible purchasing, the approach is currently being implemented (see page 67).

In addition to these procedures, the Group developed a warning system enabling all Group employees to express their concerns about practices that they believe fail to respect, or contradict, the Code of Ethics.

→ REPORTING SYSTEMS

Sanofi-aventis has comprehensive reporting systems that encompass the entire Group's scope – Human Resources, health, safety and environment, finance and Code of Ethics compliance. For more details, see the methodology used on pages 77 to 79.

More detailed information, by country or by site, concerning Human Resources and the environment is communicated to our stakeholders within the framework of dialogue and consultation, for example, in the form of an international social report.

03. Ethical business conduct

Ethical conduct compliance, a top priority for sanofi-aventis, is based on sound and carefully defined guidelines, specifically the Code of Ethics and other codes geared more specifically to different functions (purchasing, sales, etc.).

Code implementation is supervised and coordinated by a compliance officer network in each country where the Group operates, and by a Corporate Ethics Committee.

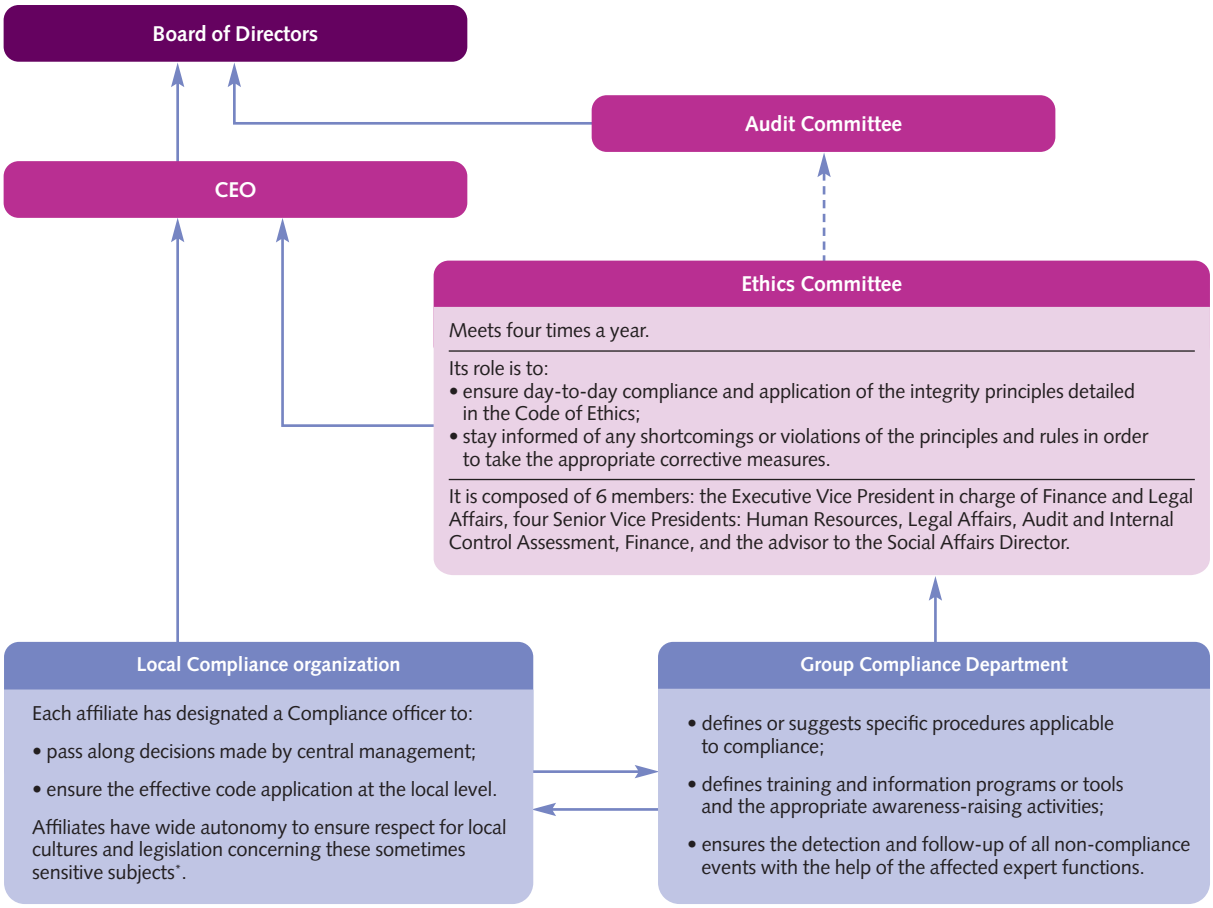
It is based on awareness-building, training and verification tools, as well as an alert and support system for all employees worldwide.

For more information, see:
www.sanofi-aventis.com

(1) Pharmacovigilance consists of monitoring and informing healthcare authorities of all serious and/or unexpected adverse side effects of a drug that has been marketed.

➔ ORGANIZING THE NETWORK TO ENSURE COMPLIANCE WITH THE CODE OF ETHICS

The aim of the relationships illustrated in the diagram and validated by the Ethics Committee is to take into account the geographic scope as well as criteria related to the major Group functions. Within this framework, each affiliate has the flexibility to adapt its actions in accordance with the way its entity's functions are organized.



*Certain affiliates such as Japan or the United States have more formalized structures. Moreover, some countries have taken the initiative to set up their own committee to oversee these issues: Germany, Canada, Korea, Spain, Italy, Morocco, Pakistan, Russia and Turkey.

➔ COMMUNICATING AND UNDERSTANDING OUR CODES

The Code of Ethics is posted on the sanofi-aventis corporate Internet site and was distributed to all Group employees. In addition, affiliates in some countries have developed additional codes and Charters:

• 5 versions were printed (French, English, German, Spanish and Portuguese) and made available to the affiliates;

• 18 countries translated the Code into their local language. All together, more than 90% of the affiliates, corresponding to over 95% of the total workforce, distributed versions of the Code in their local language;

• most affiliates require their employees to sign a receipt acknowledging they have received the Code of Ethics. In 2007 in most countries, a reminder of the rules contained in the Code of Ethics was sent out using various means: presentations during meetings, e-mails, a letter from the Human Resources department, Intranet, in-house newsletter articles, training sessions and, in some cases, as a part of the launch of e-learning;

• a process was put in place to ensure the Code is distributed to all new employees joining the Group. Training is provided for newcomers in almost all countries;

• a seminar assembling the chief compliance officers in the countries where the Group operates was held in late October 2007. During this session, various presentations focused on compliance training and monitoring initiatives conducted in countries such as Brazil, Spain, the United States, Japan, Pakistan and Russia. Representatives from other functions (Audit and Internal Control Assessment department, Quality department, Data Protection, Regulatory Affairs, Sustainability Department, etc.) also explained the link between compliance and their respective activities;

• specific training tools (presentations, case studies) about the topics identified by our affiliates as being the most sensitive were made available to them.

In late 2007, an in-house survey evaluated the training activities organized by affiliate compliance officers in order to determine the training topics that were in highest demand.

Training provided by the affiliate compliance officers consists of either a general compliance discussions, ethics and values, or it focuses on more specific topics such as personal data protection, Good Promotional Practices, competition law, the fight against corruption and pharmacovigilance.

Training and awareness-raising efforts will be reinforced during the coming months.

➔ ALERT SYSTEM

Since 2006, an alert system has been in place at Group level to help resolve ethical issues. All Group employees may express, anonymously if necessary, their concern about potential illicit practices that they feel contradict the Code of Ethics.

In the United States, in accordance with local practices and regulations, an external "compliance helpline" is available to employees and may be used at any time.

Moreover, in application of the US Sarbanes-Oxley Act, alerts concerning internal control, finances and accounting are submitted to the Audit and Internal Control Assessment department for investigation and may be reported to the company's Audit Committee.

Affiliates may sometimes manage reports directly. In these cases, the compliance manager handles them locally. The compliance manager investigates the reports to ensure that the allegations are founded and forwards the allegations and any disciplinary actions to the Corporate Compliance Department. A report is written and the Ethics Committee (as well as the Executive Committee for the most serious cases) is informed.

All reports are routinely investigated in accordance with procedures and, when justified, disciplinary measures were taken.

For more information, see:
"Document de Référence", page 167, available on our Web site www.sanofi-aventis.com

COMPLIANCE PROGRAM IN THE UNITED STATES

The United States affiliate of sanofi-aventis has an extensive compliance program based on several different components. These include a compliance manager and a compliance team, a US Code of Business Conduct, training modules and programs, as well as its own compliance helpline, which may be contacted at any time. An Ethics Committee made up of the heads of the affiliate's key divisions – Research, Pharmaceutical Operations, Industrial Operations, Sales and Marketing – meets at least four times a year to examine the topics submitted by the affiliate's compliance manager.

In 2007, sanofi-aventis US distributed the Code of Business Conduct and provided training to all of its employees in the country, as well as to contractors working on affiliate sites. In addition, specific training programs were developed and designed for certain employee groups, primarily to discuss rules and practices specific to their area of activity.

The Code of Business Conduct requests all employees and co-contractors to report any potential violation of the law or of company rules.

The helpline received approximately 700 calls in 2007, three quarters of which were requests for information. All allegations that turn out to be well founded or which require disciplinary measures are examined for action by an ad hoc group (e.g., Human Resources representatives).

In addition, the US affiliate has developed various procedures and guides to ensure that employees comply with local laws and ethical standards that apply to research, manufacturing, promotional practices and sales of pharmaceutical products in the United States.

➔ ZOOM

2008 OBJECTIVE

In 2008, training and awareness-raising initiatives focusing on ethical and legal rules will continue.
They will be strengthened by:
• e-learning projects. This type of training, developed in cooperation with an external service provider, is designed to provide training, via the Group Intranet. The training must be as accessible as possible for Group employees. It covers various topics related specifically to ethical business conduct and strives to reach as many Group employees as possible around the world. These types of training tools have been used in the United States for several years and have provided appropriate training to more than 15,000 employees. In 30 or so other countries, an e-learning Code of Ethics course was introduced in late 2007 for approximately 37,000 employees. The course is available in a dozen languages and will continue to be offered in 2008, especially in those countries that were not covered in 2007;
• initiatives to build general awareness of ethical issues at Group sites;
• specific training on topics such as personal data protection, Good Promotional Practices and the fight against corruption.

→ THE FIGHT AGAINST CORRUPTION

Anti-corruption organizations focus particular attention on the pharmaceutical industry, looking specifically at research (transparency of clinical trials), administrative authorization procedures (marketing authorization and reimbursements) and marketing practices (integrity in drug promotion). As is true of other sectors, the pharmaceutical industry must also address these same issues with regards to purchasing.

For several years, sanofi-aventis has been strengthening its approach to fighting corruption:

• the Group adheres to the UN Global Compact external reference principles (10 Principles), as well as those of the OECD and the pharmaceutical sector codes included in our Code of Ethics. This Code explicitly bans direct and indirect corruption and limits corporate gifts to promotional items, samples and cultural gifts of a lesser value, in compliance with local regulations. Contributions to political parties are forbidden. The Group declares the amount of its major contributions to humanitarian causes and sponsorships (see page 40);

• to ensure implementation, the Code of Ethics is distributed to Group personnel and is routinely disseminated to all new employees. The Group organizes training programs, especially for compliance officers. It has set up an alert system so that any failure to respect the Code of Ethics can be reported, and distributes a document about fraud prevention to all affiliate General Managers. General Managers and their chief financial officers complete and sign a form once every six months to report any cases of fraud that may have occurred during this time period. A minimum value is not included in the definition of fraud, therefore appropriate sanctions are levied in all cases.

Sanofi-aventis makes its anti-corruption management system public. Four times a year, the Ethics Committee examines feedback from the alert system and examines ways to improve it. To ensure the systems integrity, any employee who, in good faith, makes his or her concerns known regarding possible illegal practices or ethical violations shall not incur any sanctions. Additionally, a Code of Supplier Conduct is distributed to outside contractors and a Ethical Purchasing Charter is provided to sanofi-aventis buyers.

For more information, see article 8 of the Code of Ethics available at:

http://en.sanofi-aventis.com/group/initiatives/p_group_intiatives_codeofethics.asp

→ RESPECT FOR HUMAN RIGHTS

When it comes to human rights, pharmaceutical companies must address the issues facing all business sectors, such as labor conditions (fair compensation, working conditions, employee safety, the abolition of forced labor and child labor, etc.), which are the focus of this section. At the same time, they must speak to issues that are specific to the pharmaceutical industry, which are examined in other sections of this report: improving access to medicines and vaccines (pages 36 to 42), preventing biopiracy (page 24), respecting ethics rules during clinical trials (pages 25 to 26) and health, safety and the protection of the environment in an industrial context (pages 53 to 66 of this report).

For several years, the Group developed a set of policies to ensure the respect for human rights. Sanofi-aventis took this commitment one step farther in 2007, when the Group became a member of the EDH initiative (Entreprises pour les Droits de l'Homme). This "Businesses for Human Rights" initiative comprises eight members, all French-speaking international groups, and was created following exchange with organizations such as BLIHR and the French section of Amnesty International(1).

The Group's Code of Ethics takes as its references the Universal Declaration of Human Rights, the UN Global Compact, the OECD directives and the principles of the International Labor Organization, as well as national laws and regulations. To a large extent, it covers the topics related to human rights within the company. More specifically:

• concerning the right to health and safety in the workplace, the Group Health, Safety and Environment (HSE) policy is applied worldwide. It defines a safety management system, the standards to be met and the implementation process for the approach. In the Sustainable Development Report, the Group publishes occupational safety and health management indicators. In addition, the Group takes part in public health campaigns;

• with respect to equal opportunity and non-discrimination, the Group has developed a policy to promote diversity and participates in targeted support programs for disadvantaged groups;

• as a means to guarantee each individual's right to privacy, the Group has established a personal data protection Charter;

• in matters of social protection, the Group is committed to ensuring that all employees, in all countries where the Group operates and regardless of their function, have coverage to protect them against unexpected events. In certain countries with high HIV prevalence, health coverage is offered to employees and their beneficiaries, including antiretroviral treatments;

• the UN Global Compact principle regarding the freedom of association (Principle 3) is included in the Group's Social Charter;

• the sanofi-aventis suppliers code of conduct and the human rights questionnaire provided to suppliers requires them to commit to accepting audits with respect to child labor and forced labor. The audit program has already begun.

In terms of controls, the Group relies on a warning system and a targeted supplier audit program, currently being introduced (see the section on responsible purchasing, page 67). The Ethics Committee also ensures that the principles detailed in the Code of Ethics are applied throughout the entire Group.

(1) EDH is inspired by the Business Leaders Initiative on Human Rights (BLIHR) created in 2003 and aims to complement its work with contributions from a French perspective.

04. Relationships with stakeholders

Sanofi-aventis carries out its business activity in close collaboration with numerous stakeholder groups – patients, employees, shareholders, suppliers, competitors and local communities who make up the Group's day-to-day environment. Sanofi-aventis is also in constant contact with authorities and healthcare professionals during the entire drug or vaccine development life cycle. The Group creates partnerships with a number of NGOs and international organizations, especially for the development of medicines and to ensure access to patient treatment.

The table below provides an illustration of the types of relationships the Group maintains with these different organizations. The results of this ongoing dialogue are described throughout the section on the Group's performance, pages 20 to 67.

SANOFI-AVENTIS STAKEHOLDERS	TYPES OF RELATIONSHIPS		EXAMPLES OF SPECIFIC ACTIONS
PATIENTS			
• Patients • General public	• Distribution of clinical trial results	🟠	
• Patient associations	• Information partnerships (prevention, screening, available treatments) and support for patients and their families	🔵	International Union Against Cancer (UICC)
HEALTHCARE PROFESSIONALS			
• Physicians	• Medical and pharmaceutical sales calls	🟠	Continuing medical education in France
• Pharmacists and distributors	• Distribution of clinical trial results • Participation in continuing education		
• Researchers and public experts (universities, hospitals)	• Monitoring of clinical trials (Data Monitoring Committee) and health risks for employees	🟢	Partnership with the Ecole des Mines (Engineering School) of Paris on health risks
	• Public/private research partnerships	🔵	
AUTHORITIES			
• Health authorities	• Expertise and advice throughout the development of a drug	🟠	Pharmacovigilance
	• Ensuring that practices comply with national and international regulations in force (assessment of registration dossiers and inspections)	🟢	
	• Information on the serious/unexpected adverse side effects of drugs (declarations and periodical summary reports)	🟠	
• Health ministries	• Agreements in the event of a health crisis • Training agreements or free access/low cost access to certain drugs for low income populations	🔵	Pre-pandemic vaccines production in France and the United States including an avian flu strain Caregiver training in South Africa
• HSE regulatory agencies	• Ensuring that practices comply with national and international regulations in force	🟢	HSE audits
SUPPLIERS	• Awareness of human rights, working conditions and respect for the environment	🔵	See page 67
	• Audits under development	🔵	
EMPLOYEES	• Dialogue and consultation	🟠	Creation of European Works Council, French Group Works Council, employee representative forum in the United Kingdom, etc.
	• Negotiations with trade unions	🟢	Agreements in France regarding union rights Group employee savings plan, job classifications, internal mobility, etc.
OTHER PHARMACEUTICAL LABORATORIES	• Research partnerships	🔵	European programs on rare diseases (ERDITI and OrphanXchange)
NGOs AND INTERNATIONAL ORGANIZATIONS (e.g., WORLD HEALTH ORGANIZATION)	• Drug donations/drugs available at affordable prices	🔵	Partnership with the WHO for sleeping sickness
	• Awareness-raising and prevention in local communities	🔵	
	• Training	🔵	Partnership with CARE for malaria
	• Pharmaceutical assistance to medical teams	🔵	Nelson Mandela Foundation for tuberculosis
	• Research	🔵	
RATING AGENCIES	• Replies to questionnaires	🟠	
LOCAL COMMUNITIES	• Awareness-raising and prevention	🟠	Partnerships with NGOs

Level of sanofi-aventis' involvement in stakeholder relationships:

- 🟢 concerned stakeholders play a supervisory role (e.g., health authorities) or a bargaining role (e.g., trade unions) with respect to the Group;
- 🔵 sanofi-aventis enters into partnerships (e.g., NGOs involved in development or access to care) or contractual relationships (e.g., suppliers);
- 🟠 sanofi-aventis consults, discusses and/or informs the involved stakeholders (e.g., physicians). The Group also receives advice from the health authorities during drug development.

For more information about relationships with stakeholders, see:
http://sustainability.sanofi-aventis.com

05. Institutional relations

At the heart of sanofi-aventis' business activity lie several important issues that are the focus of public policies at the national, regional and international levels, specifically:

• the safety of patients and consumers who take medicines, the driving force behind regulations governing drug registration, quality and pharmacovigilance controls;

• the economic management of public health systems, which gives rise to national regulations;

• the promotion and protection of scientific and technical innovation;

• access to medicines for disadvantaged populations, especially in developing countries.

For this reason, sanofi-aventis develops and maintains relationships with the institutions that draft and enforce these regulations. The goal is to provide information they need and enable them to become familiar with the Group's positions for the sake of clarity and transparency. The Institutional and Professional Relations department includes seven people who are based in Paris, Brussels, Geneva and Washington, DC. They support our strong commitment to participate in key professional federations representing the pharmaceutical industry at the national, European and international levels. This is carried out as a means to contribute to the ongoing improvement of technical standards and the environment in which the Group operates. This department coordinates and supports the local efforts of Public Affairs departments at Group affiliates.

Sanofi-aventis builds professional and institutional relationships in a context of transparency and in accordance with strict ethical rules (respect for individuals and the mandate they fulfill, combatting illegal practices in every way possible). At the same time, sanofi-aventis includes pursuing general interests and the development of mutually beneficial solutions in its objectives, particularly within the scope of public-private partnerships, such as the one developed with the WHO for the fight against certain neglected tropical diseases.

Sanofi-aventis belongs to the pharmaceutical industry's major research-based associations and numerous professional associations, as well as organizations working in the field of sustainable development, specifically:

• UN Global Compact;

• Corporate Social Responsibility Europe (CSR Europe);

• Center for the Study of Corporate Social Responsibility (ORSE);

• World Environment Center (WEC);

• Enterprises for the Environment (EPE);

• Businesses for Human Rights (EDH, Entreprises pour les Droits de l'Homme).

For more information, see:

http://sustainability.sanofi-aventis.com

➔ THE GROUP'S POSITIONS ON KEY ISSUES

ISSUES	SANOFI-AVENTIS' POSITIONS
HUMAN RIGHTS	The Group adheres to the principles of the Universal Declaration of Human Rights and other individual rights established by organizations that are members of the United Nations system.
DEFENDING INNOVATION	Sanofi-aventis believes that innovation is the most effective answer to unresolved public health problems (unmet medical needs, technically or economically non-adapted treatments, etc.). For this reason, the Group supports public policies and initiatives designed to encourage worldwide innovation.
RESPECTING INTELLECTUAL PROPERTY RIGHTS	Sanofi-aventis considers respect for intellectual property an essential part of stimulating research and encouraging the risk-taking it involves. The Group believes it is important for the international agreements of the World Trade Organization (WTO) to be applied and upheld.
COMPULSORY LICENSES	In a health emergency situation, in compliance with procedures, or in the event of a serious public health crisis, sanofi-aventis' position is that intellectual property rights must not stand in the way of access to medicines and vaccines. According to WTO (World Trade Organization) agreements, products manufactured under a compulsory license must be used primarily for crisis management in accordance with TRIPS (Trade Related Aspects of Intellectual Property Rights) rules. Through its access to medicines policy, the Group also facilitates, as much as possible, access to its products for economically disadvantaged populations, especially for tropical diseases that primarily affect developing countries.
ENSURING THE QUALITY OF MEDICINES AND FIGHTING COUNTERFEIT DRUGS	Sanofi-aventis pays careful attention to ensure product quality for patients and the medical corps in all countries throughout the world. The Group actively supports the public authority efforts, wherever they may be, to guarantee the highest standards of drug quality, safety and fight counterfeit drugs. In accordance with this position, it alerts the health authorities to the risks involved in parallel trade and pharmaceutical sales over the Internet.
CLINICAL TRIALS	Sanofi-aventis supports efforts to improve clinical trial transparency so that patients/healthy volunteers will be better informed about the trials in which they participate and will guarantee their rights. It publishes information about its own clinical trials via specialized Internet sites. Regardless of the country where the Group carries out clinical trials, it ensures compliance with ethical standards for the protection of those enrolled in the trials.
PATIENTS' RIGHTS	Sanofi-aventis considers that meeting actual patient needs must be the first criterion to assess the validity and relevance of health policies. Patients must be able to benefit from innovations that can improve their health as quickly as possible without obstruction by unjustified administrative obstacles.
ACCESS TO MEDICINES IN DEVELOPING COUNTRIES	Sanofi-aventis promotes international solidarity efforts making it possible to finance better access to healthcare for populations in need. The Group itself develops a number of partnerships with national and international public health organizations (WHO, Global Alliance for Vaccines and Immunization, Nelson Mandela Foundation, etc.). For details, see pages 38 to 42.
GOOD COMMERCIAL PRACTICES	Sanofi-aventis adheres to Good Commercial Practices adopted by professional associations to which it belongs (IFPMA, EFPIA and the primary national codes in the United States, France, UK, Germany, Japan, etc.). Sanofi-aventis refrains from any practices resembling forced prescription or those considered corruption.
PEDIATRIC DRUGS	For certain drug classes, sanofi-aventis routinely examines the opportunity to develop a pediatric form and meets registration agency requirements. The Group also applies this approach to drugs for the treatment of diseases in developing countries: for example, it produces a pediatric version of the drug combination artesunate + amodiaquine (AS-AQ), launched recently by the Group for the treatment of malaria, a disease that severely affects children.
PRICE SETTING	The Group's preference is to let the market determine the "fair" price of a medicine, for all drugs that are not reimbursed by a public health insurance system. In countries where price setting is practiced by administrative authorities, the Group would like prices to take into account the need to pursue today's research efforts for the sake of tomorrow's health. In Europe, where prices are set by authorities in the different countries but products circulate freely, the Group has stated its preference for a company's freedom to set a European price, with variable national compensation (from one country to another) applied to locally consumed products.
PARALLEL TRADE	Experience has clearly shown that parallel trade brings very little benefit to patients. In addition, increasing the number of commercial intermediaries makes it more difficult, and sometimes impossible, to ensure product traceability. This may create patient risk, especially in connection with counterfeit products introduced into commercial channels. For all these reasons, sanofi-aventis has always expressed very strong reservations about the parallel trade of medicines.

Crisis and risk management/

Sanofi-aventis adopts a proactive strategy to identify and reduce the different types of risks related to its business activity and to avoid facing a crisis. Nonetheless, crises must be planned for and adequate procedures must be defined in case a crisis should arise.

01. Risk factors

The significant risk factors that could lead to substantial differences between sanofi-aventis' results and forecasts include different types of risk:

• risks relating to legal matters: challenges to industrial property rights, counterfeiting;

• risks in connection with sanofi-aventis' business activities: legal actions involving damages with respect to research and development, products, manufacturing, competition, pricing policy;

• industrial risks relating to the environment: utilization of hazardous substances, site remediation and compliance costs, processing of pharmaceuticals that are unused and/or discharged into the environment;

• market risks: liquidity risk, interest rate risk, and foreign exchange risk.

02. Identification, evaluation and risk management

The Group's organizational structure is designed to ensure risk management and opportunities in connection with sanofi-aventis' business activities. The risk management responsibilities extend to all levels of the Group. Central, operational and support teams are in charge of internal monitoring and of leading the process in their area of responsibility, thus contributing to risk control. The primary committees that take part in the process for the identification, evaluation and management of risks and opportunities are the Executive Committee, the Management Committee, and the Products and Operations Committees

03. Protecting against risk

The Insurance department implements solutions to limit certain random risks and to offset these risks over time either completely or partially through the use of financial means.

The following risks are considered insurable: traditional risks, such as shipping by sea or land, liability insurance for operations and delivered products, fire and related operating losses. Additionally, risks that are more specific to the pharmaceutical industry include risks such as those from organizing and conducting clinical trials throughout the world, cold chain management for the transport of medicines and vaccines, and the management of sophisticated lines of drug packaging.

Establishing insurance programs to cover these risks depends on actions taken at every level, from the creation of a drug or vaccine to research, development, manufacturing and distribution:

• management of the protection of goods, regardless of the amounts and types of protection, makes it possible to limit the impact of a incident by protecting investments made within a company. For example, installing sprinklers in factories ensures that, in the event of a large fire, damage will be contained to specific areas of the site, thereby protecting investments (buildings, equipment, inventories, etc.). The direct financial consequences of such a incident are therefore reduced, and the related operating loss is offset by insurance coverage. The protective measures taken in this way also play an important role with respect to the environment because they limit damage caused by smoke, pollution, etc. Moreover, they protect individuals and reduce the amount of water used to extinguish the fire;

• the management of risk prevention, whether or not it can be insured, makes it possible to limit the impact of risks and, as a result, to integrate all actions coordinated within the company. For example, by managing the cold chain, it is possible to track, monitor and control the quality and integrity of medicines and vaccines during transport: from production at the factory through delivery to the final consumer. For some products, failure to maintain the appropriate temperature may have substantial consequences in terms of public health and product efficacy. Whether or not preventive measures are taken jointly with insurance companies, prevention is part of acquiring insurance coverage specific to the pharmaceutical industry, where product quality is ultimately assessed by healthcare professionals alone.

Therefore, insurance plays the role of catalyst to finding solutions by taking into account the portion of risk transfer that may or may not be borne by the company. When insurance policies are negotiated, the terms and conditions of coverage offered by insurers and the quality of protection and prevention are all important factors that must be included in each program for each type of risk.

For more information about risk management and risk factors:

See the 2007 20-F, pages 3 to 13; pages F20 and F21.
See the 2007 "Document de Référence", pages 135 to 147; page 94.

04. Crisis management

→ ONE PROCEDURE, FOUR OBJECTIVES

The procedure for managing a crisis, event or series of events that occur suddenly and abruptly, is designed to meet four objectives:
• anticipating the development of crises using alert management principles;
• preparing teams to react quickly and efficiently using crisis management principles that are clearly understood by everyone;
• facility maintenance, training initiatives and awareness-raising;
• providing for immediate mobilization, both individual and collective.

Procedure implementation is decentralized among the Group's two business activities, Pharmaceuticals and Vaccines, and its four functions: Industrial Affairs, Research and Development, Pharmaceutical Operations and Administrative Functions.

→ THE IMPORTANCE OF DECENTRALIZED MANAGEMENT

According to crisis management principles, at the start of any crisis it is essential to determine the level at which it will be operationally managed (i.e., site, country, region, function, business activity, Group). The head of the crisis management team must also be designated. Once the director of this unit has been named, he or she designates unit members, who are chosen based on their knowledge of the crisis type and their ability to involve department management which they represent. They must ensure that any decisions taken are compatible with the policies, imperatives and priorities of the department they are responsible for, and, if necessary, mobilize its resources. In addition, it is imperative for each unit to include a Communications manager, a secretary and an Operations Logistics manager. Decisions made by the unit follow a specific validation and communications procedure. When the crisis has ended, the Group manager in charge of the crisis declares that it is formally concluded.

Training and awareness are decentralized at the Group's business operations and functions. They include the following:
• distribution of the reference document to functions, regions and countries;
• organizing training sessions to teach employees about the Group's crisis management procedure;
• creating, for each organization (site, country, region, function, business activity, Group), two simulations per year with the goal of testing alert management procedures, since the implementation of such procedures is under their responsibility;
• setting up one practice exercise per year, for each of the Group's organizations in order to test its reactivity in the event of a crisis.

→ THE NEED FOR FEEDBACK

After every crisis, a "crisis management assessment" is drafted to provide feedback about the experience. This assessment must be available within six weeks following the end of the crisis, and suggests improvements to the crisis management procedure, or recommendations concerning how the Groups organizations put the procedure into practice.

The Group's performance

— For each of the key sustainability challenges identified on pages 4 and 5, this chapter describes the policies and programs developed by the Group as well as quantifiable results.

CONTENTS

Guaranteeing ethics in research/

Scientific research has paved the way for major advances and today researchers are able to work directly with living organisms, in particular human beings. Although national and international ethics regulations exist, they are not all harmonized. In order for the Group's research to be carried out properly across all Group sites worldwide, it seems essential to take a stance regarding the main topics in bioethics.

01. The challenges of bioethics

STEM CELLS

Definition	Stem cells are involved in the processes of tissue regeneration and homeostasis (cell equilibrium). These processes are triggered in the event of surgery, injury and disease. Stem cells also represent major potential for research because they have not only the ability to renew themselves, but also to differentiate into several types of cells.
Why it's important	The use of stem cells in research gives rise to many questions primarily for three reasons: the embryonic origin of certain cells, the use of such cells for reproductive purposes, and the question of patenting living organisms.
How sanofi-aventis is affected	As one of the global leaders in pharmaceutical research, sanofi-aventis wants to explore the opportunities provided by the therapeutic applications of stem cells. The Group uses these research tools to develop new treatments based on chemical or biotherapeutic compounds.
Current regulations/trends	Europe: • European Directive 2004/23/EC; • in most European countries, a legal framework is currently being developed. United States: • the situation is judged on a case-by-case basis from one state to another.
Group policy or position	The use of stem cells (human and mouse) within the Group is limited to non-human embryonic stem cells.

BIOPIRACY

Definition	The term biopiracy describes the process by which natural resources identified through bioprospecting of biogenetic resources (or knowledge and traditional practices) are patented. The result is to make them subject to intellectual property rights that limit their use.
Why it's important	Biopiracy poses an ethical problem because most of the time it occurs to the detriment of developing countries, without respecting the sovereignty of States.
How sanofi-aventis is affected	Natural products currently play an important role in the discovery and process of developing new medicines. Over the past twenty years, nearly half of the new chemical entities produced worldwide originated from compounds found in nature.
Current regulations/trends	• The Convention on Biological Diversity (CBD). • The Rio de Janeiro convention (1992).
Group policy or position	The Group's position is to discover and develop, on a case-by-case basis, in common with the original source(s), certain natural resources with potential therapeutic properties so that the benefit will be shared fairly by all stakeholders, in full compliance with the CBD.

USE OF LABORATORY ANIMALS IN R&D

Definition	In addition to widely used experimental *in vitro* studies, the purpose of using laboratory animals is to collect as much information as possible about the therapeutic or toxic effects of a new drug.
Why it's important	This topic gives rise to two major issues: • the animal's sensitivity leads one to question the experiment's legitimacy; • the animal's status compared to humans. Do people have the right to conduct experiments on living animals?
How sanofi-aventis is affected	It is necessary to use laboratory animals for the research and development of new products, and they are mandatory before beginning clinical trials in humans. In addition to R&D toxicology studies, sanofi pasteur uses animals to ensure the efficacy and quality of its vaccines before they are brought to market, in compliance with specific regulations pertaining to vaccines.
Current regulations/trends	• European Directive 1986/609/CEE. • European Convention ETS/123. • Animal Welfare Act (USA, 1996) • ILAR Guide, NRC, 1996
Group policy or position	Beyond strict compliance with the various regulations in effect and the 3R's principle, the Group's proactive approach is illustrated by the creation of the "sanofi-aventis charter on the humane care and use of laboratory animals" and by the fact that it obtains accreditation for its programs on the care and use of laboratory animals.

GENETICALLY MODIFIED ORGANISMS

Definition	GMOs, or genetically modified organisms, are those that have been modified in order to improve specific characteristics (such as a plant's resistance insecticide) or to produce a particular compound (such as the production of food aromas).
Why it's important	The traceability and confinement of these organisms and their products are the main issues in connection with GMOs.
How sanofi-aventis is affected	Sanofi-aventis uses GMOs for research purposes in order to better understand diseases, but also to develop treatments with fewer side effects. A number of treatments on the market today, such as insulin or certain cancer therapies, are produced thanks to GMOs.
Current regulations/trends	Regulations vary widely according to the country.
Group policy or position	In line with regulatory requirements, the use of GMOs takes place in confined laboratories. Their elimination is also regulated and respected by sanofi-aventis. In 1993, the Group established "TRIBIO", a committee of experts devoted to the prevention of biological risk. This committee conducts site audits on a regular basis.

CLINICAL TRIALS

Definition	A clinical trial is a research study in human volunteers carried out to answer specific health questions. It may test a drug, a medical device or surgery. Clinical trials are necessary to identify those patients who will best be able to benefit from therapeutic innovations, depending upon their disease or condition. They also make it possible to determine what adverse events may occur, as well as the drug's dosage and conditions of use.
Why it's important	Patients are vulnerable in view of their disease or risk factors. Whether a trial focuses on products designed to cure or treat a disease or condition, or preventive products that act on risk factors and make it possible to prevent or delay the occurrence of disease, the trial must protect the safety of participating patients and ensure their free consent is based on clear, complete information.
How sanofi-aventis is affected	Before new treatments can be offered to patients, it is crucial to ensure that they are effective and safe. This is why clinical trials are a mandatory part of the marketing approval process, both for the registration of new drugs and for the introduction of new indications for products already on the market.
Current regulations/trends	Stringent national and international regulations include: • European Directive 2001/20/EC; • CFR 21 regulations issued by the FDA; • regulations issued by the Japanese Ministry of Health, Labor and Welfare; • directives of the International Conference on Harmonization (ICH), specifically Good Clinical Practice (GCP).
Group policy or position	Sanofi-aventis supports efforts to improve clinical trial transparency so that patients and/or healthy volunteers will be better informed about the trials in which they participate and that their rights are guaranteed. It publishes information about its own clinical trials via specialized Internet sites. Regardless of the country where the Group carries out clinical trials, it ensures compliance with ethical standards for the protection of those enrolled in the trials.

HUMAN BIOSPECIMENS AND PROTECTION OF PERSONAL DATA

Definition	Human biospecimens include in particular: organs, tissues, cells, bio-fluids (blood, serum, urine, etc.), ribonucleic acid (RNA), and genomic desoxyribonucleic acid (DNA).
Why it's important	Genetic material makes it possible to identify a person and may give access to a great deal of information about the donor. As a result, it is important to protect these informations.
How sanofi-aventis is affected	Within the framework of its research activity, sanofi-aventis makes use of human biospecimens to further develop its scientific knowledge.
Current regulations/trends	• Article 21CFR Part 11 (FDA) concerning the protection of personal genetic data. • French Data Protection Act (CNIL). Moreover, for work conducted in France on genetic data involving "the examination of genetic characteristics," a request must be made for explicit, written and informed personal consent.
Group policy or position	Sanofi-aventis has defined the "General principles on the ethical use of human biospecimens". In addition, the two applications enabling the examination of genetic databases comply with the French Data Protection Act concerning the protection of personal data (CNIL) and Article 21CFR Part 11 (FDA) concerning the protection of personal genetic data.

GENE THERAPY

Definition	Gene therapy consists of introducing genetic material into certain cells of the body as a means to fight disease.
Why it's important	This technique gives rise to three major questions: • when a viral vector is used, is there a risk of spreading this virus among the population; • is there a risk of transmission to future generations; • how long will a gene introduced into the body be expressed, and in particular, its replication in the cells.
How sanofi-aventis is affected	Sanofi-aventis has an innovative gene therapy approach (NV1FGF), currently in phase III clinical trials, for the treatment of critical limb ischemia.
Current regulations/trends	• In Europe, there are several directives concerning how gene therapy clinical trials are to be conducted: Directive 2001/83/EC, Directive 2001/20/EC. • In the United States, each State determines its own legislation. The United States and all European countries have banned germ-line gene therapy research and any modification of human nature.
Group policy or position	Currently, NV1FGF is the only gene therapy approach being pursued by sanofi-aventis. Moreover, no virus vector is used; DNA is injected directly into the affected tissues.

HUMAN CLONING

Definition	Human cloning consists of reproducing a genetically identical being.
Why it's important	Human reproductive cloning raises a considerable number of ethical, philosophical and religious questions.
Current regulations/trends	According to a report published in 2004 by UNESCO: • 46 countries have passed legislation banning human reproductive cloning; • 3 countries have placed a temporary moratorium on human reproductive cloning, for a limited period of time.
Group policy or position	Sanofi-aventis does not conduct human cloning research.

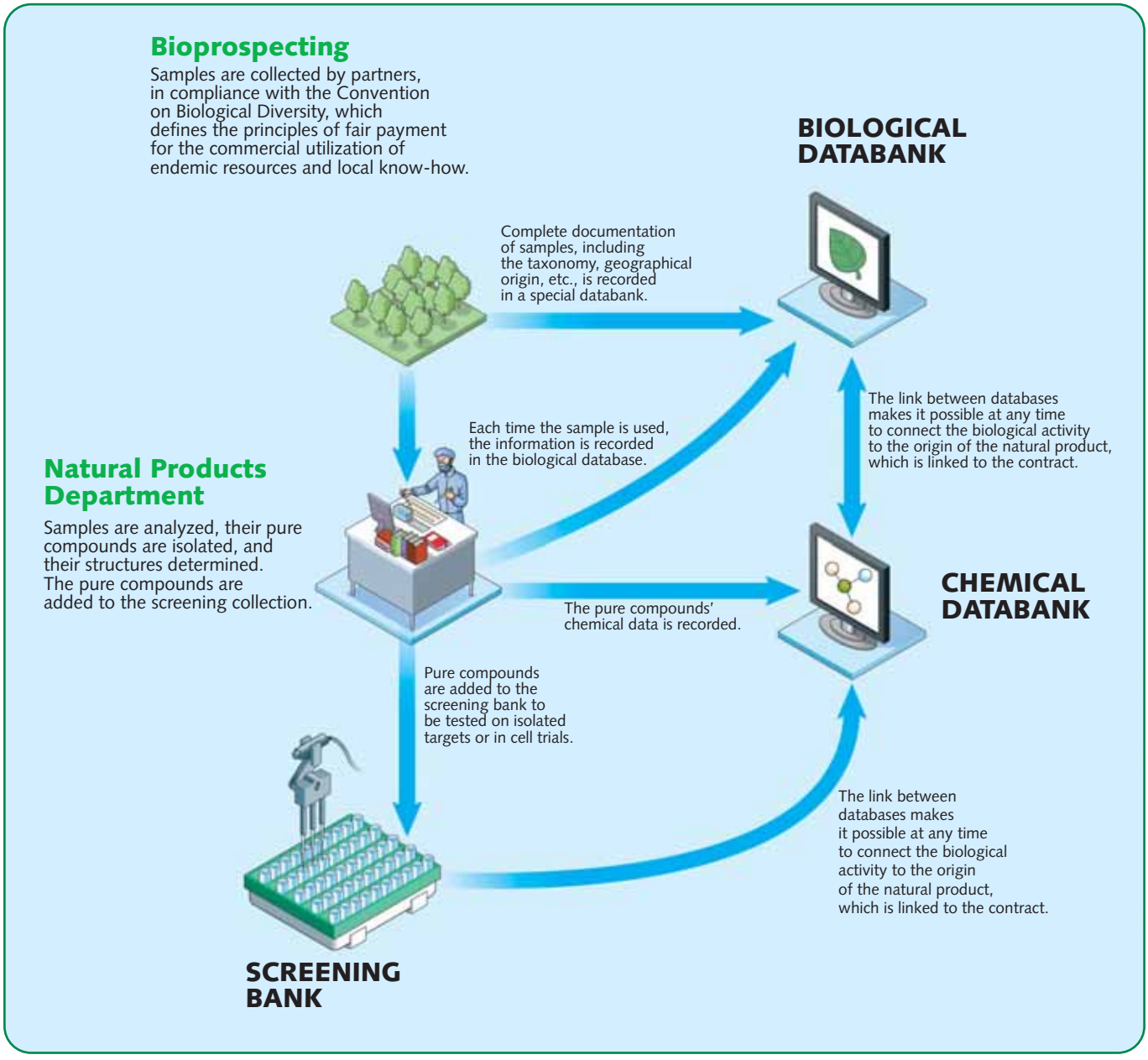
NANOTECHNOLOGY

Definition	Nanotechnology refers to the techniques and manufacturing processes that make it possible to create particles on the nanometric or molecular scale.
Why it's important	Due to their small size, nanoparticles raise the issue of how to control and monitor their effects on health and the environment.
How sanofi-aventis is affected	By producing compounds of the same size as most biological molecules and structures, nanotechnology paves the way for a number of medical applications, both therapeutic and diagnostic.
Current regulations/trends	Currently there are no specific regulations, although expert committees meet in the United States and Europe.
Group policy or position	Discovery research at sanofi-aventis evaluates the use of: • nanocrystals (Quantum dots) as imaging tools; • "squalene nanoparticles" to study their active compounds' mechanisms of action (chemical entity, gene or protein). The Group has entered into university collaborations concerning nanoparticle formulations, and a collaboration with Elan.

02. Preventing biopiracy

Biopiracy refers to the commercial utilization of endemic resources and local know-how without sharing the profits with the communities or countries that are the source of such resources. The Convention on Biological Diversity (CBD) describes the principles governing such utilization, although local laws may vary to a great extent.

Each time the Group investigates a new product isolated from natural sources, a contract is established. This contract requires detailing compliance with the convention, obtained authorizations, procedures to follow the patent situation of the compound, pre-existing knowledge and industrial property, including the conditions for the use of results and, if it leads to development and market authorization, any consequential royalties and financial profits. Once the natural compounds have been extracted (for example, from a plant), the structures of the pure natural compounds are registered, along with relevant contracts, in an internal database. This database is updated each time there is new activity, utilization or information about the products. Links between the biological and chemical databases make it possible to determine, for each new chemical compound created, whether or not there is a connection with a naturally derived compound.



Depending on the original contract, it is therefore possible to file a patent when a new biological activity is demonstrated; compound development is then carried out in compliance with the terms of the original contract, and may lead to royalty payment if the compound is brought to market or key clinical steps are taken. Raw material supplied for production may be provided either by extraction from the original source, or by chemical synthesis (hemisynthesis or total synthesis), which is sometimes competitive from an economic standpoint. In the case of extraction, a feasibility discussion will be carried out with partners depending on the quantities required.

03. Clinical trials

These mandatory trials enable sanofi-aventis to assure the efficacy, safety and optimum dose of a new drug, as well as to determine any side effects or interactions associated with its use. As a result of to these trials, the Group can better adapt a given treatment according to ethnic parameters and better understand the disease characteristics.

Before beginning a new study, sanofi-aventis submits each clinical trial to the relevant local authorities to obtain authorization to perform the study, and to an independent Ethics Committee for approval.

Such trials follow ethical rules very closely, first of all those contained in the Declaration of Helsinki and governed by the directives of the International Conference on Harmonization (ICH), specifically Good Clinical Practices (GCP). In addition to these rules, sanofi-aventis applies all national and international rules and laws including:
• European Directive 2001/20/EC;
• CFR21 regulations issued by the FDA;
• regulations issued by the Japanese Ministry of Health, Labor and Welfare (MHLW).

The Group pays particular attention to various features having an ethical impact on conducting clinical trials: governance, FDA regulations concerning investigators and the protection of personal data ("Group Personal Data Protection Charter").

For more information about clinical trials, see our Web site:
http://sustainability.sanofi-aventis.com

→ CLINICAL TRIALS IN DEVELOPING COUNTRIES

These trials are subject to the same ethical standards as any other clinical trial conducted by sanofi-aventis. The Group strictly adheres to Good Clinical Practices and carries out trials in countries with Ethics Committees.
When a clinical trial takes place in a developing country, the structure set up for the trial must ideally continue to be useful and function after the trial is over to encourage the development of medical services that will continue to serve the community in the long term. It is essential to ensure that after the trial the participants will be able to benefit from the results and various lasting positive effects:
• access to scientific networks for local doctors involved in the trial;
• education of parents and family, especially concerning hygiene;
• sustainability of infrastructures and facilities set up for the trial, which are designed insofar as possible according to each country's potential to use them after the trial ends.

The Group places special emphasis on the principle of free and informed consent. All clinical trial subjects, whether healthy or ill are fully informed about all aspects of the trial (purpose, risks/benefits, duration, etc.). It is the duty of the physician or medical professional to ensure that the subject has completely understood all the information and that he or she is not subject to outside pressure to participate in the trial.

The subject then signs a free and informed consent form stating his or her willingness and freedom of choice to participate in the trial. The form is submitted to the Ethics Committee for approval. The enrolled participant and the Ethics Committee must be informed of any new information that arises during the trial.

Within the framework of the Group's research and development policy toward developing countries, a Clinical Research Unit was created in Mumbai in 2006. In December 2007, the Clinical Development team included 26 employees, which represents growth of over 70% compared to late 2006. In 2007, 25 clinical trials were conducted in India, which is more than double the number of trials conducted in 2006, in a range of therapeutic areas: cancer, cardiovascular disease, thrombosis, diabetes and depression.

In the 2006 Sustainability Report, one of the Group's objectives was to determine how many of the subjects participate in clinical trials and live in developing countries. In 2007, the Group estimated that 4% of clinical trial subjects live in developing countries according to the new World Bank categories "low income & lower middle income", which involves 108 countries.

→ PEDIATRIC DRUGS

Various regulations were put into effect worldwide to support research in this area and to encourage pediatric trials:
• the Best Pharmaceuticals for Children Act (United States);
• the European regulation on medicinal products for pediatric use (1986/609/EC) (Europe), which went into effect on January 26, 2006;
• ICH E11 (United States, Europe, Japan).

In 2006, sanofi-aventis established an international pediatric clinical development network for the purpose of meeting the increasing demand for safe and effective medicines for children.

To offer the best quality healthcare for children, sanofi-aventis takes a number of child-specific factors into consideration when conducting its trials, such as age, psychological and psychosocial situations, and safety. The informed consent of parents or legal guardians is required for all trials involving children; this may sometimes include a relevant authority within the concerned community.

Sanofi-aventis makes its expertise readily available for pediatric drug development in order to meet the highest ethical standards and for regulatory compliance.

→ SANOFI-AVENTIS COMMITMENTS TO ETHICALLY PERFORM CLINICAL TRIALS

CONCERN	SANOFI-AVENTIS COMMITMENTS	REFERENCE TEXT	QUANTIFIABLE DATA
Trial ethics and patient safety	• Data Monitoring Committee (DMC) = independent expert committees created by sanofi-aventis and charged with monitoring clinical trials • Ethics Committees • Free and informed consent	• ICH/GCP • European, American and Japanese directives • All local and international regulations • Internal DMC Charter	In 2007, more than 70 trials were monitored by a DMC, i.e., approximately 45 DMCs. The committees' high qualification level is guaranteed by the presence of at least one clinical expert in the trial subject area and by an experienced chairperson, who must have participated in at least one DMC study of similar complexity. Each DMC may be responsible for one or more clinical trials. Moreover, the Group ensures that DMC members do not have a conflict of interest at the financial, regulatory or scientific level.
International dimension	• Clinical trials are conducted worldwide by sanofi-aventis in order to: – study global and local diseases – meet the expectations of local scientists – have access to cutting-edge research – fulfill the requirements to obtain marketing authorization in certain countries • Setting up Clinical Research Units (CRU) to provide the best patient monitoring throughout the world	• Universal Declaration of Human Rights • ICH/GCP • Respect for local laws	• Breakdown of participating patients, by region, in 2007: – United States 24% – Europe 37% – Other 39% • Clinical Research Units (CRUs) are located in 29 countries. 29 other countries without a CRU are managed by neighboring CRUs (this does not apply to vaccines). In 2007, several hundred clinical trials were conducted throughout 60 countries and in more than 8,500 centers. • No trial was conducted in one of the least developed countries, as defined by the UN.
Transparency of information	• Sanofi-aventis commits to disseminate all information concerning ongoing clinical trial protocols on the NIH site. See www.clinicaltrials.gov. All new trials are posted twenty one days maximum after enrollment of the first subject. • Since January 6, 2005, trial results, with the exception of so-called exploratory studies, are published on the Web site www.clinicalstudyresults.org. Sanofi-aventis also commits to publish results whether or not trial findings are positive. For commercialized products, the results are published the year following completion or discontinuation of the trial.	• Joint Position on Disclosure of Information on Clinical Data	• All clinical trials conducted by sanofi-aventis in the confirmation phase are available on the National Institutes of Health (NIH) Web site (521 protocols by late 2007).
Quality	• Clinical trials as well as the systems and processes in which they are involved are audited by the Quality and Compliance department, which is independent from the Clinical and Preclinical Development department. • A very strict policy concerning respect and/or compliance with GCP is applied to immediately notify the relevant managers, regulatory authorities as well as Ethics Committees, in the event of noncompliance with the principles. • Training for employees working on clinical trials	• ICH/GCP • European, American and Japanese directives	• 52 inspections were performed in 2007 by national authorities with respect to GCP. (Detailed information on page 30). • All employees involved in activities in connection with clinical trials received continuous training over the course of the year.

04. Use of laboratory animals

Animal research is a sensitive ethical issue demanding the utmost consideration and respect. Given the very nature of the pharmaceutical business, sanofi-aventis is obliged to conduct animal experiments for legal, scientific and ethical reasons. In addition to the widely used experimental *in vitro* models, *in vivo* studies aim to collect as much information as possible about the therapeutic or toxic effects of a new drug in a higher species before administration to man.

In addition to studies within the R&D framework, sanofi pasteur also carries out animal studies to assure the efficacy and quality of its vaccines in production before market release, in compliance with specific vaccine regulations.

→ STRICT REGULATIONS

Animal experiments are subject to strict regulations to which sanofi-aventis complies both nationally and internationally:
• country or region animal welfare laws (e.g., European Directive 1986/609/EC; Animal Welfare Act in the US; European Convention ETS/123);
• rules (standards) developed by:
– Institute for Laboratory Animal Research (ILAR);
– Universities Federation for Animal Welfare (UFAW);
– FELASA (Federation of European Laboratory Animal Science Associations).

Sanofi-aventis continued its efforts to respect and protect laboratory animals by implementing "The sanofi-aventis charter on the humane care and use of laboratory animals," which are internal standards aimed to go beyond the regulations.

→ A TOTAL COMMITMENT TO THE 3R'S PRINCIPLE (REDUCTION, REPLACEMENT, AND REFINEMENT)

Sanofi-aventis believes in the need to adhere to the highest standards of animal care and is committed to the strict application of the 3R's principle:
• **reduction** consists of obtaining the same information while decreasing the number of animals used;
• **replacement** aims at using lower order species and alternative methods;
• **refinement** addresses animal welfare issues including minimizing pain.

↓ ZOOM

SANOFI-AVENTIS COMMITMENTS TO THE 3R's PRINCIPLE

REDUCTION
• Optimize research strategies in order to eliminate unnecessary experiments and ensure that approaches are scientifically sound.
• Obtain as much information as possible from each experiment.
• Animals are used only where there is the firm expectation that the results will contribute to protection and/or improvement of human health and safety.
• Choose appropriate animals: 95% of the animals used by the Group are rodents.
• Each protocol is reviewed by an internal Ethics Committee.
• Reduce where possible the use of non-human primates (for example, sanofi pasteur significantly reduced the use of primates over the past five years).
• As required by national laws, all animal use is recorded and reported to competent authorities. For each study or project, the number of animals is reviewed by Ethics Committees and the least number of animals is used to obtain the scientific or regulatory objective. Biostatisticians review all experimental protocols. These data are provided only to relevant national authorities.

REPLACEMENT
• Animals are only used when valid alternative methods do not exist. The justification of any animal use is reviewed by an internal Ethics Committee.
• Systematic use and the contribution to the development of in vitro systems: tissue cell cultures, high throughput screening (HTS), in vitro dosing.
• Replacement of higher evolutionary species with lower order species.

REFINEMENT
Each experimental protocol must be approved by an Ethics Committee that evaluates the scientific justification for the study, the appropriateness of the techniques employed and/or the animals used as well as taking into account the pain the animal may experience. Sanofi-aventis places particular attention on ensuring that pain is defined and monitored for each case.
The Ethics Committee is also in charge of defining and assessing the study's endpoint so that it is acceptable and as humane as possible. In addition, all animals are under the care of a veterinarian.

Other commitments to ensure the optimal well-being of animals include:
• utilization of non-invasive methods: in 2006, sanofi-aventis inaugurated a new building for animal imaging;
• personnel training: each employee working on animals has been trained in animal experimentation and receives periodic retraining. 30% of employees attended a retraining session in 2007, and another 30% will attend one in 2008;
• in-house workshop on the "Culture of Care" for sanofi-aventis R&D employees about the care and use of animals in research;
• ongoing surveillance to identify new techniques making it possible to improve the company's commitment to the 3R's.

Improving the animal's environment:
• cage adapted to each species, high quality litter is used;
• respect for the physiological and social needs of animals, with measures taken to enrich their environment. (e.g., providing opportunities for animals to socialize; physical exercise for dogs, etc.).

Transport:
• a great deal of attention is given to overseeing the conditions for animal transport between sites as well as between suppliers and sanofi-aventis, whether by road or air. We adhere to appropriate transport standards and ensure suppliers meet those standards as well. The supplier transport conditions were reviewed (or audited) and complied with international rules and national regulations in 2007;
• sanofi-aventis will continue to optimize the conditions for animal transportation between our research sites.

Employee empowerment:
• in order to continuously improve, sanofi-aventis encourages employees to express their concern for animals in experiments, enabling anonymous reporting.

→ PERFORMANCE INDICATORS RELATED TO THE CHARTER

CHAPTER OF THE CHARTER	INDICATORS	RESULTS
1. Sanofi-aventis holds animal welfare as fundamental. Team experts in veterinary medicine, animal science, and animal welfare ensure the highest possible standard of treatment and care practices. Programs and facilities are designed to meet or exceed local and national laws and regulations. Global standards are maintained that meet those used by international laboratory animal care accrediting associations.	Number of sites accredited by AAALAC (the Association for Assessment and Accreditation of Laboratory Animal Care) versus total number of sites.	20 sanofi-aventis sites are affected Sanofi-aventis Pharma (16 sites affected): 9 sanofi-aventis sites accredited (2012 goal: 14 R&D sanofi-aventis sites will be accredited) Sanofi Pasteur (4 sites affected): 1 sanofi pasteur site accredited by AAALAC 1 sanofi pasteur site accredited by Canadian Council on Animal Care (2011 goal: all 4 sanofi pasteur sites will be accredited)
	Number of sites visited in 2007.	6 sites visited -> all received full accreditation.
2. Internal Ethics Committees are monitoring and supervising all aspects of animal welfare. All use of animals is reviewed and must be approved by these committees prior to any use.	% of protocols reviewed by internal Ethics Committee.	100% of protocols (regulatory and non-regulatory) are reviewed and approved prior to animal use.
	% of protocols following committee recommendations.	Ethics Committee position is decisive. 100% of protocols follow the committee's decision.
	Functions represented in the Ethics Committees.	R&D has a quality document in development which defines membership of the Ethics Committees as follows: senior animal researchers, attending veterinarian, non-affiliated member, biostatistician.
3. Animals are used only where there is a firm expectation that the results will contribute to the protection and/or improvement of human health and safety.	% of research protocols approved.	100% of research protocols are validated by The Ethics Committees that ensures each of these conditions: • 100% of animals are used only where there is a firm expectation that the results will contribute to the protection and/or improvement of human health and safety for to the quality medicines; • 100% of animals are used because no suitable alternative exists.
4. Animals are used only when valid non-animal alternatives do not exist, and in the case where the alternatives are not yet recognized by regulatory authorities.		
5. Those animals used are the fewest in number and "lowest" phylogenetically necessary to achieve the scientific and/or regulatory objective.	% of Ethics Committees having a biostatistician.	• 100% of the committees have a biostatistician who ensures the lowest number of animals for each species is used to have significant results.
	% of rodents species.	• 95% of animals used are rodents. Sanofi-aventis is committed to reduce where possible the use of non-human primates (e.g., sanofi pasteur significantly reduced the use of primates over the past five years).
All are specifically supplied for use by qualified and licensed breeders or suppliers.	% of breeders audited.	• 100% of the breeders are audited internally on a three-year cycle (sanofi-aventis or sanofi pasteur). The breeders are also audited externally by AAALAC and/or by national authorities.
	Measures taken in case of non-compliance.	• In case of non compliance, measures are taken according to the degree of importance of the failure, it can be a warning or the partnership can be stopped until the problem is corrected.
6. Animals are treated humanely, with housing and care complying with internationally accepted guidelines and environmental enrichment consistent with sound scientific principles.	Which guidelines are followed?	Sanofi-aventis adheres to these guidelines/regulations: • European Directive 1986/609/EC • European Convention 1986; ETS/123 (higher standard) Sites comply with the guidelines of their country and, at a minimum, the ILAR Guide, NRC, 1996 which is followed in all countries.
7. All personnel caring for and using animals are adequately trained and competent, and retrained regularly.	% of employees trained.	Specific training on animal welfare and use were implemented in several sites in addition to mandatory training. • 30% of employees were trained in 2007
8. Animals never experience unnecessary pain or distress. Anesthetics and analgesics are used wherever necessary and feasible. Prolonged physical restraint is used only when alternative procedures are inadequate. Humane endpoints are defined. Finally, euthanasia is always by a recommended or approved humane method.	Use of pain index relevant for each country (in compliance with local/ global regulation).	Animal pain is assessed by researchers, veterinarians and is reviewed by Ethics Committees using a pain index such as the Canadian, UK, US or Swiss for sanofi pasteur index: • sites in Canada-> Canadian index; • sites in the United-States -> US specific pain index; • sites in the UK -> UK specific index; • sites in France -> Swiss index or Canadian index for sanofi pasteur.
	Pain evaluation.	Humane endpoints are defined before starting the study protocol, and pain is evaluated throughout the study. If something unexpected happens, the humane endpoints are immediately reevaluated in order to minimize the pain.
9. External studies are contracted only where these principles are met.	% of CROs audited.	• 100% of toxicology CROs are audited at least every three-years to assure that they comply with sanofi-aventis quality principles. Moreover animal welfare audits are conducted when establishing a contract with a CRO.

For more information about the use of laboratory animals, see:

http://sustainability.sanofi-aventis.com

Protecting the patient/

A number of factors contribute to the safe, effective use of medicines. Protecting patients involves developing state-of-the-art technical procedures and taking measures to combat counterfeit drugs to prevent risks in connection with our products. It also involves safeguarding supplies to guarantee the availability of our products, ensuring that marketing is responsible to encourage the proper use of products, and providing support for screening initiatives and patient associations.

01. Product quality

The Group's Quality and Compliance departments are organized in such a way as to ensure:
- adherence to the principles and application of quality procedures at each phase of research and development, especially during clinical trials;
- quality throughout the industrial development, manufacturing and distribution processes;
- quality of the products we sell at the local level, via our affiliate sales teams.

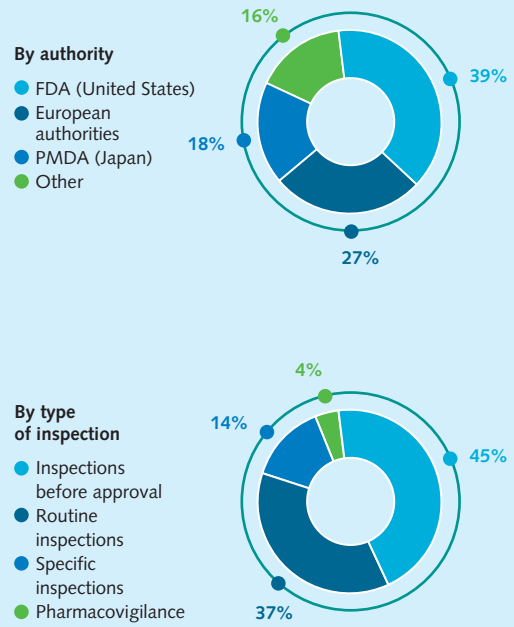
In addition to the Group's internal system for quality management and audits, the quality level at sanofi-aventis is monitored on a regular basis during inspections conducted by national and international health authorities. The primary agencies are:
- the French Agency for Sanitary Safety of Health Products (AFSSAPS);
- European Medicines Agency (EMEA);
- the US Food and Drug Administration (FDA);
- the German agency, Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM);
- the British Medicine and Healthcare Product Regulatory Agency (MHRA);
- the Japanese Pharmaceuticals and Medical Devices Agency (PMDA).

→ THE QUALITY OF RESEARCH AND DEVELOPMENT

For research and development activities, national and international health authority agencies monitor development activities to ensure they are compliant with regulatory requirements of Good Practice in effect:
- at our development sites;
- at our Clinical Research Unit affiliates;
- for our subcontractors (Contract Research Organizations, or CROs) and centers of clinical investigations.

	PRECLINICAL		CLINICAL
Activity	Chemical and Pharmaceutical (CMC)	Non-Clinical Safety Studies	Clinical and Pharmacovigilance
Good Practices	Good Manufacturing Practices	Good Laboratory Practices	Good Clinical Practice
Practices monitored	• Chemical synthesis • Analytical science • Pharmaceutical science • Products for clinical trials	• Toxicology • Safety pharmacology • Metabolism and pharmacokinetics • Analyticals sciences • Laboratory animal sciences and ethics	• Clinical development • Pharmacovigilance (pre- and post-marketing)
Inspections by authorities in 2007	Total of 9 by local authorities: • 3 by the AFSSAPS in France; • 3 by the German health authorities (1 in Germany, 2 in the United States); • 1 by the MHRA in the UK; • 1 by the Saudi Health Authority in Germany; • 1 by the Korean FDA in Germany.	Total of 8 • 2 by the AFSSAPS in France • 1 by the Pharmaceuticals and Medical Devices Agency (PMDA) in Japan • 1 by the Medicines and Healthcare Products regulatory agency (MHRA) in the UK • 2 by the Hungarian authorities (NIP) in Hungary • 1 by the FDA in the US • 1 by the German authorities in Germany	Total of 52 (see breakdown, page 30)

BREAKDOWN OF 52 INSPECTIONS IN THE CLINICAL AREA (CLINICAL AND PHARMACOVIGILANCE STUDIES) IN 2007



→ CHOOSING AN INDUSTRIAL QUALITY POLICY

For industrial activities, the agencies monitor our activities for compliance with Good Manufacturing Practices:

- at our manufacturing and distribution sites;
- at our subcontractors' facilities.

Sanofi-aventis chose to implement an industrial quality policy with the objective to do more, better, faster. With this approach in mind, the Quality and Compliance Department drew up directives and handbooks that define the basic principles of quality management, covering all the chapters on Good Manufacturing and Distribution practices. These procedures apply to all the employees at each industrial site. They allow the Group to make the appropriate decisions as rapidly as possible.

02. Product safety

→ MONITORING AND RISK MANAGEMENT

The purpose of pharmacovigilance is to evaluate and monitor risks related to the utilization of products for human use, to suggest measures to reduce these risks, and to promote the proper and safe use of medicines.

The Pharmacovigilance Department is in charge of monitoring all pharmaceutical products, from the first time a compound is administered to human subjects (phase I clinical trials) to the end of the product's life cycle. Sanofi Pasteur has its own pharmacovigilance system.

→ A GLOBAL AND LOCAL ORGANIZATION

To ensure the safe use of products under development and those that are on the market, sanofi-aventis has instituted:

- centralized Pharmacovigilance teams (one for sanofi pasteur's products and one for all other products), each of which collects all information reported worldwide, whether during clinical trials or through unsolicited notification;
- local pharmacovigilance teams in each of our affiliates that collect, record, analyze and communicate information reported by patients, clinical trial investigators and healthcare professionals. In addition, these Pharmacovigilance teams interface with local health authorities and various departments within the affiliate.

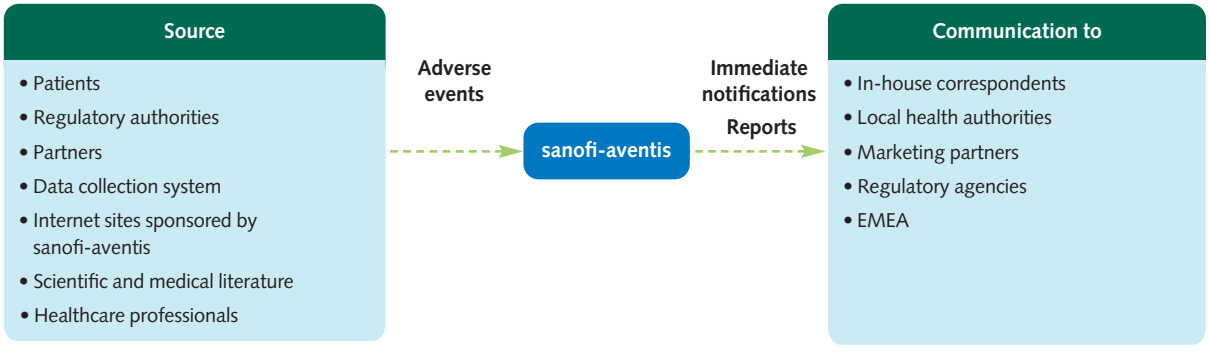
In addition to inspections and audits conducted, respectively, by the health authorities and by the sanofi-aventis Quality and Compliance Department, the affiliate coordination team created within the department of Pharmacovigilance and Epidemiology pays regular visits to the affiliates to ensure they have adequate means and resources.

No critical observations were mentioned in the inspection reports delivered by the health authorities in 2007.

The affiliate Pharmacovigilance teams provide monthly activity reports to the central team. The corporate Pharmacovigilance Department regular checks to verify, those health authorities reporting deadlines are respected.

Thanks to its network, warning system and rigorous standards, the Pharmacovigilance Department is able to fulfill its mission and ensure that sanofi-aventis provides the best possible management of risks associated with the use of medicines.

ADVERSE EVENTS REPORTING



03. Ensuring supplies

→ CONTROL OF THE PRODUCTION CHAIN

Industrial Affairs is in charge of the development, production and distribution of quality medicines under optimum safety conditions and at competitive prices for all our markets. To fulfill this mission, it has implemented a policy based on a fully-integrated industrial mechanism, from manufacturing active ingredients through distribution.

This integrated approach makes it possible to:

- oversee and guarantee that Good Practices are adhered to in all areas;
- reduce the number of parties involved and thus the number of interfaces, during the entire industrial process;
- optimize the management of resources and skills, both in the short/medium and long term.

One of the clear outcomes of this policy is to re-introduce in-house product manufacturing that had previously been outsourced.

Additionally, it helps preserve jobs within industrial affairs, thereby retaining employee expertise.

A re-introduction program was launched in 2004 and will continue in the coming years. By 2008, approximately 25% of production that was outsourced in 2005 will be restored within the Company.

Implementing this program is part of an approach based on discussion and negotiation with subcontractors.

The portion of production that the subcontractor retains is addressed during commercial re-negotiations taking into account variations in volume, while maintaining the same demanding standards in terms of product quality and compliance with our Good Practices (quality, safety, the environment and human rights).

The timeframe to complete re-introduction is lengthy, primarily due to pharmaceutical regulations. Therefore, most of the re-introduction initiatives scheduled for completion by 2008 were announced to subcontractors in 2005, giving them time to adapt and react.

2008 GOAL

Re-introduce 25% of production that was outsourced in 2005. The re-internalization operations carried out in 2007 are on target to reach the goal set for late 2008.

→ THE SAFEGUARDING OF ESSENTIAL MEDICINES

Sanofi-aventis produces certain medicines for which an interruption in treatment would cause patients to be at risk. These are medicines that are essential for public health, without therapeutic alternatives or for which no equivalent can be produced outside the Group, in sufficient quantities at the required quality level. Sanofi-aventis has put in place production and supply policy intended to reduce the risk of a supply shortage of these medicines to the market.

Several initiatives converge to support this supply continuum. These include adapting inventory levels, a measure that works especially well with relatively low-volume products. For larger volumes, we follow the principles of multi-sourcing and back-up, both essential components of the Group's industrial strategy. Multi-sourcing involves spreading production of a single product across several sites, while back-up consists of ensuring that several sites would be able to quickly start up production of the product if necessary.

This strategy enables us to:

- rapidly address an unexpected supply issue arising at one of our sites, regardless of the cause, thereby ensuring the uninterrupted availability of medicines for patients;
- adapt more easily to variations in a site's activity, thus limiting the consequences, especially for employment, by adjusting the way production is divided up among the sites;
- safeguard our business.

The 2007 goal was to establish a formal and detailed list of public health medicines for each country in which the Group distributes products as well as a list of medicines for which substitutes are difficult to find.

This initiative makes it possible to classify our medicines in terms of exposure and vulnerability to the risk of an inventory shortage and to take suitable preventive measures. These lists will be reviewed on a regular basis.

04. The fight against counterfeit drugs

According to the World Health Organization (WHO), counterfeit pharmaceuticals are those that are deliberately and fraudulently mislabeled with respect to their identity or source. This may concern a product that:

- actually contains the listed active ingredient (patent infringement);
- contains a different active ingredient than the one listed;
- contains no active ingredient at all (glucose and talc);
- contains insufficient quantities of the active ingredient;
- is presented in counterfeit packaging (infringement of registered trademarks).

In December 2007, following efforts to develop effective legislation to combat counterfeit medicinal products, the WHO provided a more accurate definition.

For more information, see "Principles and Elements for National Legislation against Counterfeit Medical Products":
http://www.who.int/impact/activities/lisbon_ppt/en/index.html

→ SCOPE OF THE ISSUE

The figures most commonly cited by international organizations indicate that counterfeiting involves, on average, 10% of the global pharmaceutical market, although the figure may reach up to 70% in certain African and Eastern European countries. The WHO estimates that 50% of illegal medicinal product sales over the Internet are counterfeit.

According to the WHO, counterfeit medicines may be responsible for a large number of deaths worldwide.

In 2006, European Union customs officials seized around 3 million counterfeit medicines (source: EUR COM).

Counterfeit pharmaceuticals give rise to multiple risks because they:

- endanger patients' health;
- infringe on intellectual property rights;
- cause direct harm to innovation;
- feeds a parallel and freeloading economy, which counters the rules of sustainable development (endangering safety, hygiene, environment, ethics, human rights, etc.).

→ THE GROUP'S ACTIONS ARE BASED ON FOUR APPROACHES

Internal management

• 2005: creation of an anti-counterfeit organization.
• 2007: creation of a Central Operational Coordination Team supported by an international network of teams within affiliates. Under the direction of the Coordinator, all affected departments are represented and work together to define a strategy and organize the means to combat this illegal activity.
• Creation of the Central Laboratory for Counterfeit Analyses.
• Expansion of the network of correspondents in over 70 countries and appointment of specialized regional correspondents.
• implementation of market surveillance.

Enhancing packaging security

• Develop and combine visible technologies (such as holograms) and invisible technologies (such as chemical markers or micro-texts on printed parts of packaging).
• Launch of the first product displaying this hologram, and implementation of security labels on sensitive products.

Joint initiatives with the pharmaceutical industry

• Sanofi-aventis' representation and participation in qualified national and international associations: the French pharmaceutical companies association (Les Entreprises du Médicament-LEEM), the European Federation of Pharmaceutical Industries and Association (EFPIA), World Health Organization/International Medicinal Products Anti-Counterfeiting Taskforce (WHO/IMPACT), International Chamber of Commerce/Business Action to Stop Counterfeiting and Piracy (ICC/BASCAP), the International Criminal Police Organization (INTERPOL), the World Customs Organization (WCO).
• Discussion and cooperation with other pharmaceutical companies in professional organizations (Pharmaceutical Safety Institute).

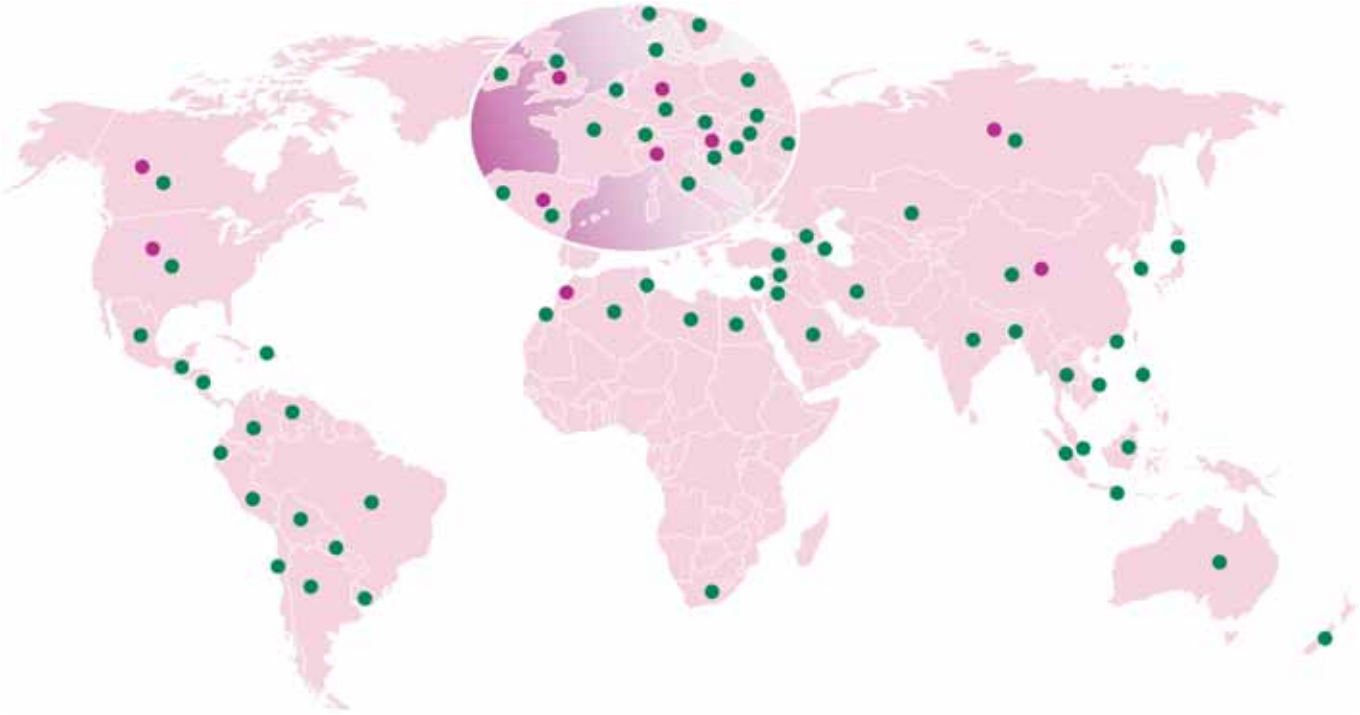
Investigations and legal actions

• Investigations into international networks, in particular on the Internet, prior to filing lawsuits for damages which prompt international police investigations.
• Legal actions leading to law enforcement operations in the field:
– product seizures at the "Convention on Pharmaceutical Ingredients" (CPhI) and imprisonment in France and in Europe;
– closure of a factory in China and seizure of tablets;
– cooperation with public authorities (police, judiciary) and filing reports to customs officials, first in Europe and countries within the intercontinental zone(1).

To ensure that all counterfeit cases of its products are detected and managed efficiently, sanofi-aventis has organized an international coordination system:
• the affected affiliate must write a report for the Central Coordination Team and send suspected product samples to the Central Laboratory for Counterfeit Analyses for visual examination and physico-chemical analysis;
• if the product is confirmed to be counterfeit, the Central Coordination Team informs all affected departments and initiates three types of action:
– public health actions;
– investigative actions;
– legal actions.

(1) World outside of Europe, United States, Canada and Japan.

THE FIGHT AGAINST COUNTERFEIT DRUGS



● Correspondents are in charge of external relations with police authorities, customs officials, etc. so that investigations can be organized effectively.
● Coordinators are in charge of overseeing actions that are necessary for the various centers of in-house expertise at the local level and in liaison with the Central Team Coordinator: industrial (analyses, traceability), regulatory/medical (health authorities information), safety (investigations), legal (taking legal action), communications.

05. Responsible marketing

→ ISSUES AND EXPECTATIONS

Regardless of the types of promotional materials that are used, it is imperative to provide all the information required to ensure the proper use of a drug and an informed decision by the prescribing physician, so that he or she may evaluate the risk/benefit ratio of a product based on complete product information. Similarly, the patient must receive all useful information to ensure the proper use of a non-prescription drug.

For these reasons, drug promotion must be transparent and follow clear guidelines, specifically with regard to:

- presentations and arguments used by medical sales representatives;
- organization of congresses and seminars;
- promotional material content.

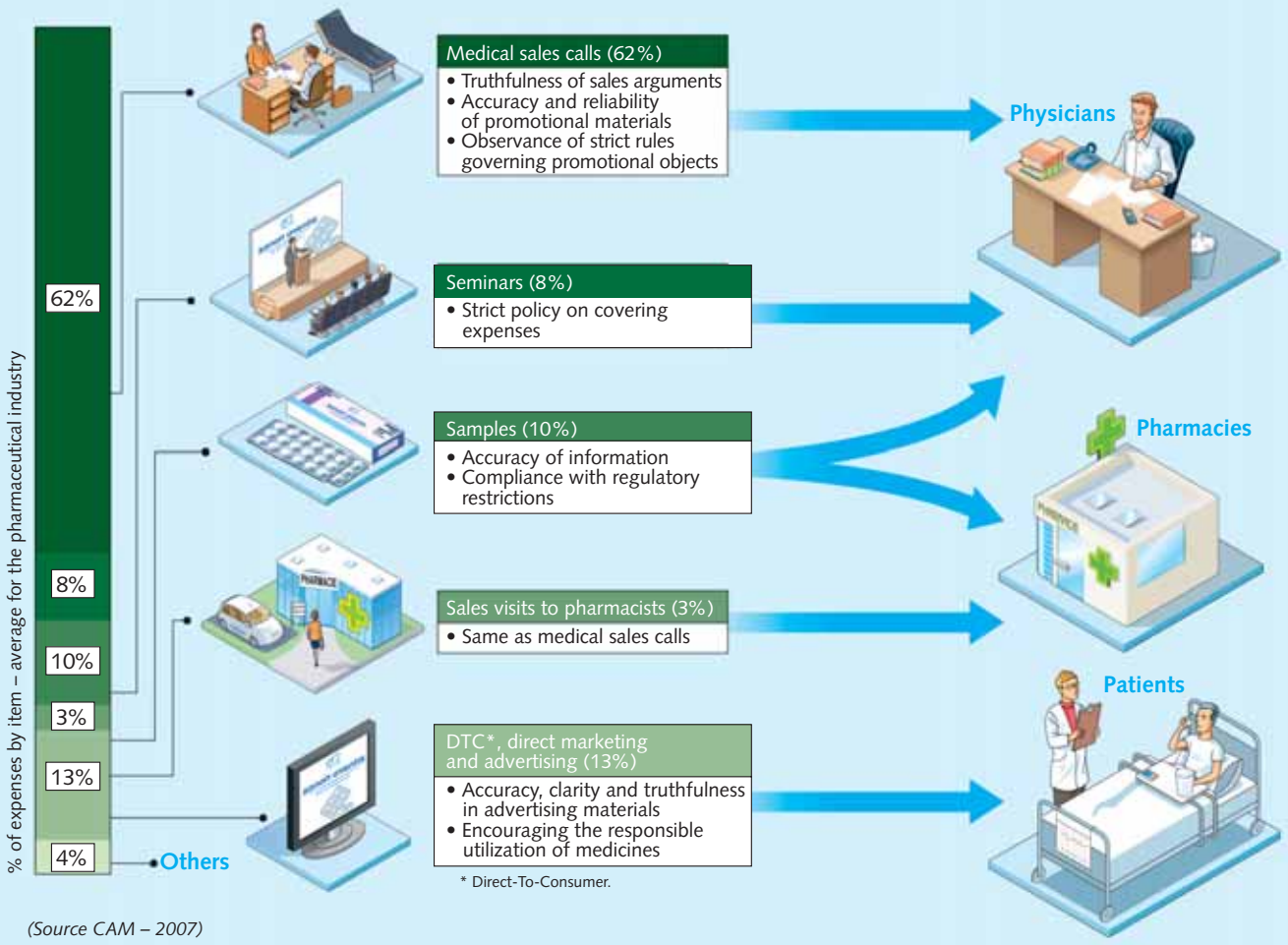
Pharmaceutical product promotion is governed by national regulations as well as codes developed collectively by pharmaceutical companies. The industry's marketing practices are nonetheless the focus of increasing expectations from stakeholders, in particular consumer advocacy groups.

In 2006, the affiliate Compliance managers were surveyed about the topics covered in the Code of Ethics to determine which they perceived as the most sensitive. "Good Promotional Practices," mentioned by two-thirds of the affiliates in their responses, was at the top of the list, in all geographical zones (developing and industrialized countries).

To this point, the Group clearly mentions in the "Good Promotional Practices" section of its Code of Ethics that unfair commercial practices are not compatible with the values and image of sanofi-aventis and may lead to serious civil or criminal consequences.

The diagram below shows the average breakdown of marketing budgets in the pharmaceutical industry. It also presents the main ethical issues related to various means of communication.

RESPONSIBLE MARKETING



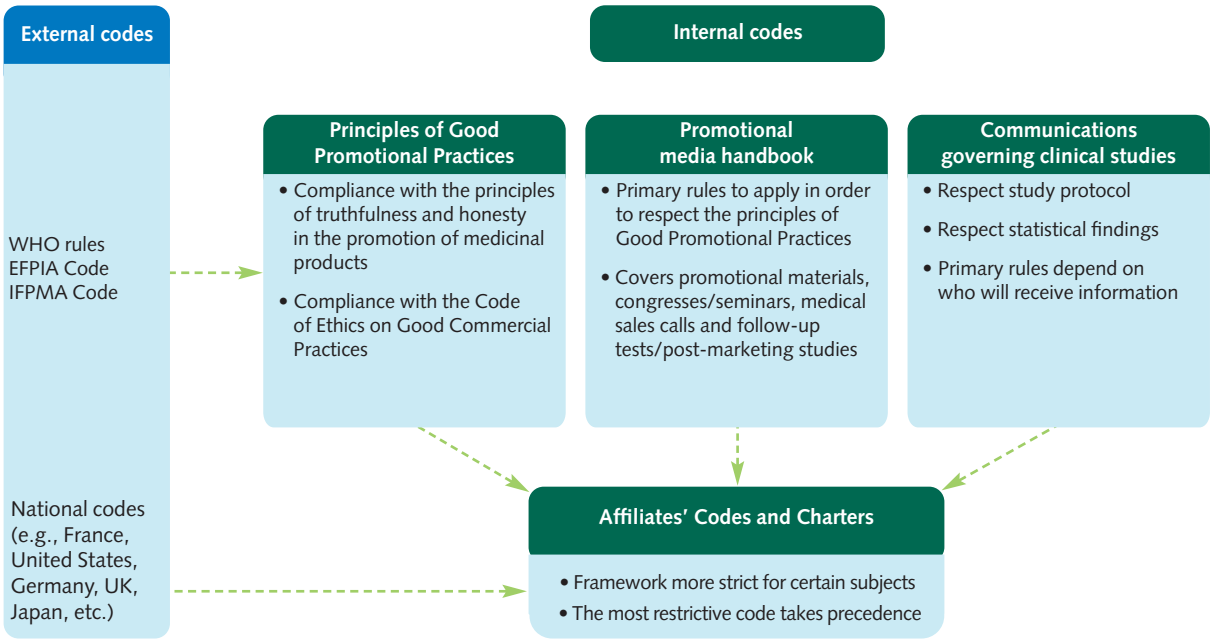
* Direct-To-Consumer.

(Source CAM – 2007)

→ THE GROUP'S PROMOTIONAL PRACTICES

The Group adheres to the codes of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) and the European Federation of Pharmaceutical Industries and Associations (EFPIA), and it makes explicit reference to them in its internal codes.

Additionally, we have a code of ethics for the responsible marketing of prescription Drugs that applies to the entire Group; the major principles for responsible communications were developed in June 2005 and distributed to all affiliates. These requirements encompass promotional materials, congresses and seminars, medical sales calls and post-marketing studies. The affiliates must first adhere to the Group's Code and international recommendations and, secondly, to national codes. These codes may be more restrictive with respect to certain issues, in particular congresses and other medical information meetings.



The Group combines different means to effectively implement the code internally: training teams (especially medical sales representatives), defining rules of conduct for international congresses, the accuracy of rules governing communications about clinical trials and monitoring promotional materials that are used. Employees can report any shortcomings concerning the Code of Ethics.

Ethical standards for promotion and discussion during pharmaceutical sales visits

The quality and ethics of the approach used during pharmaceutical sales visits is a key challenge.

In response to this challenge, the Group has organized training sessions on the Code of Ethics. In the United States, for example, new employees attend such training within four to six weeks of joining the Group. Certain sectors, such as the sales force or marketing, receive additional individualized training. The Group focuses especially on ensuring that medical sales presentations will be fair, qualified and comprehensive. This is accomplished by providing training for medical sales representatives with respect to products, diseases, marketing tools and pharmacovigilance. To a greater extent, affiliates are testing the knowledge level of their medical sales representatives on a regular basis.

Framework governing congresses and physicians' meetings

The Group has continually updated specific rules of good conduct at international congresses based on the results of a survey sent to 60 or so Group affiliates. They provide a clearly defined framework for meeting venues and hospitality for physicians (e.g., restaurants, hotels). The rules specify prohibited activities (organizing leisure activities at side events during medical meetings), those that are authorized (giving away congress tote bags with the product or company logo, providing gifts only if they are related to the practice of medicine). In 2007, these rules were outlined for each Group affiliate and sent to each individual affected.

Promotional materials

For each product, the Group defines communication rules (product presentation, making comparisons to the competition, etc.) in line with the Group's principles of Good Promotional Practices. These rules and product information are posted on the Intranet for use by affiliate medical directors. There is also a medical directors' network to ensure they will find answers to all their questions about product communications.

Corporate Medical Affairs ensures that the Group's ethical principles and requirements are duly applied through internal audits:
- all promotional materials selected by Global and Regional Marketing to promote sanofi-aventis' strategic products (the Top 15, which represent two-thirds of pharmaceutical sales) are audited prior to distribution. Affiliates that wish to carry out their own promotional campaign for major local products routinely send all their materials to corporate for validation prior to publication or distribution. In 2007, more than 2,000 documents were audited;
- all affiliate promotional materials are examined following publication (a posteriori): 8,000 items were audited in 2007 out of the 20,000 sent by the affiliates, which corresponds to roughly 80% of all materials produced. The selection is made partly at random and partly according to a specific risk in connection with the country or the product. For minor violations, a letter is sent summarizing the errors committed. Cases of gross negligence lead to withdrawal of the material (one to two withdrawals per year), and may result in the audit of the affiliates involved.

In addition, during quality audits the Group conducts assessments directly at the affiliate site to ensure it follows procedures for promotional material approval and complies with the sanofi-aventis promotional codes, and with the country's regulations concerning materials that may be used (visual aids, brochures, the affiliate's Internet sites, gifts, etc.). The audit results are contained in a report. If necessary, the report recommends proactive measures to be instituted by the affiliate to restore compliance. The affiliates are either audited on a routine basis or they are selected according to how often errors have been observed during *a posteriori* inspections of their promotional materials.

Warning system

Sanofi-aventis has set up an internal warning system so that employees may report any inconsistencies between practices on the field and the Group's Code of Ethics. Employees may also contact the Human Resources department directly. The "Compliance" manager at the affected affiliate checks to determine whether allegations are well-founded, and then communicates this information to the Group "Compliance" manager. Confirmed violations give rise to disciplinary measures.

→ RELATIONSHIPS WITH PATIENT ORGANIZATIONS

Beyond our Research and Development activities in which we develop appropriate treatments for patients worldwide, sanofi-aventis is committed to responding to the broader needs of patients and their families during their illness.

One of the principle ways for the Group to translate this commitment into reality is by forging partnerships with patient groups working in our therapeutic areas of expertise. The associations can then provide support directly to patients, answer questions from the larger community and improve patient care.

The Group supports patient organizations through partnerships, sharing know-how and financial support for nearly all its therapeutic areas of expertise (cardiovascular disease, thrombosis, metabolic disorders, oncology, disorders of the central nervous system).

The role of patient organizations is to help patients by:
- informing them about diseases and raising awareness about screening and prevention;
- facilitating exchange among patients;
- supporting patients and their families;
- offering psychological support for patients in certain cases;
- making local authorities aware of the need to provide access for the most appropriate treatment for the patient.

The Group works with patient organizations in over 30 countries and has partnerships with international and regional associations (European, for example) operating in 160 countries. Favoring long-term partnerships, these initiatives strengthen relationships with these organizations and enable sanofi-aventis to better understand patients' needs and expectations. However, the Group's initiatives must not influence these associations' policies or serve as a means to promote our medicines.

Promoting access to healthcare, medicines and vaccines/

Most of the global population has little or no access to the most basic medicines. In response to this issue, sanofi-aventis has taken proactive steps to make access to healthcare an important part of our strategy for people living in developing as well as industrialized countries.

01. Challenges for the pharmaceutical industry

Access to medicines and vaccines, and more broadly, access to healthcare for the most deprived populations, is a complex challenge that the pharmaceutical industry cannot tackle alone. There are many different factors that explain why 80% of the global population has no access to appropriate healthcare:

• in a majority of situations, the primary obstacles are more generally poor public health infrastructures, lack of healthcare personnel, insufficient diagnostics, and lack of distribution structures. In these areas, the pharmaceutical industry is often limited in its role as a humanitarian sponsor and awareness-raiser and sales force trainer;

• in certain cases, however, when the cost of treatment or the lack of appropriate treatments is among the major factors, pharmaceutical companies are more directly affected.

The table below briefly summarizes the access issue, the types of possible initiatives and expectations from pressure groups.

In this context, the expectations of the various stakeholders (governments, international institutions, NGOs, the media) in the debate over access to medicines and vaccines with respect to the pharmaceutical industry have changed considerably over the last twenty years:

• at the end of the 1980s, the mobilization to combat HIV/AIDS emphasized the rarity of therapeutic responses. The industry was accused both of not making sufficient efforts in terms of research, and of selling the rare medicines on the market at prices that were not affordable for the poorest populations;

• during the 1990s, non-governmental organizations (NGOs) made broad efforts to alert public opinion about the numerous parasitic, viral and infectious diseases, so-called "neglected diseases", that affect poor and rural populations on a very large scale. Although medicines existed, most of them were very old and no R&D effort had been made to update or improve existing therapeutic tools;

• today, the implicit demands made on pharmaceutical companies by civil society are growing. A number of "developing" countries are becoming "emerging" countries. The life expectancy of these populations has been extended, lifestyles have changed, and the disease profiles that affect them come closer to those of developed countries, although the healthcare systems and coverage are not necessarily in line with those found in developed countries. Where populations experience extended life expectancy, changed lifestyles, and disease profiles are becoming closer to industrialized countries. The healthcare systems and coverage have not kept up with this evolution.

Faced with this situation, the pharmaceutical industry has to cope with new demands: to develop treatments and ways to administer medicines that are less expensive and better adapted to the situations in developing countries but also to lower the prices of "mature" prescription medicines locally, or develop generic versions, including manufacturing of a company's own generic products.

For more information about stakeholder expectations, see the following sites:

www.who.org | www.accessmed-msf.org | www.care.org

ACCESS TO TREATMENT ISSUES	EXAMPLES OF DISEASES	POSSIBLE INITIATIVES AND PRESSURE GROUPS' EXPECTATIONS
Off patent and inexpensive medicines. In this case, multiple factors contribute to problems of access and the price of the medicine often plays a secondary role.	Infectious and parasitic diseases, diarrhea, ear, nose throat (ENT) diseases, various levels of pain, etc.	• Support for training, treatment infrastructures and distribution. • Optimization of production costs by manufacturing in developing countries, technology transfer, production of generics.
Medicines associated with diseases that specifically affect developing countries. The cost of treatment and the lack of R&D for a specific disease may constitute one of the primary obstacles. It is not possible to contemplate a return on investment for these diseases that are absent from developed countries.	Malaria, tuberculosis, sleeping sickness, leishmaniasis, schistosomiasis, Guinea worm disease, etc.	• Fund R&D including partnerships to improve and discover treatments. • Waive patents. • Sell at differentiated prices including "at cost". • Support for training, treatment infrastructures and distribution.
Patented medicines associated with serious diseases affecting both developed and developing countries. In this case, the price of medicines may represent a substantial obstacle; patents prevent the commercialization of generics and limit differentiated pricing policies.	Cardiovascular disease, cancer, diabetes, psychiatric diseases, AIDS, respiratory illness (asthma, allergies, etc.).	• Differentiated pricing policy. • Waive patents in the poorest countries. • Support for training, treatment infrastructures and distribution.

02. Sanofi-aventis' position and manner of engagement

In the face of these challenges, sanofi-aventis has adapted its response to stakeholders' changing demands. Until the late 1990s, this response concentrated on financial support for associations and international organizations working to develop care and distribution infrastructures, as well as for donating medicines.

Gradually these programs have evolved to sophisticated partnerships, with a focus on R&D to develop products that are adapted to developing countries and the neglected diseases found primarily in these countries.

To respond to the issue of pricing, the Group has focused on several initiatives:

• transferring production to developing countries;

• a pricing policy to sell at cost medicines to NGOs and governments, as well as a differentiated pricing policy in several diseases;

• in the case of malaria, the Group decided not to file a patent for an innovative galenic formulation, a single tablet containing two malaria drugs. This formulation was introduced on March 1, 2007, in partnership with the Drugs for Neglected Diseases initiative (DNDi). The absence of a patent in addition to a differentiated pricing policy makes it easier for the affected populations to have rapid access to treatments. The price – one dollar for adults and 50 cents for children – has become the reference price for Artemisinin-based Combination Therapies (ACT) throughout public markets in Africa.

In 2007, principle claims were made in Thailand regarding the cardiovascular treatment Plavix® related to the Group's strategy to protect its patents. This corresponds to the above-mentioned situation where a patented medicine for a serious disease affects both developed and developing countries. In this case, the Group's approach is based on distributing the product at cost. The position taken by certain NGOs as well as by sanofi-aventis can be found in the following documents:

Oxfam's Investing for Life report, see:

http://www.oxfam.org/en/news/2007/pr071121_pharmaceutical_industry_denying_access_to_medicines

For more detailed information about sanofi-aventis' position concerning this report, see our Web site:

www.business-humanrights.org/Documents/Oxfamresponses

→ PATENT PROTECTION

Sanofi-aventis considers respect for intellectual property rights an essential part of stimulating research and encouraging the risk-taking. As such, it is paramount to apply and uphold the international agreements of the World Trade Organization (WTO).

At the same time, the Group's policy to promote access to medicines is designed to facilitate access to its products for economically disadvantaged communities, in particular for tropical diseases that affect primarily developing countries.

03. Sanofi-aventis' contribution to access to medicines and vaccines

The sanofi-aventis portfolio includes products for the treatment of two of the three major pandemics affecting countries in developing countries, malaria and tuberculosis. The Group is working to develop a vaccine for the third pandemic, HIV/AIDS, although its portfolio does not contain HIV/AIDS treatments.

Two programs were introduced in 2001, one to fight malaria and another to combat sleeping sickness, in partnership with the World Health Organization (WHO). Following these initiatives, the Group increased its efforts by extending and expanding existing programs, and introducing new ones to fight leishmaniasis, tuberculosis and epilepsy. It also made access to several vaccines easier. These programs are often initiated with the expertise of partners such as the WHO, or development aid organizations and are based on four pillars:

• research and development to find new treatments;

• development of new therapeutic strategies based on currently-used compounds, such as combining fixed doses of two of its malaria compounds in a single tablet;

• training and information for all levels in the healthcare chain, including medical personnel, community authorities and patients;

• implementation of a pricing and distribution policy to promote better access to medicines and vaccines.

↓ **ZOOM**

SANOFI-AVENTIS' INVESTMENT TO PROMOTE ACCESS TO HEALTHCARE, MEDICINES AND VACCINES

When combined, all the programs for access to healthcare, medicines and vaccines in developing countries represent a total investment of more than 80 million euros. In addition to medical donations and vaccines allow care to be provided for more than 5 million people in approximately 70 countries.

This investment may be broken down as follows:

- 14 million euros allocated to programs by the Access to Medicines Division, in addition to 4 million in partnership with the WHO for neglected diseases, a dedicated team of 31 people at sanofi-aventis headquarters and 11 people in Africa;
- more than 20 million euros in research and development expenses, in particular for malaria and to a lesser extent for leishmaniasis and tuberculosis;
- medicines and vaccines sold at reduced cost or differential prices:
  – malaria: 1.7 million treatments sold, including 1 million for the new fixed-dose combination (Artesunate-Amodiaquine),
  – tuberculosis: nearly 400,000 treatments in South Africa in 2007,
  – sleeping sickness: over 200,000 ampoules distributed. In 2007, i.e., 1,200,000 ampoules distributed since 2001,
  – leishmaniasis: over 6 million ampoules of Glucantime®,
  – epilepsy: participation in programs making it possible to treat nearly 1,500 patients in Mali and nearly 10,000 people in Kenya;
- in addition, through its central structure and affiliates, the Group created long-term solidarity-based partnerships with a number of associations, primarily in the healthcare field. These represent:
  – 45 million euros investment for partnerships in 2007,
  – in addition to 1.2 million boxes of medicines and 5.3 million doses of vaccines, making it possible to treat more than 5 million people in 69 countries.

Moreover, in industrialized countries, over 130,000 patients were able to take advantage of access to medicines programs, specifically in the United States.

Due to the lack of appropriate comparative methods within the pharmaceutical industry, the Group has decided not to publish the economic value of drug donations.

For more information about the access to healthcare, medicines and vaccines programs, see the following Web sites:

http://sustainability.sanofi-aventis.com/

www.impact-malaria.com www.who.int/neglected_diseases/en

→ THE SANOFI-AVENTIS PORTFOLIO FOR DEVELOPING COUNTRIES

In addition to products designed specifically for diseases affecting developing countries, the Group makes available medicines that are crucial for the treatment of very common and often infectious diseases, especially among children. It markets half the 320 drugs that the World Health Organization (WHO) considers "essential". These include in particular antipyretic analgesics (paracetamol, lysine acetylsalicylic acid, etc.), anti-diarrhea medicines, antibiotics and specific products to combat respiratory diseases (phenoxymethylpenicillin, carbocysteine, etc.), anti-inflammatory drugs (ketoprofen, etc.), corticoids (prednisone, prednisolone, etc.), antispasmodics (drotaverine), anti-epileptic drugs (phenobarbital and sodium valproate), anti-fungal drugs (metronidazole) and diuretics (furosemide etc.), among others.

Lastly, the Group has several specific Research and Development projects devoted to certain diseases that especially affect developing countries:

- malaria: ferroquine, in Phase II, a compound in Phase I and another in the Preclinical Phase, a vaccine against the parasite Plasmodium falciparum in the preclinical phase, in collaboration with academic teams;
- dengue fever: a vaccine in Phase II;
- HIV: a vaccine in Phase III;
- Japanese encephalitis: a vaccine in Phase II;
- tuberculosis: R&D projects in collaboration with public institutions - Center for Disease Control (CDC) Foundation, CDC Atlanta, National Institutes Health (NIH), St. Georges Hospital University, and others.

Sanofi-aventis' primary programs to respond to these challenges appear below. Initiatives to raise public awareness and patient support, which complement the programs listed below, are also presented on page 35.

→ PROGRAMS WHERE SANOFI-AVENTIS TEAMS ARE DIRECTLY INVOLVED

PROGRAM/ DISEASE	NUMBER OF PEOPLE AFFECTED (DEATHS/YR)	TYPE OF ACTION	PARTNERS	MILLION EUROS IN 2007*	IMPACTS AND COMMENTS
Malaria	300-500 million (1-2 million)	Research, Training of medical personnel, Donated medicines/vaccines or sale at low cost, Screening/raising awareness	Pasteur Institute, the Drugs for Neglected Diseases Initiative Foundation (DNDi), French universities, various NGOs and CARE specifically, ASI (International Safety Actions), JEREMI and Cooperation 92, Preventive Medicine Agency(AMP), PlaNetFinance,Tropical Medicine Institute of the Army Health Service (IMTSSA), Pasteur Institute of Paris and Madagascar, Swiss Institute of Tropical Medicine	4.2	In 2007: • 2.3 million malaria treatments distributed (1.7 sold + 0.6 donated); • first combined dose artesunate + amodiaquine (AS-AQ) brought to market, developed in partnership with DNDi; • "comprehensive fight" projects to combat malaria set up in Cameroon, Burkina Faso and Congo, and micro-finance/micro-insurance in Benin; • to combat malaria, funding for training provided to healthcare personnel (doctors, nurses, healthcare agents) and to communities (adults and children); • training of medical personnel in 2007: 25 people received in-depth training about malaria at IMTSSA, at the Pasteur Institute of Madagascar and in Ifakara (Tanzania); • new trials in Senegal-Benin-Uganda; • collaboration agreement with the Pasteur Institute to develop a vaccine.
Sleeping sickness	70,000 (always fatal if left untreated)	Research, Training of medical personnel, Donated medicines/vaccines or sale at low cost, Screening/raising awareness, Reduction in production costs	WHO/TDR (Tropical Diseases Research)	3.5	• Over 200,000 ampoules distributed in 2007 (over 1,200,000 since 2001). • 3 million people tested, 10,000 new cases detected. • 444 people trained and 32 hospitals qualified for the use of eflornithine.
Tuberculosis	18 million (2 million)	Research, Training of medical personnel, Donated medicines/vaccines or sale at low cost, Screening/raising awareness, Reduction in production costs	Nelson Mandela Foundation, South African government Samusocial	5 0.15	The TB Free Program: • 9 training centers for volunteer supporters to monitor patients' treatment compliance; • 16,500 volunteers were trained, making it possible to monitor over 410,000 patients since 2005. Disease monitoring assistance for 400 homeless persons: • 150,000 euros budgeted, of which 50,000 euros provided by employees of the French affiliate; • donations of medicines and influenza vaccines.
Leishmaniasis	12 million (200,000)	Training of medical personnel, Donated medicines/vaccines or sale at low cost, Screening/raising awareness, Reduction in production costs	WHO O. Cruz Foundation	0.7	• 0.7 million euros budgeted in 2007, renewable annually until 2011. • Over 6 million ampoules of Glucantime® distributed. • 4,000 families monitored.
Vaccines		Training of medical personnel	WHO, UNICEF GAVI Alliance, Preventive Medicine Agency (AMP) in France, governments of beneficiary countries, Universities of Cocody-Abidjan and Paris-Dauphine	1	EPIVAC Program: Training for 300 district doctors who shared knowledge with 6,250 healthcare workers, impacting the population of 8 countries, i.e., nearly 50 million people.
		Research, Training of medical personnel	To combat yellow fever: WHO, AMP, UNICEF, GAVI Alliance, Pasteur Institute of Dakar		First EPIVAC technical conference: 150 participants.
		Donated medicines/vaccines or sale at low cost	To fight poliomyelitis: WHO, UNICEF, the Rotary Club		• 120 million doses of oral polio vaccine donated since the 1988 launch of the Global Polio Eradication Initiative (GPEI). • 2007: 270,000 doses of IPV (injectable polio vaccine) donated to Indonesia.
		Donated medicines/vaccines or sale at low cost	PAHO		Immunization campaign: donation of 1.5 million doses of vaccines.
Epilepsy	50 million	Training of medical personnel, Donated medicines/vaccines or sale at low cost, Screening/raising awareness	• Santé Sud: AMC/RARE (Action and Research in Epilepsy Network) • University of Pnom Penh/IENT • KAWE (Kenyan Association for Welfare of Epilepsy)	0.2	• Training doctors about epilepsy (late 2007): 6 in Mali, 10 in Madagascar and 25 in Cambodia. • Care for 1,500 patients in Mali. • In 2007, therapeutic care provided for nearly 10,000 people in Kenya. • Participation the training of 160 healthcare professionals.
Buruli ulcer	**		• Handicap International • WHO (Access to medicines)	0.2	• Launch in 2007 of a program to combat the disease (1,800 patients).
Childhood cancer	160,000 (90,000)	Training of medical personnel, Donated medicines/vaccines or sale at low cost, Screening/raising awareness	• International Union against Cancer (UICC) • Franco-African Pediatric Oncology Group (GFAOP) • Cancer League (France) • "Fun Centers"	0.8	• 26 projects in 16 countries for the benefit of 7,155 children. • 1,717 professionals trained. • 4,261 families assisted. • 2.5 million euros since 2004. • 450 children treated and donations of 1,600 boxes of medicines. • 21,500 euros in 2006. • 18 Fun Centers benefiting 50,000 children since 1999.

Legend: Research; Training of medical personnel; Donated medicines/vaccines or sale at low cost; Screening/raising awareness; Reduction in production costs

* Excluding expenses in connection with dedicated teams, excluding R&D expenses.

** Consolidated epidemiological data for this disease is lacking: according to WHO report no 199, updated in March 2007, the evaluation of three countries in twenty years indicates over 40,000 people.

→ OBJECTIVES

PROGRAMS	TIMEFRAME	INITIATIVES
Malaria	2008-2010	• Extend the distribution of the combination of artesunate + amodiaquine: – to the public sector, to NGOs, and to religious communities in Africa; – to certain countries in Latin America and Asia. • Launch (AS-AQ) pharmacovigilance monitoring plan in sub-Saharan Africa.
Sleeping sickness	2011	In partnership with the WHO, achieve an 80% drop in the incidence of new cases by 2011, through the Group's contribution of 13 million euros between 2006 and 2011. Participate in improving current treatments.
Leishmaniasis	2011	• In partnership with the WHO, continue education, training and diagnostics; program in the Middle East and Central Asia. • Begin transfer of production to Brazil in 2007: it should be completed by 2009.
Tuberculosis	2010-2011	• Transfer tuberculosis drug production from Italy to South Africa, with timetable determined by regulatory filings. Launch of the program in new countries (Thailand, Russia, etc.).
Buruli ulcer Chagas disease	2011	With the WHO, contribution of over one million euros between 2006 and 2011 to bolster the fight against these two diseases: • extend and optimize the recently discovered benefits of combined antibiotherapy; • prevent infections and improve early detection as well as care provided.
Epilepsy	2008-2010	Follow-up for programs in Kenya and Mali, roll-out of programs in Cambodia and Madagascar in 2008. Other countries are being investigated.
Mental health	2008-2011	Set up pilot programs for the treatment of chronic psychoses, combining an offer of medicines at differentiated prices, information to the public, and training for healthcare professionals.
Vaccines	2007-2012	EPIVAC: commitment of financial support for five years while waiting for funding from countries and financial providers. Annual renewal of program support initiated in 2002. In Indonesia: donation of 1.4 million doses of IPV vaccine over five years (270,000 doses per year).
Childhood cancer	2008	Continued support for 26 projects in the 16 partner countries, and expand the support to four or five new countries.

SLEEPING SICKNESS

Zones colonized by tsetse flies
Sleeping sickness program

Source: Manuel de lutte contre la maladie du sommeil by Claude Laveissière and Laurent Penchenier

VACCINES

Health expenditure per person in purchasing power parity.

Non-classified area
Low ($0 to $200)
Average ($200 to $1,000)
High ($1,000 to $2,000)
Very high ($2,000 to $6,000)
Immunization program

Source: UNDP 2006 data.

IMPACT OF MALARIA

Non-classified area
No cases reported
Low (7.5-10)
Average (5.0-7.5)
High (2.5-5.0)
Very high (0-2.5)
Malaria program

Source: UN and WHO 2000 data.

TUBERCULOSIS RISK

Non-classified area
Low (>25)
Moderate (25-49)
Average (50-99)
High (100-299)
Very high (>300)
Tuberculosis program

Source: WHO 2005 data.

See methodological note pages 76-78.

04. Our major solidarity programs

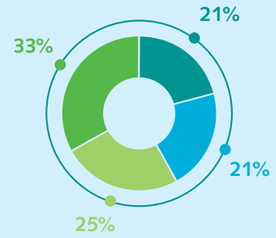
From our headquarters, the Group coordinates about 50 solidarity programs, which have helped over 2 million people in more than 50 countries, in addition to numerous projects initiated by our affiliates around the world.

Such initiatives aim to bring sustainable support to populations in need through programs for prevention and education, hygiene and access to healthcare, as well as the fight against disability, abuse and exclusion. With a focus on three key areas – health, solidarity and children – the Group's initiatives may respond to humanitarian emergencies, but they are above all part of a long-term approach to help the most vulnerable populations.

The success of all these initiatives depends on the complementary role of the partners involved – NGOs, hospitals, health authorities, etc. – who together combine their expertise to create a powerful source of innovation to serve program beneficiaries. It is also tied to the involvement of the Group's employees worldwide, whether they contribute their talents, volunteer their time or make personal donations that are matched by the company.

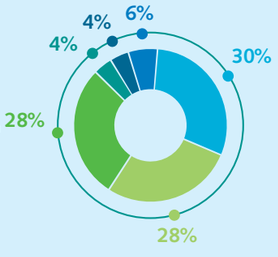
BREAKDOWN OF PRIMARY PROGRAMS (47 PRIMARY PROGRAMS UNDER THE DIRECTION OF THE HUMANITARIAN SPONSORSHIP DEPARTMENT)

Geographic breakdown



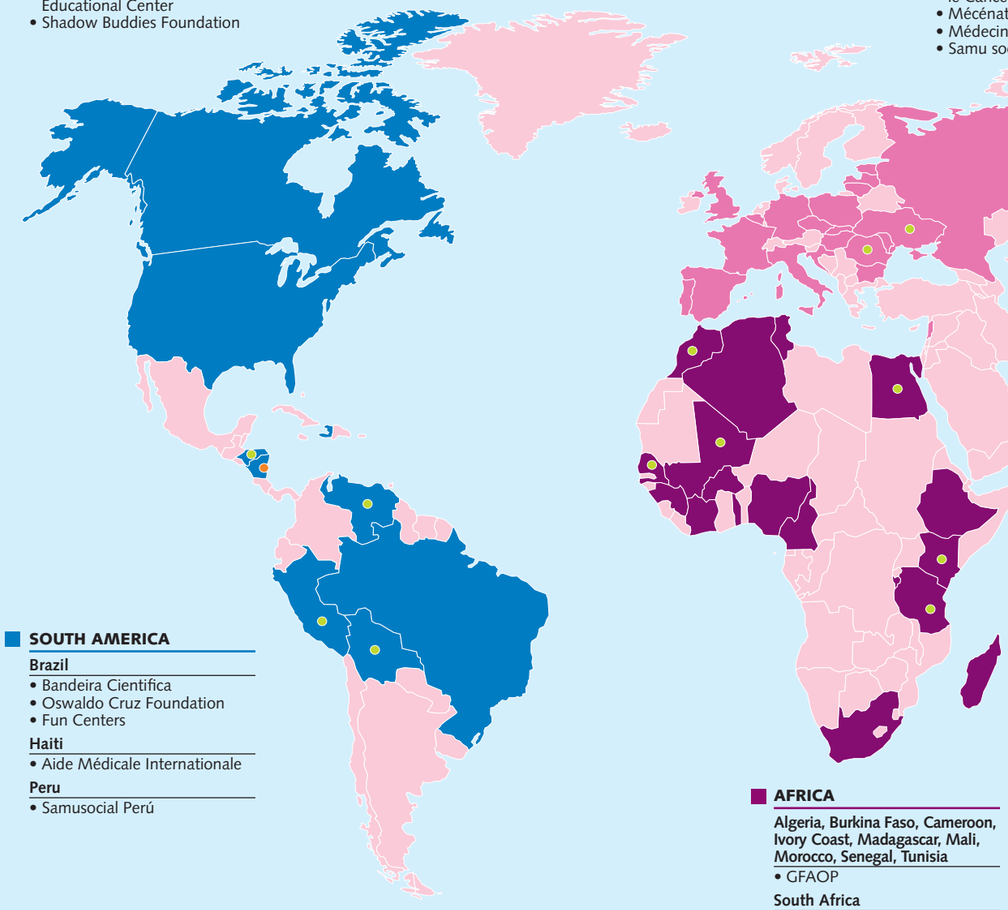
- Europe
- Central America
- Asia and Oceania
- Africa and Middle East

By type of program



- Combating disability
- Combating abuse
- Fighting exclusion
- Prevention – education
- Access to healthcare/ treatments
- Training

MAJOR PARTNERSHIPS WORLDWIDE



NORTH AMERICA

Canada
- Canadian Breast Cancer Foundation
- Ontario March of Dimes

United States
- Center for Great Expectations
- Children's Health Fund
- Kids Kicking Cancer
- Matheny Medical and Educational Center
- Shadow Buddies Foundation

SOUTH AMERICA

Brazil
- Bandeira Cientifica
- Oswaldo Cruz Foundation
- Fun Centers

Haiti
- Aide Médicale Internationale

Peru
- Samusocial Perú

WESTERN EUROPE

Germany
- Die Kleinen Patienten

Belgium
- Simon & Odil

Spain
- Hospital Ramón y Cajal

France
- APEAS
- Cheval Dire
- Fédération pour la Recherche sur le Cerveau
- Fondation de la 2e chance
- Handicap International
- La Fondation pour l'Enfance
- Ligue Nationale contre le Cancer
- Mécénat Chirurgie Cardiaque
- Médecins du Monde
- Samu social de Paris

Italy
- Un Ospedale per amico

Portugal
- Acreditar

United Kingdom
- Wallace & Gromit Foundation

AFRICA

Algeria, Burkina Faso, Cameroon, Ivory Coast, Madagascar, Mali, Morocco, Senegal, Tunisia
- GFAOP

South Africa
- Adopt a Village

Algeria
- Amine

Burundi
- Apecos

Ethiopia
- Convergences 2000
- Guinée Conakry
- Enfants Réfugiés du Monde

Mali
- Au Cœur des Hommes
- Santé Diabète Mali

Niger
- Orion
- Les Enfants de l'Aïr
- Touareg

Senegal
- Le Kinkeliba

Togo
- EAST
- Handicap International

MIDDLE EAST

Lebanon
- Santé Sud

EASTERN EUROPE

Bulgaria, Croatia, Estonia, Hungary, Latvia, Lithuania, Moldavia, Poland, Czech Republic, Romania, Russia, Slovakia, Ukraine
- Le Pont Neuf

Russia
- Samu social Moskva

ASIA

Afghanistan
- La Chaîne de l'Espoir/ Enfants afghans

Cambodia
- Enfants Réfugiés du Monde
- La Chaîne de l'Espoir

China
- Couleurs de Chine

Korea
- Green Santa

Hong Kong
- The Boys and Girls Clubs Association

India
- Association Père Ceyrac
- Isha Foundation
- SOS Village d'Enfants

Indonesia
- Handicap International
- Solidarité
- SOS Village d'Enfants

Malaysia
- Kiwanis

Pakistan
- Handicap International

Philippines
- Caméléon
- Enfants du Mékong/ Fondation Virlanie
- Philippines Heart Center

Sri Lanka
- Sarvodaya
- Sewalanka

Thailand
- AIME
- Croix-Rouge thaïlandaise
- Enfants du Mékong

Vietnam
- AFRAVI
- Samu social International

PACIFIC OCEAN

Australia
- Aboriginal Resource Development Service

"My Child Matters" with the International Union against Cancer

This program is designed to fight childhood cancer in countries where pediatric oncology is still an emerging field. It encourages institutions to improve information about cancer: early diagnosis, health worker training, access to care and treatment and efforts to address the social and cultural impact of the disease. Bangladesh, Bolivia, Egypt, Honduras, Indonesia, Kenya, Mali, Morocco, Peru, the Philippines, Romania, Senegal, Tanzania, Ukraine, Venezuela, Vietnam.

Combating diabetes alongside Handicap International

The aim of this pilot program is to improve care for diabetes patients and to reduce disability to the greatest extent possible in India, the Philippines, Thailand and Nicaragua.

Countries where sanofis-aventis coordinates solidarity programs.

- Countries of North America, Central America and South America.
- Countries of Western Europe and Eastern Europe.
- Countries of Asia, Pacific Ocean and Middle East.
- Countries of Africa.

05. Survey to assess our partners' level of satisfaction

Although partnerships and solidarity-based practices with healthcare associations go back several decades, the development of far-reaching public-private partnerships involving many different players and active participation from the Group in many forms is more recent. The cultures and general objectives of partner organizations sometimes differ with those of a company. It is therefore critical for us to learn to integrate this type of collaboration into our day-to-day working methods.

In early 2007, the Group submitted a satisfaction survey to our principle partners: TB Free, CARE, Santé Sud, EPIVAC, the Oswaldo Cruz Foundation, the WHO, and the International Union against Cancer.

All our partners report they are overall very satisfied with our partnerships, the way in which sanofi-aventis complies with its commitments and provides support. Regular program monitoring makes it possible to take corrective actions to ensure the success of the various projects. The Group is aware that the very good results of this first survey will need to be confirmed by a more extensive evaluation.

For detailed survey results, see the Web site:
http://sustainability.sanofi-aventis.com/

2008 GOAL

The next objective for the Group will consist of enlarging this survey to identify key success factors and develop rules that can be applied to all partnerships initiated within the scope of access to healthcare, medicines and vaccines.

06. Access to medicines in industrialized countries

Difficulties with access to treatments also arise in industrialized countries among groups with inadequate healthcare coverage. Consequently, sanofi-aventis has developed partnerships with public and patient support associations to provide medicines free of charge or at low cost.

In the United States, some pharmaceutical companies, in 2005 and 2006, working in partnership with various organizations, supplied medicines on more than 78 million prescriptions (thirty days) for more than 12 million patients (for an estimated total value of 8.8 billion dollars). Such Patient Assistance Programs (PAPs) enable low-income individuals and their families to obtain medicines free of charge.

The sanofi-aventis patient assistance programs include free access to various medications through a general program, as well as access to specific product lines (in oncology, urology, deep vein thrombosis, etc.) through targeted programs. For example, in oncology, the sanofi-aventis PACT+^{SM} (Providing Access to Cancer Therapy) Program enables patients to receive three drugs for the treatment of colorectal and gastric cancer, breast, head and neck cancer and lung and prostate cancers, as well as antiemetic drugs. In 2007, thanks to these sanofi-aventis patient assistance programs, more than 105,000 patients in the United States received Group products.

Sanofi-aventis also participates in the Partnership for Prescription Assistance (PPA). Through a single entry point (telephone 1-888-4PPA-NOW or via the Web site www.pparx.org), patients have access to more than 475 public and private programs to obtain medications, vaccines, etc. Through the Together Rx Access Program, the Group and nine other companies provide more than 300 medicines at reduced cost for individuals with low incomes and no healthcare coverage, or who do not qualify for Medicare.

Many very seriously ill patients must manage not only the cost of treatments, but also the deductible portion of their medical visits. The Group supports non-profit associations that provide financial aid to patients with chronic disease.

Since the year 2000, in conjunction with the "Samu social", emergency social services, the Group has been an active supporter of programs in France to prevent tuberculosis among the populations most at risk, through donations of medicines and financial assistance provided by the Group and also by the employees of all the French sites.

07. Rare diseases and orphan drugs

A disease is considered "rare" when it affects a proportionally small number of individuals in the overall population. This number varies by geographical area: fewer than five people per 10,000 in Europe, fewer than 200,000 people in the United States, and fewer than 50,000 people in Japan. There are approximately 7,000 recognized rare diseases in the world.

Orphan drugs are medicines designed to treat rare diseases. They are developed in response to a purely public health need.

The Group has successfully developed certain compounds in the last ten years, such as riluzole (Rilutek®) in 1997, the only drug that can slow the progression of amyotrophic lateral sclerosis (often referred to as Lou Gehrig's disease) and improve survival rates for patients with this neurodegenerative disease, or rasburicase (Fasturtec®) in 2001, used for the treatment and control of hyperuricemia caused by tumor lysis syndrome among patients with malignant blood diseases, which specifically affects children.

More recently, two products have obtained marketing approval in France:

• colimycine (Colimysine®) in November 2004 for the treatment of cystic fibrosis (using a spray);

• fumagilline (Flisint®) in November 2005 for its anti-parasitic effect on intestinal microsporidia manifested by extremely acute diarrhea in patients with severe immune deficiency. On the basis of this marketing approval, the product is also available upon request for use outside France to treat specific cases.

Sanofi-aventis also supports two European programs to promote the sharing of research findings: OrphanXchange (www.orphanxchange.org) and Erditi.

Assuming social responsibilities/

The sanofi-aventis Social Charter brings together all the principles to which the Group is committed as part of its social responsibilities. These principles are based on the values of solidarity and respect for employees and their families, values upon which the Group was founded.

Therefore, the Group is dedicated to developing high-quality social dialogue and ensuring fair compensation and benefits to prepare its employees for whatever the future may hold. It places great importance on integrating diverse skills and valuing a wide range of backgrounds and experiences. It also offers its employees career development opportunities so that they can grow with the company's activities, and ensures their health and safety in the workplace. Lastly, sanofi-aventis is dedicated to responsible employee management.

The distribution of the Social Charter to all employees is a sign of the strength of the Group's commitment and its ambition to rely on the Charter as a management tool.

01. Sanofi-aventis sites worldwide

Operating in more than 100 countries, the Group had 99,495 employees by the end of 2007.

In 2007, the Group continued to strengthen the workforce for its vaccines business, research and development teams and medical sales force in Asia, Latin America and the Middle East. At the same time, the medical sales force and pharmaceutical production teams were adjusted in the United States, France and other European countries in line with market trends.

More than 12,000 people were hired in 2007, 72% of them with permanent contracts. Around 13,000 people left the Group, including nearly 3,000 whose fixed-term contracts had expired and nearly 6,000 who resigned.

For more information, see Human Resources data, page 75.

02. Social dialogue and reorganization management

→ SOCIAL DIALOGUE

Sanofi-aventis seeks to develop high-quality social dialogue with all its employees in each country. It takes into account local practices to implement this approach.

The Group applies the principles of the UN Global Compact, to which it has subscribed. It supports freedom of association and recognizes the right to collective bargaining.

In 2007, forums established to enable social dialogue in most of the countries where the Group operates were informed about the company's operations, its financial situation and the challenges it faces due to changes in its operating environment.

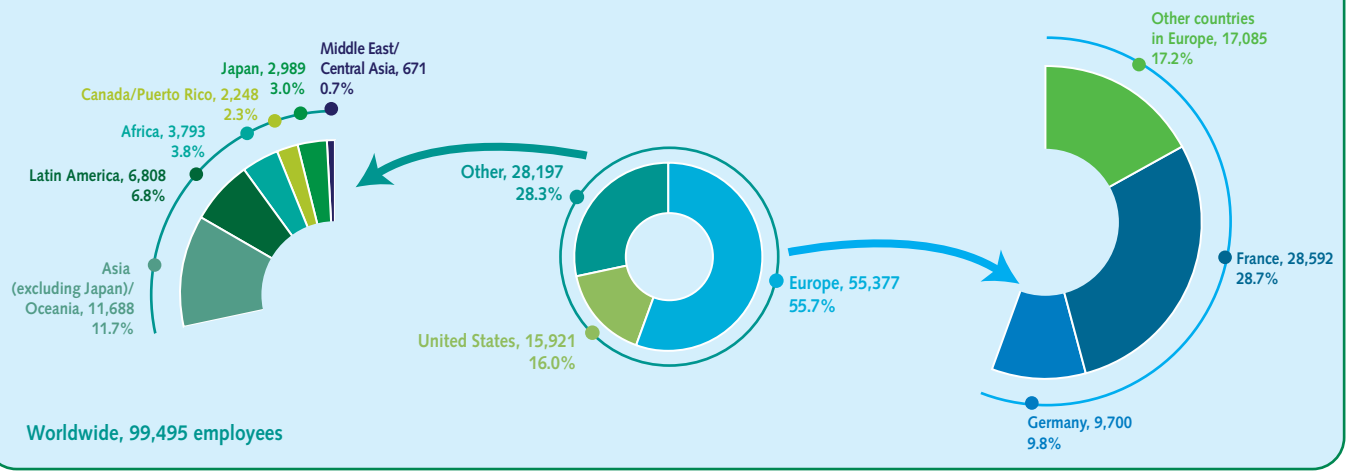
In France, elections were held as required by law to determine the members of the sanofi-aventis Group Works Council, composed in 2007 of 25 permanent members and 25 substitutes, as well as permanent and alternate union members appointed by the trade unions. The Council met in June and December 2007 under the chairmanship of the Chief Executive Officer. During these meetings, the Council was informed about the Group's business activities, financial position and employment trends.

The process of harmonizing the status of French personnel continued over the course of the year with the signature of Group-level collective agreements designed to ensure that the same measures are applied to all employees. In 2007, these agreements addressed:

- seniority bonuses;
- severance pay;
- additional healthcare and welfare benefits plan;
- the Group profit-sharing plans.

In addition, the Works Council and Group management entered into an innovative "health-retirement" agreement to set up a complementary pension plan with defined contributions that makes it possible to finance, in advance, the healthcare coverage they will need upon retirement.

DISTRIBUTION OF SANOFI-AVENTIS WORKFORCE WORLDWIDE (NUMBER OF EMPLOYEES, %)



At the European level, the sanofi-aventis European Works Council, a forum for dialogue and consultation, brings together 40 representatives from the 27 European Union countries and the European Economic Area, which includes a Romanian representative following the accession of Romania to the European Union. Under the chairmanship of the Chief Executive Officer, it met in March and October. On the agenda there was a specific update concerning the Industrial Affairs management and a presentation of the product portfolio in research and development.

The five employee representatives elected by the European Works Council in 2007 served on the sanofi-aventis Board of Directors in an advisory capacity.

SOCIAL DIALOGUE AND FREEDOM OF ASSOCIATION IN COUNTRIES WHERE THESE PRACTICES ARE AT RISK

A survey on social dialogue practices was organized in two successive waves, in February 2007 and February 2008, among the HR directors in countries considered by the International Trade Union Confederation (ITUC) as presenting a social risk ranging from average to extreme. A total of 24 countries, including China and Russia, representing nearly 22,000 employees, were surveyed on their social practices.

The survey findings revealed that 16 countries have one or more formal employee representative bodies. Seventeen countries reported social dialogue practices going from information/consultation to negotiations that focus on frequently mentioned topics such as working conditions, compensation and employee benefits.

By paying attention to these issues throughout all its subsidiaries, sanofi-aventis upholds its commitment to freedom of association and social dialogue, a commitment marked by its adherence to the UN Global Compact.

→ REORGANIZATION MANAGEMENT

An increasingly demanding regulatory environment and a decline in sales, due in particular to measures to control healthcare expenses and continual technological changes, are the factors that explain the reorganization decisions taken by the Group in certain functions and certain countries.

When reorganization measures or lay-offs are unavoidable, the Group implements support measures designed to minimize the social consequences as much as possible for affected personnel.

Determined not to depart from this fundamental principle in its social policy, the Group set up a process by which the Group's Human Resources Division must grant prior approval for any reorganization plans that are likely to have a negative impact on the workforce.

In response to a shared demand for consistency, fairness and solidarity, this prior-approval process, which occurs prior to any communication about the project, is designed to allow a carefully considered decision based on gathering the following information:

- economic reasons for the project;
- its social consequences;
- the implementation timetable;
- measures designed to limit social consequences;
- a review of country's legal practices.

In 2007 in France, the Group was forced to implement a job savings plan within Pharmaceutical Operations due to a drop in sales following government measures to control healthcare spending, which led to the strong development of generics, among other consequences.

The Neuville-sur-Saône facility faced a similar situation following a major decline in production volumes of Ketek®'s active ingredient.

These two social plans concerned, respectively, 504 and 118 jobs. A series of support measures was implemented to limit social consequences to the greatest extent possible: assistance for internal and external mobility, employee aid for business start-ups or business acquisitions, leave to seek employment outside the company, and company-financed early retirement plans.

Based entirely on voluntary participation, these measures made it possible to avoid forced layoffs.

NEUVILLE-SUR-SAÔNE: A LONG-TERM VIEW

In 2007, the Neuville-sur-Saône (France) industrial site faced a considerable decline in production activity.

In line with the sanofi-aventis values, site management transformed the situation into an opportunity, implementing a job savings plan with three objectives: to contribute to Group performance, strengthen collective expertise and avoid lay-offs.

In order to maintain a high level of performance, the site demonstrated its reactivity by organizing transfers to other Group sites for nearly 100 employees. For a period of four to 18 months, these volunteers contributed their know-how to other sites in need of qualified personnel and at the same time they acquired new skills. At the end of their assignment, more than one third decided to accept a permanent transfer at the host site, while the others returned to the Neuville site, enriched by their new professional experience. Twenty-five of the transfers were to the Marcy-l'Étoile site following a significant restructuring effort. The transition period to adapt to the new positions lasted up to three months.

In the meantime, several projects were examined in an effort to identify a new activity for the site. Without a doubt the most important was the project selected by the Group, which decided to create a vaccine production facility at Neuville, making it sanofi pasteur's third European production site.

03. Diversity

After creating an international network of diversity representatives in 2006, in 2007 efforts were focused on developing a Group diversity policy with the following aims:

• to pursue a corporate citizenship approach and uphold the commitments of corporate social responsibility;

• to rely on the diversity of its teams and the widest possible range of available talent to be more innovative and more competitive, and to improve performance.

The history and success of the sanofi-aventis Group have been built on the creativity and achievements of diverse teams. There is no "standard" profile, training or background to grow and progress within the Group. Sanofi-aventis intends to take advantage of this wealth to pursue future development.

The Group diversity policy is part of a progress-based approach that seeks to promote diversity among our teams in the broadest sense possible: in terms of gender, age, training, origins, disability, etc.

At Group level, two priority issues appear to stand out across all the functions:

• gender equality: women represent 46% of the total Group workforce in 2007, and they are increasingly active in all regions of the world;

• recruitment and job retention for disabled individuals.

Wherever the Group operates, and in compliance with local legislation, this means promoting:

• non-discrimination, by ensuring that Human Resources processes comply with national and supra-national legislation;

• equal opportunity;

• diversity, by encouraging a wide range of profiles as a driver of innovation and performance at every stage of Human Resources management and in particular recruitment, training, compensation and employee career development.

In France, several initiatives were taken in 2007:

• a qualitative study of employees' perception of diversity within the Group in France;

• distribution of a brochure about anti-discrimination to 5,000 employees (Human Resources network and managers);

• launch of a one-day training module on "Promoting diversity," designed for human relations managers (with 31 people trained in 2007);

• a gender equality agreement, entered into in April 2007, concerning personnel at the sanofi-aventis Group headquarters.

2008 GOAL

International communications and initiatives:
"A Global Diversity Tour" traveling exhibit will visit sites in France and other countries to illustrate the Group's commitment through initiatives organized at our affiliate. A brochure will be distributed to explain the policy to all employees.

DIVERSITY STUDY IN FRANCE: IN ORDER TO INVOLVE GROUP EMPLOYEES IN DISCUSSIONS AND DEBATE ABOUT DIVERSITY, A STUDY WAS CARRIED OUT IN FRANCE WITH THE TNS-SOFRES INSTITUTE, FROM MAY TO NOVEMBER 2007

The study focused on two objectives:

- to take stock of the current situation and perceptions about diversity;
- to contribute to developing Group policy on diversity.

Methodology:

- a qualitative study based on open questions to 100 or so employees working in all functions in France (Pharmaceutical Operations in France and internationally, Industrial Affairs, R&D, Support Functions and Vaccines);
- 18 in-depth interviews with functional heads, HR directors and recruiters;
- 10 discussion groups with employees of every job status.

Primary lessons:

- the commitment to diversity is consistent with Group values and practices;
- employees perceptions suggest there is steady progress, but it remains insufficient;
- there is a need to convey a Group message in order to encourage mobilization and consistent practices;
- there is a desire for the Group to communicate about the initiatives that have been taken to make this commitment a reality;
- there is a demand for action plans in connection with major concerns for employees, such as gender equality, disability and managing the employability of aging workforce;
- there is a need to use published indicators, including figures, to show progress made.

Launched initiatives:

- presentation of the Diversity commitment on the Group's intranet in late 2007. Work is underway on a 2008 communications plan;
- highlighting initiatives that are directly tied to the commitment, through the different functions;
- increased initiatives that focus on the three topics employees consider most important;
- publish indicators, especially on gender (gender composition within the different functions and different levels of the organization, rates of participation in manager development programs, etc.) on the intranet, as well as on the sustainable development Web site for the public. Discussion to determine indicators for other areas must be pursued in 2008. By way of example, no international definition of disability currently exists to allow international consolidation.

→ INTERNATIONALIZATION AND DEVELOPING LOCAL COMPETENCIES

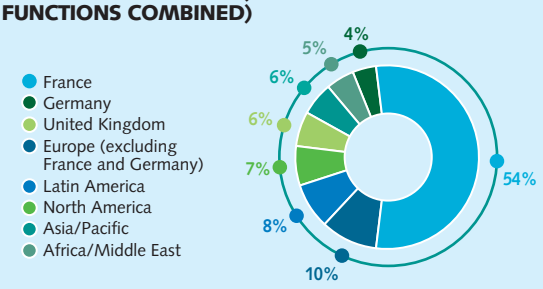
The Group has always stressed diversity as a source of creativity, innovation and performance. Sanofi-aventis is a multicultural company featuring diversity in terms of:

- industrial, research and distribution sites and sales affiliates located in over 100 countries;
- our recruitment policy, which gives priority to hiring men and women locally rather than expatriation, including for management positions;
- the value we place on diversified experiences and backgrounds;
- multicultural and multidisciplinary research teams;
- respect for local cultures.

In late 2007:

- at the highest level of the organization, four nationalities are represented on the Group's Management Committee: 29% (6 out of 21 members) are not French;
- the site manager positions at our research and production sites and as well as our affiliates are frequently held by personnel recruited locally;
- in terms of nationality and origins, the profile of our expatriates increasingly tends to reflect the variety of countries in which the Group operates.

DISTRIBUTION OF GROUP EXPATRIATES BY GEOGRAPHIC AREA (ALL POSITIONS AND FUNCTIONS COMBINED)



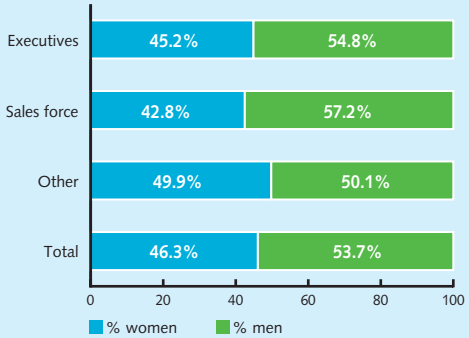
→ GENDER EQUALITY

The proportion of women in the Group worldwide reached 46%. At the managerial level, gender composition is nearly equal (45%).

Four women are members of the Management Committee (19%). At the top three reporting levels of the organization, 27% of the 750 positions are held by women, who moreover represent 13% of key positions with operational responsibility (managers of research or production sites, general managers of sales affiliates). Additionally, they represent 18% of the Group's expatriate personnel.

In the coming years, sanofi-aventis must focus on increasing the number of women holding key positions.

DISTRIBUTION BY GENDER AND BY JOB CATEGORY (IN %)



GENDER DISTRIBUTION BY JOB CATEGORY (IN %)

WORKFORCE

2007	MANAGEMENT		SALES FORCE		OTHER	
Zone or country	Men	Women	Men	Women	Men	Women
Europe	53.9%	46.1%	50.4%	49.6%	50.8%	49.2%
United States	54.1%	45.8%	48.3%	51.7%	40.2%	59.8%
Other countries	58.8%	41.2%	67.7%	32.3%	51.1%	48.9%
Worldwide	54.8%	45.2%	57.2%	42.8%	50.1%	49.9%

HIRING

2007	MANAGEMENT		SALES FORCE		OTHER	
Zone or country	Men	Women	Men	Women	Men	Women
Europe	53.6%	46.4%	41.2%	58.8%	45.9%	54.1%
United States	58.8%	41.2%	44.3%	55.7%	49.6%	50.4%
Other countries	58.4%	41.6%	63.2%	36.8%	43.6%	56.4%
Worldwide	56.4%	43.6%	56.7%	43.3%	45.3%	54.7%

PERCENTAGE OF WOMEN AT DIFFERENT MANAGEMENT LEVELS WITHIN THE GROUP

% OF WOMEN HOLDING KEY POSITIONS WITH OPERATIONAL RESPONSIBILITY (MANAGERS OF RESEARCH OR PRODUCTION SITES AND GENERAL MANAGERS OF SALES AFFILITATES)

2007	NUMBER OF PEOPLE	NUMBER OF WOMEN	% OF WOMEN
R&D (site managers)	22	3	14%
Operations (affiliate managers/ head of operations)	74	8	11%
Industrial Affairs (site managers)	62	9	15%
Total	164	21	13%

EXAMPLES OF INITIATIVES AROUND THE WORLD TO PROMOTE GENDER EQUALITY

France: Group sponsorship of the first "Trajectoires HEC au féminin" (HEC Business School Women Excelling in their Career) Prize, created to highlight the growing role of women as a factor of enrichment and success in corporations, and to raise awareness among leaders about the "glass ceiling" phenomenon.

South Africa: for the second year in a row, sanofi-aventis appears on the list of "best employers" in the country and is recognized for its policy in support of women.

Germany: program to support parental leave, before and after the birth of a child.

Canada: participation in childcare facility program (places reserved for employees' children).

Japan: "diversity and gender equity" training session.

Australia: "Family Friendly Initiatives" is a policy to offer flexible working hours and parental leave for men and women, considered to be highly competitive in Australian HR surveys.

United States: the Healthcare Business Women's Association (HBA) to promote women working in the healthcare sector (providing training about the world of industry and management, developing women's potential, networking, acquiring better visibility for all in industry, mentoring, creating a reservoir of talent with the goal of improving career development).

In 2007, the Group sponsored the HBA EDGE in a benchmark study focused on covering responsibilities, diversity, growth and attaining excellence in the healthcare industry (study of women's success stories in this industry and within their own organizations) when compared to other companies in the United States and Europe (increasing the proportion of women in management, differences in career development, and differences according to positions).

In France, the Group continues gender equality negotiations throughout the various functions. Following the trade union agreement concerning R&D function in 2006, the sanofi-aventis Group entered into a three-year agreement in March 2007, which covers employees from the support functions and international product management (Global Marketing and regional headquarters). The agreement reflects the determination to promote gender equality within the company, in particular with respect to access to jobs and training, career development (mobility, promotions, and compensation). The implementation of 30 or so detailed indicators focused on jobs, training, mobility, absence, compensation and the organization of working hours provide an objective way to monitor implementation of the agreement.

2008 GOAL

Finalize negotiations underway and enter into agreements with other functions.

→ ETHNIC AND SOCIAL ORIGINS

The Group is committed to ensuring all applicants and employees have the same recruitment and advancement conditions, convinced that success depends largely on the ability to take advantage of each individual's unique contribution, while respecting each person's differences. In 2007, a number of partnerships were created in France and internationally to improve awareness and encourage access to employment.

In France, following the signature of the Diversity Charter, several projects were organized in 2007:

• the Group sponsors young university graduates through an association called "Our Neighborhoods Have Talent." Over 20 mentors from the various functions help graduates in their job search by fine-tuning their CV's and coaching them on interview techniques;

• the sanofi pasteur recruitment team took part in the "Jobs and Cité Stadium" initiative organized in Lyon. The project consists of inviting companies and job seekers from so-called "sensitive" neighborhoods to meet inside the Gerland Stadium. The booth organized by sanofi pasteur met with great success;
• sanofi pasteur also participates in professional orientation initiatives for young people from disadvantaged neighborhoods and it supports the "Sports in the City" association;
• since September 2007, in partnership with the French Ministry of National Education and the HEC Business School, the Group has been part of a project to create a preparatory class for prestigious business schools ("grandes écoles de commerce"). This program targets young technology graduates from high schools in "sensitive" urban areas.

In Brazil, the Group is associated with the government-run program "Jovem Cidadão," which aims to help young people land their first job. It targets job-seekers aged 16 to 21 coming from public schools. For six months, four hours a day, sanofi-aventis teaches them office skills, how to write a CV, job interview techniques and other basic skills to facilitate and improve their contact with the world of business.

In the United States, "Lunch'n Learn" is a monthly educational program to promote better understanding among all employees and to facilitate dialogue among different communities. Topics addressed in 2007 included Chinese New Year and American Indian heritage. To ensure good external visibility of recruitment communications in the United States, the US affiliate works with Career Builder, a partner with ties to key associations, in particular for the advocacy of minority groups.

2008 GOAL

Increase awareness and initiatives to promote integration into the working world for individuals from ethnic groups and disadvantaged social groups in France and internationally.

→ EMPLOYABILITY OF SENIOR CITIZENS

The aging of the population in Western countries has led to reconsideration of job evolution and the employability of individuals.

Knowledge sharing among the generations is a topic of great interest, primarily in the areas of technical and scientific expertise. In 2007, sanofi pasteur developed a three-year program focused on mentoring and training. Sanofi-aventis R&D continues to run its "Global Transmission and Sharing" program.

→ DISABILITY

"Mission Handicap" has for many years enabled the Group to uphold its commitment to the integration and job retention of disabled individuals, and it is an integral part of the Group diversity policy.

In France

Awareness about auditory disability was the focus of efforts in France as a continuation of initiatives within the framework of a 2006 company-wide agreement to promote integration and job retention for disabled persons.

In November 2007, during the week devoted the employment of the disabled each site showed a film in which employees with hearing disabilities or deafness talk about their experience on the job: "Just Lend an Ear". Another film, showing company managers using sign language to express the Group's values, was broadcast on the intranet. Human Resources tools were made available to disability correspondents to provide assistance for the integration, reception and job retention of employees who have been recognized as disabled workers, in the form of a folder entitled "Managing Disability Handbook".

Additionally, specific training sessions devoted to the new law for the recruitment of disabled persons were organized for disability networks, as well as for those in charge of integration management. Projects on accessibility to buildings and information for disabled employees also continued.

At the end of 2007, the Group had 780 employees in France who are recognized as disabled according to the criteria of the new law. It welcomed 57 new employees throughout the year (fixed-term and unlimited-term contracts, mixed work/training programs).

2008 GOAL

Take stock of how well the first company-wide agreement (2006-2008) has worked, and suggest the negotiation of a second agreement to the Works Council.

Internationally

In 2007, the Group continued international outreach to promote the integration and job retention of disabled persons:
• in Hungary, the Mozaik Program (introduced in 2006) was actively pursued with the recruitment of disabled individuals. Subcontracting agreements were signed with specialized companies employing disabled individuals; actions to raise awareness about disability at the workplace targeted all employees at each site in the country;
• in the United States, our affiliate launched a program called "Mission Possible" in October 2007 (National Disability Awareness Month), aiming to build awareness among all personnel. A partnership with "Hire Heroes USA" was also initiated;
• in many other countries (Egypt, Mexico, Brazil, Japan, Russia, etc.), Group affiliates organized initiatives for their employees.

Within Pharmaceutical Operations, a pilot group of Human Resources managers from 15 countries also received awareness training: the Group wants to formalize its policy on employment and disability and develop action plans that take local specificities into account.

A questionnaire on the subject of disability was sent to all Group affiliates, making it possible to better understand local limitations and conditions. The CORDIS (Correspondants for Disability) network is being established.

For the entire Group, 27 countries reported that disabled individuals are part of their workforce; the total number of disabled employees (1,575 in 2007) has increased since 2006.

04. Compensation

Sanofi-aventis' compensation policy recognizes individual and collective performance on the basis of internal equity. Taking external competitiveness requirements into account, this policy seeks to establish, in each affiliate, a compensation level that is around the local pharmaceutical industry average.

Beyond a fair base salary, the Group is in favor of variable individual or collective compensation to recognize performance at each level of the company. This policy is incorporated into the functions within each country while respecting local regulations and practices.

→ VARIABLE INDIVIDUAL COMPENSATION, A MANAGEMENT TOOL

Sanofi-aventis defines the principles of variable individual compensation. These principles enable management to recognize and promote individual performance by ensuring that it adheres to the Group's values and by encouraging teamwork via the introduction of an individual contribution indicator, independent of goal achievement. Each function defines its quantitative and qualitative goals in accordance with those of sanofi-aventis and then ensures that they are incorporated into individual goals, thereby guaranteeing our performance as a Group.

→ VARIABLE COLLECTIVE COMPENSATION

In France, all Group employees are now entitled to take part in a single voluntary and statutory profit-sharing system, which sanofi pasteur joined in 2007.

For an indefinite period of time, the new statutory profit-sharing agreement, entered into in November 2007, specifically led to a new way to calculate the special profit-sharing reserve, which is more advantageous for employees.

INDUSTRIAL AFFAIRS, RECOGNITION FOR COLLECTIVE PERFORMANCE WORLDWIDE

In 2007, the Industrial Affairs Directorate continued implementation of its collective performance compensation system, known as the Annual Progress Plan (APP), in countries where there is no legal collective performance compensation system (such as voluntary and statutory profit-sharing schemes in France). The principle behind APP is to compensate each Industrial Affairs employee for his or her collective performance in accordance with the site's objectives, and also to organize communications about the resulting economic impact. It is based on improvement in the site's economic results, measured against Key Performance Indicators defined for the industrial activity.

At the end of 2007, the APP was in place at 26 industrial sites in 13 countries, representing more than 5,700 employees' contribution.

2008 GOAL

Introduce the APP in all countries where it could exist, i.e., 19 countries.

05. Social protection

The sanofi-aventis Group strives to ensure high-quality benefits coverage for its employees worldwide.

This means providing adequate protection in terms of health, disability, death and aging by offering coverage that best corresponds to employees' local needs and respecting local cultures and regulations in accordance with the sanofi-aventis values: fairness, solidarity, respect for others and accountability.

→ PROTECTION AGAINST UNEXPECTED EVENTS WORLDWIDE

A major component in the Group's social policy is the insurance provision for all Group employees against unexpected events through the expenditure reimbursement related to illness, maternity, death benefits and disability compensation. Action plans have been introduced since 2005 to gradually implement such coverage in all countries where the Group operates, regardless of function. The Group works with affiliates to find the best way to adapt the Group policy requirements to local conditions. In addition, sanofi-aventis monitors the quality of all insurance policies provided at the local level. In this regard, the post-merger harmonization process begun in 2005 was beneficial for all Group employees.

By late 2007, the objective was being met for both health and life insurance, whenever local regulations allow.

The affiliate support and monitoring process to promote harmonization has proven valuable; beginning in January 1, 2008, it was extended permanently through an approval procedure communicated to all Group affiliate management committees. This procedure concerns the improvement, renewal and implementation of new coverage. All projects must receive prior authorization from the Human Resources and Finance departments and must respect the following principles:

- involve employees and their representatives in establishing coverage through local forums for social dialogue;
- address all functions and offer the same benefit plans to all employees in a given country;
- prohibit all discrimination, particularly on the basis of sex, age, health or seniority;
- maintain existing coverage until a new benefit plan can be implemented and apply the qualitative guidelines underlying Group policy.

The Group's qualitative guidelines regarding respect for individuals are a mandatory requirement for all affiliates, regardless of their economic potential, culture or local market offerings. Whenever an insurer requires a preliminary medical exam or excludes an insured employee, the Group offers to reduce the level of maximum coverage; to pay an additional premium; or to share costs at the Group level, through a worldwide pool, in order to allow a local insurer to provide coverage.

→ IN FRANCE, AN INNOVATIVE APPROACH TO HEALTHCARE COVERAGE FOR CURRENT AND FUTURE RETIREES

As is true elsewhere, in France, healthcare expenses for retirees have been increasing for nearly one decade. In the coming years, they are expected to continue to increase more rapidly than the rate of growth. These expenses will consume a larger share of retirees' incomes, which are, moreover, shrinking. The Group now offers all active employees the option of contributing to an individual savings plan during their professional career in order to help finance the healthcare coverage of their choice upon retirement. Unlike retirement, there is currently no plan to cover this type of need. Thanks to an agreement with two trade unions, the Group chose an existing legal option usually reserved for retirement pensions making this savings plan mandatory for all employees, with the employer financing over half the amount. Through this pragmatic approach, the Group immediately put into practice its ambitious policy by taking advantage of the local tools and regulations while anticipating long-term socio-economic concerns.

↓ ZOOM

HIV/AIDS MISSION

In 2005, as members of the Sida Enterprises and the Global Coalition on AIDS, the Group began a project devoted entirely to combating HIV/AIDS for employees and their families, with a priority focus on African countries, especially South Africa, where the prevalence of HIV infection is high.

In these countries, the Group has established healthcare coverage for employees and beneficiaries to cover the cost of annual STI (sexually transmitted infections) and HIV exams, the total treatment coverage under the best possible local conditions, as well as death and disability benefits. The Group is committed to ensuring confidentiality and employer non-involvement in the employee's relationship with the insurer and administrator.

Over the last two years, the HIV/AIDS Mission in South Africa has organized several information, training and screening campaigns. For a pilot site, it selected the production facility that where 43% of sanofi-aventis employees in South Africa work. The results of these two years of information and training are very encouraging:

- knowledge and understanding about HIV/AIDS has considerably increased;
- the number of people who undergo voluntary screening is growing;
- 100% of the employees who underwent screening retrieved their test results (the average rate is typically 20% to 30% of results retrieved by individuals who are tested).

In September, in collaboration with the "Our Children Matter" association, a special day for young people brought together families who took part in various activities designed to provide information about sexually transmittable infections and HIV. Judging from the participation rate, this first-time event was a success. A survey was conducted over the course of the day to assess young people's knowledge about HIV/AIDS.

2008 GOAL

The programs developed in South Africa will be introduced in French-speaking African countries and the Group's Indian affiliate will also consider implementing this type of initiative.

→ THE "OUR CHILDREN MATTER" ASSOCIATION

Created in 1993, the role of the association, "Our Children Matter," is to provide moral and material support to the children of employees faced with difficulties that could have an impact on their future.

This association, which provides assistance when no other source of help is available, is funded by employee donations and an annual endowment from sanofi-aventis. In addition, the Group provides the funds necessary for its operating expenses. The association is active in all countries where the Group operates. It works primarily in two ways: first, by responding to requests for individual assistance and, second, by organizing collective actions for all employee children in one country (immunization campaigns, eye exams, dental care, distributing information about HIV/AIDS, and other actions), which it has been doing for many years.

In 2007, the association provided individual assistance to 230 families in more than 27 countries. Its collective efforts in eight different countries reached nearly 2,000 children.

06. Recruiting and career management

→ RECRUITMENT AND IN-HOUSE MOBILITY

In 2007, following high recruitment levels during previous years, the level of new employees hired on a permanent-contract basis declined: 9,076 people were hired, compared to 12,864 in 2006, which represents a 29.5% decrease.

New hiring strengthened teams in countries undergoing rapid expansion – 51.6% of hiring took place outside Europe and the United States, while these countries represent just 28.3% of the workforce:

- in Asia, primarily in China and India, more than one fourth of the workforce was recruited over the course of the year (as of December 31, 2007);
- in Latin America (specifically in Brazil and Columbia);
- in Africa, primarily in Egypt and South Africa.

The Group encourages in-house mobility, yet for certain profiles it is essential to recruit outside the company.

The "e-Job" system, in use since 2006, is a high performance hiring management tool for mobility management and external recruitment. The "e-Job" system provides employees visibility with respect to vacant in-house positions. For recruiters, it facilitates the posting and management of external candidates.

At the end of 2007, the system had been implemented in four countries: Germany, Belgium, France and Mexico. Moreover, Spain and India will begin using it in the first quarter of 2008, and there are plans to launch the tool in three additional countries, during 2008.

In-house, the Group continued the implementation of "e-CV" (e-Curriculum Vitae), a tool that enables employees to highlight their background and actively manage their own mobility within the Group. In 2007, nearly 18,000 employees had access to this tool throughout the different functions, in France and internationally.

Since September 2006, the Group's commitment to equal opportunity employment in France has been illustrated in particular through the anonymous CV within "e-Job." For external candidates, data related to civil status is concealed from recruiting managers, allowing a selection based only on training and experience.

INTERNATIONAL BUSINESS VOLUNTEERS: A SPRINGBOARD FOR YOUNG PEOPLE, AN OPPORTUNITY FOR THE GROUP

The French International Business Volunteer Program, or VIE (Volontariat International en Entreprise), allows international French businesses to send young graduates (maximum age 28) on a professional assignment abroad for anywhere from six to twenty-four months.

VIE assignments are part of our talent development policy. They offer participants an enriching professional and personal experience, the springboard to an international career. Seventy percent of the volunteers continue to work in the Group.

Each year, sanofi-aventis teams abroad welcome a growing number of volunteers: 45 were recruited in 2007 (compared to 30 in 2006) and 62 volunteers were on an assignment. The number of women on such international missions continues to increase and women represent 52% of participants.

The areas in which assignments are most often available include marketing, finance and purchasing. In addition, Human Resources, supply chain and information systems also offer interesting opportunities to gain experience abroad.

In 2007, volunteers went to 28 countries including Mexico, Singapore, Australia and South Africa. Thirty-seven percent of assignments took place in Europe.

Relationships with schools and universities

In 2007, sanofi-aventis continued to develop and diversify its ties and partnerships with schools and universities internationally. To support high recruitment levels in the Asian region, the Group was present at the Asian Talents Forum in London. As part of the scope for developing operations in Africa, sanofi-aventis also took part in several African forums for the first time: AfricTalents, ATUGE Forum (Association des Tunisiens des Grandes Écoles) and the American University in Cairo Forum.

INDUSTRIAL AFFAIRS: A FAR-REACHING PARTNERSHIP WITH PHARMACY SCHOOLS

The shortage of industrial pharmacists in France is due to the fact that pharmacy students increasingly turn away from an "industrial" orientation. This trend may result in considerable recruitment difficulties for Industrial Affairs at sanofi-aventis, which must contend with an increasingly older age-structure pyramid in light of regulatory constraints in the public health code (quota of pharmacists present at production sites) and new regulatory demands from health authorities.

In response to this situation, Industrial Affairs has formed partnerships with three university pharmacy schools (Châtenay-Malabry, Bordeaux and Tours) in order to introduce students to jobs in industrial pharmacy and allow them to discover industrial sites. They hope this will motivate students to choose an industrial pharmacist path.

The Group offers paid internships at production sites for students prior to their orientation in the fifth year of study (27 interns in 2006 and 32 interns in 2007), so they can experience real-life, on-site working conditions. They also invite students to tour our production sites.

→ DEVELOPING PERFORMANCE AND MANAGING PROFESSIONAL SKILLS

Sanofi-aventis' Human Resources and development policy is designed for all employees and is committed to taking into account current and future business challenges. The performance and development management policy is based on two specific reviews: one focused on attaining goals and the other on individual employee development plans.

In 2007, 20% of the global workforce took part in these reviews to better identify individual and collective needs.

At the Group level, the gradual implementation of People Reviews continued in 2007, enabling management committees to evaluate the state of the organization by identifying potential in-house candidates for promotion and by devising succession plans (to fill key positions) as well as development plans.

Also in 2007, the Group Human Resources Department created several working groups. One project focused on harmonizing definitions and processes across the different functions. People Reviews were then conducted based on the revised processes in 2007.

Global Pharmaceutical Operations undertook a global study of medico-marketing jobs and general manager profiles.

07. Training

In 2007, 84,289 people benefited from Group training initiatives. The number of hours devoted to training worldwide represents an average of 46 hours of training per employee. The rate of women employees' participation is the same as that of men, but the average amount of time spent in training is less for women, except in Europe.

	TOTAL WORKFORCE		WOMEN IN WORKFORCE	
	Workforce trained (in % of total)	Number of hours of training per employee trained	Workforce trained (in % of total)	Number of hours of training per female employee trained
Europe	86.5%	34.5	86.4%	34.6
North America	81.4%	77.7	81.6%	73.1
Africa	62.2%	45.7	62.4%	42.7
Latin America	91.9%	62.4	91.3%	55.3
Asia, Pacific	84.5%	44.9	86.5%	44.2
Middle East, Central Asia	85.8%	57.8	86.3%	50.2
Total	**84.7%**	**46.1**	**85.0%**	**45.0**

At the Group level, three international managerial training programs now make it possible to satisfy specific needs:

- Discover: to accelerate the integration of managers who recently joined the Group;
- Explore: to help young international managers acquire the skills considered essential by the Group;
- Perspectives: to offer top sanofi-aventis managers the chance to develop their leadership skills and address strategic Group issues with the Executive Committee

	Discover 2007	Explore 2007	Perspectives 2007
Number of participants	166	151	121
Number of nationalities	48	40	24
% of women	38.5%	39.0%	26.0%

2007 was marked by progress in the number of participants in all three programs, as well as by strong international participation. However, the number of women managers taking part in the programs decreased.

These programs may be broken down by country but they are chiefly supplemented by specific management programs at the country and functional levels, as well as by personalized technical training.

08. Local economic development

→ DEVELOPING COMPETITIVENESS IN EUROPE

Local economic development

Participating in the economic development in communities where the Group operates is one of sanofi-aventis' responsibilities, whether by providing assistance to former employees (with the help of a small group within the HR department) to either start up a new company or obtain positions in existing businesses within the local economy or through our affiliate Sopran (Society for the Promotion of New Activities), whose role is to promote new businesses. Among other things, Sopran carries out local economic development initiatives around Group sites by helping small and medium size enterprises create jobs. Currently it is conducting this type of initiative near the Group's Vitry research center located near Paris.

In June 2007, Sopran completed a mission at Décines, in the Lyon region, where the Group's affiliate Archemis was located. Sopran provided support to 20 firms by granting assistance for the creation of 168 jobs.

Competitive clusters in France

The creation of competitive clusters responds to the new industrial policy being pursued by the French government to encourage growth through innovation, combat relocation and strengthen French foreign trade.

The Group supports various initiatives in the healthcare field and shares its experience

For more information about competitive clusters in France, see our Web site:
http://sustainability.sanofi-aventis.com/

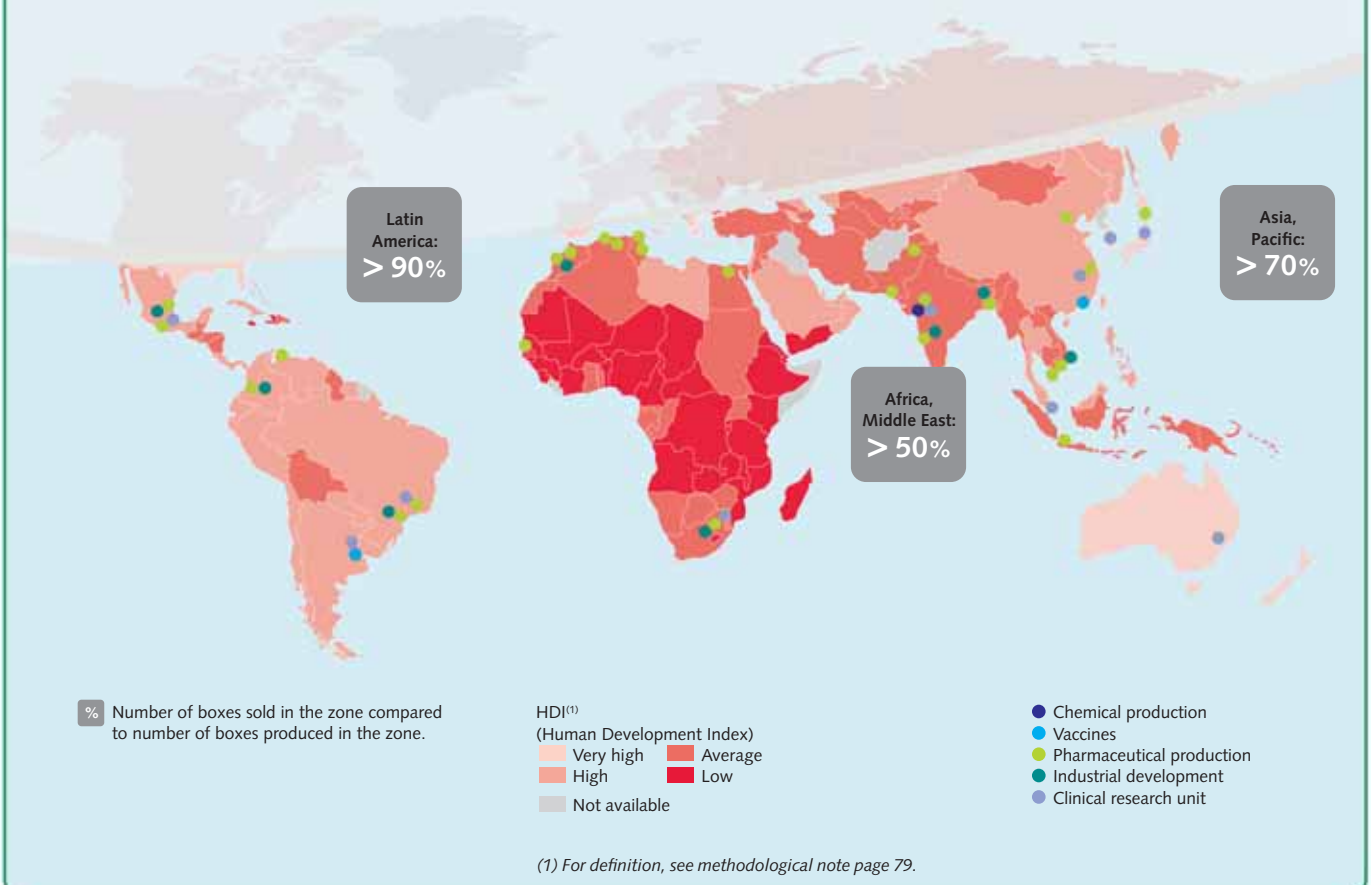
→ RESEARCH, DEVELOPMENT AND PRODUCTION ACTIVITIES IN INTERCONTINENTAL COUNTRIES

Sanofi-aventis has decided to carry out certain R&D activities and industrial product development activities locally, and to develop production sites in various regions of the world. This strategy meets a dual purpose by:

- making the best use of existing resources and specific sectors of expertise;
- coming as close as possible to our markets and the final consumer.

For more information about the Group's activities, see our Web site:
http://sustainability.sanofi-aventis.com/

INDUSTRIAL SITES (EXCLUDING DISTRIBUTION) AND CLINICAL RESEARCH UNITS IN INTERCONTINENTAL COUNTRIES (EXCLUDING EUROPE, UNITED STATES, CANADA AND JAPAN)



(1) For definition, see methodological note page 79.

09. Occupational health and safety in the workplace

The objectives of the Group's occupational health and safety policy are to continually assess potential occupational injury and health risks to employees in the workplace, taking the appropriate preventive and protective measures, and informing and educating our employees in order for them to ensure their own health and safety.

The Group depends on its Health Safety Environment (HSE) management system to make this possible. At the Group level and at each site, the HSE management system follows a continuous improvement cycle. The HSE policy, which provides the foundation for the system, focuses on eight key guiding principles, the Group HSE goals, and the strategic plan. Each Group function reviews the strategic plan on an annual basis to monitor progress.

THE HSE MANAGEMENT SYSTEM

The HSE Management System, either at Group level or at site level, is carried out as a cycle of continuous HSE performance improvement.

An HSE audit program has been established in compliance with the sanofi-aventis HSE policy. The HSE Audit Function oversees the evaluation and implementation of the Group HSE Requirements and Standards across all sites and for all activities.

In 2007, numerous HSE audits were conducted:
- 45 audits of various types, at sanofi-aventis sites and activities within Pharmaceutical and Industrial Operations;
- 9 audits of subcontractor activities at our sites.

The internal audit methodology implemented within Pharmaceutical Operations was reviewed in 2007 and adjusted in line with its major risks, which essentially focuses on motor vehicle safety. An audit team, trained specifically on these risks, was used within several Pharmaceutical Operations units to support HSE audit team efforts.
Today, in addition to the central Audit Team, the Group relies on nearly 70 site employees to perform site audits.

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ZOOM

HSE SKILLS, CULTURE AND BEHAVIOR

In order to develop the HSE management system vision and its full meaning, as well as embed it into Group culture an overall master plan was developed.
It encompasses three programs aimed at honing and improving HSE skills including:

- HSE management system training, encompassing a full review of the HSE management system, processes and methodologies. It is intended for HSE site and functional coordinators, as well as for individuals with or that will have HSE responsibilities;
- HSE culture development and evolution: the management system is only effective when it is practiced every day and can evolve over time. The "HSE Culture" program was designed for site managers, sector and production line managers, who have major responsibilities in development the implementation of a safety culture. It establishes the link between aspects of the management system and actual situations that provide positive feedback or indicate room for improvement. To date, this training provided to chemical and pharmaceutical production sites in France;
- HSE audit training (new auditors), which consists of simulating a site audit including: a tour of facilities, interviews, in-depth review of specific topics, and a written audit report including observations and recommendations. Participation in an actual five-day HSE audit is required to complete training.

→ **SAFETY**

The Group ensures safety for all employees by preventing accident risks in the workplace, irrespective of their role within the Group: full-time employees, temporary employees or subcontractors working at our sites.

Our occupational safety principles aim to reduce accident risks in the workplace by implementing and maintaining a prevention and protection system subject to ongoing monitoring and continuous training. Rather than providing a figure to express a quantifiable frequency rate goal, which is simply the final observed result, goals are given in terms of programs and training among the different Group functions.

In 2007, in-depth training was organized both for HSE professionals, to further their expertise, and for operational managers, in order to strengthen a safety culture based on a sound understanding of the fundamentals of risk management and the recognition of safe behavior.

Safety results

Safety results are reported for the entire Group, including sanofi-aventis employees, temporary workers and subcontractors working at our sites. Additionally, the reporting tool makes it possible to automatically notify management each time an accident report is filed. A complete safety report showing results and events is issued monthly to operational management teams.

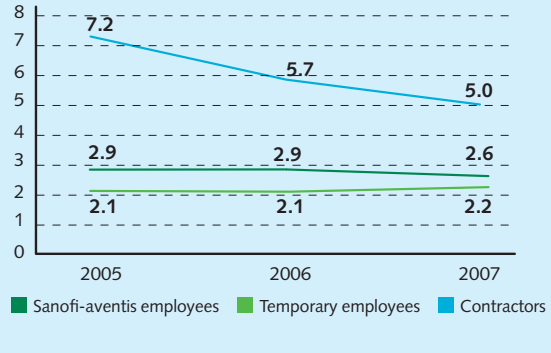
CONSOLIDATED FREQUENCY RATE FOR OCCUPATIONAL ACCIDENTS BY FUNCTION

FREQUENCY RATE OF ACCIDENTS WITH LOST TIME(1)	2005	2006	2007
Research and Development	1.6	2.1(2)	1.9
Industrial Affairs	2.8	2.5(2)	2.4
– Chemical manufacturing	2.5	1.8(2)	1.9
– Pharmaceutical manufacturing	2.8	2.8	2.4
– Distribution	3.1	3.6	3.7
Pharmaceutical Sales Operations	3.6	3.7	3.4
Vaccines	1.4	1.6	1.5
HQ and corporate functions	1.3	1.3	0.9
Sanofi-aventis total	**2.9**	**2.9**	**2.6**
Temporary employees	**2.1**	**2.1**	**2.2**
Outside service providers	**7.2**	**5.7(2)**	**5.0**

(1) Number of accidents resulting in lost time of one day or more within a twelve month period, per million hours worked.
These data are consolidated for all Group companies.
Harmonization of methodologies for calculating the number of hours worked continued in 2007. Methodological differences observed had a significant impact on the 2006 subcontractor frequency, which was adjusted and is now 5.7 instead of 4.4.
For non-mobile personnel, accidents occurring during the home-workplace commute are not included in this indicator. However, they are included for medical sales representatives, in accordance with the reporting rules defined by the Group.
In the case of additional accidents not yet recorded at the closure of the financial year, or if changes in the qualification of accidents are observed after the financial year has ended, the frequency rate is corrected afterwards.

(2) Data adjusted in 2007.

VARIATIONS IN THE FREQUENCY RATE OF OCCUPATIONAL INJURIES (IN %)



In 2007, the frequency rate of occupational accidents with lost time improved by more than 10% in comparison to 2006, going from 2.9 to 2.6. All the functions showed improvement or steady-state results.

The frequency rate of occupational accidents with lost time in Research and Development remains low, at 1.9, similar to the rate for the vaccines business, which is 1.5.

The most substantial improvement was seen in Pharmaceutical Sales Operations, where the rate decreased from 3.7 to 3.4, and in the Pharmaceutical Production branch of Industrial Affairs, where it went from 2.8 to 2.4.

A program for motor vehicle risk prevention

In light of the troubling number of motor vehicle accidents involving medical sales representatives (five fatalities in 2006), the Group adopted a long-term approach to reverse this trend. The motor vehicle risk prevention program is based on:

- decisive involvement from management. During the annual "Sales Champions" ceremony, which is held to award the Group's best medical sales representatives, the Executive Vice President of Pharmaceutical Operations officially launched the program. Statistics show that these representatives are those with the lowest number of accidents. As a result, they will serve as ambassadors to the local motor vehicle risk prevention committees.

Improved behavior on the road depends to a large degree on management's involvement and ability to be convincing and supportive;

- a dedicated communication campaign. The roll-out of a global communication campaign for the affiliate Directors also offered an opportunity to emphasize the need to change behaviors at every level;
- adapted standards and training. To bolster this campaign, the Group's motor vehicle risk prevention committee distributed the "Golden Rules of Good Driving". The rules are outlined in a brochure, and the primary messages of the campaign will be distributed to the various affiliates. The affiliate Directors and regional managers will be able to use this material as a basis from which to address the problem of motor vehicle risk for their medical sales representatives.

In addition, several training modules are being developed to support the program.

2007 Results

Unfortunately, despite various efforts, one motor vehicle fatality occurred in 2007. Nonetheless, the motor vehicle accident frequency rate with lost time decreased by 8% and significant improvement was reported in the number of motor vehicle accidents (down 25% over 2006).

	2006	2007	Variation 2006/2007
Total motor vehicle accidents	11,236	8,448	–25%
Accidents with and without lost	382	338	–12%
Accidents with lost time	312	286	–8%
Fatalities	5	1	N/A*

*N/A: not applicable

Improving subcontractor safety

In view of the increase in lost-time occupational injuries involving subcontractors in recent years (in connection with the number of construction projects in progress at our sites, among other issues), specific audits were conducted and resulted in the development of a subcontractor safety program. The program, which was implemented at the Group's vaccine sites and research centers, has been extended to other Group functions. It was further strengthened with the addition of a written standard and guide for the program.

The program is composed on five steps: consideration of the safety factor when choosing a subcontractor, subcontractor accommodations at the sites, analysis of intrinsic risks specific to the contractors' work and related protective measures, contractor work site and activity audits and inspections and, finally, a review of annual results.

This program extends far beyond the already very stringent regulations in this area. It highlights the Group's commitment to ensure the safety of all employees working at its sites, whether they are Group employees, temporary or are employed by contractor.

HSE culture: experience, feedback and training

The general purpose of learning experiences is to improve Group HSE performance by taking advantage of and sharing knowledge acquired through the analysis of events and experience.

Major incidents and accidents occurring at the Group's sites are analyzed by those involved at the local level and are consolidated at both the function and Group level. For all industrial and research sites, several hundred events are analyzed on a annual basis. Learning experience reports (known as PRESS sheets) are distributed to the entire site HSE network after significant events analysis by the Corporate HSE Department, and may lead to the improvement of internal standards.

Since 1999, sanofi-aventis and the cindynique center of the École des mines in Paris (French institute of technology) have been involved in a research/industry collaboration project that contributes to organizing feedback about experience concerning incidents as well as Good Practices, with the development of training.

The goal of preparing training on preventing the risk of anoxia (death from lack of oxygen) while using nitrogen was met in 2007 through a global awareness-raising campaign.

2008 GOAL

Two communication campaigns about accident risks in connection with:
- **slip, trips and falls (over 38% of accidents in 2007);**
- **lock out tag out (for hazardous equipment and utilities).**

This training program will be based on internal accident and incident as well as external accident analyses and will be offered to potentially affected individuals at all of the industrial, research and vaccine sites.

Building accessibility for disabled workers

An initiative to improve workplace accessibility for disabled workers depending on the type of disability – motor, sensorial, mental, psychological or cognitive – was developed and incorporated into the Group HSE requirements in 2007. Improvements to existing buildings as well as new buildings were made in compliance with these requirements.

Work was carried out across all functions involved in building accessibility (maintenance, engineering) thanks to collaboration between the HSE Department and the other Group functions in France.

Employee security on business trips

A security procedure to protect **employees travelling on business** in countries at risk makes it possible to inform and advise the employee prior to departure, and to provide assistance whenever necessary. Risk levels are monitored daily and variations are reported immediately on the Intranet database accessible through the Security Department.

In all the countries where the Group operates, a security correspondent is in charge of conveying these messages and support.

Security for **expatriates living in countries at risk** is also organized to ensure their families are safely settled in and to monitor them during travel for professional and personal reasons.

Security standards for the sanofi-aventis sites and for sensitive meetings have been published by the Security Department. Security correspondents are in charge of implementing them on site so that **all employees and subcontractors** may enjoy working conditions protected from any kind of malicious act.

→ HEALTH

The Group is committed to safeguarding the health of each employee by limiting exposure to physical, chemical and biological risk factors in the workplace.

Risk control and prevention

Risk assessment linked to handling substances at our sites are assessed by two Group committees:

- COVALIS, which classifies chemical and pharmaceutical substances and defines threshold values and exposure ranges to be observed in the workplace;
- TRIBIO, which assesses and classifies all biological agents to which Group employees may be exposed.

On the basis of these standards and local regulations, each site implements industrial hygiene programs for risk assessment, prevention and control, while emphasizing substitution and Group protection measures as opposed to personal protective equipment.

Similarly, several sites have moved toward eliminating or decreasing the utilization of dangerous substances such as formaldehyde, which is used in production and in research and development for sterilization purposes, or methylene chloride, for which a substitute has been found in certain formulation processes.

Specific training programs for HSE site and functional managers were organized by the industrial hygiene and occupational medicine corporate team in order to harmonize evaluation methods with respect to chemical substance exposure, including active ingredients and substances that have been classified as CMRs (carcinogenic, mutagenic or reproductive toxin).

Employees also receive information and training on the types of risks, means of prevention, and proper use of protective equipment.

At the request of the sites, the corporate industrial hygiene laboratory is responsible for quantifying an employee's individual exposure to chemical agents and confirms that exposure is in compliance with reference values defined in-house or by national regulations.

In 2007, for its first full year of operation, the laboratory conducted 45 analyses out of 47. It came very close to reaching its 2007 goal (the rate of analyses performed in 2007 was 86%, with a target rate of 90%).

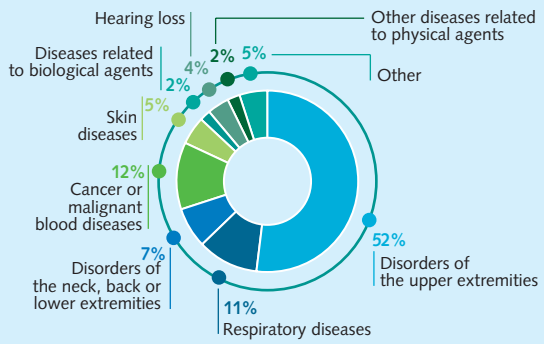
Occupational illnesses

The reporting and recognition of occupational illnesses are highly dependent on local regulations. Variations between countries may be due to the type of illnesses, their seriousness and their link to occupational exposure, as well as to reporting procedures (by the employee or by the company). As a result, there is wide disparity between countries and an underestimation of work-related diseases.

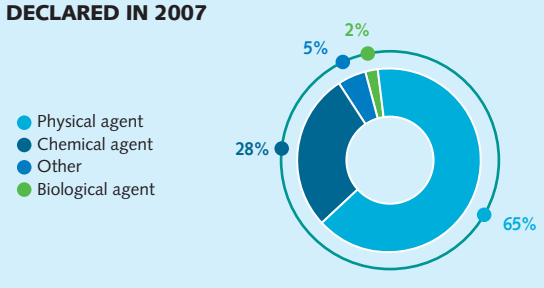
Illnesses and their causes were broken down into categories according to the CEFIC (European Chemical Industry Council) classification system. Several occupational illnesses may be declared for an individual, especially if they involve different areas of the body.

The occupational illness data provided involves those that were reported to national health authorities in 2007, in compliance with local regulations, as well as those under review and awaiting a decision (as to whether or not the reported information is an occupational illness) by public health authorities. Illnesses reported by retired employees linked to occupational exposure at a Group site, and of which we were aware, are also included in the data below.

OCCUPATIONAL ILLNESSES DECLARED IN 2007



CAUSES OF OCCUPATIONAL ILLNESSES DECLARED IN 2007



Most of the occupational illnesses declared in 2007 were ergonomics-related. Peri-articular disorders (i.e., around the joints) of the upper extremities represent approximately 60% of declared diseases, in particular in the vaccines sector, pharmaceutical production and research. Cancers represent 7% of diseases declared in 2007, some of them attributable to professional exposure prior to beginning employment with the Group. Among the occupational illnesses declared and recognized in 2007, one case of mesothelioma due to asbestos exposure and one case of depression were reported.

Despite geographical disparities in reporting procedures, data analysis makes it possible to manage the consequences of past exposures and develop prevention programs in the following areas:

• ergonomics: standards, guides and training modules that focus on how to assess ergonomic factors were developed in 2007 by the corporate industrial hygiene team. To complement these efforts, a large-scale training and information program will be organized in 2008 to improve ergonomic conditions and prevent musculo-skeletal disorders and other ergonomics-related problems.
The 2007 goal of devising a sanofi-aventis standard to help prevent musculo-skeletal disorders was met;

• asbestos: in 2007, a working group conducted an inter-site study to verify the implementation of Good Practices when it comes to asbestos management (identifying and locating asbestos, risk evaluation, program for removal).
The asbestos standard has been revised and distributed. It includes the most stringent regulations and is applied uniformly, with no exceptions, at all Group sites. An indicator will be introduced in 2008 to monitor implementation and an information campaign and training programs will be organized;

• stress: for the prevention of psycho-social risks, training programs targeting medical teams and managers were set up in 2007 for different Group activities with the aim of encouraging a better understanding of the mechanisms underlying stress, and their consequences on health. Programs designed to provide psychological outreach and support, adapted to local cultures was made available to employees;

• helping employees to stop smoking: programs designed to assist employees who wish to stop smoking were set up to help smokers comply with a new law that bans smoking in public places in France. The law went into effect on February 1, 2007. Initiatives ranged from conferences to improve awareness, on-site consultations with doctors specialized in smoking cessation or with pneumologists and advice from occupational physicians during medical visits. Some sites also financed the purchase of nicotine substitutes.

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ZOOM

REACH

In 2007, a new European Community regulation went into effect, by the name of REACH. This regulation, which aims to improve the protection of human health and the environment, makes it mandatory to set up a system for the registration, evaluation and authorization of new or existing chemical substances, whether they are produced or imported into the European Union, in quantities exceeding one ton per year.
The Group, which is aware of the importance of this new regulation due to the public health and enviromental challenges it addresses, created a structure and specially designed tools to be able to respond to the REACH timetable and regulatory requirements.
A standard and training materials were developed and distributed, and a multidisciplinary committee comprising members from all the concerned functions (HSE, Pegal, etc.) was created to provide organizational support.
Lastly, the development of an inventory of substances, which is the first necessary step, has been initiated at Group sites.

Limiting environmental impacts/

Sanofi-aventis has longstanding principles regarding emission reduction. Our approach today is more comprehensive, enabling us to limit our impact on the environment and protect our planet. In addition to minimizing local emissions, these principles include greenhouse gas reduction, the life cycle of our products and the preservation of natural resources and biodiversity.

01. The environmental management system

Sanofi-aventis depends on its HSE management system to improve the Group's performance and limit HSE risks. Thanks to specific procedures, it is possible to identify and evaluate the environmental impact of processes and facilities, and to decrease these impacts by implementing technical, organizational and human measures. Suitable prevention and protection measures are designed for environmental accident scenarios, which are also covered by these procedures.

38 sites worldwide have received ISO 14001 certification. In 2007, 104 million euros were invested in programs with an HSE dimension.

02. Regulatory compliance

The Environmental Management System is designed to guarantee that Group practices comply with national and international regulations. Regulatory compliance encompasses not only commonly known areas such as waste management, emissions and wastewater discharge, soil protection, and the preservation of biodiversity, but also includes climate change, thanks to the application of the Kyoto protocol in the European Union. Eight European sites – Frankfurt (Germany), Budapest (Hungary), Elbeuf, Aramon, Neuville, Sisteron, Vertolaye and Vitry (France) have been classified according to the so-called "SEVESO II" European directive. These sites undergo more stringent safety inspections by the relevant authorities because toxic or flammable materials are stored there, or due to the procedures used on site. They have specialized prevention programs and means of intervention. With respect to protecting the ozone layer, the reduction in Ozone Depleting Substances (ODS) is one of the Group's objectives within the framework of the Montreal Protocol. In addition, within the scope of the Göteborg Protocol, France is committed to reducing Volatile Organic Compounds (VOCs) by approximately 40% between 1999 and 2010. Sanofi-aventis continues to work toward this goal by encouraging a reduction in the solvent quantities used.

THE CLIMATE CHANGE AWARDS, A LASTING COMMITMENT TO THE ENVIRONMENT

The first annual Climate Change Awards were presented in 2007. Six teams won the award out of 38 projects presented. Each was extremely rich and diverse, such as the project to purchase 1,600 hybrid cars in Japan, the construction of a very low-energy consumption building in England, several projects using solar energy to heat water, the renovation of office buildings in the United States, and the conversion of industrial effluents to produce energy in France. In light of the awards' success, the Group has already requested sites to submit projects for 2008.

03. Protection of the atmosphere

The Group's emissions that have a worldwide impact on the atmosphere include greenhouse gases (primarily CO_2, impacting on climate change) and a limited amount of ozone-depleting substances (ODS). At the local level, the principle impact on air quality is due to volatile organic compounds (VOC) and, to a lesser degree, nitrogen and sulfur oxides (NO_x and SO_x, respectively).

→ PRESERVING THE OZONE LAYER AND AIR QUALITY

IMPACT ON AIR QUALITY: VOCS

Volatile Organic Compounds (VOCs) have an impact on air quality. They are generated from solvent usage during active ingredient production and pharmaceutical manufacturing. VOCs may have a moderate health impact and contribute to higher ozone levels during warm, sunny periods. In 2005 and 2006, investments in facilities to control VOC emissions contributed to reducing VOCs by 429 tons in 2007. The goal of a 15% reduction in total VOC emissions between 2006 and 2008 has almost been reached (–13% between 2006 and 2007).

PROTECTING THE OZONE LAYER

Ozone Depleting Substances (ODS) emissions come primarily from refrigeration facilities, whose emissions are kept at low levels through modernization programs and by increasing preventive maintenance measures. In 2007, ODS emissions represented one CFC-11 equivalent ton, i.e., they were of the same order of magnitude as in 2005.

IMPACT ON AIR QUALITY: NO_x AND SO_x

Nitrogen oxides (NO_x) and sulfur oxide (SO_x) are mostly generated by the combustion of natural gas and fuel oil in boilers. We have been able to reduce emissions so that the impact on air quality is moderate by upgrading burners, using less fuel oil and more effectively desulfurizing burners.

See data, page 76.

→ GREENHOUSE GAS EMISSIONS AND CLIMATE CHANGE

The Group's activities that directly generate CO_2 emissions involve on-site energy transformation and consumption and, indirectly, the purchase of energy (electricity, steam, brine), drug transport and pharmaceutical sales fleet vehicles.

The Kyoto Protocol aims to reduce greenhouse gas emissions by 5% over the period 1990-2008. To meet this objective, the European Union has implemented an emission trading scheme for allocating CO_2 quotas and for emission exchange rights since January 1, 2005. It includes two periods, from 2005 to 2007, and from 2008 to 2012. During the second period, the number of quota allocations has been reduced by country. The quota savings from the first period cannot be carried forward to the second. Eight of the Group's European industrial sites are directly affected: in 2007, they emitted 142,720 tons of CO_2 for an allocation of 229,000 tons. In addition, four other industrial sites participated indirectly though the intermediary of their energy suppliers.

Generally speaking, pharmaceutical manufacturing produces relatively low emission levels. For example, it emits twice as much as the distribution sector, but five times less than the agri-food sectors and 18 times less then the chemical sector, compared to sales, according to the study, "Corporations facing Carbon Challenge" (Deloitte, 2005). Reducing greenhouse gas is also of operational importance, for environmental and economic reasons.

For product transport, for example, using maritime shipping instead of air shipping from Europe to the United States, which was begun in 2002, made it possible to reduce transportation costs by approximately five times, while reducing the quantity of CO_2 emissions by 32 times for each pallet that is shipped. This represents more than 10 million euros in savings for the period 2005-2007, and 50,000 tons of CO_2 that was not released into the atmosphere.

→ CARBON FOOTPRINT BEYOND INDIRECT AND DIRECT EMISSIONS

This year, the Group wanted to expand the scope of atmospheric impact studies by assessing emissions connected to the distribution of its products to direct clients (pharmacies and hospitals in particular) and by mapping the responsibilities it shares for a product's entire life cycle. The Aramon facility in France was chosen as the pilot for this project.

Aramon's direct emissions were considerably reduced, in 2007. The site's carbon footprint, which takes into account all emissions including those not directly generated by the Group (see following pages), reveals a total carbon impact of 85,000 tons, which is six times of their direct emissions prior to optimization and ten times their current level. Implementation of the newly identified measures will further reduce the environmental impact of Aramon site's activities. For example, the distillation of 2,000 tons of a solvent regenerated on site will produce a substantial environmental benefit, with a 2,900 ton reduction in CO_2 per year. This represents a 43% decrease compared to the emissions generated today by the purchase of this solvent. The related economic gains are estimated to be 1 million euros annually.

For the Aramon site, a product that up to now had been considered waste, has become a raw material!

2008 GOAL

This initiative will be expanded to the Group's chemical sites in France, each of which will carry out a carbon footprint or energy audit by 2010.

→ THE IMPACT OF GROUP ACTIVITIES ON DIRECTLY AND INDIRECTLY GENERATED GREENHOUSE GAS EMISSIONS

In 2007, sanofi-aventis decided to expand the scope of its greenhouse gas emission assessments. Beyond direct CO_2 emissions (fuel consumption at our sites), for which the Group has a direct responsibility, the Group's objective is to identify indirect emissions (electricity consumption, transport of goods, medical sales calls) and generated emissions. This takes into account, specifically, emissions in connection with purchasing, marketing events and the end of a product's life cycle, for which the Group's impact is shared with all economic players according to their weight in the product life cycle or service.

The choice of indicators, reporting guidelines and methodological limits and specifications are described in the methodological note on pages 77 to 79.

http://sustainability.sanofi-aventis.com

PURCHASED ENERGY

The Group is committed to minimizing its energy consumption throughout its functions. Production activity in the pharmaceutical industry does not require large amounts of energy. Facilities built in previous years, as well as working groups on energy savings have made it possible to reduce the total quantity of energy consumed by 2%. The percentage of renewable electricity consumption (generated by hydroelectricity, solar, geothermal, wind and biomass energies) as part of the Group's total electricity consumption is estimated at 15%. For more information on consumption by type of energy, see page 76.

TOTAL EMISSIONS (THOUSANDS OF TONS)				EMISSIONS/ACTIVITY *(absolute value/sales)*	
2005	2006	2007	Variation 2006/2007	2007	Variation 2006/2007
566	573	546	–5%	19 kg/k€	–7%
ACTIONS				**OBJECTIVES 2005/2008**	
• Facility design • Actions with suppliers				Remain stable per unit produced*	

*See comment on direct emissions.

MEDICAL SALES CALLS

Emissions resulting from medical sales calls are primarily due to travel by sanofi-aventis medical sales representatives who call on physicians. These emissions decreased by 14% in 2007.

TOTAL CO_2 EMISSIONS (THOUSANDS OF TONS)				RELATIVE FUEL CONSUMPTION	
2005	2006	2007	Variation 2006/2007	2007	Variation 2006/2007
255	270	231	–14%	9.5 l/100 km	–2%
ACTIONS				**OBJECTIVES 2008/2005**	
• When renewing fleet, transition to more fuel efficient vehicles. • Improve reporting: distinguish specific emissions factors of fuel consumed.				–7.5% CO_2 emissions	

MARKETING MATERIALS AND EVENTS

This business activity concerns emissions associated with the sanofi-aventis products promotion for congresses, seminars, promotional objects and printing, as well as with communication agencies, etc. It potentially represents significant emissions. This is also true in regards to suppliers which represent a considerable share of the Group's purchases.

Marketing materials and events

Medical sales calls 231 kt eq. CO_2

Suppliers

Purchased energy 546 kt eq. CO_2

Sanofi-aventis 388 kt eq. CO_2

Product transport 75 kt eq. CO_2

Distribution 13 kt eq. CO_2

End of a product's life cycle

SUPPLIERS

The raw materials and services purchased by the Group have already undergone one or more steps including manufacturing, transport etc. that give rise to generated CO_2 emissions.
A purchasing category may be assigned to an emission factor (approximate value), which takes into account the entire logistics chain upstream of the product or service. This year, an assessment was performed at one of our active ingredient production units. The second step consists of enlarging this assessment in accordance with the scope of the Group's activities. With this in mind, the chemical sites in France will carry out a carbon impact assessment by 2010.
This project requires the use of "carbon" databases from various sources, which include variable emissions factors depending on the production site and methods. Therefore it is necessary to develop a detailed map of the purchased raw materials and services flows. The third step might involve developing an action plan to reduce the carbon intensity produced by our activities, in view of the technological and economic margins of the major purchasing streams according to emissions generated.

SANOFI-AVENTIS

This involves CO_2 emissions caused by the use of fossil fuels at all the sanofi-aventis sites. A 4% reduction was obtained in 2007. There was a 3% reduction in the overall value of the Group's finished products inventory in 2007. In addition, the Group's drug portfolio increasingly consists of more therapeutically active compounds. All things being equal, the weight of the active ingredient produced therefore tends to decrease. This one-time reduction and general trend continues to support the drop in CO_2 emissions in absolute value and when compared to sales, while also influencing the CO_2 emissions indicator per unit produced.

TOTAL EMISSIONS (THOUSANDS OF TONS)				EMISSIONS/ACTIVITY *(absolute value/sales)*	
2005	2006	2007	Variation 2006/2007	2007	Variation 2006/2007
417	404	388	–4%	14 kg/k€	–7%
ACTIONS				**OBJECTIVES 2005/2008**	
• Transition from coal/fuel to gas • New boilers • Optimize operations				–11% per unit produced*	

*Adjusted by 1% in comparison to objective published last year to account for the impact of finished products inventory reduction in 2007 and 2008.

PRODUCT TRANSPORT

The data presented in the table below represent 71 ktons of CO_2, which is approximately 95% of the CO_2 emissions generated by our product transport, from the production site to their different destinations (distribution centers, wholesalers-dispatchers, etc.). In 2007, the Group continued to optimize road transport (load factor) and significantly reduced air transport (shipping by boat instead), leading to a reduction in CO_2 emissions due to the transport of goods.

	2005	2006	2007	Variation 2006/2007	Objectives 2008	Variation 2007/2008
Transport in Europe between sites (road transport) kg CO_2/pallet	48.7	44.7	40.5	–9.4%	38.5	–4.9%
Intercontinental transport (by air or sea) CO_2/pallet	ND	639	493	–22.8%	450	–8.7%
% weight transported by sea/total weight intercontinental	60.6	65.9	75.2	14.1%	77	2.4%

DISTRIBUTION

These emissions correspond to product transport from sanofi-aventis distribution centers to direct clients: hospitals and pharmacies. They are calculated by taking into account the average distribution distance traveled by products in all countries where they are distributed. This activity has very little impact on emissions, as the average distance covered (395 km) is relatively short.

END OF A PRODUCT'S LIFE CYCLE

These are emissions connected to the processing of waste generated by the utilization of sanofi-aventis products. They depend on the volumes distributed and each country's waste processing practices.

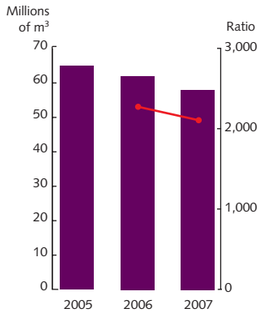
04. Water and waste management

WATER CONSUMPTION

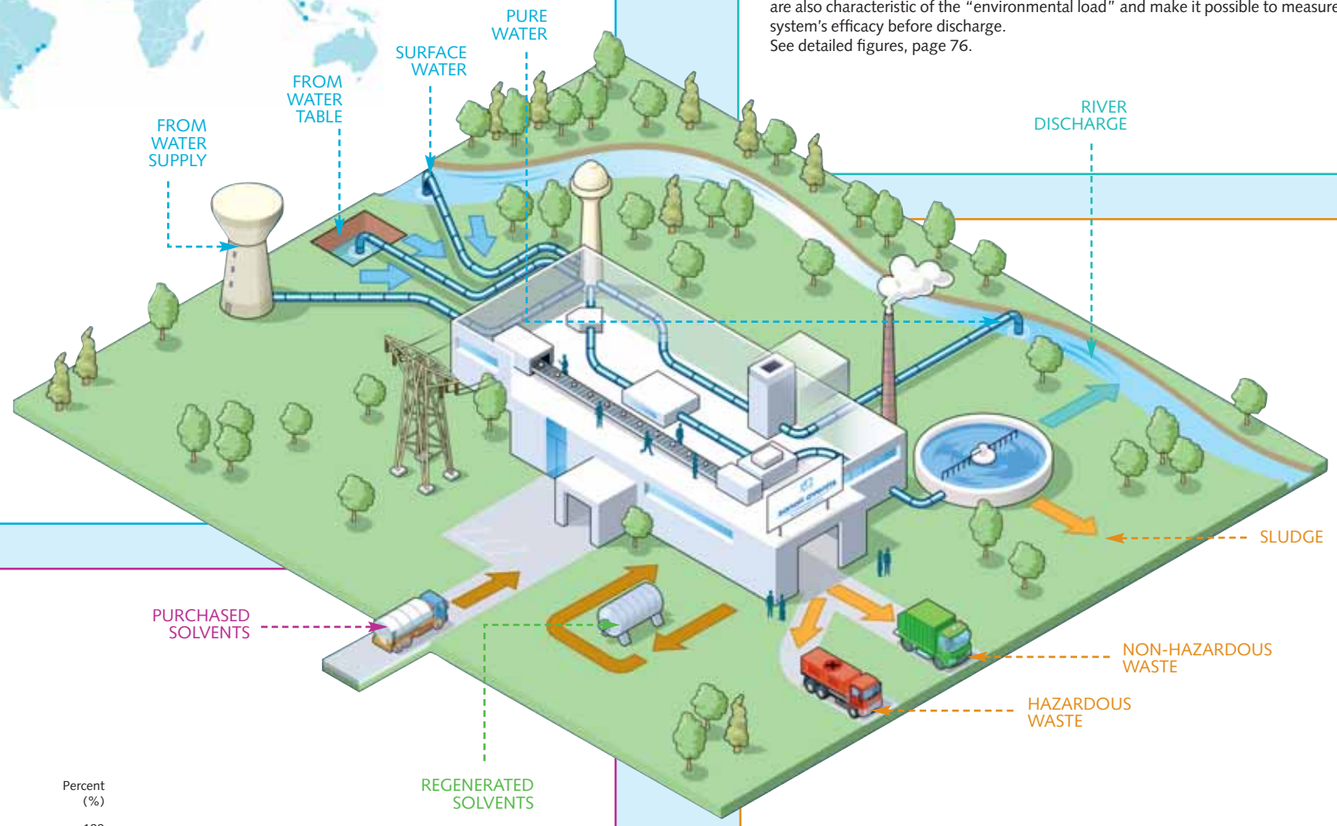
Water utilized during manufacturing (especially fermentation) and for cooling purposes (cooling without product contact) is obtained primarily from available aquifers and rivers. In keeping with preceding years, modernized cooling facilities, closed loop and dry cooling, as well as specific operational activities in 2007 led to an additional 5% reduction in water consumption. Other projects are currently being studied.

AQUATIC BIODIVERSITY: SENSITIVE ZONES

Several industrial sites are located in high water stress zones or in zones that are sensitive with respect to aquatic biodiversity.



Millions of m³	2005	2006	2007	Variation 2006/2007
WATER (CONSUMPTION)	65	62	58	–5%
RATIO/SALES (l/k€)		2,276	2,102	



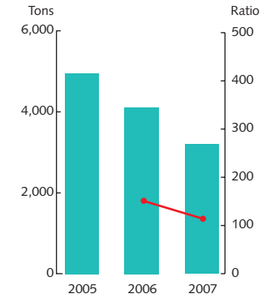
WASTE WATER DISCHARGE

COD (Chemical Oxygen Demand)

Industrial effluent waste is controlled either in the Group's wastewater treatment and/or at municipal treatment plants, in accordance with operator agreements. The data presented corresponds to effluents after internal and/or external treatment. The chemical oxygen demand (COD) is the primary environmental indicator of effluents.
All the internal wastewater treatment plants, regardless of type – membrane bioreactors, conventional biological or physico-chemical – constantly undergo primary treatment upgrades, sorting at the source, and separate treatment for certain waste streams. The Group's environmental laboratories participate in optimizing biological treatment plant operations.

Nitrogen and Total Suspended Solids (TSS)

As is true of the COD parameter, nitrogen and total suspended solids found in industrial effluents are also characteristic of the "environmental load" and make it possible to measure the treatment system's efficacy before discharge.
See detailed figures, page 76.



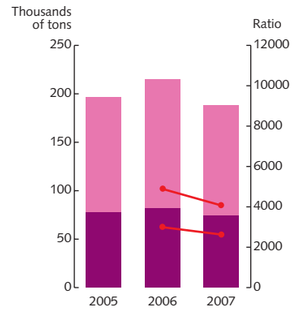
Tons	2005	2006	2007	Variation 2006/2007
COD	4,957	4,110	3,197	–22%
RATIO (g/k€)		151	114	

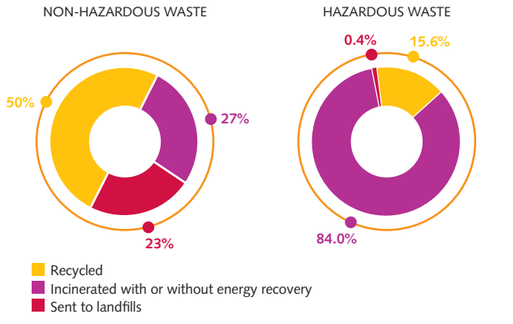
WASTE MANAGEMENT

Two sanofi-aventis sites convert their own liquid ammonia and potassium waste. The corresponding tons generated are not included in this report.

Hazardous waste processing, either by recycling or reprocessing, or via energy conversion, applies to approximately 63% of the quantity produced. A small percentage (0.5%) is still sent to industrial landfills when the infrastructures necessary to process waste by incineration are not available.

In 2006, the operation of biological treatment facilities was affected by exceptional circumstances, leading to the shipment of almost 10,000 tons of effluent allocated for treatment. This temporary increase occurred only in 2006.





Thousands of tons	2005	2006	2007	Variation 2006/2007
HAZARDOUS WASTE	119.6	133.4	114.1	–14%
RATIO/SALES (g/k€)		4,888	4,069	
NON-HAZARDOUS WASTE	77.1	81.7	73.7	–10%
RATIO/SALES (g/k€)		2,992	2,628	

SOLVENT CONSUMPTION

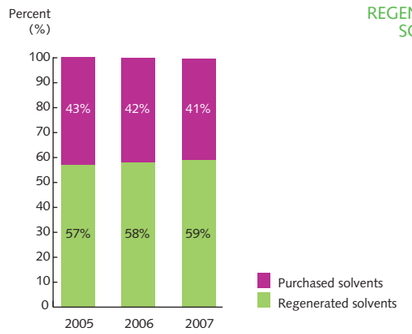
Among raw materials, solvents, primarily used for active ingredient production, represent the resources with the greatest potential impact on the environment. The "Clean and Safe Design" working group has drafted a set of recommendations concerning the choice of solvents to use. Selection criteria or replacement of these materials include reducing the risk they may pose to safety, health and the environment.

Solvents used in the production process are either purchased ("consumed" quantities) or regenerated at sanofi-aventis sites. Process optimization, regeneration (when possible) and thermal conversion are encouraged to decrease the quantity of non-renewable raw materials consumed.

Several solvent recycling projects aimed at reducing the quantities consumed annually are underway.

2008 GOAL

Increase the percentage of solvents recycled in processes to 63% (59% late 2007).



The choice of indicators, reporting guidelines and methodological limits and specifications are described in the methodological note on pages 77 to 79.

05. The environmental impact of pharmaceuticals

→ ECO-DESIGN OF DRUGS

Sanofi-aventis is committed to making its processes safer and more environmentally friendly, whether in terms of research, development or production. It upholds this commitment by addressing issues related to health, safety and the environment throughout the chemical and biochemical drug development process, and by reducing consumption of raw materials.

As of the first stages of product development, chemists and biochemists are encouraged to use reagents and solvents posing the least HSE hazards possible. To accomplish this, compounds are rated on a scale of 1 to 5 in each of the areas of health, safety (explosive-ness, flammability, etc.) and the environment. In addition, an operational guide has been developed to help teams take into account environmental, health and safety in the choice of solvents used.

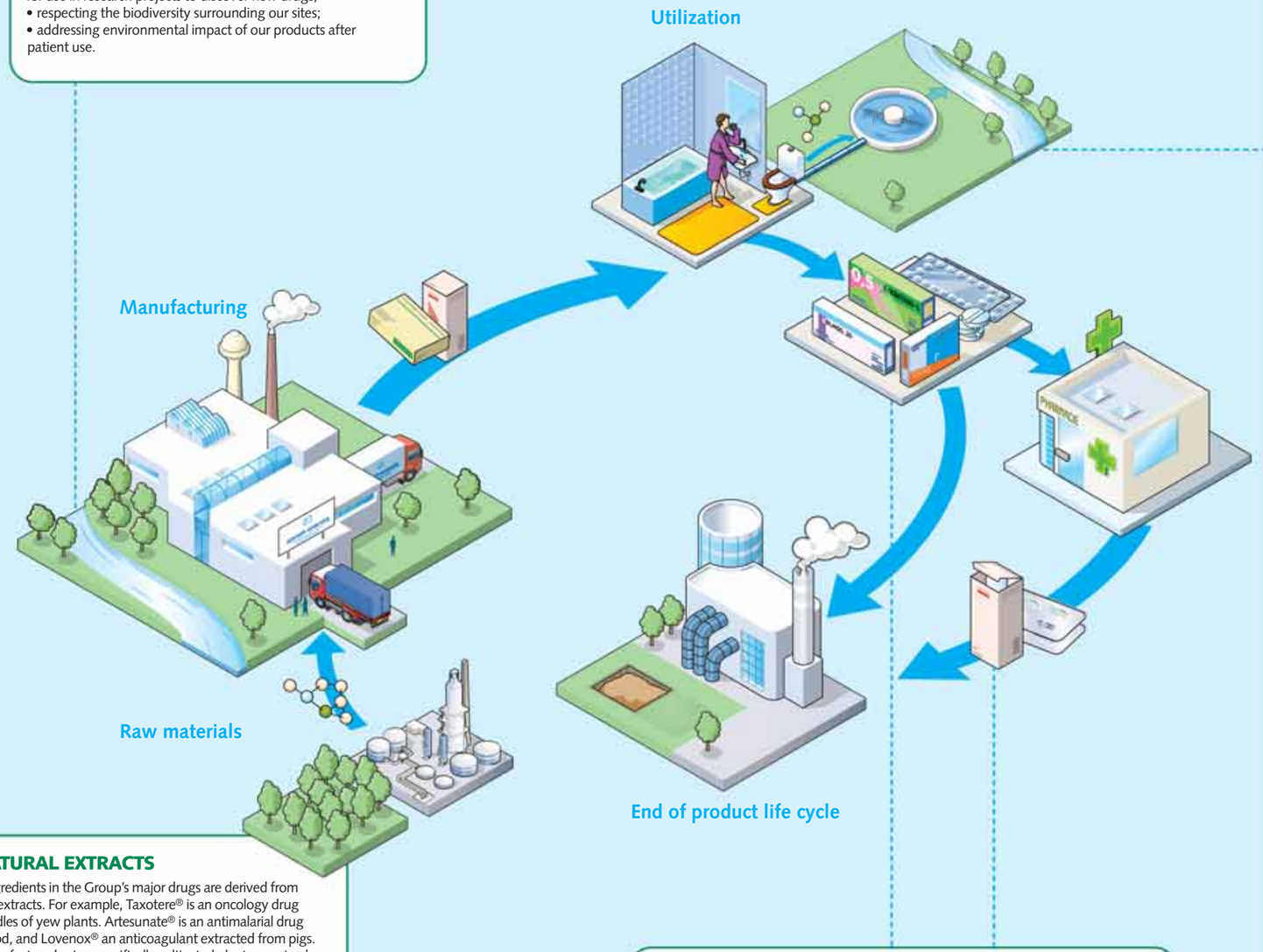
Throughout the development process, these teams make decisions about the processes used based on economic and HSE criteria in order to reduce, as much as possible, the HSE impact of synthesis and biosynthesis processes implemented during production.

Even when an active ingredient is in the industrial production phase, industrial development teams continue to optimize synthesis and biosynthesis routes. These modifications can considerably limit the HSE impact on production.

Finding ways to obtain better yields sometimes makes it possible to combine economic and environmental benefits since they generally go hand-in-hand with a decrease in the quantities of waste produced. However, the choices are complex because better yields often involve the use of highly reactive compounds that may be hazardous to health or for the environment.

PROTECTING BIODIVERSITY

Biodiversity, defined as the conservation and development of ecosystems that surround our sites, as well as the controlled management of active ingredients derived from plant or animal extracts, applies to sanofi-aventis on three different levels:
- confirming the source of natural plant or wild animal species for use in research projects to discover new drugs;
- respecting the biodiversity surrounding our sites;
- addressing environmental impact of our products after patient use.



THE USE OF NATURAL EXTRACTS

Several of the active ingredients in the Group's major drugs are derived from natural plant or animal extracts. For example, Taxotere® is an oncology drug extracted from the needles of yew plants. Artesunate® is an antimalarial drug derived from wormwood, and Lovenox® an anticoagulant extracted from pigs. These products are manufactured using specifically cultivated plants or animals housed in controlled breeding facilities.
The use of wild plants and animals is generally considered to be secondary and to date has not been controversial.
Sanofi-aventis participates in many discussions on this topic, specifically through LEEM (the French Pharmaceutical Companies Association) and IDDRI (the French Institute for Sustainable Development and International Relations).

PACKAGING

Drug packaging cannot be separated from its contents. It must protect the product's physical and chemical integrity in order to ensure pharmaceutical-grade quality for the product's entire life cycle.
A number of constraints must be taken into consideration when it comes to choosing materials and design. Some are related to the drug itself (sensitivity to light, for example), others to the packaging material (mechanical resistance, water-tightness), to regulations (labeling information required by law on the package, product presentation within the package, etc.), to the treatment (duration, etc.) as well as to production. Because of the environmental impact related to packaging, the Group is pursuing efforts to improve and optimize packaging taking into account the abovementioned limitations.

PHARMACEUTICALS IN THE ENVIRONMENT (PIE)

All individuals contribute, in their own way, to the introduction of chemical substances into the environment, substances that are as numerous as they are diverse (pesticides, perfumes, plasticizing agents, etc.). Pharmaceuticals are no exception.

The presence of pharmaceuticals in the environment is not a new phenomenon: since the mid-1970s, it has been confirmed for an increasing number of substances at concentrations of the order of ng/l or µg/l, depending on the substance.
Although the risk to human health may appear low at these concentrations, the environmental risk cannot be overlooked, especially for certain classes of pharmaceutical substances that are especially active, such as hormones, antibiotics and cytotoxins. Extensive research in this field has contributed to raising public awareness and has led to regulatory changes.

Today, an environmental risk assessment must be provided during the approval process in order for any new drug to be marketed in Europe or the United States. Performing such regulatory environmental assessments is a relatively recent practice, which has evolved over time as expertise has increased. Although new drugs are carefully scrutinized from an environmental point of view, the same is not true for some drugs already on the market, simply because regulatory requirements were less stringent when these products first appeared.

Since 2005, sanofi-aventis has continued to assess the environmental impact of all its drugs already on the market, through its ECOVAL committee of experts. This is in addition to assessments carried out as part of the new drug approval process, the Group's 23 major drugs, which represent over two-thirds of sales, have undergone assessment for their environmental concentration, environmental fate and impact on flora and fauna.

For six drugs, a lack of information led the Group to conduct additional studies to obtain the necessary data. The results of these tests made it possible to complete evaluations and determine the environmental risk in connection with their utilization by patients. None of the 23 product evaluations revealed potential risk for the environment at the estimated levels of environmental concentration.

The Group also participates in research conducted by the pharmaceutical industry, in particular through the activities of PhRMA (Pharmaceutical Research and Manufacturers of America) and EFPIA (European Federation of Pharmaceutical Industries and Associations).

Lastly, through its ECOVAL Committee, the Group organizes testing campaigns at pilot industrial sites to study and quantify the fate of potential active ingredients in industrial effluents.

06. Soil protection

→ REMEDIATION POLICY FOR CONTAMINATED SITES

Today's industrial engineering standards, the application of regulations and modern surveillance techniques make it possible to avoid most of the risks linked to soil and sub-soil contamination. Nevertheless, former industrial activities sometimes led to soil or ground water contamination underlying production facilities, within proximity of underground aquifers or structures as a result of leaks. Past practices that led to this situation are judged harshly even when, due to a lack of knowledge or technical means, these practices were accepted at the time.

The environmental laws and various jurisdictions impose actual and potential obligations on our Group to remediate contaminated sites. These obligations may relate to sites that:

- we currently own or operate;
- what we formerly owned or operated;
- where waste from our operations was disposed.

For this reason, financial provisions were established and are adjusted on a regular basis to take into account new developments that may arise.

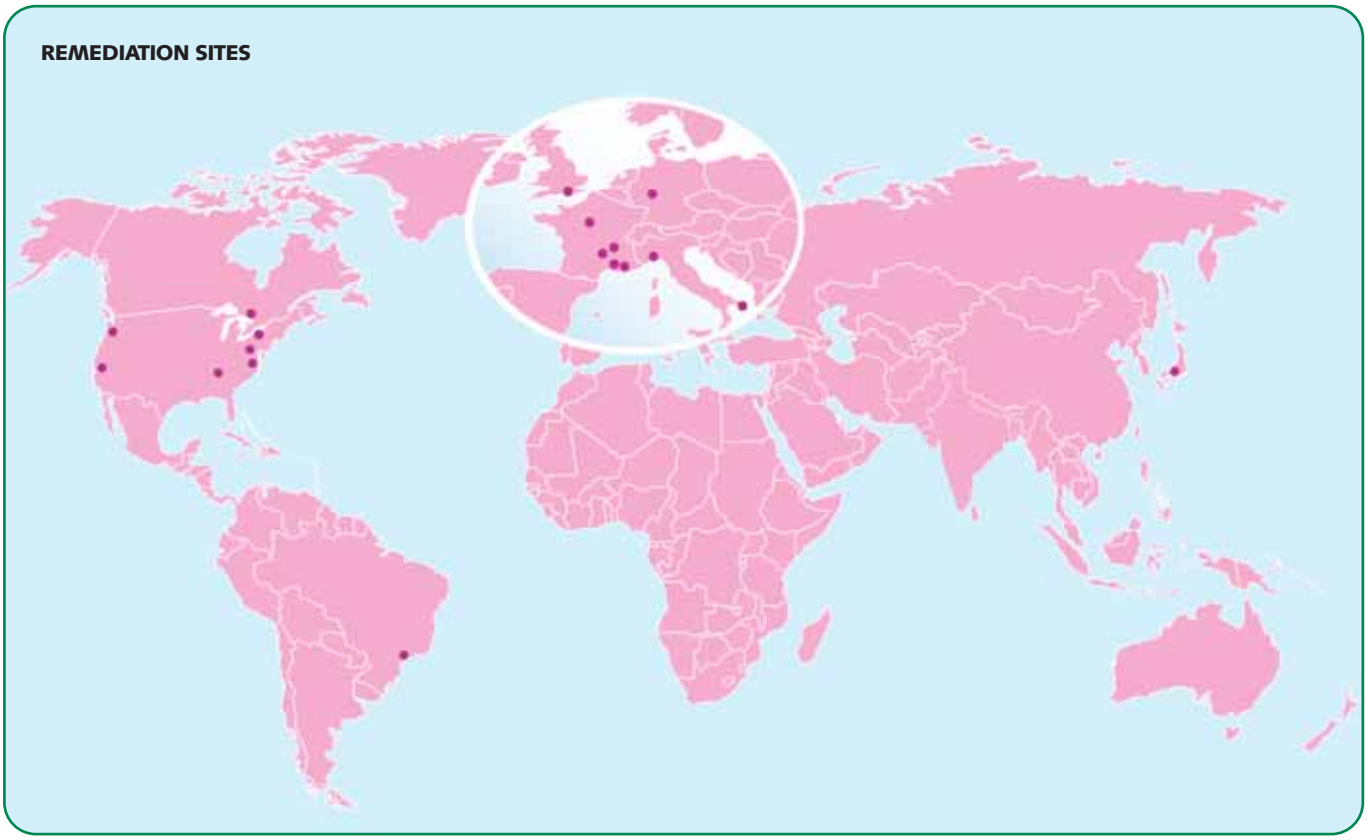
The Group's policy includes securing these sites so that they present no unacceptable risks for employees working at them, for local residents or for the environment. Remediation activity is carried out in conjunction with the appropriate authorities, generally to authorize reuse of land for industrial or office use. Some remediation projects are allocated for possible future residential use, also in concert with the relevant authorities. In this case, the techniques used and subsequent results are subject to intense scrutiny.

The reference document issued by the AMF ("Autorité des marchés financiers", the French financial market regulator) and the SEC Form 20-F contain information about the provision amounts and risk guarantees corresponding to the environmental liabilities incurred in connection with divested chemical and agro-chemical production activities.

For more information, see note D.22.e

- Consolidated Financial Statements included in item 18 of the 2007 Form 20-F.

REMEDIATION SITES



Promoting sustainability among our suppliers/

The sanofi-aventis Purchasing Function has adopted an active approach to sustainability by implementing a program designed to ensure that its suppliers comply with social, ethical and environmental standards. A supplier code of conduct has also been developed in support of this approach.

→ 2007 GOALS GREATLY ACHIEVED:

• 640 Purchasing Function employees worldwide participated in awareness-raising initiatives or training in the "Purchasing and Sustainable Development" approach. This educational program is essential to successfully incorporating sustainability principles into the day-to-day practices of sourcing and monitoring suppliers;

• 464 suppliers representing more than 25% of the value of Group purchases were evaluated (supplier interviews supported by a general questionnaire, with specific questionnaires depending on the purchasing category);

• 45 "Purchasing and Sustainable Development" audits, followed by 34 action plans, were carried out successfully as part of the direct sourcing program (primarily in China).

2008/2009 GOAL

– Expanding the program, Purchasing Function employees:
• continue and finalize the implementation of the training/ awareness program to reach 100% of buyers;
• gradually incorporate the sustainability approach into the mission and individual objectives of each buyer.
– Continuing the supplier evaluation program:
• expand the program in more countries;
• take this approach into account more routinely in the supplier sourcing process;
• in particular, target purchasing categories involving environmental and social risk (chemical products, management of chemical, biological and electronic waste, suppliers using low skilled workers, etc.);
• 1,500 suppliers evaluated by the Purchasing organizations within the various functions, including 1,000 for Industrial Affairs (specifically 100% of chemical product suppliers in India and China).
– The goods and services we purchase
• identify and gradually incorporate specific sustainability requirements into the purchase of certain goods and services (office supplies and furniture, information systems equipment, textile purchases, etc.).


BQS

Operational, financial, social and environmental data

CONTENTS

Data concerning Group activity/

In 2007, the global pharmaceutical market represented an estimated 684 billion US dollars (compared to less than 200 billion US dollars in 1990), showing 6% growth. The North American market is the largest in the world, while Germany and France are the two leading markets in Europe.
With annual sales of over 28 billion euros and 100,000 employees working in over 100 countries, sanofi-aventis is a world leader in the pharmaceutical industry and number one in Europe.

01. Portfolio of medicines and vaccines

The Group's portfolio includes over 25,000 product references, medicines and vaccines covering seven major therapeutic areas to address public health challenges. It includes highly innovative compounds that represent genuine therapeutic advances, as well as mature and generic products. The Group's Top 15 products accounted for two-thirds of pharmaceutical activity sales.

THE GROUP'S PRODUCT PORTFOLIO

	Therapeutic areas	Indications	Products	2007 sales (million euros)	Comparable basis growth(1)
Pharmaceutical activity	Thrombosis	Thrombosis	Lovenox®	2,612	+13.4%
		Atherothrombosis	Plavix®	2,424	+9.5%
	Cardiovascular	Hypertension	Delix®/Tritace®	741	–23.1%
		Hypertension	Aprovel®	1,080	+7.2%
	Metabolic disorders	Diabetes	Lantus®	2,031	+29.0%
		Diabetes	Amaryl®	392	–9.5%
	Oncology/ Immunology	Breast cancer, lung cancer, prostate cancer	Taxotere®	1,874	+11.9%
		Multiple sclerosis	Copaxone®	1,177	+17.1%
		Colorectal cancer	Eloxatine®	1,521	–5.3%
	Central Nervous System	Insomnia	Stilnox®/ Ambien®/ AmbienCR™	1,250	–33.1%
		Epilepsy	Depakine®	316	+5.7%
	Internal medicine	Allergic rhinitis	Allegra®	706	+10.8%
		Benign prostatic hypertrophy	Xatral®	333	–2.9%
		Osteoporosis, Paget's disease	Actonel®	320	–8.0%
		Allergic rhinitis	Nasacort®	294	+11.8%
	TOTAL TOP 15			**17,071**	**+3.2%**
	TOTAL TOP 15 excluding the impact of Eloxatine® in Europe and Ambien®IR in the United States (as of April)			**16,565**	**+10.7%**
Human vaccines activity	Polio-Pertussis-Hib vaccines			660	+5.1%
	Adult boosters			402	+26.8%
	Influenza vaccines(2)			766	–3.0%
	Travel vaccines and other endemic vaccines			327	+14.7%
	Meningitis & pneumonia vaccines			482	+65.1%
	Other vaccines			141	+23.7%
	TOTAL VACCINES			**2,778**	**+14.5%**

(1) When we refer to the change in our sales on a "comparable" basis, we mean that we exclude the impact of exchange rate movements and changes in Group structure (acquisitions and divestments of interests in entities and rights to products, and changes in consolidation method for consolidated entities).
We exclude the impact of exchange rates by recalculating sales for the previous period on the basis of exchange rates used in the current period.
We exclude the impact of changes in scope by restating sales from the prior period as follows:
• by including sales from the acquired entity or product rights for a portion of the prior period equal to the portion of the current period during which we owned them, based on sales information we receive from the party from whom we make the acquisition;
• similarly, we exclude sales in the relevant portion of the prior period when we have sold an entity or rights to a product;
• for a change in the consolidation method, the prior period is recalculated on the basis of the method used for the current period.

(2) Seasonal and pandemic influenza vaccines.

02. Research and Development (R&D)

With 16.2% of sales devoted to R&D, Group business activities are clearly focused on the long-term perspective. The average length of time invested in drug research and development is eight to ten years, for a cost that currently exceeds 1 billion euros. R&D expenses reached 4.5 billion euros, showing an increase of 2.4%.

As of February 12, 2008, the Group had 113 compounds and vaccines in development and 19,310 R&D employees working at nearly 30 sites on three continents.

Number of compounds in development

Pre-clinical development	Clinical phase				Total
	Phase I	Phase IIa	Phase IIb	Phase III	
31	28	7	19	28	113

The portfolio has undergone significant growth, with 21 new compounds entering the development phase in 2007, including 16 for the pharmaceuticals activity.

In 2007, sanofi-aventis entered into a major alliance with Regeneron concerning the discovery and development of human monoclonal antibodies, as well as several collaboration agreements in the vaccines business. These include an agreement with Acambis to develop a Japanese encephalitis vaccine and a West Niles virus vaccine; one with SSI for the development of a new tuberculosis vaccine; and one with Crucell to for monoclonal rabies antibodies, as well as an alliance with the Pasteur Institute in the field of malaria.

Progress to date on the Group's ongoing clinical development suggests that sanofi-aventis remains on track for our forecast of around 30 potential filings by the end of 2010.

03. Selling and general expenses

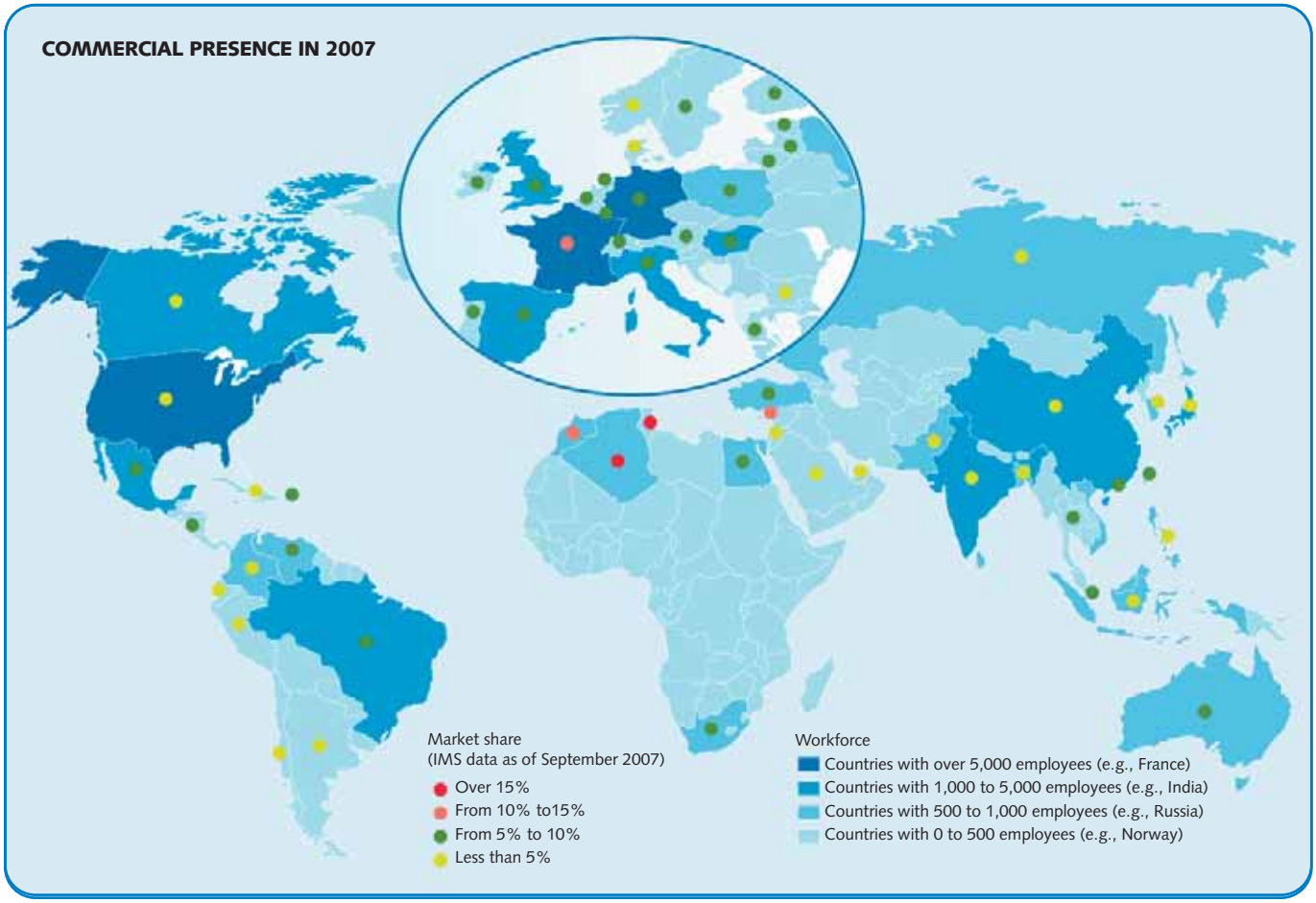
Selling and general expenses reached 7,554 million euros in 2007, compared to 8,020 million euros the previous year, which represents a drop of 5.8%. They account for 26.9% of sales, compared to 28.3% in 2006. Selling and general expenses decreased for the year as a whole, which is evidence of the rapid and selective adaptation of our resources.

04. The Group's global presence

→ **COMMERCIAL PRESENCE**

The Group employs 100,000 people and its commercial presence extends to over 100 countries.

COMMERCIAL PRESENCE IN 2007

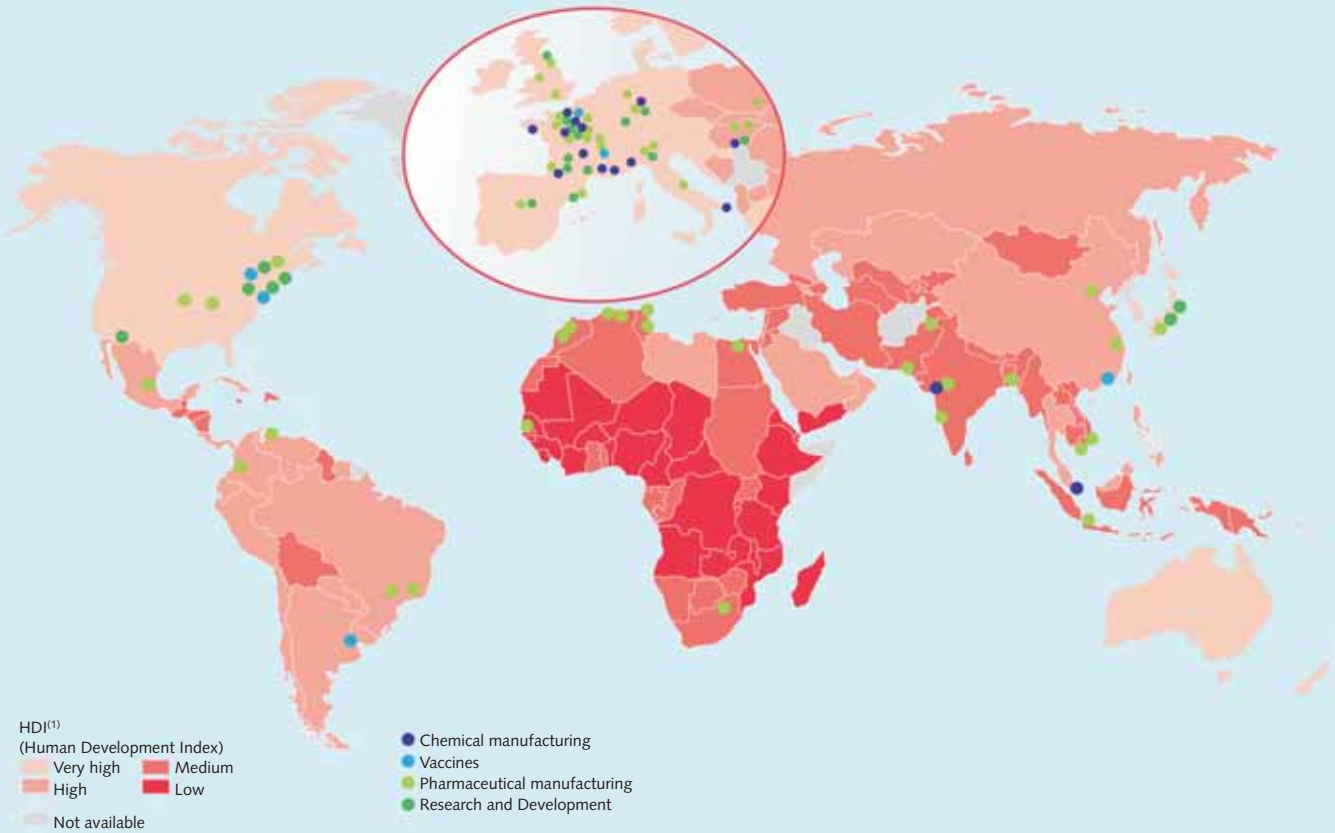


→ PRESENCE AT INDUSTRIAL AND RESEARCH SITES

The Group maintains its commitment to the countries in which it operates. It constantly strives to contribute to local economic and social development. In addition to its commercial operations, sanofi-aventis decided to conduct certain Research and Development activities locally, and to develop manufacturing and industrial development sites for its products in various regions of the world.

This strategy meets a dual purpose by:
- making the best use of existing resources and specific centers of expertise;
- coming closer to our markets and final consumers.

INDUSTRIAL AND RESEARCH SITES IN 2007 (EXCLUDING DISTRIBUTION)



(1) See definition in Methodological Note, page 79.

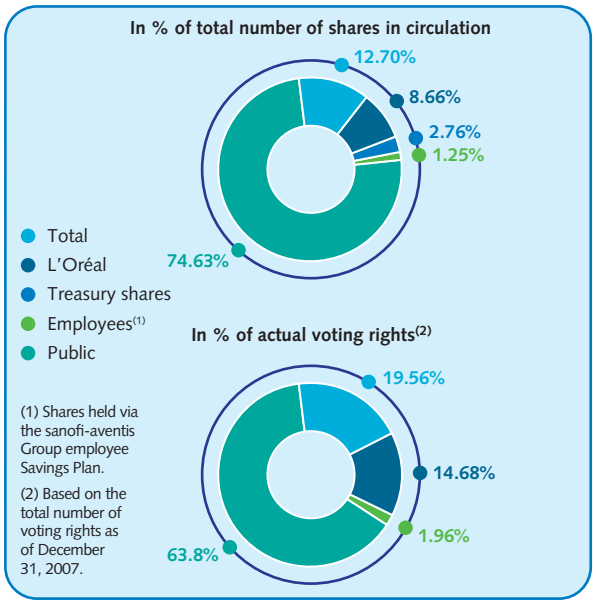
Financial data/

01. Stock market listings and financial reporting

The sanofi-aventis Group is listed on stock markets in Paris (Eurolist A) and New York (NYSE) and its shares are included in the following benchmark indexes: France (CAC 40), Europe (DJ Euro Stoxx 50 and Pharma, FTS Eurofirst 80 and 100) and internationally (NYSE International 100 and World Leaders).

Securities are included in ethical reference indexes such as the ASPI and FTSE4Good. In September 2007, the Group entered the DJSI, which confirmed the improvement in our sustainability performance.

02. Share ownership



On the basis of internal information, it is estimated that the Group has approximately 670,000 individual shareholders. Based on an "identifiable bearer securities" ("titres au porteur identifiables" or TPI) survey conducted by Euroclear France as of November 11, 2007, excluding shares owned by sanofi-aventis and its subsidiaries:

- French shareholders owned approximately 48% of our share capital and foreign shareholders owned approximately 52%;
- institutional shareholders (not including Total and L'Oréal) owned approximately 66% of the share capital, primarily institutional investors from the United States (28%), France (16%) and the United Kingdom (8%);
- retail shareholding represented around 9% of our share capital, approximately two thirds being French and one third being American.

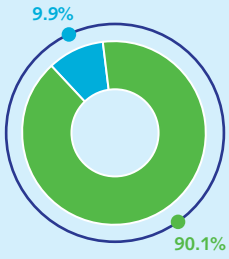
For more information about Group shareholders, see the 2007 Document de Référence, page 149 and 2007 Form 20-F, pages 133 to 134.

03. Key financial figures

	2007	Reported basis growth
Sales(1)	28,052 million euros	–1.1%(1)
Adjusted operating income(2)	9,617 million euros	–0.1%
Adjusted net income(3)	7,110 million euros	+1.0%
Adjusted earnings per share (EPS)(4)	5.28 euros	+1.0%
Dividend proposed for the 2007 fiscal year	2.07 euros per share	+18.3%

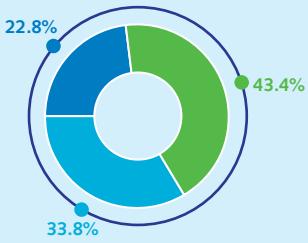
As of December 31, 2007, market capitalization reached 83.6 billion euros.

2007 SALES BY ACTIVITY



Activity	Million euros	Comparable basis growth(1)
PHARMACEUTICALS	25,274	+1.7%
VACCINES	2,778	+14.5%

2007 SALES BY GEOGRAPHIC AREA



Geographic area	Million euros	Comparable basis growth(1)
EUROPE	12,184	– 0.4%
UNITED STATES	9,474	+3.8%
OTHER COUNTRIES	6,394	+7.8%

(1) In 2007, total Group sales grew by 2.8% on a comparable basis. By variation on a "comparable" basis, we mean that we exclude the impact of exchange rate movements and changes in Group structure (acquisitions and divestments of interests in entities and rights to products, and changes in consolidation method for consolidated entities). For details see note (1) on page 70.
(2) Operating income before restructuring costs, impairment of property, plant & equipment and intangibles, gains/losses on disposals, and litigation.
(3) Adjusted net income is an internal performance indicator defined as accounting net income attributable to equity holders of the Company, adjusted to exclude (i) the material impacts of the application of purchase accounting to acquisitions, primarily the acquisition of Aventis, and (ii) acquisition-related integration and restructuring costs related to these operations. Senior management uses adjusted net income as an internal management indicator, and as an important factor in determining variable compensation. Senior management also considers adjusted net income in determining the Group's dividend policy.
The main adjustments between consolidated net income attributable to equity holders of the Company and adjusted net income are:
- elimination of the charge arising from the remeasurement of inventories at fair value, net of tax;
- elimination of amortization and impairment expenses charged against intangible assets acquired through business combinations (acquired in-process research and development and acquired product rights), net of tax and minority interests;
- elimination of expenses due to the effect of acquisitions on associates (workdown of acquired inventories, amortization and impairment of intangible assets, and impairment of goodwill);
- elimination of any impairment of goodwill.

Sanofi-aventis also excludes from adjusted net income any integration and restructuring costs (net of tax) incurred specifically in connection with these operations.
The Group also presents an adjusted earnings per share (adjusted EPS). Adjusted earnings per share is a specific financial indicator, which the Group defines as adjusted net income divided by the weighted average number of shares in circulation.
(4) Based on an average number of shares in circulation: 1,346.9 million in 2007 and 1,346.8 million in 2006.

Social and environmental data/

In accordance with the NRE Law, Human Resources data as well as environmental impact data from operations published in this chapter were specifically reviewed by the Statutory Auditors in accordance with the relevant legislation and French professional standards, intended to ensure that this information is consistent with the management report.

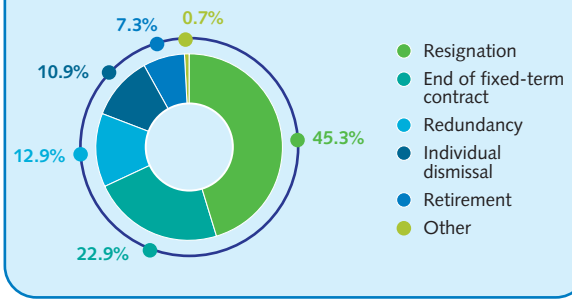
Indicators identified by an asterisk (*) were the focus of more in-depth analysis, enabling the Statutory Auditors to express an assurance specifically concerning these data. Their assurance statement, detailing the work they performed as well as their comments and conclusions, appears on page 80.

01. Workforce data

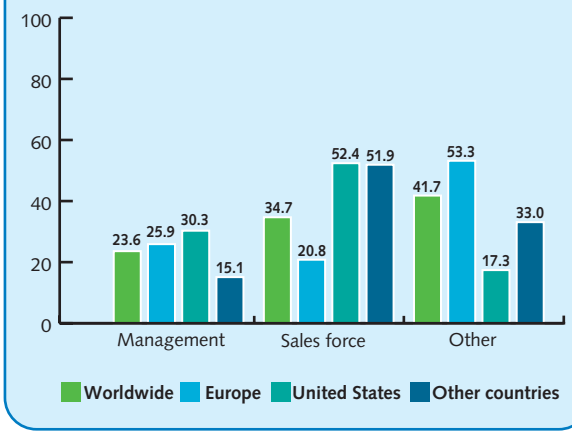
BREAKDOWN OF SANOFI-AVENTIS WORKFORCE BY ZONE

	Workforce as of December 31				Variations in workforce		Net change	
Zone or Country	**2006**	**%**	**2007**	**%**	**2006**	**2007**	**2006**	**2007**
Europe	56,486	56.3	55,377	55.7	+2.6%	–2.0%	+1,454	–1,109
France	28,964	28.9	28,592	28.7	+3.5%	–1.3%	+969	– 372
Germany	9,911	9.9	9,700	9.7	+1.3%	–2.1%	+129	– 211
Other countries in Europe	17,611	17.6	17,085	17.2	+2.1%	–3.0%	+356	– 526
United States	16,196	16.1	15,921	16.0	–1.7%	–1.7%	–275	– 275
Other	27,607	27.5	28,197	28.3	+7.5%	+2.1%	+1,929	+590
Africa	3,588	3.6	3,793	3.8	–0.1%	+5.7%	– 5	+205
Latin America	6,824	6.8	6,808	6.8	+8.6%	–0.2%	+540	– 16
Japan	2,928	2.9	2,989	3.0	+8.6%	+2.1%	+231	+61
Canada/Puerto Rico	2,362	2.4	2,248	2.3	+1.9%	–4.8%	+43	–114
Asia (excluding Japan)/Oceania	11,333	11.3	11,688	11.7	+9.8%	+3.1%	+1,009	+355
Middle East/Central Asia	572	0.6	671	0.7	+24.1%	+17.3%	+111	+99
Worldwide	100,289	100.0	99,495	100.0	+3.2%	–0.8%	+3,108	– 794
pharmaceutical activity	90,481	90.2	88,649	89.1	+2.3%	–2.0%	+1,998	–1,832
vaccines activity	9,808	9.8	10,846	10.9	+12.8%	+10.6%	+1,110	+1,038

REASONS FOR DEPARTURES FROM THE GROUP IN 2007



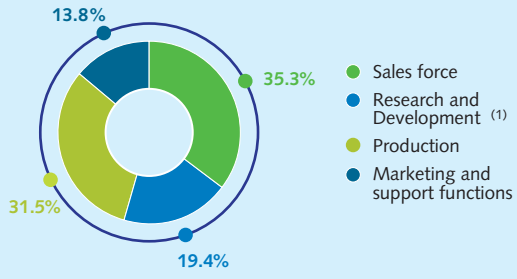
SANOFI-AVENTIS WORKFORCE BY JOB CATEGORY (IN %)



SANOFI-AVENTIS WORKFORCE BY FUNCTION

	Worldwide		Europe		United States		Other countries	
	2006	**2007**	**2006**	**2007**	**2006**	**2007**	**2006**	**2007**
Sales force	35,902	35,115	12,408	11,605	8,828	8,436	14,666	15,074
Research and Development(1)	18,981	19,310	13,344	13,478	3,670	3,704	1,967	2,128
Production	31,735	31,292	23,190	23,006	1,814	1,902	6,731	6,384
Marketing and support functions	13,671	13,778	7,544	7,288	1,884	1,879	4,243	4,611
Total workforce as of December 31	100,289	99,495	56,486	55,377	16,196	15,921	27,607	28,197

SANOFI-AVENTIS WORKFORCE BY FUNCTION



(1) R&D includes industrial development and medical/regulatory personnel in affiliates.

02. Human Resources data

	Definition	Unit of measure	2004	2005	2006	2007	Variation 2006/2007
Total workforce	Workforce as of December 31	Total number of FTC & PC employees	96,439	97,181	100,289	99,495*	–0.8%
PC workforce	Group employees with a permanent contract (PC)	Total number of PC employees	93,496	93,463	96,012	95,795	–0.2%
FTC workforce	Group employees with a fixed-term contract (FTC)	Total number of FTC employees % of PC employees	2,943 3.1%	3,718 4.0%	4,277 4.5%	3,700 3.9%	–13.5%
Workforce by category	Group employees by job category	% of executives in total workforce % of sales force in total workforce % of others in total workforce	18.9% 34.1% 47.0%	20.9% 35.5% 43.6%	22.7% 35.2% 42.0%	23.6% 34.7% 41.7%	+2.7% –2.4% –1.4%
Workforce by gender	Male and female Group employees	Number of women Number of men	43,860 52,579	44,230 52,951	46,241 54,048	46,064* 53,431*	– 0.4% – 1.1%
Gender equity	% of total workforce	% of women % of men	45.5% 54.5%	45.5% 54.5%	46.1% 53.9%	46.3%* 53.7%*	
Use of temporary employees		Number of temporary employees on full-time equivalent % compared with PC workforce	6,118 6.5%	6,481 6.9%	5,441 5.7%	4,352 4.5%	–20.0%
Recruitment	Hired on permanent contracts	Number of employees hired on permanent contracts	6,670	8,785	12,864	9,076	–29.4%
Recruitment	Hired on fixed-term contracts	Number of employees hired on fixed-term contracts	2,866	3,909	3,565	3,449	–3.3%
Departure	Group PC departures	Number of PC terminations	9,325	9,648	10,315	9,863	–4.4%
Departure	Group FTC departures	Number of FTC terminations	2,286	2,239	3,006	2,930	–2.5%
Dismissal	Dismissals due to personal reasons or redundancy	Total number of dismissals • for personal reasons • for redundancy	3,436	4,396 1,188 3,208	3,548 1,734 1,814	3,043 1,398 1,645	–14.2% –19.4% –9.3%
Average age	Average age of PC employees	Number of years	40 years 4 months	39 years 8 months	39 years 10 months	40 years 0 months	
Average seniority	Average seniority of PC employees	Number of years	11 years 10 months	10 years 8 months	10 years 6 months	10 years 8 months	
Working hours	Mean theoretical number of hours worked per year in France	Number of hours	1,554	1,561	1,547	1,555	+0.5%
Employees trained(1)	Employees participating in at least one training course	% of workforce Global France	71.4% 81.6%	82.3% 89.0%	85.2% 81.6%	84.7% 86.0% *	–1.4% +4.1%
Hours of training(1)	Mean time spent in training for employees participating in at least one training course	Mean number of hours spent in training	46	55	48	45	–6.3%
Absenteeism	Days of absence due to sickness, occupational or commuting accidents, maternity and other	Number of days absent in France		321,551	273,283	266,064	–2.6%
Injuries	Consolidated frequency rate within the Group for all Group employees	Number of injuries resulting in lost time of one day or more within a 12-month period, per million hours worked	2.8	2.9	2.9	2.6*	–10.0%

(1) Includes all data for employees receiving training during the year, including those who were no longer with the Group as of December 31, 2007.

* Indicators identified by an asterisk (*) were the focus of more in-depth analysis, enabling the Statutory Auditors to express an assurance specifically concerning these data. Their assurance statement, detailing the work they performed as well as their comments and conclusions, appears on page 80.

03. Environmental impact data from operations

	Definition	Unit of measure	2005	2006	2007	Variation 2006/2007
Water	Water consumption	m^3	65,186,952	62,105,562	58,971,737*	–5%
Energy	Energy consumption	GJ	14,920,315	15,102,857	14,751,533*	–2%
COD	Chemical oxygen demand in effluents following internal or external treatment	Tons	4,957	4,110	3,197*	– 22%
Total suspended solids (TSS)	Discharge of residual TSS after internal or external water treatment	Tons	872	664	447*	– 33%
Nitrogen	Nitrogen emissions following internal or external treatment	Tons	845	620	462*	–26%
VOC	Emissions of volatile organic compounds (estimates)	Tons	3,389	3,188	2,759*	–13%
CO_2	Carbon dioxide emissions	Tons of direct emissions	416,527	404,067	388,244*	–4%
		Tons of indirect emissions	565,509	573,165	545,594*	–5%
		Tons of emissions from sales force vehicle fleet (estimated)	255,000	270,000	231,000	– 14%
SO_X	Sulfur oxide emissions	Tons	126	60	62*	+3%
NO_X	Nitrogen oxide emissions	Tons	551	525	514*	–2%
ODS	Emissions of Ozone Depleting Substances	CFC-11 equivalent tons	11.7	2.3	1	–57%
Hazardous waste	Hazardous waste products as defined by locally applicable regulations	Tons	119,631	133,393	114,132*	–14%
Non-hazardous waste	Other solid waste (excluding emissions and effluents)	Tons	77,122	81,653	73,726*	–10%
ISO 14001 certified sites		Number of certified sites	27	33	38*	+15%

CONSUMPTION BY ENERGY TYPE

Thousands of GJ (Gigajoules)	2006	2007
Gas	7,231.4	6,786.3
Electricity	5,615.1	5,778.5
Coal	0	0
Liquid hydrocarbons	536.5	625.1
Other (steam, brine)	1,719.9	1,561.7
Total	**15,102.9**	**14,751.5**

DATA BY FUNCTION (RESEARCH AND PRODUCTION SITES)

	Total	Ratio/Sales		Unit
		2006	2007	
Water (millions of m^3)	59.0	2,276	2,102	l/k€
Energy (millions of GJ)	14.8	553	526	MJ/k€
Chemical oxygen demand (tons)	3,197	151	114	g/k€
Suspended matter (tons)	447	24	16	g/k€
Nitrogen (tons)	462	23	16	g/k€
Volatile Organic Compounds (tons)	2,759	117	98	g/k€
CO_2 direct and indirect (thousands of tons)	934	36	33	kg/k€
Sulfur oxides (tons)	62	2	2	g/k€
Nitrogen oxides (tons)	514	19	18	g/k€
ODS (CFC11 equivalent tons)	1.0	86	36	mg/k€
Non-hazardous waste (thousands of tons)	73.7	2,992	2,628	g/k€
Hazardous waste (thousands of tons)	114.1	4,888	4,069	g/k€

* Indicators identified by an asterisk (*) were the focus of more in-depth analysis, enabling the Statutory Auditors to express an assurance specifically for these data. Their assurance statement, detailing the work they performed as well as their comments and conclusions, appears on page 80.

How data are reported: methodological note/

01. Scope of consolidation

Social data are consolidated for all Group companies worldwide that are globally integrated into our financial consolidation, regardless of their activity (industrial or research sites, sales affiliates, administrative headquarters).

Health and safety data (workplace accidents) addressed the same scope at the end of 2007.

Environmental data (including spending and investments) are consolidated for all industrial and research sites. The environmental impact of sales affiliates, measured as CO_2 emissions from all company vehicles, includes all Pharmaceutical Operations affiliates. The environmental impact of administrative headquarters is not included within this scope.

Social, health, safety and environmental data are wholly integrated into the scope of consolidation (global data integration).

02. Changes in the scope

Within the Group boundaries, changes in scope between 2006 and 2007 concerned the founding of the Leganés (Spain) distribution site, the closing of the Guatemala City (Guatemala) pharmaceutical site and transfers of activity, specifically the following:

- Cypres – pharmaceuticals (Morocco);
- Mexico Cuautitlan – pharmaceuticals (Mexico);
- Waterford – pharmaceuticals (Ireland);
- The Decatur site was renamed Forest Park (Distribution).

Generally speaking, changes in the scope of data consolidation resulted from acquisitions, construction, divestitures or closings, whether complete or partial, for sites or new companies. To assess Group performance from one period to the next, the following rules were developed for HSE data:

- acquisitions: entity data are included in the scope of consolidation beginning with the first full calendar year under Group control (year N). Where possible, and if data are available, the prior years N-1 and N-2 data are integrated in order to assess trends at constant scope;
- new sites: entity data are integrated into the scope of consolidation beginning from the first full calendar year of operations;
- divestitures/closings: entity data are eliminated from the scope of consolidation for the year of the divestiture or closing and for all prior years;
- activity transfer: data corresponding to the entities whose activity was transferred are included in the scope of consolidation of the new entity (including data concerning prior years).

03. Indicator selection

The social indicators shown:

- correspond to the Group's Human Resources (HR) policy on monitoring workforce and social performance in relation to individual management and human development;
- take into account distinctive cultural aspects and local specificities (differing national legislation, etc.).

The health, safety and environment indicators shown:

- correspond to the Health, Safety and Environment (HSE) policy and to site improvement measures; these indicators are relevant to Group operations;
- can be used to track the key areas of Group HSE performance.

04. Reporting guidelines

In order to ensure that all indicators are properly understood and standardized for all Group entities, a number of reporting guidelines were implemented in 2005 covering social, safety and environmental factors.

These documents specify the methodologies adopted for indicator reporting: definitions, methodological principles, calculation formulas and emission factors. Additional information was added in 2007, following 2006 data consolidation.

The standard data collection tools implemented since 2005 are:

- social data: the "Data Collection Tool" (DCT) makes it possible to collect social data for all of the Group's entities;
- safety data: the MSRS system makes it possible to collect safety data for the entire scope. A monthly consolidation statement is distributed to HSE managers and to site and affiliate managers;
- environmental data: the GREEN tool enabled the consolidation of all data contained in the report and ensured the recovery of historical information from previous systems.

05. Additional information and methodological limits

The methodological principles for certain HSE and social indicators may have limits due to:

- the absence of definitions recognized on a national and/or international level;
- the necessary estimates and the representative nature of the measurements taken, or the limited availability of external data required for calculations;
- the practical methods used for data collection and entry.

As a result, we make every effort to list the definitions and methodology used for the following indicators and, where appropriate, the confidence limits involved.

→ OCCUPATIONAL INJURY FREQUENCY RATE

The occupational injury frequency rate is defined as the number of accidents resulting in lost time of one day or more within a 12-month period, per million hours worked (Health, Safety and Environment data).

In the event that additional accidents have not yet been recorded at the close of the financial year, or if changes in the qualification of accidents are observed after the financial year has ended, the frequency rate is corrected afterwards. For example, in 2007, two additional injuries that occurred in 2006 were ultimately cancelled. The 2006 frequency rate was thus corrected for Chemical Manufacturing.

Methodology harmonization for calculating the number of hours worked continued in 2007.

For non-mobile personnel, accidents occurring during the home-workplace commute are not included in this indicator. However, they are included for medical sales representatives, in accordance with the reporting rules defined by the Group.

→ ENVIRONMENTAL INDICATORS

CO_2 emissions

Direct emissions are calculated on the basis of data from the Greenhouse Gas Protocol Initiative in relation to fuel emission factors.

Indirect emissions resulting from other energy sources purchased off-premises are assessed on the basis of specific emission factors per site. Those resulting from drug product transport are not included in this total.

Other greenhouse gases emissions are not significant compared to those of CO_2.

Emissions resulting from pharmaceutical sales fleet vehicles (medical representatives) were estimated on the basis of fuel consumption using an improved reporting system that now distinguishes the emission factor specific to the type of fuel consumed (gasoline or diesel).

Emissions generated by product transport from one Group site to another:

• these emissions were estimated and presented for the first time in 2007;

• European intersite transport refers to shipping within Europe from one production site (whether or not it belongs to the Group) or Group distribution site to another, or to a third party customer located in a different country (different from the country of shipment);

• intercontinental transport refers to shipping from one production site (whether or not it belongs to the Group) or a Group distribution site located on the European continent to another distribution site, or to a third party customer located on a different continent (different from the continent of shipment);

• distances traveled are derived using web-based calculators available on the Internet or they are estimated. The CO_2 emissions associated with each transportation type are based on data from Ademe (the French Environment and Energy Management Agency). For dedicated transportation means, calculations are based on a full load. For road transport in Europe, calculations are based on an emission factor per euro of activity: 1 euro invoiced corresponds to 1 km traveled, and 1 km traveled generates the emission of 1 kg of equivalent CO_2.

Emissions generated by product transport from sanofi-aventis distribution centers to hospitals and pharmacies were estimated by counting the number of distributed medicine boxes and the average distance traveled in each country of distribution. A common emissions factor (emissions of equivalent CO_2/km) was applied for all countries.

Percentage of renewable electricity

The percentage of renewable electricity compared to total purchased is calculated on data based on the electrical source in each country where the Group operates, according to International Energy Agency data.

Volatile organic compound emissions (VOC)

VOCs are estimated either on the basis of the mass balance or by direct measurement; the uncertainty resulting from these estimates is of the order of 10%.

In 2007, efforts were made to improve the reliability of this indicator by publishing a specific guide and by conducting a comparative study of the different methods used to evaluate VOC emissions.

Sulfur oxides

Because SOx emissions associated with natural gas combustion were practically insignificant compared to those associated with fuel combustion, they were not included, which may lead to an under-estimation of the order of 5% to 10%.

Wastewater discharge

Data corresponds to waste after internal or external treatment. In the event of a lack of information about external treatment, a purification rate of 50% is assumed.

Waste

The distinction between hazardous and non-hazardous waste corresponds to that used in European regulations for European Union member countries (Decision 2000/532/EC of 3 May, 2000) and those used in local regulations for other countries.

It is noted that waste from remediation activities are not included in the published operational total.

→ CONTEXT INDICATORS

Some indicators concerning the risks associated with countries where the Group operates appear on pages 39, 53 and 72. The country classification is taken from third party published classifications or from revised country indicators also published by third parties. Classifications in no way reflect the sanofi-aventis Group's judgment of the countries under consideration. Sources are given below:

• access to essential drugs: percentage of the population with access to the 20 major drugs, on a continuous basis and at affordable prices within a radius of less than one hour of transport. Data: UNDP 2003;

• malaria (page 39): Maplecroft(1) composite index covering the prevalence, mortality and capacity of countries to contain the disease. Data: UN and WHO 2000;

• tuberculosis (page 39): new cases of tuberculosis per 100,000 people. Risk: low (<25), moderate (25-49), medium (50-99), high (100-299), very high (>299). Data: WHO 2005;

• sleeping sickness (page 39): zones colonized by the tsetse fly according to the source: "Manuel de lutte contre la maladie du sommeil", by Claude Laveissière and Laurent Penchenier;

• healthcare expenses (page 39): private and public healthcare expenses in purchasing power parity per person. Data: UNDP 2006;

• public healthcare expenses (page 39): expenses in purchasing power parity per person. Data: UNDP 2006;

• biodiversity: zones with high aquatic biodiversity (zones that do not cover national borders). Source: WRI 2000;

• HDI: UNDP composite Human Development Index taking into account life expectancy, income and literacy rate. Source: UNDP 2005.

(1) www.maplecroft.com.

For environmental data, the ratio of each reported measurement to combined pro forma sales enables a comparison with other groups. However, it must be used with caution since it may include significant biases (currency effect, inflation, product mix).

Consolidation and internal controls

The Corporate HR and HSE Departments are responsible for ensuring that all data are consolidated on the basis of information provided by the industrial and research sites and Group affiliates or administrative headquarters throughout the world. When sites include more than one function, the one with the greatest environmental impact is taken into account.

HSE coordinators for each activity perform an initial validation of safety and environmental data prior to their consolidation. Corporate HR and HSE also verify data consistency during consolidation.

These validations include data comparisons from previous years as well as careful analysis of any significant discrepancies.

Social data regarding the workforce are compared with consolidated data in the management control database.

With regard to HSE data, additional controls were implemented after reviewing previous years' data and have contributed to improving the reliability of published information. In an effort to ensure continuous improvement, these controls will be further strengthened in 2008.

To ensure that site representatives have properly understood the HSE indicators, and to ensure that the data reported correspond with those requested, an HSE data verification is carried out during in-house audits conducted at Group sites.

External controls

In order to obtain an external review of our data's reliability and the thoroughness of our reporting procedures, we asked our Statutory Auditors to perform specific verification of certain social and HSE indicators appearing in tables on pages 75 and 76. Their assurance statement, describing the work they performed as well as their comments and conclusions, appears on page 80.

In addition, in accordance with the NRE Law, all HSE data and some social data published in tables on pages 75 and 76 have been reviewed by the Statutory Auditors in accordance with the relevant legislation and French professional standards to ensure that this information is consistent with the management report.

Statutory Auditors' review report on health, safety, environment (HSE) and social data

This is a free translation into English of the statutory auditors' report issued in the French language and is provided solely for the convenience of English speaking readers. This report should be read in conjunction with, and construed in accordance with, French law and professional auditing standards applicable in France.

At sanofi-aventis' request and in our capacity as Statutory Auditors of sanofi-aventis, we have performed a review designed to provide moderate assurance on the HSE and social data relating to fiscal year 2007 identified by the symbol (*) in the tables on pages 75 and 76 of the 2007 Sustainability Report ("Data").

Sanofi-aventis' management was responsible for preparing the Data in accordance with the Group's reporting procedures applicable during 2007, which are available at the Group's headquarters and summarized on pages 77 to 79 of the 2007 Sustainability Report under the title "How data are reported: methodological note." Our responsibility is to express a conclusion on the Data based on our review.

Nature and scope of our procedures

We planned and performed the procedures set out below to obtain moderate assurance as to whether the Data are free of material misstatements. A higher level of assurance would have required more extensive procedures.

- We assessed Group reporting procedures with regard to their consistency, relevance, reliability, neutrality and understandability.
- At the Group level, we performed analytical procedures and verified, on a test basis, the calculations and data consolidation. This work was based specifically on interviews with the individuals responsible for the preparation and application of the reporting procedures as well as for data consolidation (HSE and Human Resources Departments).
- We selected a sample of industrial sites (Vitry, Neuville, Frankfurt Injectables Pharma Production, Frankfurt Chemistry, Frankfurt Biotech., Bridgewater, Swiftwater) and Pharmaceutical Operations operating in seven countries (Germany, United States, France, India, Italy, Poland, Turkey). This selection was made on the basis of quantitative and qualitative criteria applied to the Data (such as their relative contribution, geographic area and function) and on the basis of work conducted in prior years. At the level of the selected sites and units, on the basis of interviews with the individuals responsible for the preparation of the Data, we verified the understanding and application of procedures and carried out detailed tests to verify the calculations made and reconcile the data with the supporting documentation.

The contribution of these entities to the Group consolidated total is:

- regarding the environment, on average 23% of Volatile Organic Compound (VOC) emissions, 45% of water consumption, 31% of wastewater discharge (Chemical Oxygen Demand indicator, suspended matter and nitrogen discharges), 32% of total waste (hazardous and non-hazardous) and 30% of energy consumption;
- regarding the social and safety areas, 23% of worldwide employees and 14% of French employees for the specific training indicator.

In performing our review, we were assisted by our specialized sustainability team.

Information on reporting procedures

The Group presents detailed information on the methodologies used for Data reporting in the Methodological Note appearing on pages 77 to 79 of the 2007 Sustainability Report and in the comments on the published Data. Any methodological limits that arose during the reporting process and other corresponding uncertainties have been disclosed, in particular concerning VOCs.

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that the Data have not, in all material respects, been prepared in accordance with the Group's reporting procedures applicable during fiscal year 2007.

Neuilly-sur-Seine and Paris-La Défense (France), March 31, 2008

The Statutory Auditors

PricewaterhouseCoopers Audit — Ernst & Young Audit

Catherine Pariset — Philippe Vogt — Gilles Puissochet — Jacques Pierres

CONTACT

Sustainability Department
174, avenue de France – 75013 Paris
http://sustainability.sanofi-aventis.com
sustainabledevelopment@sanofi-aventis.com

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174, avenue de France – 75013 Paris – France
Tel.: +33(0)1 53 77 40 00

http://sustainability.sanofi-aventis.com

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