2005 SUSTAINABLE DEVELOPMENT REPORT

sanofi aventis

Because health matters

Contents

KEY FIGURES

THE LARGEST PHARMACEUTICAL GROUP IN EUROPE, THE 3rd LARGEST PHARMACEUTICAL GROUP IN THE WORLD

OPERATIONS IN 80 COUNTRIES, 97,181 EMPLOYEES WORLDWIDE

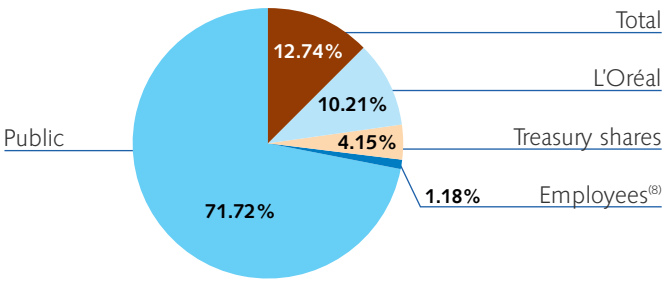
Economic and stock market performance in 2005

In compliance with regulation 1606/2002 of the European Parliament and the Council of July 19, 2002 for the application of international accounting standards, sanofi-aventis consolidated financial statements have been prepared in compliance with IFRS rules as of January 1, 2005.

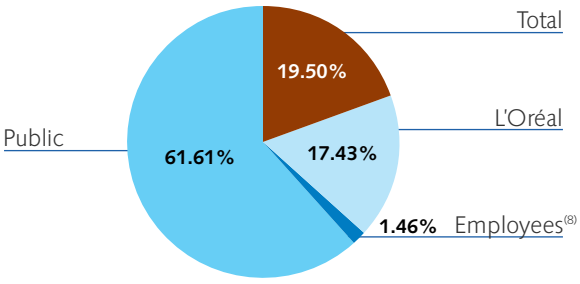
		Evolution 2005 / 2004
Sales	27,311 million euros	+9.3% (1)
Developed Sales (2)	30,778 million euros	+9.7% (1)
Adjusted Operating Profit	9,072 million euros	+18.7% (3)
Adjusted Net Income (4)	6,335 million euros	+26.1% (3)
EPS (5)	4.74 euros	+25.7% (3)
Dividend (6)	1.52 euro per share	+26.7%
Market capitalization as of December 31, 2005	104 billion euros	

Share ownership

% number of shares



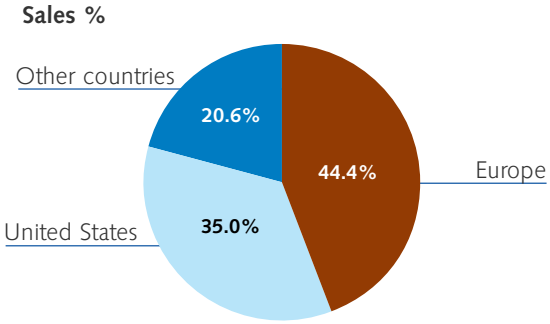
Voting rights % (7)



(1) Growth at stable group structure and exchange rates.
(2) Developed sales include sales recorded by sanofi-aventis, excluding product sales to its alliance partners, but include unconsolidated sanofi-aventis sales made through alliances with Bristol-Myers Squibb on Plavix®/Iscover® (clopidogrel) and Aprovel®/Avapro®/Karvea® (irbesartan) and Fujisawa on Stilnox®/Myslee® (zolpidem). Our alliance partners provide us with information about their sales so that we can calculate developed sales.
Developed sales are a useful indicator because they demonstrate trends in the overall presence of sanofi-aventis products in the market with a basis in research.
(3) Changes in results are provided in relation to 2004 pro forma data. Adjusted pro forma statements for 2004 (stated in compliance with IFRS) are shown for comparison purposes as though the bid had continued through on January 1, 2004.
(4) Adjusted net income is a non-financial indicator defined as the Group share of consolidated net income (in compliance with IFRS) adjusted for material impacts of applying purchase accounting to the Aventis acquisition, and for certain acquisition-related costs. Sanofi-aventis believes that eliminating these impacts from the statement will provide a better representation of the new Group business performance.
(5) Based on the following number of shares: 1,336.5 million in 2005 and 1,333.4 million in 2004.
(6) Based on the dividend to be proposed at the Annual General Meeting on May 31, 2006.
(7) Based on total number of voting rights as of December 31, 2005.
(8) Participation through the sanofi-aventis Group Savings Plan.

2005 sales by geographic area

	Million euros	Evolution at stable group structure and exchanges rates
Europe	12,134	+8.2%
United States	9,566	+11.5%
Other countries	5,611	+8.2%
Total	27,311	+9.3%

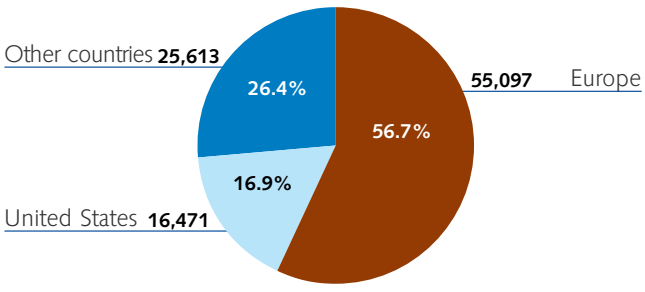


Main products

Therapeutic areas	Products	Million euros	Evolution at stable group structure and exchanges rates
Pharmaceutical activity from		**25,249**	**+8.1%**
Cardiovascular/Thrombosis	Lovenox®	2,143	+13.8%
	Plavix® (1)	2,026	+20.2%
	Delix®/ Tritace®	1,009	+2.4%
	Aprovel® (1)	892	+13.9%
Oncology/Immunology	Taxotere®	1,609	+12.8%
	Eloxatin®	1,564	+30.6%
	Copaxone®	902	+24.1%
Central nervous system	Stilnox®/Ambien®	1,519	+10.6%
	Depakine®	318	+4.6%
Metabolic diseases	Lantus®	1,214	+47.5%
	Amaryl®	677	+0.7%
Internal medicine	Allegra®	1,345	–9.1%
	Actonel®	364	+23.8%
	Xatral®	328	+18.4%
	Nasacort®	278	–2.1%
Vaccines activity from		**2,062**	**+26.9%**
	Influenza	671	+28.6%
	Pediatric combinations	522	+3.2%

(1) Developed sales (on a comparable basis): Plavix®: 4,739 million euros - Aprovel®: 1,559 million euros.

Workforce



Research & Development

R&D expenditure: 4,044 million euros
- 14.8% of sales

127 compounds and vaccines in development, including:
- 56 in phase II and III clinical trials
- 71 in pre-clinical or phase I trials

THE CHAIRMAN'S MESSAGE

Jean-François Dehecq
Chairman and Chief Executive Officer

In 2005, sanofi-aventis strengthened its position as the top pharmaceutical company in Europe and as number 3 worldwide. Our sales increased by 9.3%, which is above the pharmaceutical market average in every region.

The collaborative program announced when the new company was formed was fully implemented. By the end of the year the Group was operating with a slight increase in its global workforce. The mergers success is attributed to the unified management team we assembled; a team that focused on one overriding goal: channeling talents, skills and expertise into a common plan with new ambitions.

Our Group has a mission: preserving health and serving patients. This is why the Group has made sustainable development the focal point of its strategy.
Sanofi-aventis strive to provide patients all over the world with products suited to their needs and resources.
Our research gives patients the benefit of our therapeutic innovations, and with 17,636 people employed in research; it is one of sanofi-aventis' strategic priorities. We focus on 7 major therapeutic areas: cardiovascular, thrombosis, central nervous system, oncology, metabolic disorders, internal medicine, and vaccines.

Sanofi-aventis has one of the most robust and innovative drug portfolios in the pharmaceutical industry, with 127 projects under development, including 56 in advanced phases. When developing medicines, the market size is not as important because all of our innovative products must benefit patients.
Aside from our current compounds, which are primarily intended to treat diseases of industrialized societies, our product line also includes effective, proven, "traditional" products that treat many other diseases at an affordable cost. In addition, we are helping to control healthcare costs with our launch of our generics business.

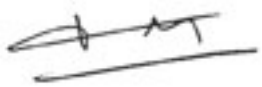
We intensified our efforts on behalf of individuals in countries that do not have adequate access to medicines. In 2002, we created an "Access to Medicines Department" and introduced the Impact malaria Program as a means of fighting this major pandemic.
In 2005, we developed a program to fight tuberculosis, one of the two other pandemics. We implemented action plans to fight sleeping sickness and leishmaniasis, and to provide care for epileptic patients.
As the global leader in vaccines, we play an essential role in reducing the risk of pandemics.

Since 2003, we, as a member of the Global Compact, have based the Group's fundamental values on the respect for individuals, cultural diversity and solidarity. These values are demonstrated in the Groups' social protection, dialogue, and health and safety policies, and increasingly, in those of our business partners. Our Social Charter and the Code of Ethics provide the foundation for managing our teams and relationships with our partners. In conjunction with this, we exercise continual diligence in controlling the environmental impacts of our products and our business.

On a broader scale, we have initiated an active dialogue with all industry stakeholders.

In collaboration with our partners, we continue to eagerly pursue our efforts in sustainability for the sake of patients throughout the world, and to meet the health needs yet to be addressed.

Jean-François Dehecq
Chairman and Chief Executive Officer



A business at the heart of sustainable development

Sanofi-aventis develops its activities at the heart of sustainable development to protect human health and combat disease around the world. The very nature of our business is fully reflected in Brundtland's definition of sustainable development, "the ability of today's generations to meet the needs of the present without compromising the ability of future generations to meet their own needs", a concept that sanofi-aventis supports.

To act as a responsible, ethical corporation, our Group relies on certain advantages that strengthen our identity and show originality in the global pharmaceutical industry:

- our world-class innovative research,
- strong positions in our areas of therapeutic specialization, our presence on every continent,
- our ethics, based on the respect and rights of individuals.

THE GLOBAL COMPACT'S TEN PRINCIPLES

Companies are asked to:

HUMAN RIGHTS

1 support and respect the protection of internationally proclaimed human rights;

2 make sure that they are not complicit in human rights abuses.

LABOR STANDARDS

3 uphold freedom of association and the effective recognition of the right to collective bargaining;

4 eliminate all forms of forced and compulsory labor;

5 abolish child labor;

6 eliminate discrimination in matters of employment and occupation.

ENVIRONMENT

7 support a precautionary approach to environmental challenges;

8 undertake initiatives to promote greater environmental responsibility;

9 encourage the development and diffusion of environmentally-friendly technologies.

ANTI-CORRUPTION

10 work against all forms of corruption, including extortion and bribery.

“A leading pharmaceutical company dedicates its innovation capacity to serve patients throughout the world”

Acting ethically and responsibly

Sanofi-aventis affirms its commitment to sustainable development by:

- signing the **Global Compact** in February 2003;
- documenting the company's principles and rules of individual behavior in our **Code of Ethics**, distributed to all employees in several languages;
- developing and implementing the Group's **Social Charter** outlining the principles that form the common foundation of human resources within the Group;
- continuing **cross-disciplinary projects** in order to identify good practices within the Group and suggest ways for further improvement (maintaining employment for people with impaired skills, good practices in supplier relations, reducing risk at the earliest stages of product development, etc.).

SANOFI-AVENTIS' STRATEGIC SUSTAINABLE DEVELOPMENT AIMS

"Offering doctors and patients all over the world a broad range of medicines and vaccines and giving them rigorous, professional information."

Hanspeter Spek
Executive Vice President, Pharmaceutical Operations

Prevent major accidents at our manufacturing sites and in communities.

Design and produce products using natural resources in a responsible way, minimizing the environmental impact.

Diligently oversee and limit the use of laboratory animals.

"Our strength: researchers from different countries and cultures finding medicines to help patients."

Gérard Le Fur
Senior Executive Vice President
Executive Vice President
Scientific and Medical Affairs

Focus our efforts on the safety, efficacy and quality of medicines and vaccines.

Make lasting improvements in patient safety in clinical trials.

Put pharmacovigilance to work for patient safety.

"Develop a responsible purchasing policy.
Monitor the health and safety of all employees at work.
Treat our shared environment with respect."

Philippe Peyre
Senior Vice President, Corporate Affairs

"Devote our work of producing medicines for patients throughout the world."

Jean-François Dehecq
Chairman and Chief Executive Officer

RESPECT AND PERFORMANCE

PLAN AHEAD AND CONTROL

OUR MAJOR HEALTH, SAFETY AND ENVIRONMENT CHALLENGES

Initiate an active dialogue with stakeholders.

Conduct medical research with the utmost respect for people and ethics.

Intensify our efforts to increase access to medicines.

Help patients and their families in the fight against disease.

Work in a way that promotes solidarity.

Conduct a social dialogue showing respect for people and their cultures.

THE CHALLENGES OF OUR WORK

ETHICS AND INNOVATION

OUR SOCIAL CHALLENGES

Ensure a high level of social protection in each country.

Guarantee a secure supply of "essential medicines".

"Enhance our social and financial performance by using our talents and skills to manifest our common values."

Jean-Claude Armbruster
Senior Vice President, Human Resources

Make diversity into an advantage for the Group.

"The Group's economic performance enables it to invest in the future through R&D, manufacturing and sales force."

Jean-Claude Leroy
Executive Vice President, Chief Financial Officer

"Our production performance: produce quality medicines in 80 plants and make them accessible to all patients through competitive pricing."

Gilles Lhernould
Senior Vice President, Industrial Affairs

THE CHALLENGES OF OUR WORK: SERVING PATIENTS

SANOFI-AVENTIS' MISSION OF PROTECTING HUMAN HEALTH AND COMBATING DISEASE THROUGHOUT THE WORLD IS CONSISTENT WITH SUSTAINABLE DEVELOPMENT ISSUES

OUR PHARMACEUTICAL RESPONSIBILITY

OUR ETHICS AND VALUES

As an ethical and responsible company, sanofi-aventis conducts its research in a transparent manner, with respect for people and regulations, in order to assure the quality and efficacy of our products. As a company, we act as one in solidarity with patients and their families in their battle with disease.

Focusing on ethics in research

Medical research should encourage progress in the fight against diseases, but must be conducted under conditions of true transparency, respect for human beings, ethics, and in compliance with local regulations.

Sanofi-aventis' research, with its many multicultural and interdisciplinary teams, is finding novel ways to identify new compounds for curing, alleviating and preventing illness.

This approach is the strength that makes our company more effective and dynamic.

A dynamic medical research program that shows respect for the individual

THERAPEUTIC INNOVATION

Research efforts at sanofi-aventis are focused on developing new medicines and vaccines that are effective and safe by mobilizing the creativity, audacity and innovation of our researchers.

Research at sanofi-aventis is conducted in 7 therapeutic areas: cardiovascular, thrombosis, oncology, central nervous system, metabolic disorders, internal medicine and vaccines. These areas pose major challenges in public health, as they represent the most common causes of mortality and morbidity globally.

Enormous progress has been made in the last few years; however, oncology and central nervous system disorders are indisputably the greatest public health challenges we have ever had to face. Research efforts will also have to be channeled into the battle against endemic viral diseases such as bird flu. Lastly, we should be capable of developing new antibiotics targeting resistant strains.

The philosophy underlying the Group's research is based on a dynamic portfolio that strikes a balance between high-risk and traditional projects.

In order to identify the compounds that will be proposed for development, sanofi-aventis teams use different and extremely diverse approaches in both their nature and objectives: the molecular approach, the physiopathological approach, the exploratory approach, biotechnology products, the genomic/proteomic approach, and the development of new therapeutic indications and new galenic formulations.

Sanofi-aventis also conducts research on projects that are useful for the treatment of diseases in developing countries, in the fields of malaria and tuberculosis, either internally or through external collaborations.

Research at sanofi-aventis has led to the launch of major products serving millions of patients across the world: products such as Lovenox®/Clexane®, Plavix®, Lantus®, Taxotere®, Stilnox®/Ambien®, Eloxatine®, Aprovel®/Avapro®.

Today sanofi-aventis has one of the largest and most innovative compound portfolios under development in the global pharmaceutical industry, with 56 projects in the advanced phases of development (phases II and III), within its areas of expertise.

In vaccine research, sanofi pasteur is concentrating its research efforts on two areas: developing new preventive vaccines and constantly improving existing vaccines. One of our special research areas is that of new therapeutic vaccines to combat diseases like HIV/AIDS and cancer.
Sanofi pasteur is also studying new modes of administering medicines, in order to reduce the use of injection, while at the same time increasing the patient's comfort and the treatment efficacy.

RESEARCH AND DEVELOPMENT OF A NEW MEDICINE

Involves processes that are:

- **time-consuming:** approximately 15 years spanning the discovery of a compound to its eventual market release,
- **high-risk:** from 5,000 to 10,000 compounds identified, only one will become a drug approved on the basis of objective data concerning its efficacy, safety and quality,
- **costly:** in 1990, the cost of developing a new drug was approximately 350 million euros. Today it is estimated at more than 800 million euros for the innovative sector of the pharmaceutical industry. Unlike other high-tech industries, this research is for the most part self-financed.

The Group's research and development budget is over 4 billion euros. The research and development teams employ **more than 17,600 research personnel** worldwide (including: vaccines, industrial chemical development, medical and regulatory affairs of affiliates), **working in 28 centers on three continents.**

The teams are multicultural: Italian, English, German, Hungarian, American, Canadian, Japanese, Spanish, French, the list goes on. Although they all use the same technologies, each person has a research approach and methodology distinct to his or her culture, providing the Group with a rich resource that increases the strength and significance of our work.

Location of Research and Development sites

BIOETHICS

Scientific progress during the past decades has paved the way for major therapeutic advances. However, recent discoveries in genetics and molecular biology require that society as a whole takes a firm position and defines clear rules with regard to gene therapy, genetic modification and the use of human tissues and embryos.

National and international regulations, particularly within Europe, have not yet been harmonized but have already set up some limitations in this area. In particular, the use of stem cells and their origin should be controlled.

The body's stem cells, which initially are not differentiated, become specialized and develop into cells with a precise physiological role (liver cells, brain cells, etc.). Despite the difficulty of predicting which stem cells and methods are most appropriate for the requirements of basic research and clinical applications, this technology offers the hope of discovering new treatments for serious diseases.
This knowledge will subsequently make it possible to identify and test new therapeutic targets (genes) involved in stem cell differentiation. It will also contribute to the identification and development of small molecules that may have an impact on cell differentiation.

Within the framework of its research projects, sanofi-aventis is currently studying murine embryonic stem cells and human adult and fetal somatic stem cells in order to improve our knowledge in a number of areas, in particular the central nervous and cardiovascular systems.

Clinical trials

All our clinical studies are conducted in accordance with Good Clinical Practices, and medical ethics in close cooperation with health authorities, which provide expertise and guidance through the entire drugs development cycle (Food and Drug Administration, national agencies in Europe, the European Medicines Agency, the PMDA in Japan, etc.).

Ethics committees and scientific experts ensure that professional ethics are upheld: assessing the risk-benefit ratio, making sure patients are well-informed and obtaining informed consent. All clinical data obtained remain strictly confidential.

Trials enrolling populations at risk, such as children and those who are incapable of exercising free will, as well as those in developing countries, must have specific justification.

For all trials that involve children, informed consent must be obtained from the parents or legal guardians, and in some cases, the relevant authority of the community concerned.

The "Data Monitoring Committee" (DMC)

One of the fundamental ethical aspects of clinical research is to guarantee that a clinical trial can be discontinued or modified if its objectives appear unattainable or the risks encountered by participants and patients appear to be too great.

In such an event, the pharmaceutical company, trial sponsor, and investigators can refer to a committee of independent experts for recommendations. The majority of committee members are from university hospitals, selected for their qualifications and expertise in clinical, methodological, statistical and ethical areas. This committee is designated–in the terminology of international regulations–as a "Data Monitoring Committee" (DMC).

Regular safety monitoring for patients is conducted during all clinical trials but not all trials require a DMC. These committees are particularly suited to multi-center trials enrolling a large number of patients who receive a treatment undergoing a long-term treatment evaluation, where the objective is to assess its effect on the mortality or morbidity of a given disease.

In light of our involvement in fields such as oncology, cardiovascular disease and neurodegenerative disorders of the central nervous system–clinical situations in which such trials are often organized–sanofi-aventis instituted a monitoring policy over two years ago, under which a DMC monitors its clinical study programs.

This ensures that the trials conducted by the Group's international clinical development follow the best ethical and methodological standards set out in international recommendations.

SANOFI PASTEUR CLINICAL TRIALS IN DEVELOPING COUNTRIES

Sanofi pasteur strictly adheres to Good Clinical Practices and does not carry out clinical trials in countries without ethics committees.

When a vaccine clinical trial is carried out in a developing country, the infrastructure put in place for the trial should ideally continue to function after the trial, in order to encourage the development of medical services over the long term within the community involved.
It is essential to ensure that the population involved in the trial will be able to benefit from the results after the trial is completed, for example:

- **access to scientific networks for local doctors** involved in the trial,
- individuals who were given a placebo **will be vaccinated** provided their age still justifies it,
- **education for parents and family**, especially concerning personal hygiene,
- **infrastructure and equipment put in place** will remain after the trial is completed. The choice of infrastructure and equipment for each trial should take into account the country's ability to use them after the trial ends.

Clinical trial protocol availability and results

After validation by an expert committee, the results of clinical studies are presented in scientific conferences and publications.

In January 2005, through the intermediary of their primary professional associations (in Europe, America and Japan), the major pharmaceutical laboratories, including sanofi-aventis, made a commitment to increase the transparency of clinical studies carried out at their request.

In addition, the protocols of clinical studies, with the exception of so-called exploratory studies, will be published on special web sites as soon as enrollment opens, so that doctors, patients and patient organizations are informed as objectively and effectively as possible. The results of studies of medical products that have received marketing authorization from the health authorities are also published.

Medical practitioners, patients and the general public benefit from the distribution of more complete and objective clinical trial results. These documents must, however, respect the confidentiality of personal data, manufacturers' intellectual property rights, commercial agreements and the regulations in effect in various countries.

@ To find out more: www.clinicaltrials.gov

Animal experimentation

By the very nature of our business, sanofi-aventis is obliged to resort to animal experimentation for legal, scientific, ethical and moral reasons.

Animal testing, which is necessary in order to initiate clinical studies on humans, is performed with the objective of collecting the maximum amount of information about the therapeutic and toxic effects of a new medicinal product.

Sanofi-aventis is committed to reducing, replacing and improving the utilization of laboratory animals. Whenever possible, the Group limits the use of laboratory animals to the strictest minimum required to assess the safety and efficacy of medical products for human or animal use.

Animal experiments are subject to stringent national and international regulations that are applied and respected. The most rigorous of these standards are applied on a global scale.

The sanofi-aventis Group supports all alternative methods available and encourages any initiative to replace, reduce or improve the use of animals.

In 2005, the sanofi-aventis Group continues its efforts to protect laboratory animals by establishing "The sanofi-aventis charter on the humane care and use of laboratory animals".

The Group is committed to increasing public access to clinical data through their publication on dedicated web sites:

- protocols for ongoing clinical studies have been accessible since September 2005,
- clinical study results for drugs that are already on the market.

All protocols and procedures involving the use of laboratory animals are examined and must be approved by an internal ethics committee. No animal is used without prior approval.

The sanofi-aventis sites and programs that make use of laboratory animals must comply with international standards specifically those in the ILAR Guide (the Institute for Laboratory Animal Research) and the UFAW Handbook (University Federation for Animal Welfare), as well as local, national and international laws and regulations (e.g. the European directives). The Group has made a commitment to apply the 3 Rs concept: Reduction, Replacement, Refinement, in all studies that involve animal experimentation.

All animals housed in sanofi-aventis facilities undergo veterinary surveillance assuring that they receive appropriate care.

In 2006, sanofi-aventis will distribute the new "Charter on the humane care and use of laboratory animals" to all research personnel, who are responsible for following the principles of the charter.

SANOFI-AVENTIS CHARTER ON THE HUMANE CARE AND USE OF LABORATORY ANIMALS

1. Sanofi-aventis holds animal welfare as fundamental. Teams expert 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.
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.
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.
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. All are specifically supplied for use by qualified and licensed breeders or suppliers.
6. Animals are treated humanely, with housing and care complying with internationally accepted guidelines and environmental enrichment consistent with sound scientific principles.
7. All personnel caring for and using animals are adequately trained and competent, and retrained regularly.
8. Animals never experience unnecessary pain or distress. Anesthetics and analgesics are used whenever 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.
9. External studies are contracted only where these principles are met.

Rare diseases and orphan drugs

Although sanofi-aventis develops products used to treat common diseases, which have the potential to generate substantial sales, the Group believes it has an ethical obligation to develop medicines to treat rare but severe diseases for which no treatment is currently available, or for which available treatments are unsatisfactory. These medicines, known as orphan drugs, involve highly specific patient categories and have a substantial public health impact.

■ Specific research efforts have already resulted in the launch of the following compounds:
• in 1997, riluzole (Rilutek®), the only treatment that slows the progression of amyotrophic lateral sclerosis and increases the survival of patients with this neurodegenerative disease;
• in 2001, rasburicase (Fasturtec®), used for the treatment and control of hyperuricemia induced by tumor lysis syndrome in patients suffering from malignant blood diseases, which particularly affect children.

WHAT IS A RARE DISEASE?

A disease is considered rare when it affects a proportionally small number of individuals in the general population. This number varies by geographic area:

- **in Europe:** fewer than 5 people out of 10,000;
- **in the United States:** fewer than 200,000 people;
- **in Japan:** fewer than 50,000 people.

Rare diseases are serious, chronic and progressive; they can be life-threatening. There are approximately 7,000 rare diseases in the world, but new ones are constantly being identified. 80% are genetically based diseases.

Orphan drugs are used to treat rare diseases. They are developed only to meet a public health need.

ORPHANXCHANGE

OrphanXchange is a European database under development since 2002, by the National Institute for Health and Medical Research (INSERM) and "LEs Entreprises du Médicament" (LEEM) in conjunction with ORPHANET. Its goal is to help develop diagnostic and therapeutic solutions for rare diseases.

OrphanXchange encourages exchanges between research scientists, clinicians and potential partners in industrial development.
A portfolio of research projects with commercial potential is publicly available on the Internet (www.orphanxchange.org), after appropriate registration and validation for each new database enquiry.
The projects involve either innovative research projects or commercial development of compounds already on the market that could have an orphan application.

At the end of 2005, the database included 126 projects.

Two products have obtained marketing approval in France:
• Colimycine (Colimysine®) in November 2004, a spray used for the treatment of cystic fibrosis;
• Fumagillin (Flisint®) in November 2005, for its anti-parasitic activity against intestinal microsporidia manifested by extremely severe diarrhea in some patients suffering from serious immune system deficiency. On the basis of this marketing approval, the product is also available upon request, for use outside France, to treat specific cases.

■ Other compounds are under development:
• Rasburicase, already on the market in Europe and North America, is under development in Japan for the treatment of hyperuricemia associated with chemotherapy for malignant blood diseases;
• Tirapazamine is being developed for first-line treatment of ORL cancers in conjunction with cisplatin and radiotherapy.

■ Due to the large number and variability of rare diseases, it is important to **develop partnerships** with different organizations. In addition to its own research efforts, sanofi-aventis has joined two European initiatives:
• **Erditi** allows European academic researchers who are studying rare diseases to have access to its compounds;
• **OrphanXchange** encourages the development of new avenues for research and collaboration between all those who are combating rare diseases.

Ensuring the safe use, efficacy and quality of our medicines and vaccines

The pharmaceutical industry must meet stringent requirements with regard to the quality and safe use of medicines: the health authorities ensure that practices comply with current national and international regulations, by assessing submissions and conducting inspections.

The Group's quality assurance and pharmacovigilance systems continuously improve our commitment to patients. They include warning procedures that, when necessary, ensure that the appropriate public healthcare decisions are taken as quickly as possible by the healthcare authorities.

SUBMITTING REGISTRATION FILES FOR NEW COMPOUNDS/GETTING READY FOR PRE-APPROVAL INSPECTIONS

Before granting marketing approval for a new drug, the regulatory bodies conduct inspections in order to verify whether the company is:

- making the product in accordance with the current good practices,
- closely following the requirements they stated in their marketing application,
- submitting factual and accurate data.

Sanofi-aventis has developed a program to prepare for inspections that take place prior to submitting a marketing approval application. This program is a Good Manufacturing Practices (GMP) and Good Clinical Practices (GCP) compliance program, involving all of the company's basic functions that relate to these areas.

The program meets two objectives:

- planning ahead for the inspection so that the marketing approval application can be submitted on time,
- creating specific teams for the pre-approval inspections in order to prepare more effectively for them.

In addition, it gives managers in the GMP-qualified sites the assurance that all will be ready for the inspection before the marketing approval application is submitted.

Quality

The Group's Quality and Compliance departments

The Group's Quality and Compliance departments are organized in such a way as to assure:

- adherence to the general principles of quality and the application of quality-oriented procedures throughout the various phases of research and development, especially during clinical trials;
- quality throughout industrial development, manufacturing and distribution processes;
- assure the quality of products, sold locally by the commercial staff in the affiliates.

In regards to **Research and Development and the Group's industrial activities**, the required quality level is monitored on a regular basis within each entity through the implementation of a quality management system and by regular auditing of activities, systems and processes in accordance with the international standards of Good Laboratory, Clinical, Manufacturing and Distribution Practices (GLP, GCP, GMP, GDP).

The national and international health authorities

The national and international health authorities verify on a regular basis the Group's levels of quality and compliance by conducting inspections. The primary authorities involved are: Agence Française de Sécurité Sanitaire des Produits de Santé (AFSSAPS), the European Agency for the Evaluation of Medicinal Products (EMEA), the United States Food and Drug Administration (FDA), and the German agency, Bundesinstitut für Arzneimittel und Medizinprodukte (BfrAM).

■ For our **research and development activities**, the supervisory agencies monitor the compliance of our development activities:

- within our development centers and in the clinical research units present at our subsidiaries;
- for our sub-contractors and clinical investigation centers (CROs).

■ For our **production activities**, agencies monitor compliance with Good Practices:

- in our manufacturing and distribution facilities;
- at our sub-contractors' sites.

Establishing our Manufacturing Quality Policy

Sanofi-aventis has established a Manufacturing Quality Policy. Our goal is to produce more drugs efficiently by integrating a quality management system into our manufacturing processes, with a goal of constant improvement shared by all personnel. With this aim in mind, the Quality and Compliance Department has developed guidelines and handbooks that state the basic principles of quality management, covering all of various aspects of Good Manufacturing and Distribution Practices. Each manufacturing site applies these procedures, giving us the ability to make appropriate decisions rapidly.

Exhaustive controls are used on the entire production line to meet extremely demanding quality requirements.

Pharmacovigilance

All pharmaceutical companies are required to make an immediate report to the health authorities about any serious adverse and/or unexpected side effects reported to them by patients and healthcare professionals. This must be done not only in the country where the event occurs, but also at the international level, to ensure the information can circulate quickly.

In addition, health authorities in most countries require pharmaceutical companies that develop or market a drug to also publish a regular summary report for that product (usually every 6 or 12 months). This document, which must include all safety data on the use of each product, is used to re-assess the risk-benefit ratio on a regular basis and to ensure that it does not change.

The pharmacovigilance department must also regularly analyze all the received or published data to make sure that the information given to consumers, patients and healthcare professionals corresponds to the current state of knowledge on any given product and that no update is required.

PHARMACOVIGILANCE DEPARTMENT ORGANIZATION

To ensure that all its products, both under development and on the market, are used safely, sanofi-aventis' pharmacovigilance department has been organized as follows:

- **pharmacovigilance divisions in each of the sanofi-aventis subsidiaries**, which are in charge of gathering, documenting, analyzing and distributing information reported by patients, clinical trial investigators and healthcare professionals. They also interface with local health authorities and various departments within the affiliate;
- **two centralized pharmacovigilance units** (one dedicated to vaccines and the other to all other drugs), which collect all the information available throughout the world concerning a product's safety, whether obtained through clinical trials or unsolicited notification.

Representatives within these entities have been integrated into all the project teams responsible for carrying out clinical studies with the products in order to ensure close coordination among all parties involved in development.

MANAGING AND SHARING INFORMATION

All adverse effects reported to the Group, regardless of the product, country or source (consumers, healthcare professionals, health authorities, medical literature, etc.) are collected together in a single database.

Operating procedures have been implemented to ensure compliance with all current regulations in the field of pharmacovigilance, regardless of the country or region concerned. Immediate reporting of serious effects and periodical summary reports are prepared or validated by the central pharmacovigilance units, then sent out to all countries that market the product in question. This makes it possible to provide the same information to all subsidiaries, as well as development, marketing partners and health authorities.

PRODUCT WARNINGS: AN EXAMPLE OF COLLABORATION WITH UNITED STATES REGULATORY AGENCIES

Public health and patient safety are of primary concern at sanofi pasteur.

At the end of 2005, the US health authorities notified sanofi pasteur of five cases of Guillain-Barre Syndrome among people who had recently received the Menactra® vaccine (administered to protect against meningitis). Once the notification was received, sanofi pasteur immediately informed every Menactra® customer of the issue and provided its complete support to the US health authorities as they investigated these cases.

Upon the investigations' completion, the health and regulatory authorities did not find evidence of a causal relationship. They reinforced the need to immunize "at risk" patients with Menactra® vaccine. Sanofi pasteur's rapid response is an example of our commitment to public health and safety.

Vaccines have protected billions of people worldwide against fatal diseases. It is essential for us to retain the public's trust in our drugs and vaccines by responding to any issues as quickly and transparently as possible.

WHAT IS PHARMACOVIGILANCE?

The purpose of pharmacovigilance is to evaluate and monitor the risks associated with products designed for human use (products under development as well as products already on the market) and to propose measures that reduce these risks, ensuring their proper and safe use.

Medicines are active substances that are usually foreign to the human body having effects that may not always be desirable or predictable. This is why, in addition to the desired effect, medicines can have other effects, known as side effects or adverse effects.

Many different elements are included when evaluating the safety profile of a product: whether the treatment is preventive or curative, the seriousness of the disease it treats, the nature and severity of the adverse effects themselves, and whether or not alternative therapies exist.

For this reason, all the various stages in drug development, from the first time it is administered to humans (phase I clinical studies) through to marketing approval and, beyond–while it is commercially available–have the same guiding principle: offering patients and healthcare professionals medicines with a good risk-benefit ratio (efficacy/safety ratio).

Pharmacovigilance in the vaccines business deals specifically with two aspects:

- most vaccines are administered to healthy subjects in a preventive role. Thus, the side effects are evaluated differently than for other medications;
- vaccines are not administered on a daily basis, as with most medications. Most vaccines are administered by injection, and repeated (two to four times) at intervals of several weeks or months.

Helping patients and their families fight disease

To improve patient care particularly in the major therapeutic areas such as diabetes or central nervous system, sanofi-aventis has actively invested in numerous national and international partnerships. This involvement includes information concerning disease prevention, screening and the available treatments, and all that improves patient care and support close family and friends.

Oncology

In oncology, the Group gives a high priority to informing the public on the various possibilities in cancer prevention and close support necessary for cancer patients.
Sanofi-aventis works closely with patient associations to:
- encourage the development of groups that will improve the communication and exchanges between patients and those who have recovered, in demonstrating that this disease, still largely perceived as indicative of death, can be overcome;
- provide psychological support, such as esthetic aspects.

Addressing concerns about appearance reinforces the patient's dignity, offering emotional support in their battle against the disease.

CREATING COMPREHENSIVE CARE FOR CANCER PATIENTS: our partnership with the College of Cancer Researchers of France (Maison des cancérologues de France: MCF).

As a communal area separated from the treatment centers, the MCF is a reference site for training young oncologists. It offers a Masters degree of Excellence in Medicine for Oncology(1). This Masters Course trains doctors how to provide patients with better quality care with the objective to improve their excellence in medical practice. Twenty-seven oncologists have already been admitted to the course in two classes, and a third class began at the beginning of 2006. With such an original conception, this Masters degree is totally coherent with the objectives of the new health organization and the Cancer Plan initiated by the French President in 2002.

"This training program available in Europe and the world, gives an opportunity for its participants to be better prepared to defend and advance in the fight against cancer. It improves our daily practice. Nowadays, we treat the patient, the person, not just the disease. We have gone beyond just hearing them; we have learned to listen to them. In addition to the thorough medical training given by the most eminent cancer specialists, this Masters degree addresses the cancer issue comprehensively, beginning with the philosophical concepts involved, like death, up to the day-to-day management of the medical staff team, including the organization to reform the healthcare system."

DR JÉRÔME VIGUIER
CHU Trousseau in Tours
Graduate of the 1st class Pierre Denoix

(1) A 16-month comprehensive postgraduate continuing education program, sponsored by the Institut Supérieur de Formation à l'Excellence en Médecine (ISFEM), in conjunction with the scientific management center at the Paris "École des Mines".

In 2006, sanofi-aventis and its partner, the International Union against Cancer (UIAC) will continue their pilot program to fight cancer in children in emerging countries. The call for projects initially sent out to ten countries in 2005 (Bangladesh, Egypt, Honduras, Morocco, the Philippines, Senegal, Tanzania, the Ukraine, Venezuela and Vietnam) will be extended to five new countries. Field studies under way in these countries will be made public during the second half of 2006, so that an inventory of cancer in children can be made, along with an action plan.

Diabetes

Diabetes, a chronic disease that affects 194 million patients worldwide, is today growing in epidemic proportions. Beyond providing medication, sanofi-aventis, a world leader in the area of diabetes, contributes to improving the lives of diabetic patients.
For example, sanofi-aventis has organized major awareness-raising campaigns in many countries. We remind diabetics of the importance of monitoring A1C levels (the level of glycated hemoglobin, which corresponds to the average blood glucose level over the previous 3 months) by providing this test at several forums and events, including the European Diabetes Week.
Sanofi-aventis launched a campaign in the United States with the aim of improving people's perception of insulin treatment. It is an established fact that early-stage insulin treatment can prevent long-term complications that may disable a diabetic person.

Epilepsy

Sanofi-aventis has worked for nearly 38 years in the field of epilepsy. We work in partnership with patient associations and scientific societies to improve the care of epileptic patients. Besides our regular support at national events such as National Epilepsy Days and Neurodon (a national fundraising campaign for brain research), sanofi-aventis participated with Bash Medical Publications and all the epilepsy patient associations in writing a pamphlet entitled, "Basic Questions about Epilepsy". Written in question-answer form, it is intended as a source of information to help improve the lives of epilepsy patients and facilitate the relationship between patients, healthcare teams and families. Patients can obtain it through their neurologist and/or patient associations.

THE "TRAIN DE LA VIE" EXHIBITION IN FRANCE

The "Train de la Vie" (an exhibition on a train) is an interactive travelling exhibition organised by the Group. During 37 days, the "Train de la Vie" visited 25 cities, spreading the essential message of prevention. Over 110,000 people from the general public including school groups with their teachers visited this train-exhibition which was open to all and which allowed each one to become aware of their own responsibility for their health.

The train presented a supporting message with optimism based on five themes: Breathe, Eat, Stimulate, Move, and React. In the train, one of the coaches was set aside for meetings and discussions with the participating patient associations.

Reporter Michel Cymes giving a live broadcast from the Lifestyles exhibit, March/April 2005

OUR MEDICINES AND OUR VACCINES

MEETING DIFFERENT NEEDS

"No small countries and no small products" is the Group's position in the healthcare field.
Sanofi-aventis offers communities all over the world a portfolio of medicines combining innovative products that represent genuine therapeutic advances with mature products, generics and vaccines.
By marketing this set of products, we can ensure the sustained growth necessary for our own development. With a diversified range of products matched to local diseases, we can meet the specific needs of population groups and make allowances for their financial resources.
This is made possible by first-class manufacturing facilities located throughout the world, and a comprehensive product portfolio that can meet these needs.

A rich, diverse medicines and vaccines portfolio

As a major player in healthcare, sanofi-aventis offers population groups a medicines portfolio that combines innovative products with mature products, generics and vaccines.

Pharmaceutical business

INNOVATIVE MEDICINES
The innovation and drive that characterize R&D activities at sanofi-aventis have already resulted in the introduction of innovative products to the healthcare community and patients that are being used to treat diseases found throughout the world. This has made us a global leader in many of our therapeutic areas.

Sanofi-aventis is searching for new approaches, targets and pharmacological classes that will lead to the development of the first compounds in their therapeutic class. The initial consideration is not the potential size of new markets; the major concern is the benefit to the patients.

MATURE PRODUCTS

For several years the Group has employed a strategy that is unique among the large pharmaceutical companies, by actively investing in mature products.

They represent a very important product group, both for patients and public health. The therapeutic response they produce for patients and doctors complements that of innovative medicines, and they have a long proven safety record supported by years of patient experience, as well as an economic advantage.

These factors make it possible for sanofi-aventis to offer a product portfolio suited to local economic constraints. In addition, the large volumes we manufacture make good use of our production capacity, while maintaining and creating jobs, which demonstrates our social responsibility.

GENERICS

When a drug patent protecting an original product (active principle) expires, any pharmaceutical company can request market authorization to sell a generic product: that is, a product with equivalent active ingredients and pharmaceutical form that has been clinically demonstrated to be bioequivalent to the original product.

The Group recently decided to actively develop its generics business to meet several objectives:

- **Market presence:** although sales of generic medicines currently represent 12% of the total global market, it is predicted that in 2010 the generics market should account for about 20% of the sales value and 50% of volumes consumed. In other words, half the consumers buying pharmaceutical products will obtain a generic product.

- **Production issues:** the Group owns more than 80 industrial production sites. The essential advantage represented by these industrial facilities, in terms of know-how and accumulated experience, should be optimized: in addition to manufacturing original products, generic production is a key factor for an optimal occupation of the sites and the development of our industrial activity.

- **Social issues:** the social responsibility of a pharmaceutical company demands that it also considers the 80% of the population that has little or no access to medicines. The sanofi-aventis Group has set up its generics strategy to meet this challenge by producing medicines of "Group quality" at reasonable prices making it easier for less privileged populations to receive suitable treatments. This objective is outlined in the specific framework of the Group's "Access to Medicines" initiative.

Coating tablets in a film-coating machine

Vaccines business

Sanofi pasteur's mission is to protect and improve human health worldwide by offering innovative vaccines that meet the highest quality standards to prevent and treat diseases. It also works actively with the public health community to promote vaccination.

Sanofi pasteur strives to develop new vaccines to meet medical needs not yet addressed, and to improve existing vaccines. To this end, 1,200 sanofi pasteur researchers scientists use the latest techniques in molecular biology.

With a rapidly expanding market that is expected to double by 2010, our challenge is to meet the constantly growing demand. With 350 vaccine presentations and 1,500 finished products for 20 viral and bacterial illnesses, sanofi pasteur currently has the most extensive vaccine product line in the world. Utilizing their high performance manufacturing facility, they produce and distribute over a billion doses of vaccine per year.

Manufacturing and research on every continent

The Group is deeply committed to the countries in which it operates and has always sought ways to contribute to local development, both economically and socially. In addition to its commercial operations, sanofi-aventis has manufacturing facilities in numerous countries, as well as research centers in Europe, North America and Japan. The Group has about 150 industrial, R&D and distribution facilities in 40 countries.

THE GROUP'S MAIN INDUSTRIAL AND RESEARCH SITES

Chemical	Pharmaceutical	Distribution	Vaccines	Research and development
SOUTH AFRICA				
Waltloo	●			
ALGERIA				
Alger	●	●		
Oued Smar	●			
GERMANY				
Cologne	●			
Frankfurt	●	●	●	●
Garching		●		
Mulheim Kärlich		●		
ARGENTINA				
Pilar			●	
AUSTRIA				
Vienna		●		
BANGLADESH				
Dhaka		●		
Tongi	●			
BELGIUM				
Boortmeerbeek		●		
Zaventem		●		
BRAZIL				
Rio	●	●		
Suzano	●	●		
CANADA				
Laval	●	●		
Toronto			●	
CHINA				
Beijing	●	●		
Hangzhou	●			
Shenzhen			●	
COLOMBIA				
Bogotá		●		
Cali	●	●		
SOUTH KOREA				
Seoul	●			
EGYPT				
Cairo	●	●		
SPAIN				
Alcobendas	●			●
Alcorcon	●			
Riells	●	●		●
San Augustin		●		
FRANCE				
Ambarès	●			
Amilly	●	●		
Aramon	●			
Bagneux				●
Chilly-Mazarin				●
Colomiers	●			
Compiègne	●			
Elbeuf	●			
Grange St-Clair	●			
Labège				●
Le Trait	●			
Lisieux	●			
Longjumeau		●		
Maisons-Alfort	●			
Marcy L'Etoile			●	
Marly-la-Ville		●		
Marne-la-Vallée		●		
Montpellier				●
Mourenx	●			
Neuville	●			
Ploërmel	●			
Porcheville				●
Quétigny			●	
Romainville	●			
Rueil-Malmaison				●
Saint-Avertin		●		
Sisteron	●			
St-Loubès		●		
Strasbourg				●
Toulouse				●
Tours			●	
Val-de-Reuil			●	
Vertolaye	●			
Vitry-Alfortville-Evry				●
Vitry	●			
GUATEMALA				
Guatemala City	●	●		
HUNGARY				
Csanyikvolgy		●		
Harbor Park			●	
Ujpest	●			●
Veresegyhaz		●		
INDIA				
Ankleshwar	●	●		
Goa		●		
INDONESIA				
Bandung		●		
Jakarta		●		
IRELAND				
Waterford		●		
ITALY				
Anagni		●		
Brindisi	●			
Garessio	●			
Milan		●		●
Origgio		●		
Scoppito		●		
JAPAN				
Kawagoe		●	●	●
Osaka			●	
Tokyo				●
MOROCCO				
Ain Sebaa		●		
Casablanca			●	
Cyprès		●	●	
Zenata		●		
MEXICO				
Cuautitlan, Mexico state	●	●		
Ocoyoacac, Mexico state	●	●		
PAKISTAN				
Karachi	●	●		
Wah	●			
POLAND				
Rzeszow	●	●		
Warsaw		●		
PUERTO RICO				
Rio Pedras		●		
UNITED KINGDOM				
Alnwick				●
Chapeltown		●		
Dagenham	●	●		
Fawdon	●			
Holmes Chapel	●			
SENEGAL				
Dakar	●			
SINGAPORE				
Singapore	●			
SWITZERLAND				
Geneva		●		
TUNISIA				
Megrine	●	●		
Tunis	●			
TURKEY				
Istanbul		●		
USA				
Bridgewater				●
Cambridge				●
Decatur		●		
Des Plaines		●		
Great Valley				●
Kansas City	●	●		
Portage		●		
Saint Louis	●			
Sparks		●		
Swiftwater			●	
Tucson				●
VENEZUELA				
Guarenas	●			
VIETNAM				
Hanoi		●		
Ho Chi Minh D2	●			
Ho Chi Minh D4	●	●		

*One site may have several types of activities (chemical manufacturing, pharmaceutical manufacturing, R&D, distribution, vaccines) considered as distinct establishments.

Our commitment to ensure adequate supplies of essential medicines and vaccines

Sanofi-aventis manufactures certain medicines used in treatments that, if interrupted, may put patients at risk; this often happens when no therapeutic alternatives exist, or in some instances, when the quantity or quality of products manufactured elsewhere is insufficient.
Sanofi-aventis has established a stringent production and supply policy to reduce the risk of these product supplies becoming depleted.

Promoting awareness and responsibility to our business partners

Furthering its commitments under the 10 principles of the Global Compact, sanofi-aventis has launched a process to raise social and environmental awareness by conducting surveys among its commercial partners. This approach promotes responsibility in the areas of human rights, working conditions and respect for the environment.

Adhering to HSE principles with our business partners:

CONTRACT MANUFACTURERS
The Group sends and updates all information on safety and environmental protection relevant to its products and processes to its contract manufacturers, so that they can take them into account in their operations.

HSE tours are held in production facilities in order to discuss and deal with any problems that may arise during the manufacturing of our products.

RAW MATERIALS SUPPLIERS
Assessments are carried out on a regular basis with our chemical product suppliers in order to determine to what extent HSE principles have been integrated into their production processes.

Csanyikvolgy warehouse in north-eastern Hungary

OUR RESPONSE TO SOCIAL ISSUES

CREATING BETTER ACCESS TO CARE

80% of the world's population does not have adequate access to healthcare or medicines.
In 2002, sanofi-aventis established a dedicated program to address this major challenge. The program was designed to determine the situation and expectations among underprivileged population groups, and devise action plans.
We identified five diseases–malaria, leishmaniosis, sleeping sickness, tuberculosis and epilepsy–for which our experience can provide legitimate, effective help.
Our position as a leader in vaccines provides good reasoning to be deeply involved in the prevention of infectious diseases.
We show our solidarity with developing countries through numerous partnerships, and we also provide assistance to victims of catastrophic events.

Specific programs: access to medicines

On April 15, 2005, at the international "Biovision" conference, Jean-François Dehecq reiterated sanofi-aventis' commitment to the populations of developing countries, whose access to medical care is limited, and who are vulnerable to overlooked diseases.

The Group's commitment is expressed in our actions, such as an appropriate pricing policy and research efforts. We utilize our resources, skills and determination in these areas.

The "Impact malaria" program

The Impact malaria program, with its **special internal team of 15 people,** has a budget of **about 8 million euros for 2006.** It contributes to the fight against malaria through four main areas of activity.

Area 1: establishing an appropriate pricing policy to increase access to medicines

In order to provide the least privileged populations with access to quality anti-malarial medicines, Impact malaria worked with our Industrial Affairs department to optimize the costs of producing medicines and established:

- in public-sector establishments, a policy of providing anti-malarial medicines at cost;
- in private pharmacies, a sliding-scale fee policy using the CAP program (Card Access Program).

Area 2: devising new therapeutic strategies and optimizing existing compounds

The World Health Organization (WHO), which recommended discontinuing the use of artemisinin as a monotherapy, recommends as a first-line treatment a combination of two compounds, including a derivative of artemisinin (ACT–artemisinin-based combination therapy).
To facilitate the rapid implementation of this new therapeutic strategy, Impact malaria now offers treatments made up of two anti-malarial drugs contained in the same blister pack (Arsucam®). In partnership with the DND initiative (Drugs for Neglected Diseases), the program is developing a fixed formulation of the two medicines in one tablet. This new format will improve treatment compliance greatly, which is crucial in achieving optimal efficacy and preventing resistances from developing.

Impact malaria
sanofi aventis
L'essentiel c'est la santé.

THE CARE PARTNERSHIP/SANOFI-AVENTIS IN LAGDO, CAMEROON

In Cameroon, malaria is currently the cause of 35% to 40% of hospital deaths and a 50% morbidity rate in children under five.

This is a pilot project that began in January 2005 by CARE France and sanofi-aventis as part of the "Impact malaria" program. Its goal is to come up with a methodology for an integrated, participatory approach to the malaria problem, one that is in line with the socioeconomic conditions in the province of North Cameroon.

The project's objective is to reduce the number of malaria cases in the area through awareness, prevention and treatment efforts with the local communities.

Which measures to take?
There is no single factor that can ease the burden of this disease on the communities. Measures will therefore be based on three complementary components:

- activities to heighten **awareness**, informing people about the causes of the disease, how to take effective preventive action, and how to treat the disease correctly;
- a **prevention** component giving people access to treated mosquito netting (to avoid being bitten) and conducting a mosquito extermination program aimed at reducing the Anopheles population by targeting, for example, its reproductive sites;
- a sustainable mechanism by which people can have **access to anti-malarial medicines**, making them available at an affordable price in remote regions.

The whole program works through participation: the communities have to be at the center of the campaign, so that they can independently sustain the efforts needed to halt the disease.

Area 3: training and information for every link in the healthcare chain

The fight against malaria is complex, because it has to take three factors into consideration: the patient, the parasite that causes the disease, and the disease vector (the Anopheles mosquito). Improved access to medicines cannot be effective in combating malaria unless all those involved in the field also receive the necessary medical and healthcare information.
The Group has pursued many efforts in this area, both with healthcare professionals and population groups, training them to treat malaria, and also to prevent it.

Area 4: research and development (R&D) for new anti-malarial products

Because resistance to chemical treatments develops rapidly, it is important to constantly seek new therapeutic solutions. Sanofi-aventis is currently conducting three research projects in this area, including one on ferroquine (the clinical phase).

All these efforts are part of sanofi-aventis' genuine determination to be involved in all aspects of the fight against malaria, particularly by giving underprivileged populations lasting access to quality medicines.

@ To find out more about all these initiatives: www.impact-malaria.com

WHAT IS MALARIA?

Malaria is a disease caused by a parasite, Plasmodium, transmitted to humans through the bite of the Anopheles mosquito. This disease affects primarily the inhabitants of developing countries in the intertropical zone.

Worldwide, there are an estimated 300 million cases of infection each year, and 1 to 3 million deaths; 90% of the victims are in Africa and the large majority are children.

Malaria, a major public health problem, also has economic consequences: in Africa alone, it accounts for an estimated loss of 1.3% per year in economic output, which represents 12 billion dollars.

Group of women - Dingale - Africa

Partnership with the WHO to combat sleeping sickness

In 2001, sanofi-aventis, in conjunction with the WHO, set up a five-year partnership to combat sleeping sickness.

This agreement includes three priorities:

- **providing, free of charge,** through the intermediary Doctors without Borders, the three medicines required to treat patients, in amounts determined by the WHO. In 2005, sanofi-aventis supplied nearly 350,000 ampoules of medicine, making it possible to treat more than 40,000 patients;
- **supporting WHO efforts in research and development** of new treatments (oral adaptations of injectable products, combined medicines, etc.). Our participation amounts to 750,000 dollars per year;
- **sponsoring initiatives** that aim to bring the disease under control (campaigns for routine screening among populations in high-risk areas, monitoring the epidemiological progression in infested zones, training healthcare personnel, etc.). Support for these activities in the field amounted to almost 2 million dollars in 2005.

Sanofi-aventis' total monetary commitment equates to 25 million dollars for the period 2001-2006. The five-year partnership has also allowed us to identify the key points of a new program whose final goal is to eradicate this terrible plague.

WHAT IS SLEEPING SICKNESS?

Sleeping sickness, or human African trypanosomiasis, is a parasitic disease spread by the tse-tse fly; it is found only in subtropical and equatorial Africa. 40 million people live in areas where sleeping sickness is endemic, and about 60,000 people could have the disease, which is always fatal if left untreated.

Sleeping sickness:

- occurs in two forms, due to two different parasites: one that is slow-progressing (over several years) and another which is acute (over a few weeks);
- develops in two phases: the first corresponds to the multiplication of the parasite in the blood and can be treated by administering pentamidine 200 mg; in the second phase, the parasite crosses the blood-brain barrier and invades the central nervous system. The result is uncoordinated movements that may even lead to episodes of dementia and increasingly serious lethargy and insomnia. This second phase can be treated by administering Arsobal® (melarsoprol) and/or Ornidyl® (eflornithine). These three products are supplied by sanofi-aventis.

Using lymph-node aspiration to screen for the parasite that causes sleeping sickness

In 2006 sanofi-aventis will continue its partnership with the WHO to fight sleeping sickness with a new program based on a bilateral commitment between the WHO and sanofi-aventis.

Programs to fight tuberculosis, leishmaniasis and epilepsy

In 2005, under the impetus of our chairman Jean-François Dehecq, the Group launched a workgroup on access to medicines for three major diseases: tuberculosis, leishmaniasis and epilepsy.
The sanofi-aventis Access to Medicine program was created in 2002, to gain a better understanding of these three diseases and the circumstances of patients in developing countries who suffer from them.
A production strategy was identified to offer appropriate medicines at a lower price by using the Group's pharmaceutical production plants in Brazil, Morocco and South Africa.

■ Along with AIDS and malaria, **tuberculosis** is one of the world's three big pandemics. It is responsible for about 2 million deaths every year, and the number of deaths is rising, especially among AIDS patients.
Historically, sanofi-aventis is the first and one of the primary producers of the antituberculotic reference antibiotic, rifampicine. A complete line of anti-tuberculosis medicines is distributed by the Group's subsidiaries in many countries.

Sanofi-aventis is participating in the fight against tuberculosis in South Africa with government authorities and the Nelson Mandela Foundation. The program, "TB Free", provides training to caregivers, who assist patients as they undergo uninterrupted treatment for at least six months. They use the "DOTS"(1) strategy recommended by the WHO, which yields the best cure success rates.

■ **Leishmaniasis** is a parasitic disease endemic to 88 countries, and the visceral form, Kala Azar, is responsible for more than 200,000 deaths per year.
Sanofi-aventis distributes one of the reference drugs used to treat this disease. Sliding-scale pricing is used with this product, with the poorest patients paying the lowest price.

■ **Epilepsy** is present in every country worldwide, with a higher incidence in developing countries. However, these countries have the least care available, and more than 80% of epileptic patients go untreated and live in extremely deprived conditions. This situation is not well recognized, although it is an increasing concern in the medical community.

For many years, sanofi-aventis has produced two reference drugs used in epileptic treatment; sodium valproate and phenobarbital; providing us with the expertise in treating this disease.
We launched an initial program providing pharmaceutical aid to a medical team in Mali that treats epileptic patients in a few rural areas with help from the NGO, Santé Sud. The program includes supplying drugs at cost and aid to train physicians involved.

(1) Directly Observed Therapy Short-Course.

In accordance with statements made at the May 2005 Biovision session on access to medicines in developing countries, long term action plans have been directed at five infectious diseases: malaria, sleeping sickness, tuberculosis, leishmaniasis, epilepsy, and at vaccines.

Vaccines and public health

Vaccination is a major prevention and public health tool that differs from drugs as it involves the healthy population.
It is one of the most effective means to fight infectious diseases, including potential new threats to public health such as pandemic influenza or bioterrorism.

As a partner of international organizations, sanofi pasteur works on several large scale initiatives, including global eradication of polio, preparation for an influenza pandemic, etc.

The poliomyelitis eradication initiative

At the end of May 2005, there were 380 reported cases of polio caused by the wild virus, compared with several hundred thousand cases 20 years ago. This remarkable success, with lasting consequences, has only been made possible by the largest public health campaign ever organized: the Global Polio Eradication Initiative (GPEI).

The GPEI, launched in 1988 by the World Health Assembly, was based on the unprecedented mobilization of public organizations (WHO, UNICEF, CDC, and governments) and private players (including Rotary International, the Bill and Melinda Gates Foundation, sanofi pasteur, and De Beers among others). For many years, sanofi pasteur has worked alongside the WHO (World Health Organization) in this initiative.

The wild polio virus consists of three strains: type 1, type 2, and type 3. Type 2 has been totally eradicated, type 3 persists to a small degree in Africa, but it is mainly type 1 that has continued to circulate in a handful of countries, including Egypt and India.

At the request of the WHO, sanofi pasteur created a monovalent OPV (Oral Polio Vaccine) against type 1 to ensure a vaccine better suited to the needs of countries where only this serotype circulates. The new vaccine was developed and registered in record time, and is expected to play a key role in the new WHO strategy for the final eradication steps in Southern Asia and Africa.

India benefited from the first m-OPV-I campaign, followed by Egypt. More than 60 million doses of the vaccine have already been produced at Val de Reuil (France) and distributed in Egypt, India and Yemen.

In early 2006, the WHO announced the eradication of wild poliomyelitis in Egypt and Niger, which brings the international community closer to its goal of total eradication.

Polio vaccination campagne (mOPV-1) in Egypt

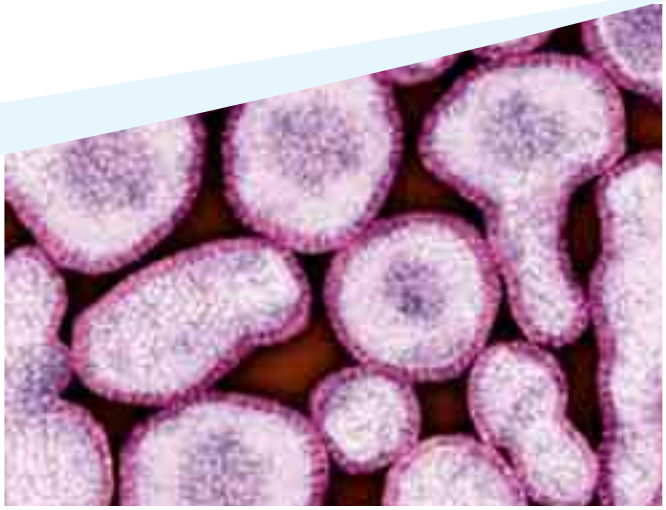
The Group's preparation for a potential flu pandemic

Pandemic influenza is a major public health threat for the 21st century. Since 2004, the highly pathogenic H5N1 bird flu virus has been circulating extensively in Asia, seriously affecting farmed birds and chickens in particular. Experts are now concerned that the virus will adapt to humans through genetic mutation leading to rapid inter-human dissemination and potentially causing a pandemic.

As the world leader in influenza vaccine production, sanofi pasteur is assisting health authorities to be in the best position to face a possible pandemic. This preparatory work initiated at our vaccine production sites in France and in the United States, essentially consists of developing a prototype vaccine in eggs, using the H5N1 strain, (based on the manufacturing process used to produce our annual influenza vaccines), and conducting human clinical trials on the prototype vaccine (Phases I and II) to define the vaccine's characteristics and the most effective administration protocol.
Sanofi pasteur's pandemic preparation activities have been conducted in close collaboration with the WHO, various governments and other manufacturers.

The company's efforts contributing to global preparation against a possible influenza pandemic include the following:

- sanofi pasteur heavily investing in the expansion of its influenza vaccine production capacity in the United States (160 million dollars in the construction of a new production plant in Swiftwater) as well as in increasing its vaccine production capability in France (Val de Reuil plant);
- sanofi pasteur signed an agreement with the French Ministry of Health for pre-pandemic vaccine production in 2005 and creating a 1.4 million dose stockpile of the candidate H5N1 vaccine. According to this agreement, the company may also supply enough vaccine to protect 28 million people in the case of a declared pandemic, once the viral strain responsible has been identified;



Flu virus

- sanofi pasteur has signed several contracts with the US government to prepare for a possible pandemic. Contracts include: experimental doses for clinical trials, bulk quantities of vaccine for stockpiles, the introduction and care for flocks of laying hens to produce eggs all year round (not just seasonal production), the acceleration of the development process for new influenza vaccines from cell cultures, including the design of a vaccine production unit dedicated to cell culture;
- additionally, the company has signed contracts with several other governments in Europe and around the world regarding pandemic preparedness.

VIGIFLU: THE GROUP'S PREPARATION FOR A POTENTIAL FLU PANDEMIC

In keeping with our global public-health mission, the Group took active steps in 2005 to prepare for the emergence of a potential flu pandemic by drawing up a Group-wide crisis management plan, Vigiflu. It has two primary objectives:

- defining precautionary steps to be taken by employees and outside providers to reduce exposure to the risk of transmitting the potential pandemic to their families and others;
- ensuring continuity for our development activities and making our medicines available to patients worldwide.

A multidisciplinary Vigiflu Committee has been established under the guidance of the HSE department: Health in the Workplace/Vaccine Expertise/Human Resources/Communication/Information Systems and representatives from the three business operations departments: Industrial Affairs, Medical and Scientific Affairs and Pharmaceutical Operations.

The Vigiflu Committee meets monthly to prepare recommendations and actions with its workgroups.

Communications from the committee are aimed at developing collective awareness through:

- the Vigiflu web site;
- pamphlets published by Vigiflu with general information on bird flu, seasonal information and the Group's action plan/personal hygiene and recommendations for travelers/masks/building decontamination, etc.;
- event monitoring with a monthly report to management on relevant WHO data.

Flu awareness program for sanofi-aventis employees

Sanofi pasteur's other projects

DENGUE FEVER

Dengue fever is a tropical disease responsible for 25,000 deaths per year and 50 to 100 million cases of hemorrhagic fever, including 500,000 cases requiring hospitalization. Dengue, which has become widespread in all tropical countries except Africa, represents a huge human and socioeconomic cost. Since the early 1990s, sanofi pasteur has been involved in developing a vaccine against the dengue virus, and works closely with major public health organizations and scientific experts throughout the world.

HIV

One of the major objectives for public health today is the development of an HIV vaccine that is effective and accessible to all those who need it. The development of a vaccine still raises complex scientific and technical challenges. As a result, sanofi pasteur is committed to research as well as several public-private partnerships, including the "Global Vaccine Enterprise", which brings together scientists and manufacturers to speed up the development of an HIV vaccine.

A NEW INDUSTRIAL VACCINE PRODUCTION SITE: PILAR, ARGENTINA

The official inauguration of the Pilar facility in Argentina took place on November 29, 2005. The Pilar site is the first production site in the southern hemisphere wholly owned by sanofi pasteur. It will manufacture the Hepatitis B valence, which will be integrated in two liquid pediatric vaccines combined with five or six components.

The facility has a state of the art technology. Sanofi pasteur, which this year celebrated its 25th anniversary of operations in Argentina, believes that this strategic production site will have a twofold benefit in that it will promote growth and the economic recovery in this country.

Sanofi pasteur's Pilar manufacturing site in Argentina

Our partnerships: how we express our solidarity

From the beginning, the Group and its employees have been involved in a humanitarian venture that reaches beyond health issues and is consistent with the values on which sanofi-aventis' ethics are based. This commitment to create greater solidarity in the world is at the core of our corporate philanthropy. The objective is to provide sustainable support to communities in need, using prevention and education programs, hygiene and healthcare access programs, and programs to reduce poverty and exclusion. Health, Solidarity and Children are the three guiding themes.

These efforts may be directed at humanitarian emergencies in industrialized countries, as well as developing countries. Corporate philantropy reflect the Group's corporate values. Seen in context, they reveal the essence of a company unlike any other, a company attempting to meld its financial obligations to socially responsible behavior, with special focus on the most vulnerable population groups.

Emergencies

In humanitarian emergencies, health needs are some of the most essential. Drug donations are often needed as a first response, necessitating rapid, coordinated action.
As soon as disaster strikes, the Group and its appropriate subsidiaries mobilize to donate emergency medicines to NGOs and associations working in the field, coordinating with all the institutions involved in order to meet the needs of stricken communities as closely as possible. Our donations of medicines are made in compliance with guidelines defined in May 1996 by the World Health Organization (WHO).

In addition to drug donations, our solidarity with disaster victims is expressed by mobilizing the company's other resources, in the form of skill transfers, requests for donations from our associates with matching funds from the Group, and support for our workers who are eager to volunteer.

PAKISTAN: SANOFI-AVENTIS SUPPORT AND ITS AFFILIATE IN PAKISTAN

Could you describe your first reactions when you heard about the disaster?
"Since we have a manufacturing plant in Wah not far from the center of the quake, and our medical sales representatives cover the whole country, our immediate concern was to contact our employees, to find out if they were all right, and provide help to those affected by the disaster."

What form of help did sanofi-aventis provide after the earthquake?
"Working with the Pakistani government, our priority was to outfit medical personnel with medical and surgical supplies, and also to augment medical and paramedical teams. Individually, sanofi-aventis employees donated a day's wages to the disaster assistance fund."

What was the international response like?
"The earthquake mobilized the international community on many levels: governments, individuals and businesses. Sanofi-aventis stepped in with donations of medicines for the emergency kits sent by Tulipe (Pharmaceutical Industry Emergency Transfer), which works with organizations like COSI (the International Response Committee), Secouristes Sans Frontières (Rescue Workers without Borders), but also with the Pakistani Red Crescent organization. The Group also responded to the call for vaccines by shipping 30,000 doses of typhoid vaccine, 2 million doses of tetanus vaccine, 1 million doses of measles vaccine and 20,000 doses of hepatitis A vaccine. These vaccines were made available to the people through the Aga Khan development network and UNICEF."

What is the next step?
"Now we have entered the reconstruction stage. Sanofi-aventis will continue to help the victims through its partnership with Handicap International."

TARIQ WAJID
Chairman of sanofi-aventis
in Pakistan

THE EARTHQUAKE IN PAKISTAN

On October 8, 2005 an earthquake registering 7.6 on the Richter scale rocked northern Pakistan, leaving terrible devastation in its wake: over 78,000 dead, 69,000 seriously injured and 3.5 million homeless, and extensive damage.

Sanofi-aventis arrived with support on the heels of the disaster with one of its longtime partners, Handicap International, and a commitment to provide more than just emergency aid. Thanks to its expertise in earthquake assistance, Handicap International is involved in fitting prostheses and rehabilitating people with injuries, training healthcare personnel and communities, and raising awareness about how to deal with a handicap.

ONE OF OUR PARTNERSHIPS WITH HANDICAP INTERNATIONAL IN PAKISTAN

What is Handicap International's role other than emergency aid?

"This earthquake caused at least twice as many severe disabilities than the crises we have had to manage previously. In emergency situations, we work primarily on preventing disabilities and complications, but the people we have treated are going to need support to start over in their social and professional lives. Many of them will need ongoing medical attention all their lives. We are working with the local and national authorities and other partners in civil society so that handicapped people–earthquake victims and others–can gain increased access to appropriate care and services."

What principles do you follow in responding to an emergency?

"Our goal is to provide appropriate aid for the situation, and to strengthen local resources rather than substituting ours, and to avoid duplicating aid. We are working closely with the Pakistani national school of orthopedics, an association of disabled people that has over 400 members all over the country, and with hospital managers and the local authorities of the province where we are providing assistance. We are also helping to set up a national handicap action plan and working with the International Red Cross (IRC), various United Nations agencies and several large international NGOs."

What concrete post-crisis measures are you taking and how long do you plan to provide assistance?

"We are working to establish an appropriate care system in the northwest border province and to train a community-based reintegration network. The prosthetics and rehabilitation services that we have set up in the affected regions are now integrated into the province's health policy. When we send the seriously injured people home, the structures we set up will determine their care over the long term. We are working on a three-year plan in Pakistan and we could extend our stay, depending on needs."

What are the main issues to be dealt with in the coming months?

"We need to address difficulties and challenges arising from the scope of the disaster, the number of victims, the size and limited accessibility of the geographic area, and the widely scattered communities. Our primary goals are to support handicapped people, and give them a place and a role in society, despite tough living conditions and cultural resistance."

ANNE GRENAUDIER
Handicap International
Emergency Operations Assistant

HURRICANE KATRINA IN THE UNITED STATES

In August 2005, responding to devastating hurricane Katrina, sanofi-aventis USA sprang into action to provide a broad range of aid to hurricane victims, in terms of both our own employees and the general population. Sanofi-aventis initiated several programs, including:

- a relief fund set up by the employees of the other North American subsidiaries. Thanks to this wave of employee solidarity and matching funds from the Group, a total of 300,000 dollars was raised;
- donations of medications and vaccines valued at 4 million dollars distributed through the Wal-Mart and Walgreens networks;
- 1 million dollars in donations to various medical charities for children who were victims of the hurricane;
- a funded leave of absence program.

Consequences of category 3
hurricane near Johnson Bayou on September 24, 2005 - Louisiana

HURRICANE KATRINA
sanofi-aventis USA encourages employee involvement in helping those in need

Roy Krueger, *an Industrial Hygienist at the Kansas City facility (Missouri-USA) is an ex-firefighter and volunteers on a local search and rescue crew in Missouri.*

For 18 days, Roy joined volunteer rescue workers in New Orleans who were relieving the previous rescue crews. They checked nearly 2,000 houses per day, half of which were difficult to access.

"The conditions were tough," *said Roy.* "The temperature was easily 110 degrees F. The houses were filled with mud on the inside and the stench outside was terrible. Mildew was growing everywhere. And unfortunately, some searches ended in tragedy. You were hoping that the house you were going into was empty, because otherwise, there wasn't much chance that those inside would be alive."

And if he could do it again?

"Yes, absolutely. It was hard, but I learned so much. It changed my perspective –my way of looking at things– seeing the hardships that people put up with while my little life goes on. No experience could be any harder."

Long-term solidarity and partnerships with developing countries

The success of our ongoing solidarity programs all over the world is due primarily to the support and involvement of sanofi-aventis employees.

OPERATION "TSUNAMI SOLIDARITY"

On the morning of December 26, 2004, an earthquake registering 8.9 on the Richter scale rocked the Indian Ocean.

Nearly 300,000 people perished in a few seconds, and millions of others were left with nothing; hundreds of kilometers of coastline were completely destroyed. The Group and its subsidiaries in these disaster-stricken countries sprang into action the day after the disaster struck. Almost 7 tons of medicines were dispatched immediately, as well as 400,000 euros in financial support, to meet the most urgent needs.

Solidarity through action

Besides the initial emergency aid, the Group and its employees have chosen to join in the reconstruction of destroyed villages and provide aid for children over the long term.

On January 25, 2005, a Day of Solidarity was held at the Group's 300 sites throughout the world. Our employees in every country launched into action and raised 830,700 euros to fund the projects over the long term. One third of this money was for sponsoring children and two-thirds for sister city projects in the damaged villages. Eleven partner NGOs helped to deliver this heartfelt response.

Group subsidiaries connect with sister villages damaged by the tsunami

The funds raised have been used to re-establish production tools (purchasing boats and fishing nets), rebuild and repair homes, water distribution and sanitation systems, provide access to healthcare, education for children and offer psychological and social support for families.

In Sri Lanka, new houses have been built with running water, bathroom facilities and electricity.

In Thailand and Indonesia, schools have been repaired or are being constructed as a place to provide children with shelter and psychological support.

In India, fishermen are already repairing their nets and fishing in new boats. On the Tamil Nadu coast, one of the most severely damaged areas in India, mobile clinics have been combing the villages. "For two months people lived in fear; they had palpitations and insomnia – they couldn't sleep at night. The fear is subsiding little by little," says Dr. Asha from the Isha Foundation.

Relief for children

Worldwide, over a thousand employees made a commitment to sponsor a child. In France, 585 employees have signed up with the two partner NGOs, SOS Children's Villages and Children of Mekong, to support the children of villages stricken by the tsunamis.

These funds have been used in Thailand to provide financial support to 195 families in the Thap Tawan camp. In Indonesia, the donations are going to help build an SOS Children's Village at Meulaboh and a social center to prevent children from being abandoned.

Through all these projects, sanofi-aventis and its employees have chosen to invest in long-term aid to the communities so that they can re-establish their autonomy as quickly as possible and move on to a new life.

AN EXAMPLE OF SANOFI-AVENTIS EMPLOYEE SOLIDARITY: INDIA

"What has really struck me is how profound people's response has been; a great, compassionate, emotional response that has generated these extraordinary donations. This solidarity arose not from the governments, but in the conscience of each person."

FATHER CEYRAC, whose association received donations from the Group and its employees to assist tsunami victims on the Tamil Nadu coast.

THE EPIVAC TRAINING AND ACTION PROJECT

EPIVAC is one of sanofi pasteur's contributions to the Global Alliance for Vaccines and Immunization (GAVI).

This training program, implemented by the Preventive Medicine Agency (AMP), has been developed in partnership with the governments of beneficiary countries and the universities of Cocody-Abidjan and Paris Dauphine, in cooperation with WHO, UNICEF, the Global Vaccine Fund and other NGOs working in Africa.

Since its launch in fall 2002, 195 doctors in charge of vaccination programs have received training. Coursework is offered on practical vaccinology and managing vaccination-based prevention systems (economics and public management). By 2007, 250 doctors are due to have been trained. These doctors will strengthen the network of immunization professionals working in the African countries. The four groups that have been trained come from eight French-speaking West African countries.

Sanofi pasteur has enabled the development and implementation of EPIVAC through a five-year funding program and an investment in human resources.

Work session at Epivac training

VACCINES: GREATER EFFECTIVENESS THROUGH TRAINING

"EPIVAC'S primary goals are to support permanent vaccination programs, to improve management skills at the district level and to keep African health management professionals in Africa.
When it is possible to collaborate with a country's government, this program increases vaccine coverage rates and makes it possible to collect more reliable epidemiological data. The Vaccination Plus programs, which are determined by each government, provide vaccination free of charge to the people. They generally include tuberculosis, whooping cough, polio, diphtheria, tetanus and more recently, yellow fever, hepatitis B and measles."

MS KABASSI-ADÉOTI
Sanofi-aventis Medical Information Spokesperson - Benin and Togo

Aid to groups in need in developed countries

Sanofi-aventis lends its support to help combat social exclusion and help those in need.

We provide a range of aid to the underprivileged groups served by the Paris social SAMU (Emergency Medical Assistance System), with donations of medicines and vaccines, support for epilepsy and diabetes clinics, and concerted action to fight tuberculosis.

OUR PARTNERSHIP WITH THE SOCIAL SAMU IN PARIS, FRANCE: SPONSORING THE FIGHT AGAINST TUBERCULOSIS CLOSE TO HOME

At one time, tuberculosis was thought to have been eliminated; now it is making a vigorous comeback on a global scale.

In France, it is rampant in underprivileged urban populations. The incidence is twice as high in Ile-de-France than the entire country, with 26 cases per 100,000 people. The rate is 496 per 100,000 people among the homeless.
Tuberculosis has once again become a public health problem, considering the risk of transmission. However, it is curable when properly treated.

For five years, the Social SAMU in Paris and sanofi-aventis, along with our employees, has been supporting the efforts of the Mobile Anti-Tuberculosis Team (EMLT in French). The company matches employee donations four-fold. It is a targeted system organized by the Social SAMU; it screens, treats and cures homeless people in Paris, using a method recommended by WHO: the DOTS[1] strategy, used successfully in New York in the 1990s.

The EMLT's goal is to assist each patient until he or she is cured, by tailoring its efforts to each person's lifestyle. Tuberculosis treatment must be pursued for at least six months, and is only effective if the antibiotics are taken continuously. This is rarely achieved with socially marginal patients.

Five years into the treatment program, EMLT's results are demonstrating the value of using the DOTS strategy with patients who are difficult to treat. Out of 59 cases treated by the EMLT, they have lost track of only two patients and 54 have completed the treatment.
As experts in treating disease with a complete line of antibiotics (the Rifa line), sanofi-aventis involved its employees in this partnership with the Social SAMU.

THE "PATIENT ASSISTANCE PROGRAMS"–UNITED STATES: HELPING DISADVANTAGED PEOPLE

In 2004, the major pharmaceutical companies in the United States supplied medicines for 22 million prescriptions (worth 4 billion dollars) through various organizations under the umbrella of PhRMA. These programs help low-income patients and their families to obtain medicines free of charge or at reduced prices.

This partnership allows patients to enroll from a single access point in over 475 public programs giving them access to medicines.

In addition, the sanofi-aventis assistance program targets several million uninsured low-income US residents (less than 200% or less of the federal poverty level). It includes free or reduced-cost access to specific product categories such as cancer treatment, vaccines, etc.
For example, in oncology, sanofi-aventis' PACT Plus™ (Providing Access to Cancer Therapy) program gives patients access to three medicines used in treating breast, lung and prostate cancer and anti-nausea medicines.

(1) Directly Observed Therapy Short-Course.

HELPING HOMELESS PEOPLE AFFECTED BY TUBERCULOSIS

"Homeless people, who are 'reclusive' by nature, are difficult to treat and monitor. Existing institutions are not up to the job. So we had to organize a system where we could meet them, and accompany them. We are happy to have sanofi-aventis supporting our efforts in this unprecedented operation, whose effectiveness was demonstrated during the pilot phase. This is a unique partnership in its genre, and in addition, it has served as an example to attract other funding."

DOCTEUR XAVIER EMMANUELLI
Director and founder
of the Paris Social SAMU

SANOFI-AVENTIS SUPPORTS THE "MEDICARE PRESCRIPTION DRUG PROGRAM"

The longer lifespan made possible by medical progress can go hand-in-hand with the problems in getting access to medicines for low-income elderly or disabled individuals.

In the United States, the Medicare Prescription Drug Improvement and Modernization Act, passed by the US government in 2003, extended federal health coverage to prescription drugs for people over 65 and those who are disabled. The Plan became effective in January 2006.

Sanofi-aventis supports this program by offering price breaks. Eligible patients can choose the medications they need by paying a low monthly premium. These patients can also obtain aid to pay the premium if necessary.

The Medicare Prescription Drug Benefit Plan provides coverage to low income senior citizens in the US so they can obtain the medicines they need more economically

OUR SOCIAL CHALLENGES

OUR SOCIAL PERFORMANCE CONTRIBUTES TO OUR GROUP'S FUTURE ABILITY TO ACHIEVE SOUND, SUSTAINABLE AND PROFITABLE GROWTH.

With regard to its employees, sanofi-aventis' socially responsible approach relies on the ability to anticipate, quickly react and adapt to both changes in the economic and social environment, and to technical developments.

The Group's primary human resources challenges with respect to corporate social development are:
- taking various cultures and specific local conditions into account while respecting the Group's values;
- promoting employee training to maintain and improve their professional skills, increase their qualifications and adaptability, while contributing to the development of our business;
- preserving management continuity in key positions and ensuring employee development potential;
- insuring fair compensation for employees and providing them and their families with social protection to deal with unforeseen events;
- creating conditions for open social dialogue with employees and their representatives;
- managing responsibly, especially when organizational changes become necessary; by finding ways to minimize the consequences for employees and the surrounding community in regards to employment.

The Group's objective in meeting these challenges is to create a real community of people engaged in sanofi-aventis' success by developing human resources policies that provide a sustainable foundation for growth.

OVERVIEW OF THE GROUP'S WORKFORCE IN 2005

A COMMUNITY OF 97,000 PEOPLE THAT SPANS EVERY CONTINENT

With the Group operating in its new form in 2005, efforts were focused on **unifying and harmonizing the major human resources policies** addressing social relations, skills development, compensation and benefits.

Solid, unified foundations

The Group's social charter has been updated and broadened in order to provide a solid, integrated foundation for our Human Resources policies.

Bearing in mind our social responsibility to our employees and the local communities in which we operate, the Group outlined the underlying principles that support its activities in an established document.

The sanofi-aventis **social charter** states the principles that form the common foundation on which all of the Group's human resources efforts are built. In addition, it reiterates the UN Global Compact labor rights principles to which the Group has committed itself.

The charter was **translated into 20 languages,** and sent to all Group subsidiaries worldwide where it was distributed to all employees.

A worldwide employee stock ownership plan, "Actions 2005" was offered to employees in countries where legislation permitted. "Actions 2005" provided 90% of Group employees in nearly 80 countries the option to purchase sanofi-aventis stock at preferred rates. This in turn helps employees become involved in our future development.

Reconciling new organization and employment

Our new organization was built focusing on the Group's commitments regarding employment: minimizing job cuts, and whenever cuts were unavoidable due to the merger, negotiating solutions with employees and their representatives, encouraging voluntary changes, and mobility within the Group.

As of December 2005, one year after the merger, sanofi-aventis employed 97,181. The workforce increased by 0.8% in comparison to December 31, 2004 (96,439).

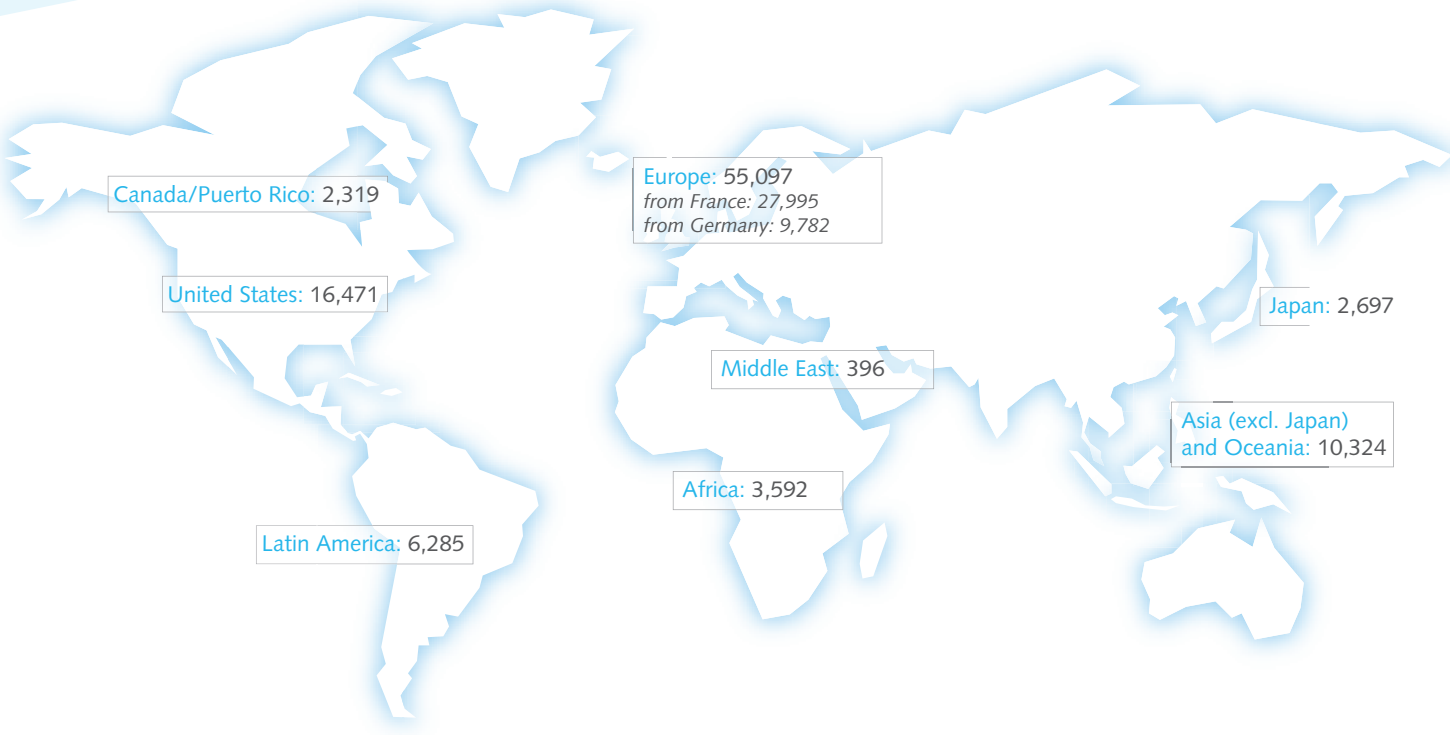
Sanofi-aventis' employees

[**Methodology:** 2005 data were collected using a common IT tool with standardized definitions in all Group subsidiaries. 2004 comparative data were used to calculate changes in 2005. These comparative statistics were redistributed and recalculated on December 31, 2004, based on the revised geographic structure of the Group.]

At the end of December 2005, the Group employed 97,181 employees (56.7% in Europe, 16.9% in the US and 26.4% in the rest of world).

With 28.8% of the total workforce, France has the largest percentage of employees, followed by the United States with 16.9% and Germany with 10.1%. The Group employs 2,697 people in Japan, i.e. 2.8% of its total workforce.

GLOBAL WORKFORCE BY AREA



97,181 employees worldwide.

GLOBAL WORKFORCE BY FUNCTION

The sales force (medical sales representatives and local sales teams) represents 36% of the total workforce, production activities 32% and research and development 18%. Lastly, the "support functions" which assist the other functions within the Group, represent 14% of the total.

Vaccines, with all functions combined, account for 9% (8,698 employees) of the Group's total workforce. The sanofi-aventis vaccines business is strongly represented in France (nearly half the workforce) and the United States (around a quarter).

	R&D*	Manufacturing	Sales force	Other functions	Total
Europe	12,404	22,575	12,381	7,737	55,097
from France	*8,385*	*12,225*	*3,391*	*3,994*	*27,995*
United States	3,464	1,648	9,417	1,942	16,471
Other countries	1,768	6,686	13,232	3,927	25,613
Global	**17,636**	**30,909**	**35,030**	**13,606**	**97,181**

*Including: industrial development medical/regulatory staff of subsidiaries.

Workforce changes in 2005

At the end of 2005, the Group worldwide employed 742 additional people (+0.8%) compared to that on December 31, 2004. If we include businesses divested in 2005–Pharmaserv (Germany), Manati (Puerto Rico) and Martin (Slovakia)–growth in workforce would have been 1.8%, primarily in the vaccines (+11%), and also in the pharmaceutical business (+1%).

In 2005, approximately 11,800 people left the Group including 2,200 at the end of their fixed-term contract.

Over 12,500 people were hired in 2005, the majority under permanent contracts; mainly to replace those who left, but also to strengthen the sales force and research and development teams. The thriving vaccines business also contributed to the headcount increase particularly with new hires in production.

	Workforce as of December 31 2005	2004	Net change in 2005
Europe	55,097	55,546	(449)
United States	16,471	15,811	+660
Other countries	25,613	25,082	+531
Global workforce	**97,181**	**96,439**	**+742**
Including			
• *pharmaceutical business*	*88,483*	*88,622*	*(139)*
• *vaccines business*	*8,698*	*7,817*	*+881*

Group employees in the new R&D center - Milan

EMPLOYEE DEVELOPMENT

BUILDING TEAMS THROUGH SHARED PROJECTS

2005 was a year dedicated to teambuilding and performance. One Group challenge was to make sure that each employee had a good understanding of our strategy and values, two elements essential to each person's motivation and performance. Significant efforts were made to provide Human Resources teams with standardized tools consistent with the Group's culture and policies so that they could be more easily accepted by employees and new hires. Initiated in the first quarter of 2005, the performance and development management policy states that each employee shall have a face-to-face meeting with his/her manager at least once a year in order to discuss priorities and individual areas of development.

Attracting and retaining skilled people

Recruiting

During 2005, sanofi-aventis increased recruitment and internal mobility worldwide. In response, **we developed external activities focused on students and graduates** by participating in numerous job fairs, and enhancing cross-functional activities in order to strengthen the Groups' presence on every continent (i.e. participation in the Franco-German and Franco-American Forums).

Sanofi-aventis reinforced its partnerships with specific schools and universities, in France (as a member of the "HEC" Foundation and as a partner with ESSEC for the Bioethics and Therapeutic Innovation Chair) and in various other countries where our subsidiaries continue to build close ties with the best local universities–these include ESADE in Spain, MIT in the USA, the Universities of Pineas and Athens in Greece, Bocconi University in Italy, SH Medical University in China, Cairo University in Egypt, the University of Geneva in Switzerland, and UNESP in Brazil.

Internal Mobility

The Group promotes internal mobility both across functions and regions, by favoring internal applicants for open positions.

■ **The Mobility network** continued the efforts of the job Network in 2004 seeking positions for employees impacted by re-organization and facilitating inter-site and inter-function career development.

■ At all French facilities, as well as some affiliates (JOBS in Germany for instance), the Group **has deployed electronic tools to manage internal and external job opportunities** and 250 people have been trained to use them.

■ **Supporting change and helping the new teams fit in.** In order to support the new organizations and merging of teams, Human Resources received an **integration kit** containing a number of tools (videos, slides, texts). It offers three primary gateways for learning about the Group: its key elements, its values and its ambitions. With the help of this tool, sanofi-aventis' culture is being deployed throughout the Group.

LIFE IN MONTPELLIER

"For five years I was an assistant at Aventis headquarters in Strasbourg. When the merger was announced, I saw it as an opportunity for a change. But I did not want to work in Paris; I needed to find an equivalent position elsewhere. With the help of the internal mobility team, I found this assistant director position in Montpellier: the scientific purchasing department manages purchasing for all of the Group's research centers, which gives me the opportunity to work in an international context again. I fell in love with the area at my first interview. It's all new for me, moving from the north to the south of France, from a headquarters to a research facility. I've received a warm welcome and support. Professionally, I'm using all my skills in another environment."

MARIE-CLAUDE CHRIST
Assistant at the Scientific Purchasing Department in Montpellier since July 2005

Sanofi-aventis at the Franco-German forum in Strasbourg, October 2005

In 2006, all subsidiaries will be offering a high-performance hiring management system; this system was devised from the e-recruiting project launched in 2005. Three pilot subsidiaries–Germany, Great Britain and Belgium–have been testing the new system since January 2006.

Fostering apprenticeships

In France, along with other large French corporations, the Group signed the apprenticeship charter at the end of May, thus reinforcing our commitment to training young people. On December 31, 2005, we had 325 apprentices; which corresponds to a 28% increase over the previous year (253 contracts). These apprentices are preparing for all types of diplomas **from level V (professional diplomas) to level I (Master's degrees, engineering degrees, etc.).**

In Germany, during 2005, over 500 apprentices were trained or are still being trained. Over 50 were hired for positions that were still vacant after transfers between Berlin and Frankfurt.

"FOR ME, AN APPRENTICESHIP WAS THE SOLUTION"

Cédric Mauchien, an engineering student at CESI Paris, started working at the sanofi-aventis IT department in 2003, reporting to project manager Nicolas Gebelin.

Why choose an apprenticeship?
"I wanted to acquire professional experience and at the same time get a good, solid degree. Being an apprentice was the solution."

From the beginning of his contract, Cédric was immersed in the corporate world. "I worked primarily on profile management and on optimizing Santea.com, an extranet site for doctors."

Once he finishes an internship with a company in New York, Cédric will rejoin sanofi-aventis, but in a completely different capacity: marketing.
"Sanofi-aventis is an important, interesting company where I can gain many different skills. I wanted to tap into this and learn about another aspect of engineering, one directed more toward analysis and research," he explains.

CÉDRIC MAUCHIEN
Apprentice Engineer
OTC Marketing Department

Developing talents to foster sustainable performance over the long term

Employee review meetings

In addition to meeting immediate needs like hiring and internal transfers, the Group initiated the **"Talent Development"** program in the second quarter of 2005.

Talent development's objective is to make good use of each employee's potential by capitalizing on their development and performance reviews and by making the connection between the company's needs and available skills over the short and mid-terms.

To this end, "Employee Review" meetings were held in all the regions, countries and facilities; they helped us to **identify common issues** concerning the company's needs and served as a **starting point for transfers between locations and between functions,** which began in 2006.

Annual reviews

A major effort was made to **provide Human Resources with integrated tools** tailored so that employees would have a better understanding of the Group's challenges and culture making them easier to embrace. This initiative produced the **new interview guide and templates.**

The performance and development policy implemented in the first quarter of 2005 relies on two specific reviews: one, oriented toward goals and annual performance and the other, the mid-year review, to discuss the employee's demonstrated skills, development areas, and professional development possibilities.

This policy was implemented for all managers throughout the Group, as well as some of their team members.

During 2006, this process will be consolidated.

Many activities have been planned for 2006:

- including distributing tools to enhance apprenticeship programs and answer questions those involved (HR supervisors, mentors, apprentices and trainees);
- collaborating with Purchasing to improve apprenticeships with our suppliers and partners;
- developing our relationships with selected training centers.

Training

Employee training helps individuals grow as well as our company. Seen as a key element in the Group's Human Resources policy, training supports individual professional development and collectively builds skills.

Approximately 82% of the workforce at all organizational levels worldwide received training over the course of the year.

In order to share needs and good practices, frequent exchanges between training supervisors were emphasized.

In **Europe,** an e-learning course containing modules based on the **Competencies Palette** was offered to subsidiary managers and was successful. The modules allowed rapid attainment of certain knowledge and skills.

In the **United States,** a training session was conducted for the entire subsidiary to raise awareness about corporate values and expected behaviors.

In **France,** training courses offered to first-level management enabled the participants to share good practices and common issues.

In addition, the Group initiated several cross-functional and cross-country training courses, such as "How to lead a goal-setting and development meeting", and "Explore", a development program for young managers.
Other training courses are being planned for 2006, such as Discover, an introductory seminar for new hires, and a leadership development program.

Lastly, in France, sanofi-aventis negotiated a training agreement with personnel representatives that takes effect in 2006.

During 2005, approximately 80,000 people in the Group benefited from training activities. The number of hours devoted to training in 2005 represents an average 55 hours per employee trained, compared to 46 hours in 2004.

	Number of hours	Workforce trained
France	860,508	89%
United States	1,674,128	63%
Other countries	1,851,516	85%
Total worldwide	**4,386,152**	**82%**

These figures include all data for personnel trained during the year, including those who were no longer part of the workforce on December 31, 2005.

THE COMPETENCIES PALETTE: SANOFI-AVENTIS' KEY ABILITIES IN LINE WITH OUR VALUES

The Employee Development teams have developed a **Competencies Palette**: the palette serves as a reference for the Human Resources teams and employees by presenting sanofi-aventis' key abilities and how they relate to the Group's values. The Palette, which can be adapted to local and specialized needs, gives Group employees and managers a common language for use in performance and development reviews. These key abilities are at the heart of our employee development program. They are being used as the common theme for discussions at the "employee reviews" and for developing training programs.

The Competencies Palette is also used for recruiting and mobility interviews.

Making diversity a Group strength

Diversity is a source of strength and performance. Sanofi-aventis places great importance on reflecting social diversity and integrating diverse skills.

The Group has always stressed diversity as a source of creativity, innovation and performance:
- our research teams are based in several countries, because we believe that their ability to discover novel compounds is enhanced by their differing cultural and creative thought processes;
- we prefer local-based recruitment over expatriation for all types of positions including management;
- our management teams have varied career paths, there is no single "clear-cut route" resulting in a predetermined course;
- we value diverse backgrounds and experiences, respect local cultures, and do not tolerate discrimination, as stated in our Social Charter.

Diversity is a complex topic with many paradoxes. All over the world, whether it's about gender equity, age distribution, job access for the disabled and/or ethnic minorities, there is no standard situation or formula to address the issue, every country has its own legal requirements that must be met.

However, in 2005, the Group began efforts to raise awareness about diversity among its employees. This was accomplished by using internal publications. A work group was also formed to develop a more comprehensive training program for 2006, and ways to monitor common indicators in several large countries.

All over the world, we are committed to promoting **diversity and fighting all forms of discrimination in compliance with local laws:**
- **in Germany and Australia,** taking positive-minded action to achieve gender equity;
- **in South Africa,** using affirmative action measures targeting the black population, based on the "black empowerment" policy, and ensuring that we do not discriminate against those infected with HIV;
- **in the United States,** carrying out activities in support of ethnic minorities;
- **in France,** promoting programs to employ disabled individuals (this will be extended to other countries). In addition the Group confirmed its commitment by signing the **Diversity Charter** in 2005.

SANOFI-AVENTIS IN THE UNITED STATES: TAKING DIVERSITY ONE STEP FURTHER

In the United States, companies are required to produce yearly reports on the composition of their workforce with respect to gender distribution and ethnicity. The Labor Department also requires them to develop affirmative action programs describing the efforts being made in the areas of hiring and fighting discrimination. To this effect, they are required to post in a visible place in their offices a notice prohibiting discrimination and harassment.

"Sanofi-aventis would like to carry this a little further and broaden the notion of diversity to include factors other than race, sex, ethnic origin and other categories protected by law. We want to include variations based on education, experience and family background.

We are developing training on diversity itself, in order to promote greater awareness among our personnel."

KEVIN DEW
Human Resources Policies and Practices Manager – United States

Gender distribution

GENDER DISTRIBUTION BY JOB CATEGORY

	Management		Sales force*		Other functions**	
	Men	Women	Men	Women	Men	Women
Europe	54.5%	45.5%	52.1%	47.9%	51.5%	48.5%
United States	54.4%	45.6%	49.2%	50.8%	39.5%	60.5%
Other countries	62.1%	37.9%	69.9%	30.1%	52.6%	47.4%
Total worldwide	**55.8%**	**44.2%**	**58.0%**	**42.0%**	**51.0%**	**49.0%**

* In 2005, sales management was classified with the sales force, as in 2004.
** Workers, employees, technicians, first-level supervisors.

MEN/WOMEN HIRED WITH PERMANENT CONTRACTS

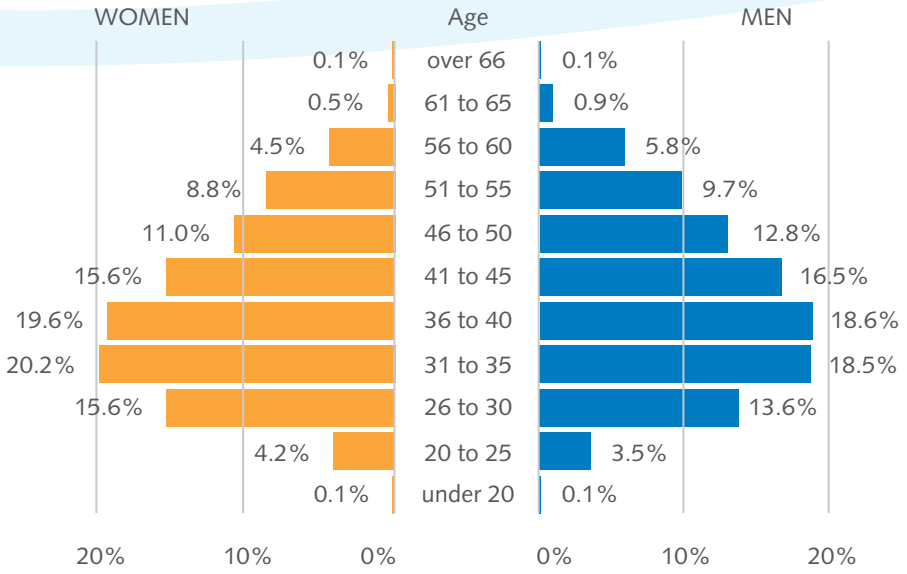
	Men	Women
Europe	44.9%	55.1%
United States	42.3%	57.7%
Other countries	58.9%	41.1%
Total worldwide	**50.2%**	**49.8%**

The workforce is evenly balanced, with women accounting for 45% of the total. However, various business activities and cultures of some countries in which sanofi-aventis operates may account for certain disparities.

The percentage of women hired with permanent contracts represents 49.6% of the Group's total permanent contract hires.

Distribution by age class

The average age of the Group's workforce is 39 years, 8 months, which is lower than it was in 2004 (40 years, 4 months). The average seniority has also decreased from 11 years, 10 months in 2004 to 10 years, 8 months in 2005. These changes are the result of numerous hirings and departures that occurred over the past year.



Integrating disabled workers and retaining them

For many years, the Group has strived to integrate disabled persons and keep them employed; through our commitments, we express our determination to use differences as a means of enhancing performance.

"Mission Handicap" or the Managing Disability Team is made up of dedicated corporate-level representatives, connected to a network of disabled correspondents working within the different functions in France. This network will soon be extended to other countries.

GOING INTERNATIONAL

A pilot study is currently under way in Hungary to create a local "Mission Handicap". Once an inventory is conducted throughout the company and in the country, an awareness-raising program called "Changing Views", will be implemented in 2006, focusing on integrating disabled workers and retaining them on the job.

Guided by our experience in Hungary, we plan to extend "Mission Handicap" to other countries over the coming years so that we can share our experiences in this area.

French campaign to enhance the Group commitments regarding disabled employees

In France, the Group is pursuing its efforts to integrate disabled people and retaining them:

- by incorporating the provisions of the **Law of February 11, 2005 on Equal Rights and Opportunities, Participation and Citizenship of Persons with Disabilities, which provides a new framework. A Group agreement** on the employment of disabled workers is now being negotiated so that the Group's commitments to disabled people can be set out in contractual form;
- by raising awareness among Human Resources teams for all Group functions in France and by offering them specific tools to help with integration and position analysis, as well as the different steps to retain disabled persons in their jobs;
- by hosting informative and awareness-raising site events, particularly during the 9th annual Disabled Workers Employment Week;
- through specific job-retention measures for workers who are facing health problems;
- by launching the **building accessibility** project: **a pilot study initiated** in collaboration with the Health, Security and Environment department at three facilities, an approach which will be applied progressively at other French sites.

As of December 31, 2005 the declared number of **disabled employees working for sanofi-aventis in France was 769**, with integration and job-retention measures having compensated for disabled employee retirements.

We also want to increase **accessibility to our web sites** for all kinds of disabilities: in 2006, we have set a goal for attaining WAI 1.0 standards (Web Accessibility Initiative, version 1.0) on our Group web sites (sanofi-aventis.com, santea.com and sanofipasteur.com).

EMPLOYEE COMPENSATION AND BENEFITS

ENHANCING INDIVIDUAL PERFORMANCE AND PROVIDING FOR UNEXPECTED EVENTS

The year 2005 was primarily devoted to the harmonization of compensation policies and to the deployment of the benefits principles in the whole Group.

A harmonized compensation policy

As a motivating and mobilizing force for employees, the compensation policy at sanofi-aventis supports the Group's financial performance worldwide. Its goal is to provide the best performers **in each subsidiary with a level of compensation that is above the local pharmaceutical industry average.**

This policy recognizes and promotes **individual performance** by tying it to respect for others and encouraging teamwork.

In 2005, individual variable remuneration for management was further harmonized by introducing an indicator that includes adherence to the Group's values and individual contributions to the Group's success beyond attaining individual objectives.

Recognizing collective performance is a major part of the compensation policy, as collective performance is the long-term guarantor of the Group's success. In 2005, for example, the **variable collective compensation** systems in France (short term and long term **profit-sharing**), which gives employees a stake in the Group's performance, were harmonized by instituting allocation methods encouraging the lowest-paid employees to participate.

A strong quality of social protection

In November 2004, sanofi-aventis published the ethical principles governing its social benefits policy. They are based on our values: equity, solidarity, responsibility and respect for individuals.

The Group has defined qualitative standards and promoted coverage levels for its employee benefits schemes.

The inventory that was carried out revealed marked differences between job categories and business types, even within a single country. Given these results, the Group's Human Resources and Finance Departments wanted to assure that the principles defined were applied worldwide, and that all employees could enjoy similar benefits at competitive rates. Therefore, all projects harmonizing existing coverage plans were approved prior to implementation. **At the end of 2005, over two-thirds of the subsidiaries** in the hundred or so countries where sanofi-aventis employees are present had a common **benefits package** consistent with our rules.

In practical terms, this means that the plan must apply **uniformly** to **all functions** in a given country (R&D, commercial operations, production, support functions and vaccines) in order to receive approval. It has to offer the same package to all employees, with each person's contribution proportional to his means. It has to prohibit all discrimination on the basis of sex, age or health. The Group's qualitative guidelines on respect for individuals are a mandatory requirement for all subsidiaries, regardless of their economic potential, local practices or the cultures involved.

Whenever an insurer requires a preliminary medical exam, the Group proposes either of the following:
- reducing the highest benefits so that no employee is subject to this sort of screening, as occurred in Thailand for death and disability coverage;
- paying an additional premium to have access to a non-discriminatory healthcare benefits package, as we did in South Africa.

When there are differences in benefits among job categories, we ask for progressive reductions in the gap. For example in Hong Kong, the new medical benefits plan now only has two different levels of coverage (previously there were six) and in Canada there are now two levels (where there were four). In the interest of solidarity, the Group wants to stop the trend toward individualized benefit plans proposed by insurers and brokers.

The Group gives preference to contributions set as a percentage of pay even when local practices dictate fixed contributions for equally fixed benefits. In some countries, membership in an obligatory health plan is prohibited; to encourage employees to enroll in a healthcare plan in these cases, the Group offers family coverage with low premiums (i.e. in Thailand).

In the United States, the basis of healthcare contributions, which is generally split by income bracket, was fine-tuned to augment contributions from the highest income brackets.

THE GROUP HAS UNDERTAKEN AN IN-DEPTH DISCUSSION ON THE BATTLE AGAINST HIV FOR ITS SOUTH AFRICAN EMPLOYEES.

In accordance with its Social Charter and commitment to the Global Compact, sanofi-aventis consistently pledges to prohibit all discrimination based on sex, age and state of health. As far as employee benefits are concerned, the Group refuses to submit employees to preliminary medical questionnaires and exams for health insurance, and guarantees confidentiality and employer non-involvement in the employee's relationship with the insurer.

As a member of Sida Enterprises and the Global Coalition on AIDS, sanofi-aventis has been involved in a detailed study about care for employees and their beneficiaries who are infected with HIV/AIDS. The Group has allocated dedicated resources to train people and promote screening and treatment of sexually transmitted diseases, including HIV/AIDS.

Given the high incidence of HIV in South Africa, the process was first implemented there, initially with the industrial operations employees, and later the commercial operations employees.

RETIREMENT

In France, when the supplemental ARRCO and AGIRC retirement pension plans were harmonized, a single contribution rate for all professions and all employees was negotiated. And when retirement plans are harmonized elsewhere, as in Switzerland and the United Kingdom, the Group gives preference to defined contribution plans with employee contributions matched by the company.

INSURANCE FOR BUSINESS TRIPS

With the merger, the Group increased its international reach and employee exchanges. We provide medical repatriation insurance for relocated employees throughout the world, with the same benefits no matter what countries they are going to or coming from. In 2006, we will ensure that cases of death caused during those trips are appropriately covered by each affiliate.

Sanofi-aventis also prefers to work with suppliers who share the same principles. To this end, the Group's social protection department assisted the Société Française des Traducteurs (SFT, or French Translators Society).

FRENCH TRANSLATORS SOCIETY (SFT)
The Group shares its knowledge for setting up health benefits for SFT.

The SFT (French Translators Society) is a professional association with a thousand members–translators, interpreters, court interpreters, editors–who are primarily independent contractors, companies with one employee (small businesses) and consultants with minimal social benefits.

"In 2002, with Suzanne Boizard, president of the SFT, we devised the possibility of trying to find add-on health benefits for our members. I quickly realized that it was a gigantic project that required some expertise in social benefits.

The benefits team in sanofi-aventis' human resources department, a long-term client, saw my difficulties and offered to help.

Now, in 2005, any active or retired SFT member can subscribe to the supplemental healthcare plan. The member's whole family will have coverage similar to that of any large-company employee. This is a big step forward for us, thanks to sanofi-aventis.

Special thanks sanofi-aventis, the third-largest pharmaceutical company in the world, for not forgetting its small suppliers!"

MARIE-CHRISTINE GARCIN
Translator, interpreter

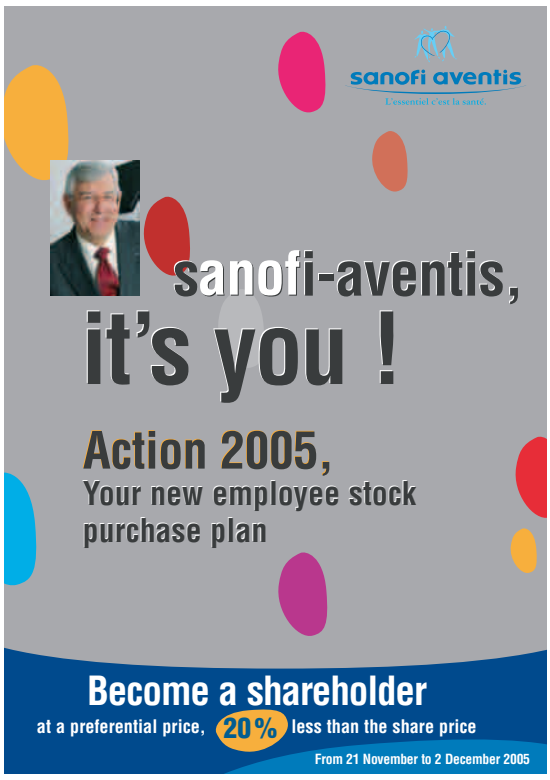
In 2006 the Group will continue to harmonize social benefits, particularly retirement plans. We will look at revising benefit and retirement coverage in countries that did not reach required levels during the initial harmonization.

Giving our employees all over the world a stake in the Group's growth

Employees were the unique beneficiaries of a capital share increase in December 2005, the first one of its kind in the newly structured company. The goal of this stock offering is to develop a sense of belonging to the Group, to get employees involved in the "solid, sustainable, profitable growth" project, and simultaneously give them an opportunity to accumulate mid- and long-term savings.

The stock offering was open to nearly 87,000 eligible employees in 78 countries. 23,632 employees applied for over 2 million shares.

High participation rates were observed in some of the South American countries (70% to 80% in Ecuador, Peru and Paraguay), Asian countries (68% in Malaysia, 57% in South Korea) and Turkey (78%).



Employee stock ownership program, November 2005

SOCIAL DIALOGUE

OPEN-MINDED EXCHANGE

The sanofi-aventis Group believes that good social dialogue, showing respect for the laws and cultures of the countries where we operate, is vital in order to promote harmonious business development. The Group decided in 2005, through agreements with the negotiating parties, to establish several forums for social dialogue.

The main forums for social dialogue

Establishment of the European Works Council

An agreement to establish the sanofi-aventis European Works Council was signed on February 24, 2005.

This official body for dialogue and consultation is made up of 40 employee representatives in the 25 countries of the European Union, the European Economic Area, and countries applying for membership in the European Union (Bulgaria, Croatia and Romania). Turkey will be admitted to the Council body four years prior to its probable accession to the European Union.

Jean-François Dehecq chairs this Council, with participation of Executive Committee members representing the Group's major functions.

The European Works Council meets twice a year (in March and September) to address topics relating to the Group's strategy, its employment policy in Europe, and its financial results and outlook, which must be addressed at the European level due to their scope and transnational impacts.

For instance, the decision to sell the oral health care product line to Procter & Gamble was deliberated at the European Works Council, since it involved several countries (France–production, distribution, marketing and support functions; Spain–production and distribution; Belgium, Italy and Portugal–distribution).

In compliance with the agreement, the European Works Council elected five employee representatives from its membership (three French, one British, one German), who serve in an advisory capacity to the sanofi-aventis Corporate Board of Directors.

Establishment of the Group Works Council for France

On April 15, 2005, an agreement to **establish the sanofi-aventis Group Works Council for France** was signed. The Council is made up of 25 full members and 25 substitutes, along with union representatives and their substitutes, who are appointed by the trade unions.

Council meetings are held twice a year (June and December), chaired by Jean-François Dehecq, in which the Group's business, financial situation, employment and outlook are discussed.

ASSESSMENT OF THE EUROPEAN WORKS COUNCIL'S FIRST YEAR

"The overall results for the European Works Council's first year have been very positive, in my opinion. The three days of training that I received in Budapest were very useful, and allowed me to establish many new contacts with my co-workers in other countries.
The meetings within the Select Committee and the Council's plenary meetings are open, relaxed and productive.

Working with the other Select Committee members and sharing our experiences with each other has been very enriching, even though it's taking some effort from everyone to integrate the two corporate cultures (Sanofi-Synthélabo and Aventis).

Our biggest operational issue has to do with communication, both amongst ourselves as full members and substitutes on the Council, and between the subsidiary employees we represent and ourselves. We would like to have an intranet website to improve our communications."

ROSA ESPINOS
Member of the sanofi-aventis European Works Council Body (Spanish representative)

Our accomplishments for 2005 and our ongoing projects

■ **In France,** several agreements were signed in 2005 in order to apply the same provisions to all sanofi-aventis Group employees. The majority of the representative unions signed most of these agreements. The main points were:

- an agreement regarding **union rights,** giving employee representatives the time and resources needed to accomplish their duties;
- several agreements relating to **the Group employee savings plan** (mandatory and optional profit-sharing, the schemes, Group Savings Plan and extending the Group long term Savings Plan), allowing employees a share in the Group's financial results and performance;
- an agreement on **the job classifications** which applies to personnel who depend on or will depend on the Pharmaceutical Collective Agreement in order to harmonize classification systems that exist in previous Groups;
- an agreement on **internal mobility** that facilitates transfers for career development purposes;
- an agreement about the funding of the pay-as-you-go retirement system (AGIRC/ARRCO), harmonized contribution rates and how they are apportioned (between employers/employees);
- an agreement on collective **salary increases for 2006.**

The negotiations program will continue through 2006, with plans to reach agreements on:

- integrating disabled individuals and retaining them;
- personnel statutes (paid holiday, special family leave, termination indemnities, etc.);
- death, disability schemes and healthcare coverage.

■ **In Europe,** a number of projects conducted in 2005 are indicative of the Group's determination to work through social dialogue to cope with the situations arising from the merger of the two organizations that formed sanofi-aventis.

■ **For example, in the United Kingdom,** a forum of employee representatives from the various Research and Development, Industrial and Commercial Operations sites was established in 2005, going far beyond legal obligations, in order to encourage social dialogue between the unions, employees and management.
The forum meets once a quarter, alternating between different sites, and discusses economic and social issues (employment, workforce, organizations), as well as Research, Production and Marketing prospects.

Providing responsible support for organizational changes

When the closure of a site or the transfer of an activity from one site to another becomes unavoidable, the Group offers support measures with the goal of minimizing the social consequences for the employees involved. These support measures include: help for transfers to other locations, job training, aid for employee buyouts or business start-ups, early retirement measures funded entirely by the company, and career development leave.

■ **In France,** a framework agreement for early retirement was signed in December 2004 with the trade unions. Its purpose is to facilitate transfers of activities between various sites and set up new organizations using a system that does not make use of public funds. This agreement, which covers the 2005-2006 period, gives employees who meet age and seniority requirements the opportunity to voluntarily leave their jobs and receive a pre-retirement pension entirely funded by the company. In 2005, 693 employees opted for early retirement under these terms.

In addition, the Group has implemented the Romainville Research social plan. In 2005, social plans were negotiated to facilitate the transfer of the Schiltigheim (Aventis' former headquarters) site's operations to Paris and the redeployment of Archemis' operations (in the Lyons region) to other facilities in the same area. Similarly, the negotiation of a social plan was initiated in 2005 in order to redeploy Distribution centers among different sites in France.

■ **In the various countries** where both former companies were present, choosing a single location led to some personnel transfers. These people received assistance in transferring to their new jobs. Social plans were implemented to help employees who were not mobile to find positions outside the Group.

In Europe, headquarters transfers affected more than 2,000 employees, and 67% of them accepted their transfer.

Support for our employees' children in need

For 12 years, the **"Our Children Matter" Association** has been providing support to employees' children worldwide who are coping with difficulties. For children facing health or school-related problems, social or family troubles, no matter what the issue, the Association steps in with moral and material support when no other source of help is available.

In addition to providing financial aid, over time the Association has become a place to be heard and to interact, an element that binds together an enormous network of solidarity between employees and families in need.

In 2005, the Association extended its range of activity throughout the new Group. The global information campaign is closely targeted to employees by promoting communications in the people's native languages, introducing the Association throughout the Group.

There was a sharp increase in the Association's activities in the fall of 2005; nearly 200 families received help, in Paraguay, Moldavia, France, Egypt, South Africa, Russia and other countries.

Depending on the health and social conditions, the Association continued to pursue its collective efforts country by country with vaccination and screening campaigns, and training programs. These included a day dedicated to teaching elementary nutrition in Mexico, a dental care campaign with information on oral hygiene rules in Chile, and flu vaccinations for all the children of employees at our Vietnamese subsidiary, etc.

SUPPORT FOR LOCAL ECONOMIC DEVELOPMENT

HELPING IN DIFFERENT WAYS

Sanofi-aventis is aware of its responsibilities toward the local authorities in the areas it operates, and actively participates in initiatives that promote the development of the local economy.

Our commitment to increase our industry's attractiveness

The new industrial policy being promoted by the French government is coming to life in the form of **competitive clusters** that will encourage growth through innovation, counteract relocation and strengthen French foreign trade.

Introducing Méditech

Selected by the French Prime Minister on July 12, 2005, from a list of clusters with a strong ability to compete, including Méditech Santé for the Ile-de-France region, described as a project with a "global vocation". The health industry in Ile-de-France does indeed possess a world-class industrial and research capacity, which gives it a significant competitive edge.

One of the main project challenges is to provide greater visibility for efforts undertaken by a very large number of participants, and to coordinate between them.

Based on specific criteria (industrial R&D, academic substance, support from local government, and an ability to mobilize people for R&D projects), three therapeutic areas were selected (central nervous system diseases, cancer and infectious diseases) and three "technological" areas (medical imaging, molecular and cellular medicine, and medications).

Primary goals

- Increasing Ile-de-France's attractiveness in the health fields to boost investment and employment,
- Opening the medicines division of the national biotechnology sector to an international market and providing world-class performance,
- Providing a vigorous technical and scientific environment for Ile-de-France's clinical research sector.

The sanofi-aventis Group's contribution

The sanofi-aventis representative is currently acting as President of the Méditech Santé Cluster for a period of three years. In this capacity, he manages the organizational and administrative aspects of the cluster and handles relations with the press. With a strong presence in the Ile-de-France area through its various research centers, the Group strives to be a major player in this ambitious project, whose goals are completely in line with our Research strategy.

Projects selected and funded as part of the Méditech Santé Cluster, with involvement from sanofi-aventis (as of 31/12/05):

- **Ingenis (genome engineering for the health industries)**

Focus: molecular and cellular medicine

- **Cremec (creating a resource center for experimental cancer models)**

Focus: oncology

- **Rétinopathies**

Focus: pathologies of the central nervous system

- **Athim (molecular imaging for arterial thrombosis)**

Focus: imaging

- **Chimiothèque**

Focus: infectiology

Local economic development operations in France: Sopran

Sanofi-aventis is concerned with the economic health of the regions in which it operates. Through our subsidiary, "Sopran" (the New Business Promotion Corp.) the Group supported the growth of 49 companies in the labor pool where it is located, helping to create 479 jobs.

Some of the most significant accomplishments included providing assistance to the Strasbourg metropolitan area (helping support 163 jobs), efforts in Romainville and the neighboring districts, and starting up a local development assistance program in the area around our subsidiary, Archemis, in Décines, near Lyons.

To help achieve its goals, Sopran works closely with the local economic development assistance networks and with the regional authorities involved.

Business start-ups: supporting people who have the entrepreneurial spirit

In operation for many years now, the "Start-up Unit" is an organization dedicated to supporting Group employees in their plans to create or buy out businesses. Sanofi-aventis has continued with its efforts and developed appropriate communications media (leaflets and an intranet site).

The "Start-up Unit" supports the employee through various phases of project development by calling on internal or external expertise when needed.

To ensure the best chance for success, support is provided during the first three years of the company's operation.

Sanofi-aventis helped to create the "Diese" Association and is an active participant in its guidance. "Diese" brings together large companies who are involved in the same sort of support process for employees who are starting businesses, irrespective of any job pressure.

CREATE YOUR OWN BUSINESS

UROsphere, a company started in Toulouse in 2004, specializes in urology, offering pharmaceutical companies the use of its experimental research platform; it is also working on its own research to find new medicines for urinary pathologies. UROsphere received the Ministry of Research and New Technologies award for innovative entrepreneurship in 2004. The UROsphere project, that resulted from the ambitions of Philippe Lluel and Stefano Palea, two former researchers in the Internal Medicine Research department in Rueil-Malmaison, has received support from sanofi-aventis' "Start-up Incubator" from its very beginnings in 2002.

"We were able to obtain appropriate support for the project's scientific and economic validation, and in addition, our initial source of income came from three research contracts that we signed with sanofi-aventis. These initial contracts provided UROsphere with significant credibility. Now we are growing mainly with other corporations.

The development of the UROsphere company matches the initial predictions: eight jobs have now been created. Its staff will grow to ten at the beginning of 2006, and should reach 20 people three years from now."

PHILIPPE LLUEL AND STEFANO PALEA
Former researchers in the Internal Medicine Research department in Rueil-Malmaison

OUR HEALTH, SAFETY AND ENVIRONMENT CHALLENGES

FOR THE GROUP, SUCCESSFULLY CONTROLLING HEALTH SAFETY AND ENVIRONMENTAL RISKS MEANS INCREASING OUR INTERNAL AND EXTERNAL PARTNERS' CONFIDENCE IN OUR ABILITY TO ADDRESS HEALTH, SAFETY AND ENVIRONMENTAL CONCERNS THROUGH:

- responsible management of HSE targets, along with plans and programs to achieve these goals,
- encouraging every employee to respect HSE Policy and standards established by the Group.

Our Health, Safety and Environment policy p.62
Our policy on preventing risks and major accidents p.66
Impact of our activities on the environment p.71

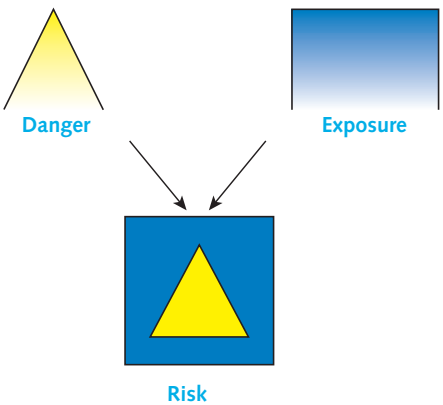
THE HEALTH, SAFETY AND ENVIRONMENT POLICY

A CLEARLY DEFINED PROGRAM AND A DEDICATED ORGANIZATION

The Health, Safety and Environment (HSE) policy is part of the sanofi-aventis code of ethics and social charter, and describes the professional and environmental risk-prevention requirements for all employees worldwide.

Implementation of this policy is designed to provide a thorough, reliable means of meeting current HSE challenges faced by the Group while fostering continuous improvement by anticipating new risks:

- ensuring the safety for all facilities and their surrounding environments by developing and using the safest chemical processes possible;
- safeguarding employee health by controlling exposure to physical, chemical and biological risks in the workplace;
- ensuring safety by controlling the risk of occupational accidents for all employees;
- preserving natural resources, particularly with regard to non-renewable resources, and working towards achieving the objectives of the Kyoto protocol;
- practicing "clean and safe" design in manufacturing, minimizing discharge, emissions and wastes in order to protect health and the environment.



A key strategy: anticipation

Danger – Exposure – Risk

The ability to anticipate risks forms the core of the sanofi-aventis HSE programs and organization, and ensures continuous risk assessment with respect to hazards and potential exposure to them.

In its efforts to anticipate risks, the Group continually strives to improve its ability to detect risks while constantly promoting procedures, technologies, workflows and training to help reduce and control exposure.

A policy built around eight key principles

Consolidation of HSE assets in established entities

Irrespective of their origins and respective backgrounds, HSE teams in different entities–Hoechst, Rhône-Poulenc, Marion, Roussel-Uclaf, Sanofi-Synthélabo, Pasteur–all support the sanofi-aventis HSE policy.

By pooling assets, knowledge and best practices, sanofi-aventis teams developed **76 HSE requirements designed to apply 8 key policy principles.** These requirements define the framework for our HSE management system, plans and programs that are implemented by all Group entities, irrespective of their business activity or country.

HSE policy

Our Health, Safety and Environment policy is based on eight guiding principles that provide a framework that guides Group employees and external partners in their daily work. It is applied to all of our activities.

HSE strategic plan: 2005 to 2010

Based on the HSE policy and related standards, sanofi-aventis HSE teams have developed a 5-year HSE strategic plan to be implemented by all functions/departments and line managers.

The strategic plan is designed to meet two objectives:
- reinforce and increase reliability of procedures used to manage key risks: process safety, exposure to chemical and biological risks, fires and explosions;
- continuously improve overall performance by fostering a strong managerial and behavioral HSE culture.

The HSE strategic plan was presented and approved by senior management in each business. It will be implemented at all Group sites via the annual progress action plan known as PASS.

SANOFI-AVENTIS HSE POLICY

1. The Health, Safety and Environment policy is an integral part of the general policy of the Group.
2. The management and the employees of the Group apply this policy at all levels. Each person is aware of their role and their personal responsibilities with regard to the prevention of accidents, risks to health or damage to the environment.
3. In all places in which the Group operates it respects the applicable laws and the regulations, applies expert recommendations and uses the best industrial practices.
4. Sanofi-aventis operates management systems relating to safety, health at work and protection of the environment adapted to each of its activities. These systems are assessed periodically, by measurement of the results obtained, by defining objectives for progress and by implementing action plans called PASS with associated control systems. This process depends on basic understanding, learning from experience, working together and training.
5. Every development project and every product launch will be subjected to a safety, health and environmental risk assessment integrating all the scientific and technical knowledge of the Group. Such projects will be developed using the best available technology throughout a product's life cycle.
6. Sanofi-aventis takes care to economize on natural resources, to minimize the residual impact of atmospheric emissions, of effluent or of waste in all its industrial activities in order to preserve the natural environment.
7. With regards to its suppliers, contractors or sub-contractors, sanofi-aventis aims to promote the application of the rules of safety and protection of the environment and considers the adoption of these rules as a criterion to be applied to suppliers, contractors or sub-contractors.
8. Sanofi-aventis has a constructive attitude of transparency and dialogue with regards to third parties with respect to its safety, health and environmental protection policy, its achievements and its commitment.

A dedicated organization to develop, anticipate, support and control

The role of the Corporate Health, Safety and Environment Department is to support sites and management in achieving targets with respect to anticipating new risks and developing skills. The department ensures internal control by auditing technical facilities and management systems.

Skills development

Three specialized corporate departments continuously raise HSE awareness within the Group:

- **The Safety Department** develops skills in preventing risks related to occupational accidents, safety measures for fires and explosions, along with process safety, risk assessment methodology and accident learning experience reports.

- **The Occupational Health Department** is comprised of three teams working towards a common goal–protection of employee health: a team of occupational physicians, industrial hygienists, and product stewards who collect, interpret and communicate all hazard data and information, safety data and regulatory limits for all substances used at our sites.

- **The Environment Department** focuses on air, water and soil quality, and provides expertise on issues related to energy and natural resources.

Anticipating new and major risks

ASSESSMENT AND MONITORING BY COMMITTEES OF EXPERTS

Three committees–**COVALIS, TRIBIO and ECOVAL**–continuously assess risks related to research and development, new products and processes by conducting continuous scientific, technical and regulatory reviews and applying R&D and chemical or pharmaceutical production activities learning experience reports.

These multidisciplinary committees, each chaired by HSE, are comprised of scientific and technical experts independent of business operations.

They are also responsible for defining internal prevention and protection standards and recommending methods and techniques to apply these standards to all Group activities and work areas.

PREVENTING MAJOR ACCIDENTS

Group sites covered by the European SEVESO II Directive (or equivalent national legislation) implement risk-management methods that are integrated into their existing HSE management system. These involve identifying the potential risks related to the processes and facilities in which they are implemented. In addition, accident scenarios related to technical, organizational or human error are developed in order to implement customized preventive measures.

RISK PREVENTION RELATED TO THE STORAGE AND TRANSPORT OF HAZARDOUS MATERIALS

To successfully control and improve operations related to the transport of hazardous substances, a network of Transport Safety advisors meets regularly to share and implement best practices. Comparative site audits help increase awareness and training of personnel.

Supporting operations and establishments

Sanofi-aventis has a specific group named HSE Operations Support and Audits that supports different functions (i.e. R&D, chemical, pharmaceutical, vaccines, manufacturing distribution and pharmaceutical operations–sales and marketing). Working with line managers, this department:

- coordinates the implementation of HSE programs and "PASS" action plans;
- ensures performance reporting and monitoring;
- organizes HSE seminars and trains site HSE representatives;
- prepares HSE reviews of business activities.

Internal control

INDICATORS AND PERFORMANCE CHARTS

A series of indicators is used to consolidate safety and environmental results for all Group sites globally. The system is comprised of an HSE performance chart through which goals and results are reviewed. Corrective actions are developed based on the progress shown.

DATA VERIFICATION

A third party performs safety, environmental and social verification. The verification process is described in the Auditors review provided at the end of this report.

HSE AUDITS

Each year, the HSE Department conducts audits at various sanofi-aventis sites. The purpose of these audits is to evaluate the sites HSE management systems, programs, practices and actions that are in place, and to ensure they comply with the Group's internal requirements as well as local regulations.

Across all of sanofi-aventis, more than **thirty-two HSE audits** were carried out in 2005. This included audits of R&D, Industrial Affairs and Commercial Operations facilities: specialized audits and a pilot HSE assessment program for workshops were conducted at five sites.

A biosafety audit was performed along with audits of sanofi pasteur sites in China, Thailand and Argentina. Over 38 sites in 14 countries were audited in 2005.

These audits resulted in official action plans under the responsibility of respective site management. The HSE Audit group tracks these plans by monitoring each site's progress via periodic written reports.

NEW REPORTING TOOLS: GREEN AND MSRS

Green, a new environmental reporting system, and **MSRS,** an occupational accident reporting system, enables all Group sites and subsidiaries to enter their environmental and safety data quickly, easily and securely.

These resources provide all sites with the ability to retrieve data, making it possible to track trends and develop action and improvement plans.

ISO 14001 CERTIFICATION

ISO 14001 certification represents formal recognition of a site's environmental management system and its daily application. This motivates site without certification to obtain this important achievement.

27 sanofi-aventis sites have been awarded ISO 14001 certification.

Toronto site certification in 2005

All four sanofi pasteur sites are taking steps to obtain ISO 14001 certification.

Toronto received ISO 14001 certification on November 16, 2005, thus becoming the first sanofi pasteur site to obtain this international recognition. Following on its heels, the Swiftwater site was audited during November 2005 and is due to obtain certification in early 2006.

THE POLICY ON PREVENTING RISKS AND MAJOR ACCIDENTS

ENSURING CONTINUOUS IMPROVEMENT

Our policy is designed to continually assess occupational accident and health risks faced by employees, apply the appropriate preventive and protective measures, and inform and train employees to ensure they safeguard their own health and safety.

Health in the workplace

Safeguarding the health of every employee means protecting them from any harmful exposure to chemical or biological substances. This includes scheduled medical checkups based on specific job tasks. Our approach to occupational health comprises three stages:

List of substances handled and assessment of risks

A centralized team of experts responsible for Product Stewardship ensures the quality and consistency of health and safety data required by all Group facilities.

The data are recorded in standardized Safety Data Sheets, which detail each substances characteristics along with practical information on labeling, handling and protective measures.

Classification of substances

The COVALIS committee is an independent multi-disciplinary team comprising occupational physicians, toxicologists, chemists and product stewards. Their role is to determine potential substance risks by assessing their pharmaceutical and toxicological properties. The primary active ingredients are assigned to one of five categories representing five exposure levels in the occupational environment.

Each site HSE team informs and trains employees how to make the best use of this information via procedures, processes and labeling specific to each work area.

Monitoring of employee exposure to carcinogenic, mutagenic and reproductive (CMR) substances is becoming a standard approach applied at all sites.

Work areas: prevention and protection

With the support of the site's industrial hygiene representative, management incorporates health and safety expertise into the planning and design of new processes as well as in refurbishing of existing facilities and work areas.

Local ventilation and containment measures are applied based on exposure levels and are enhanced through the use of personal protective equipment.

Medical monitoring

Approved by the site's industrial hygiene representative, measures designed to ensure appropriate use of equipment are instituted along with maintenance programs to ensure operating conditions meet specified requirements.

Exposure levels to active pharmaceutical ingredients are measured using sampling techniques and are analyzed by our Industrial Hygiene laboratory at Neuville-sur-Saône, France, which conducts analyses for the entire Group.

In addition, occupational medical departments at each site perform medical surveillance for employees based on potential exposure in their working environment. Medical surveillance involves regular medical checkups, in some cases using biometrology, with "toxicovigilance" reports sent to the Group's Occupational Health Department.

CONTAINING RISKS
DAGENHAM, UNITED KINGDOM

The Dagenham plant in the United Kingdom is specialized in the production of anti-neoplastic agents. In 2005, a workplace risk assessment relating to "oxaliplatin"–a key active ingredient classified as level 5 (highest level of danger) by the COVALIS committee–underlined the need for new insulating material to effectively seal off the area used for the preparation and distribution of the drug.

The new facility has been tested and approved using detailed measuring devices, and now ensures an exposure level well below that required by the product classification. In addition, an ambitious biological surveillance program on the drug's metabolites is now underway. The UK Health and Safety Executive has expressed an interest in the medical surveillance program at Dagenham and will visit the site in 2006 with the intention of developing its own occupational disease prevention measures.

Containment glove box for isolating medecine preparation

Workplace safety

Ensuring safety by preventing accident risks in the workplace is a key challenge affecting all employees, irrespective of their role within the Group: full-time employees, temporary workers or full-time contractors working at our sites.

Our occupational safety policy aims to reduce workplace accident risks to the lowest possible level by implementing a prevention and protection system and by ensuring continuous monitoring and training.

SANOFI-AVENTIS WORKS WITH THE GERMAN COMMISSION TO PREVENT MAJOR ACCIDENTS

The Group's process-safety expert is part of a task force organized by the German ministry for the Environment to analyze near-misses and accidents occurring with industrial processes and/or transport. This approach aims to:

- identify new findings to be issued to all those working in the industry and to the relevant authorities to prevent such accidents from re-occurring;
- play an active role in the reform of national safety regulations;
- track the development of the best safety techniques currently being employed.

The task force comprises representatives from a number of different groups: process-safety experts, government authorities, NGOs and independent consultants.

The safety culture

2005 brought a series of initiatives designed to further improve our safety culture. The goal is to encourage all employees to adopt risk awareness and management during the course of their daily work.

As a result of reorganization due to the merger, numerous product and process exchanges between sites occurred in 2005: sharing technical data and creation of transfer protocols have helped promote teamwork and contributed to the development of a reliable HSE network spanning sites, skills, process-safety labs and the central HSE organization.

Priorities have been specified: fire hazard evaluation, detailed investigation into chemical development programs, reporting and the HSE intranet.

LEARNING EXPERIENCE REPORTS

Major incidents and accidents are analyzed by those involved on a local level. Analysis aims to correct risk situations and provide feedback on divergences, anomalies and shortfalls from technical, human and organizational standpoints. This forms the basis of all learning experiences. The goal is then to share the acquired knowledge.

Site HSE coordinators report information in descriptive documents (known as PRESS sheets) that are made available to the entire HSE network via the intranet. Key events are included in these documents compiled by the Corporate HSE Department for global distribution. PRESS sheet include the description of the event, along with analysis, immediate corrective action and recommendations to improve safety in the workplace.

COLLABORATING WITH RESEARCH AND INDUSTRY TO REINFORCE THE "SAFETY CULTURE"

"Since 1999, sanofi-aventis and the 'Cindynique' Center of the École des Mines (engineering school) in Paris have been working together on risk prevention studies.

Their work comprises three stages:

• development of incident and accident reporting methods through the creation of a research and study group headed by the École des Mines in Paris (REXAO). This group includes research teams, companies and government bodies such as the French Departments of Defense and Civil Protection within the Interior Ministry;

• reciprocal training programs between schools and companies allowing hundreds of business leaders to share views with future engineers and risk managers;

• use learning experience methods in particular in the Group's pharmaceutical sites for the analysis of minor indicators. This work, conducted as part of a master's program, is designed to provide a better understanding of reporting processes and put in place relevant learning experience practices while developing a new educational program.

The partnership holds great appeal for research professors by striking a perfect balance and offering advantages for both parties. The collaboration also offers researchers technical and managerial expertise and open access to real-life challenges faced by industry and those involved in the sector. At the same time, the project allows industrialists to draw on the subjective, analytical views of researchers, along with a range of scientific approaches that allow them to better understand and improve their processes and organizational methods."

JEAN-LUC WYBO
Research professor
at the École des Mines in Paris
Associate professor
at the École de Chimie in Paris
Head of the Master's program
on "Industrial Risk Management"

Safety reporting

[**Methodology:** the lost time injury frequency rate represents the number of accidents requiring more than one day of medical leave over a twelve-month period, for every million hours worked. This information is consolidated and reported for all Group companies.

Calculation of the number of hours worked is based on standardized methods. Potential variance in application produces an uncertainty of 1-5% in the injury frequency rate. Data-entry rules for hours worked will be governed by more stringent conformity analyses in 2006.

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

In 2004, as a result of some organizational changes in the medical sales force and differences in reporting practices of the legacy companies, the number of events may have been underestimated in some subsidiaries. Continued organizational changes during 2005 in four European countries (Italy, France, Spain, and Poland equating to 18% of the total medical sales force) resulted in significant variances in reporting practices for workplace accidents resulting in increased lost time. This equated to the under-reporting of 63 accidents. Following audits, the total number of accidents was adjusted to 498.

Corrective measures were undertaken in early 2006 to strengthen the reliability of the lost time injury frequency rate indicator; especially sales force medical leave.]

At our facilities, safety training is an integral part of production

The lost time injury frequency rate for the Group remained steady at 2.8 for the period 2003-2005.

The lost time injury frequency rate for **Industrial Affairs** showed significant improvement, particularly in Chemical Manufacturing and to an even greater extent in Distribution activities, which continues to reflect progress stemming from the implementation of an accident prevention program for managers launched in 2002.

Research & Development (Scientific and Medical Operations) continued the excellent trend achieved in 2004 with the same results for 2005.

With a frequency rate of 3.6, **Pharmaceutical Operations,** primarily involving **medical sales representatives,** showed a slight downturn in 2005 and continued to post the least impressive safety results of the Group. This function has the most exposure to accidents, with motor vehicle risks a major occupational hazard that continues to be targeted by special management programs.

The lost time injury frequency rate for **contractors** is lower than that for the industry as a whole, at 7.2 compared with 22 (source: CNAM), although the improvement rate is better than that for Group employees. Therefore, special programs are being implemented specifically to address contractor safety involving more stringent preventative measures.

No major accidents resulting in permanent injury took place **at any of the 150 industrial and research sites** in 2005.

Sadly, however, two fatal accidents did occur:
- Brazil: a medical sales representative was killed in a motor vehicle accident;
- United States: a contractor was killed while drilling on a portion of a site that was under construction.

FREQUENCY RATE BY BUSINESS ACTIVITY

	2005	2004	2003
Scientific & medical operations	1.6	1.6	2.3
Industrial affairs	2.7	3.2	3.2
Chemical manufacturing	*2.4*	*2.7*	*2.6*
Pharmaceutical manufacturing	*2.8*	*3.2*	*2.8*
Distribution	*3.1*	*6.1*	*12.2*
Pharmaceutical operations	3.6	3.3	3.1
Vaccines	1.4	1.1	1.3
HQ and corporate functions	1.3	1.2	1.2
sanofi-aventis total	**2.8**	**2.8**	**2.8**
Temporary workers*	2.1		
Outside providers	7.2	7.4	5.8

*2003 and 2004 sanofi-aventis total data include results for temporary workers. In 2005, this information is listed separately for this personnel category.

In partnership with contract companies operating at all Group sites (those involved with site expansions, maintenance, catering, etc.) sanofi-aventis is working to significantly reduce the lost time injury frequency rate for contractors.

IMPACT OF OUR ACTIVITIES ON THE ENVIRONMENT

CONSTANT VIGILANCE

The Group strives to reduce the environmental impact of its activities, both in terms of its consumption and discharge of non-renewable resources into the natural environment. This affects product development and industrial stages, when atmospheric emissions and/or aqueous effluents are treated.
In addition, the manufacturing equipment used to provide energy and fluids during drug production consumes natural resources and is being improved. Lastly, sanofi-aventis is assessing the environmental impact associated with the use of pharmaceuticals by patients through its ECOVAL committee.

[**Methodology:** Group-wide environmental data from our worldwide industrial and research activities (i.e., chemical manufacturing, pharmaceuticals, vaccines and distribution) are consolidated and reported annually.

When sites are home to more than one function, the one with the most environmental impact is taken into account.

In 2005, data consolidation rules were harmonized and the new "GREEN" data collection tool was implemented.

In 2003 and 2004, the collection procedures and tools at all legacy sites added a 5-10% uncertainty rate to some indicators with respect to atmospheric emissions–Nitrogen Oxides (Nox) and Sulfur Oxides (Sox)–and aqueous waste–Chemical Oxygen Demand (COD), Suspended Matter (SM), Nitrogen. Other specific cases are mentioned explicitly.]

Responsible use of natural resources

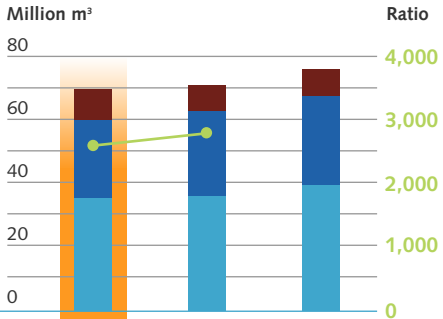
Natural resources such as water, energy and other raw materials are used in many stages of pharmaceutical and vaccine manufacture. The Group strives to reduce the level of use while sustaining the level of quality required by its activity.

Water consumption

Water is a fragile, limited and unevenly distributed natural resource and must be efficiently used and preserved.

The water we consume primarily comes from three sources: rivers, water drawn directly from available water tables, and water distributed through local networks. More than 50% of water consumed is used solely for cooling purposes, meaning the water's characteristics are not altered.

In 2005, despite the increase in drug manufacture, water consumption dropped, thanks to specific action plans implemented at many sites, particularly due to projects installing closed-loop cooling systems.



Million m³	2005	2004	2003
Surface water	35.1	35.7	38.9
Extracted from water tables	24.5	26.6	27.9
City water networks	9.4	7.9	8.2
Total	69.0	70.2	75.1
Ratio (l/k€)	2,527	2,785	

Water consumption data for 2003 and 2004 that was previously published was adjusted due to a 3% overestimation detected in 2005.

WATER CONSUMPTION REDUCTION PROGRAMS IN ALCOBENDAS, SPAIN

The Alcobendas pharmaceutical plant in Spain has optimized its water consumption using a system that automatically determines quantities strictly required, along with recycling in compliance with quality standards. The new industrial and wastewater treatment system successfully commissioned in late 2005 now treats 100% of residual water.

In partnership with Madrid's water utility Canal Isabel II, the site ran an awareness-raising campaign for all employees on water preservation both in their professional and private lives.

OPTIMIZING NATURAL RESOURCES IN SUZANO, BRAZIL

A range of programs were implemented to optimize the use of energy and natural resources: reuse of water in different networks, use of solar energy to heat water, use of computers to optimize water-cooling and steam production systems, energy recovery for steam production, optimization of the production and distribution of compressed air, and more efficient use of lighting in buildings.

Over the last 3 years, these campaigns have led to:

- a 30% reduction in water consumption,
- a 6% reduction in energy consumption per unit produced,
- a cost saving of 300,000 euros.

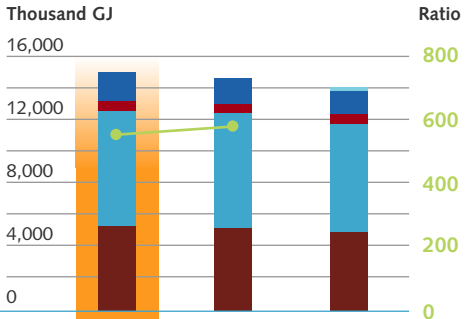
Energy consumption

Compared with other industries, the pharmaceutical industry does not normally require high-energy consumption.

Energy is used for manufacturing processes and air conditioning in workshops, as well as for ensuring a sterile environment in vaccine-production workshops, maintaining storage temperatures, producing sterile water, treating water before it is released into the environment, and running atmospheric emission treatment facilities.

Energy is purchased in the form of electricity, natural gas, fuel and steam. Coal has not been used since 2004. Electricity from renewable energy sources (hydroelectricity, solar power, geothermal energy, wind power, biomass) is estimated to represent 14% of the Group's total electricity consumption.

Energy consumption in activities is reduced, thanks to a wide range of programs to upgrade boiler rooms, refurbish compressed air and cooling systems, and conduct preventive maintenance on distribution systems. In 2005, these programs included work on heat-recovery boilers in Vitry, Aramon, Neuville, Vertolaye and Toronto, production yield of 95% through the new boiler room in Vitry, and optimization of air-flow systems in laboratories.



Thousand GJ	2005	2004	2003
Electricity	5,361	5,225	4,957
Gas fuels	7,273	7,261	6,858
Liquid fuels	675	636	642
Other (steam, brine)	1,781	1,611	1,461
Coal	0	0	214
Total Thousand GJ	15,090	14,733	14,133
Total Thousand MW.h	4,192	4,093	3,926
Ratio (MJ/k€)	553	585	

OPTIMIZING USE OF ENERGY: GROUP ENERGY

In order to overcome challenges with respect to the availability and use of energy (greenhouse gas emissions, supply costs, etc.), sanofi-aventis has created a cross-discipline task force comprising of some fifteen experts.

The task force aims to develop the energy strategy over the short, medium and long term.

Over the short and medium term, the Group has set priority strategies, such as those involving the use of steam and compressed air in chemical manufacturing and biochemistry, air conditioning in pharmaceuticals, vaccines and research laboratories, and extracted air flows in laboratory hoods.

Over the longer term, the goal is to identify methods for drastically reducing consumption.

As an example, sanofi-aventis has gone to great lengths to successfully create a laboratory in Germany in which consumption per square meter is three times lower than in conventional facilities.

UPGRADING STEAM PRODUCTION IN VITRY-SUR-SEINE, FRANCE

Three new gas boilers were installed and commissioned at the Vitry production center in July 2005.

The boilers provide a yield 7% to 8% greater than that of previous systems, and will be used to produce a self-regulated 200,000 metric tons of steam per year, which will be delivered to workshops for the production of key active ingredients as well as to buildings and laboratories at the research center in Vitry-sur-Seine.

The increased yield, coupled with the replacement of heavy fuel with natural gas, should, over the course of the year, enable complete removal of sulfur-dioxide emissions along with a reduction of dust emissions (-3 metric tons per year), in greenhouse gas emissions, specifically carbon dioxide, by some 5,000 metric tons per year, i.e. 10%.

In addition, the new heat-recovery boiler used to equip the facility for the treatment of volatile organic compounds should further improve overall results.

New boiler room and gas effluent treatment unit at the Vitry Production Center

Use of solvents

Environmental programs implemented in the different businesses are helping to reduce raw material demand. In terms of the amount of raw materials consumed, solvents–used primarily in active ingredient synthesis–are the resource that can potentially have the greatest negative impact on the environment.

In 2005, sanofi-aventis implemented systems to calculate and consolidate raw material consumption: 239,000 metric tons of solvents were used in 2005 in research and production activities. A significant portion of this amount is recycled on- or off-site in compliance with regulatory requirements.

Sanofi-aventis continually strives to make processes safer and more environmentally friendly.

In addition, methods such as process optimization, regeneration–where possible–and heat recycling are used to reduce consumption of non-renewable raw materials.

CONTROLLING THE IMPACT ON HEALTH AND THE ENVIRONMENT AT THE DESIGN STAGE–CLEAN AND SAFE DESIGN

Recommendations have been developed to apply HSE criteria for solvent selection.

An internal solvent classification system is used by R&D teams to select solvents based on their safety and environmental risks and use in processes.

These recommendations are applied throughout the drug-development process, and become increasingly stringent as the product approaches the manufacturing stage.

REDUCING SOLVENT USE IN THE MANUFACTURE OF KETEK™ IN FRANKFURT, GERMANY

As part of the process transfer and scale up in Ketek™ production, two precursors of telithromycinin (active ingredient) will be produced at the Frankfurt site.

The manufacturing process was completely redesigned to reduce waste. A distillation process was developed leading to on-site recovery of approximately 70% of the solvents from the process. This equates to 25,000 metric tons of solvent use reduction per year, along with solvent waste recovery (at an external distillation facility) of more than 2,500 metric tons annually.

The new process combines environmental benefits of reducing solvent production with the financial benefits of reducing the purchasing costs and solvent treatment.

Strictly controlling wastes

The Group has succeeded in maintaining stringent control of wastes by continued investment in large-scale volatile organic compound (VOC) treatment facilities, boiler rooms and water treatment plants.

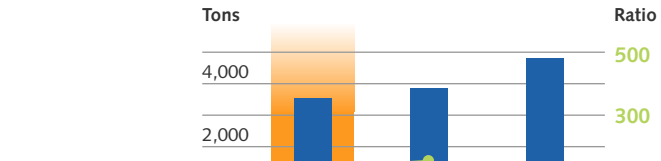
Atmospheric emissions

VOLATILE ORGANIC COMPOUNDS (VOC)

One of the Group's priorities is to reduce VOC emissions from activities involving the synthesis and manufacture of medicines. These emissions are estimated either by mass or by direct measurement, with a 10% uncertainty factor attributed to these estimates.

The total quantities emitted dropped in 2005 (-8% in absolute terms and -15% in the activity-based ratio) after falling by 20% in 2004. This clear improvement stems from both the drive to optimize existing treatment facilities and the development of methods to more accurately calculate and measure emissions.

Major projects to control emissions were undertaken in 2005, either by making changes to product ingredients or by purifying atmospheric emissions, notably at Aramon, Neuville, Vertolaye, Vitry and key chemical manufacturing sites, along with major pharmaceutical manufacturing sites such as Ambarès and Riells. Investment totaling 10 million euros in Vitry and 22 million euros in Aramon will further reduce atmospheric emissions and save energy in 2006.



VOC (tons)	2005	2004	2003
Total	3,521	3,827	4,796
Ratio (g/k€)	129	152	

THE KYOTO PROTOCOL

Eleven of the Group's sites are directly involved in the European system of exchange of emissions rights for greenhouse gas emissions, while five others, including our major site in Frankfurt, are involved indirectly through their energy providers.

Investments made between 2002 and 2005, along with other action plans have ensured that we are in a favorable position with respect to attributed quotas for 2005-2007.

Thermal oxidation treatment facility for Volatile Organic Compounds (VOCs) at the Vitry Production Center

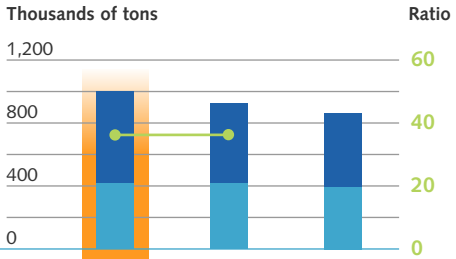
The Group goal is to reduce significantly its VOC emissions between 2005 and 2008.

Carbon Dioxide

Thanks to our actions, we have successfully controlled direct emissions, despite a 50% increase in output from our vaccine operations over the last two years. Indirect CO_2 emissions associated with the purchase of energy sources (steam, brine) from outside providers at a number of chemical manufacturing sites (included in our data for the first time this year), partially explains the increase in indirect emissions.

Carbon dioxide emissions from motor vehicles used by our sales representatives were estimated at approximately 250,000 tons in 2005, compared with 260,000 tons in 2004. These emissions are not included in the opposite table but represent more than half of direct emissions from research and manufacturing facilities, making it a very important focal point.

Emissions resulting from material transport are also not included in the total. Other greenhouse gas emissions are negligible.



CO_2 (thousands of tons)	2005	2004	2003
Direct emissions	417	414	394
Indirect emissions	584	509	465
Total	1,001	923	859
Ratio (kg/k€)	37	37	

Total carbon dioxide emissions include direct emissions from the fuels used on-site (natural gas, fuel) and indirect emissions from electricity, steam and brine produced by our suppliers. Emissions from fermentation processes, as well as emissions stemming from on-site incineration of waste or VOCs, are not included in the total, given the negligible quantities involved. CO_2 emissions from combustion are calculated using the internationally recognized Greenhouse Gas Protocol and the emissions factors are determined on a country-by-country basis.

In accordance with the terms of the Kyoto Protocol, the Group aims to reduce direct and indirect CO_2 emissions by 2008 at constant production volumes.

ENSURING RELIABILITY OF BOILERS IN SAINT-AUBIN-LES-ELBEUF, FRANCE

During 2005 two gas-fired boilers were overhauled; these had replaced the old coal/oil-fired heaters in 2003, further increasing reliability.

This leads to several improvements:

- reduced environmental emissions:
  62% for CO_2, greenhouse gases
  99% for SOx
  83% for NOx
  100% for particle emissions;
- reduced visual and noise pollutions;
- elimination of regular coal, oil delivery by trucks as well as ash removal (equaling approximately 1,200 truck deliveries per year);
- 32% increase in energy efficiency.

Effluent

Industrial effluent waste is processed either in our water treatment plants or in city treatment facilities in accordance with operator agreements.

Purification effectiveness is measured using three indicators: chemical oxygen demand (COD), suspended matter (SM) and nitrogen.

The effectiveness is estimated once internal and external processing is complete. During external processing, at an industrial station or city treatment plant, the percentage of waste from our activities is estimated based on the data provided by plant operators. If these data are not available, the purification yield is considered to be 50%.

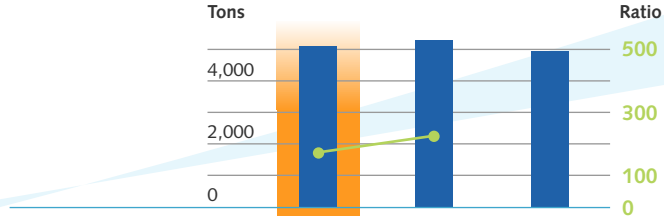
CHEMICAL OXYGEN DEMAND (COD)

COD is the major environmental indicator for our effluent.

All treatment facilities, (i.e. membrane bio-reactors, conventional biological or physical-chemical), are targeted for continuous improvement.

Purification yield at our major plants is equal to or greater than 90% in terms of COD. Changes in net COD between 2004 and 2005 were in part related to a better incorporation of yields from purification at external treatment plants.

In addition, data for 2003 and 2004 were adjusted based on previously published information to better reflect specific purification yields for some sites.



COD (tons)	2005	2004	2003
Total	5,064	5,262	4,922
Ratio (g/k€)	185	209	

PHARMACEUTICAL SUBSTANCES IN THE ENVIRONMENT–ECOVAL COMMITTEE

Advances in analytical measuring techniques have made it possible to detect even minute concentrations (µg/l- ng/l) of many anthropogenic-based organic substances in the environment: pesticides, detergents, repellents, pharmaceutical substances, fire retardants, solvents, etc.

The presence of pharmaceutical substances in the environment, mainly as a result of patient use (discharge in urine and faecal matter) has become a real challenge for society. This has brought increasing demands from the scientific community and the general public, as well as more stringent regulations.

Sanofi-aventis has made this challenge a priority in its commitment to sustainable development.

An internal committee of experts, approved at the highest level, was created in February 2005 to help the Group meet this challenge. The ECOVAL committee membership includes experts with knowledge and experience acquired from pharmaceutical laboratories that now make up sanofi-aventis. Its goal is to assess the environmental risk of key Group medicines and, more specifically, marketed medicines, which were subject to less stringent regulations at the time of launch.

Independent of environmental risk assessments carried out during the course of the new drug approval processes, the committee conducted an evaluation of 23 leading products of the Group, based on:

- their estimated environmental concentration;
- their environmental evolution;
- their impact on flora and fauna.

Sanofi-aventis has also initiated projects to detect and quantify the presence of active ingredients in effluents from our industrial sites.

The Group is also involved in pharmaceutical industry efforts and contributes to the development of European guidelines for the environmental assessment of pharmaceuticals.

Waste

Waste is classified as hazardous/non-hazardous on the basis of local legislation.

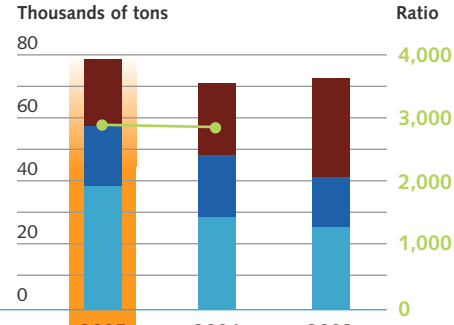
The overall amount of waste is increasing more slowly than the rate of production.

The reuse of hazardous waste either through recycling/treatment or with energy recovery is a top priority. Small amounts of hazardous waste (less than 1% and continuously decreasing) are disposed in landfills when incineration facilities are unavailable.

Nearly 50% of non-hazardous waste is now reused or recycled. Moreover, a significant proportion of incinerated waste is recycled as a heat source. In addition, the amount of these wastes sent to landfills is constantly being reduced.

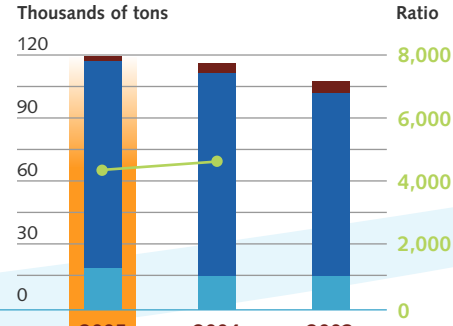
Construction waste, as well as soil that undergoes incineration, bio-treatment, or is sent to landfills during soil rehabilitation, is not included in total waste figures that are calculated for operational purposes.

NON-HAZARDOUS WASTE



Thousands of tons	2005	2004	2003
Recycled	39.1	29.4	26.1
Incinerated with or without energy recovery	19.3	19.7	16.1
Sent to landfills	20.9	22.6	31.1
Total	79.3	71.6	73.2
Ratio (g/k€)	2,903	2,842	

HAZARDOUS WASTE



Thousands of tons	2005	2004	2003
Recycled	21.2	17.3	17.1
Incinerated with or without energy recovery	98.2	99.9	89.3
Sent to landfills	0.5	1.1	1.4
Total	120	118.3	107.8
Ratio (g/k€)	4,393	4,696	

WASTE-REDUCTION PROGRAMS IN KAWAGOE, JAPAN

Reducing and recycling waste has always been a priority at our site in Kawagoe, Japan. For over 10 years, waste has been sorted to identify the relevant channels for each waste type. Throughout the site, waste is clearly identified using color codes.

For each waste type, recycling or energy recovery by incineration is a priority wherever possible.

Each year, targets are determined to reduce waste and increase recycling, which are regularly tracked. Since 1993, these efforts have contributed to an increase (from 17% to 78%) in our recycling rate.

Retained environmental liabilities

At certain previously-owned manufacturing sites, environmental assessments have found contaminated soil and in some cases ground water.

In order to evaluate potential pollution, environmental analyses were carried out at our operating facilities where subsequent pollution may have occurred. When an industrial activity is discontinued, soil, sub soil and underground water analyses are performed. Depending on the nature and extent of contamination, remediation is initiated to restore the soil quality for its intended utilization.

Analyses and work are conducted transparently in conjunction with administrative, local and national authorities, with every effort made to keep residents in the surrounding community informed.

The Reference Document (AMF, the French Autorité des Marchés Financiers) and the 20F Document (SEC), which is available on the sanofi-aventis web site, contain information about the amounts set aside for provisions and guarantees to manage risks associated with those manufacturing sites that have an extended history of industrial use as well as our retained environmental liabilities in connection with divested chemical and agro-chemical production activities.

Several actions are ongoing, including a program in Cincinnati, Ohio (United States).

Application of impermeable vapor barrier to mitigate potential exposure pathways

Over the next five years, or in accordance with schedules determined in conjunction with the appropriate national environmental regulatory groups, sanofi-aventis will actively pursue rehabilitation of any contaminated sites, whether in operation or divested.

SURVEYS AND CAMPAIGNS TO REHABILITATE THE QUALITY OF SOIL AND UNDERGROUND WATER IN CINCINNATI, UNITED STATES

During the construction of a new building on a site formerly owned by Aventis in Cincinnati, Ohio, the current owner detected contamination in the soil and work was halted. As a result, sanofi-aventis conducted environmental investigations and has taken action to rehabilitate the site over the last two years.

Assessments and results

Investigative and modeling work were conducted at the site to determine the type of substances present, along with any exposure pathways. This was done by taking samples of soil and underground water, carrying out hydraulic conductivity testing, and modeling vapor intrusion and ground water transport systems. The main chemicals detected in the area that gave cause for concern were volatile organic compounds associated with activities previously conducted on the site.

Remediation activities

The campaign to rehabilitate the site involved source area soil excavation to ground water, high efficiency extraction of the ground water in the source area, and application of an oxygen-releasing compound at the groundwater elevation in the soil excavation areas to enhance the natural degradation of chemicals of concern. It was also decided that use of underground water should be limited and monitored.

Operation and maintenance

An operation and maintenance program was put in place at the site to ensure the effective implementation of remediation and monitoring system.

@ To find out more: www.sanofi-aventis.com

GLOBAL OVERVIEW...

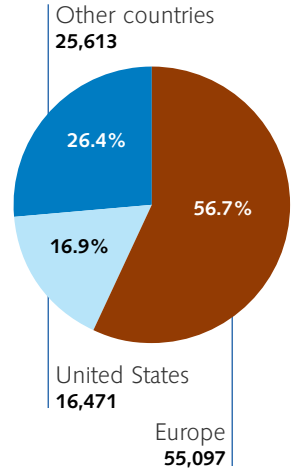
Social indicators

	Definition	Unit of measurement	2005	2004	Variation
Total workforce	Workforce as of December 31, 2005	Total no. of PC & FTC employees	97,181*	96,439	+0.8%
PC workforce	Group employees with a permanent contract (PC)	Total no. of PC employees	93,463	93,496	0%
FTC workforce	Group employees with a fixed-term contract (FTC)	- Total no. of FTC employees	3,718	2,943	+26.3%
		- % of PC employees	4.0%	3.1%	
Workforce by categories	Group employees by job category	- Managers as % of total workforce	20.9%	18.9%	+11.2%
		- Sales force as % of total workforce	35.5%	34.1%	+4.8%
		- Others as % of total workforce	43.6%	47.0%	–6.4%
Workforce by gender	Male and female Group employees	- No. of women	44,230*	43,860	+0.8%
		- No. of men	52,951*	52,579	+0.7%
Gender equity		- % of women in total workforce	45.5%*	45.5%	0%
		- % of men in total workforce	54.5%*	54.5%	0%
Use of temporary workers		- No. of temporary workers on full-time equivalent	6,481	6,118	+5.9%
		- % compared with PC workforce	6.9%	6.5%	
Entries new hires	Hired on permanent contracts	Number of employees hired on permanent contracts	8,785	6,670	+31.7%
Entries new hires	Hired on fixed-term contracts	Number of employees hired on fixed-term contracts	3,909	2,866	+36%
Departures	Group PC departures	Number of PC terminations	9,648	9,327	+3.5%
Departures	Group FTC departures	Number FTC terminations	2,239	2,287	–2.2%
Dismissal	Dismissals due to personnel reasons or redundancies	Total no. of dismissals	4,396	3,436	+27.9%
		for personnel reasons	*1,188*		
		for redundancies	*3,208*		
Average age	Average age of PC employees	Number of years	39 years 8 months	40 years 4 months	
Average seniority	Average seniority of PC employees	Number of years	10 years 8 months	11 years 10 months	
Working hours	Mean theoretical number of hours worked per year in France	Number of hours	1,561	1,554	0%
Employees trained(1)	Employees participating in at least one training course	% of workforce as of December 31, 2005			
		Global	82%	71%	+16%
		France	89%*	82%	+10%
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	54.8 hours	45.9 hours	+19.4%
Absenteeism	Days of absence due to sickness, workplace or commuting accidents (home-workplace), maternity or other reasons(2)	Number of day of absence **in France**	397,753	418,190	–10%

(1) Includes all data on employees receiving training during the year, including those who were no longer with the Group on December 31.
(2) Other reasons: other causes for absence (family reasons, unpaid leave, parental leave, sabbatical, etc.).

WORKFORCE AS OF DECEMBER 31, 2005

Workforce*	Workforce as of Dec. 31, 2005	%	Workforce as of Dec. 31, 2004**
Worldwide	97,181	100%	96,439
Europe	55,097	56.7%	55,546
from France	*27,995*	*28.8%*	*27,663*
from Germany	*9,782*	*10.1%*	*10,106*
United States	16,471	16.9%	15,811
Others	25,613	26.4%	25,082
from Africa	*3,592*	*3.7%*	*3,765*
from Latin America	*6,285*	*6.5%*	*6,274*
from Japan	*2,697*	*2.8%*	*2,752*
from Canada/Puerto Rico	*2,319*	*2.4%*	*2,652*
from Asia (excl. Japan)/Oceania	*10,324*	*10.6%*	*9,208*
from Middle East	*396*	*0.4%*	*431*



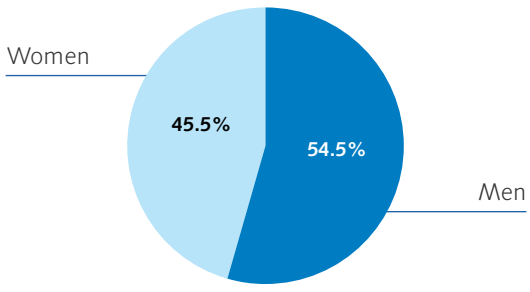
* Workforce figures provided are for employees who have signed a contract with the sanofi-aventis Group.
** 2004 statistics were comparatively reapportioned (Central and Eastern Europe were included in Europe, Pakistan was included in Asia, and Egypt included in Africa).

WORKFORCE BY PROFESSIONAL CATEGORY WORLDWIDE

	Management	Sales force*	Others categories**	Total
Europe	22.7%	21.9%	55.3%	100%
United States	26.5%	56.9%	16.6%	100%
Other countries	13.4%	50.9%	35.8%	100%
Global	**20.9%**	**35.5%**	**43.6%**	**100%**

* In 2005, sales management were classified as in 2004, with the sales force.
** Operators, employees, technicians, first-level supervisors.

MEN AND WOMEN IN THE WORKFORCE BY JOB CATEGORY WORLDWIDE



...OF INDICATORS WORLDWIDE

Health, safety and environment indicators

	Definition	Unit of measurement	2005	2004	2003	Variation 2005/2004
Accidents	Consolidated frequency rate within the Group, for all Group employees (2003 & 2004 data include results for temporary workers)	No. of accidents resulting in lost time of one day or more within a 12-month period, per million hours worked	2.8*	2.8	2.8	0%
Water	Water consumption	m^3	69,026,574*	70,176,646	75,102,814	– 1.6%
Energy	Energy consumption	GJ	15,089,553*	14,733,200	14,132,796	+2.4%
VOC	Emissions of volatile organic compounds (estimates)	Tons	3,521*	3,827	4,796	–8%
CO_2	Carbon dioxide emissions	Tons of direct emissions Tons of indirect emissions	416,925* 583,803*	413,515 509,405	393,775 464,801	+0.8% +14.6%
SOx	Sulfure oxide emissions	Tons	127*	129	274	–1.2%
NOx	Nitrogen oxide emissions	Tons	551*	566	598	–2.7%
ODS	Ozone Depleting Substances gaz emissions	Tons of CFC11 equivalent	11.7	2.7	6.2	+333%
COD	Chemical oxygen demand in effluents following internal or external treatment	Tons	5,064*	5,262	4,922	–3.8%
Suspended Matter	Weight of suspended waste matter following water treatment and internal or external treatment	Tons	917*	1,041	907	–11.9%
Nitrogen	Nitrogen emissions following internal or external treatment	Tons	885*	840	834	+5.4%
Hazardous waste	Waste produced as defined by locally applicable regulations	Tons	119,975*	118,340	107,826	+1.4%
Non-hazardous waste	Other solid waste (excluding emissions and effluents)	Tons	79,278*	71,623	73,209	+10.7%
ISO 14001 certified facilities		Number of certified sites	27*	24	20	+12.5%

In accordance with the NRE Law, part of social and HSE data published in these tables was 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.

* The indicators identified with this asterisk were analyzed in depth, enabling the Statutory Auditors to provide an assurance for these data. Their assurance statement, detailing the work they performed as well as their comments and conclusions, appears on page 84.

OVERVIEW OF INDICATORS BY BUSINESS ACTIVITY (INDUSTRIAL AND RESEARCH SITES)

	Chemical	Pharmaceutical	R&D	Distribution	Vaccines	Total	Ratio/sales 2005	Ratio/sales 2004	
Accidents (consolidated frequency rate)	2.4	2.8	1.6	3.1	1.4	2.8			
Water (millions of m^3)	60.2	4.3	2.4	0	2.1	69	2,527	2,785	l/k€
Energy (millions of GJ)	5.8	4.6	2.2	0.1	2.4	15.1	553	585	MJ/k€
Chemical oxygen demand (tons)	4,433	425	83	–	123	5,064	185	209	g/k€
Suspended Matter (tons)	789	85	16	–	27	917	34	41	g/k€
Nitrogen (tons)	847	15	4	–	19	885	32	33	g/k€
Volatile organic compounds (tons)	3,008	406	55	–	51	3,521	129	152	g/k€
Direct and indirect CO_2 (thousands of tons)	362	345	143	8	143	1,001	37	37	kg/k€
Sulfur oxides (tons)	84	25	3	1	14	127	5	5	g/k€
Nitrogen oxides (tons)	180	145	83	4	139	551	20	23	g/k€
ODS (tons of CFC11 equivalent)	0.7	10.9	0	0	0	11.7	427	107	mg/k€
Non-Hazardous Waste (thousands of tons)	41.2	19.5	4.6	2.2	11.8	79.3	2,903	2,842	g/k€
Hazardous Waste (thousands of tons)	108.5	5.9	2.7	0.5	2.4	120	4,393	4,696	g/k€

HOW DATA ARE REPORTED: METHODOLOGICAL NOTE

Scope of consolidation

Social data are consolidated for all Group companies that are globally integrated into our financial consolidation, regardless of their activity (industrial or research sites, sales affiliates, administrative headquarters). At the end of 2005, data on health and safety (workplace accidents) covered entirely the same scope.

Environmental data (including spending and investments) are consolidated for all industrial and research sites. The environmental impact of sales affiliates, measured by CO_2 emissions from all company vehicles, includes all pharmaceutical operations affiliates.
The environmental impact of administrative headquarters is not included.

Social, health, safety and environmental data are 100% integrated into the scope of consolidation (global data integration).

Changes in the scope

With the formation of the new Group between 2003 and 2004, modifications in the scope of consolidation concerned the following site divestitures:
- Manati (Puerto Rico)
- Loures (Portugal)
- Martin (Slovakia)

In addition, some distribution site activities were transferred or grouped, leading to a few site closures during the year.

Social data from 2004 were reconstituted using the scope of the new Group at year end 2004. However, due to differences in the systems and definitions used by the legacy companies, it was not possible to generate comparative data from 2003.

Generally speaking, changes in the scope of data consolidation resulted from acquisitions, construction, divestitures or closings, whether full or partial, of 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;
- new site: entity data are integrated into the scope of consolidation beginning from the first full calendar year of operations;
- divestiture/closing: entity data are removed for all years prior to the entity's divestiture.

Indicator selection

The social indicators shown:
- were selected in accordance with the Group's human resources (HR) policy on tracking workforce and social performance in relation to individual management and development;
- take into account distinctive cultural aspects and local specificities (differing national legislation, various legal requirements, etc.).

The health, safety and environment indicators shown:
- were chosen in accordance with the Health, Safety and Environment (HSE) policy and reflect the sites improvement initiatives. These indicators are relevant to Group operations;
- can be used to track the key areas of Group HSE performance.

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 & environmental factors.

These documents specify the methodologies adopted for indicator reporting: definitions, methodological principles, calculation formulae, emissions factors.
Standard data collection tools were also put in place during the year:
- social data: the Data Collection Tool (DCT) reporting system was combined during the year, making it possible to collect social data for all Group entities;
- safety data: the MSRS system deployed on January 1, 2005, to collect safety data throughout the Group;
- environmental data: the GREEN data collection tool implemented during the year enabling consolidation of all data contained in the report, and ensuring recovery of historical information from previous systems.

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 each indicator and, where appropriate, the uncertainty margins involved, in particular for training (page 46), accident frequency rates (page 70), aqueous waste (page 77), VOC emissions (page 75), certain atmospheric emissions (NOx and SOx) (pages 80 and 81 under cover), and ozone depleting substances emissions (page 76).

For environmental data, the ratio of each reported metric 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). In light of the new scope of the Group, it was not calculated for 2003.

Consolidation and internal controls

The Corporate HR and HSE Departments are responsible for ensuring that all data are consolidated, using the information provided by the industrial and research sites, and Group affiliates or administrative headquarters throughout the world.
HSE coordinators for each business perform an initial validation of safety and environmental data prior to their consolidation.

Corporate HR and HSE also verify data consistency. These validations include comparisons with data 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 year's 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 2006.

To ensure that site representatives have properly understood the HSE indicators, and to ensure that the data reported correspond with that requested, the HSE Department verifies HSE data reported 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 80 and 81 (under cover). Their assurance statement, describing the work they performed as well as their comments and conclusions, appears on page 84. In addition, in accordance with the NRE Law, all HSE data and some social data published in tables on pages 80 and 81 (under cover) 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 annual report.

Adjustments of previous data

Reporting modifications concerning previous years may be detected during the current year's reporting. A materiality threshold of 5% on the value of the Group indicator in question is applied automatically whenever an adjustment is made to data from previous years, based on review of the current year's data.

Some data from previous financial years were also adjusted in the event that errors detected significantly impacted the interpretation of results.

STATUTORY AUDITORS' REVIEW REPORT ON CERTAIN ENVIRONMENTAL, HEALTH AND SAFETY (EHS) AND SOCIAL INDICATORS

This is a free translation into English of the Statutory Auditors' review 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 the request of sanofi-aventis and in our role as Statutory Auditors of sanofi-aventis, we have performed a review designed to provide moderate assurance on the EHS and social data relating to fiscal year 2005 identified by the symbol (*) in the "Global overview of indicators worldwide" section on pages 80 and 81 (under cover) the "Data".

Sanofi-aventis' management was responsible for preparing the Data in accordance with the Group's reporting procedures applicable during 2005, which are available at the Group's headquarters and summarized on pages 82 and 83 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.
- We tested that the social and environmental data reporting tools implemented in 2005 functioned correctly.
- At the Group level, we conducted interviews with the individuals responsible for the preparation and application of the reporting procedures as well as for the consolidation of data (EHS and Human Resources Departments). At this level, we performed analytical procedures and verified, on a test basis, the calculations and data consolidation.
- We selected a sample of industrial and research sites (Vitry, Vertolaye, Marcy l'Etoile, Frankfurt chemistry, Frankfurt injectable products, Suzano, Bridgewater) and pharmaceutical operations units operating in six countries (France, United States, Germany, Brazil, Italy and Spain), based on their relative contribution to the consolidated data and the results of work conducted in prior years. At the level of the selected sites and units, we verified the understanding and application of procedures and carried out tests of detail to verify the calculations made and reconcile the data with the supporting documentation.

Complementary work was carried out concerning the reporting of work accidents in the pharmaceutical operations units operating in 11 other countries on the basis of questionnaires and telephone interviews.

The contribution of these entities to the Group consolidated total is:
- regarding the environment, on average 37% of the "water" indicators (water consumption, COD, Suspended matter and Nitrogen discharges), 31% of total waste (hazardous and non hazardous), 35% of indicators related to energy (energy consumption, direct and indirect CO_2, SOx, NOx) and 34% of VOC emissions;
- regarding safety, 34% of worldwide employees;
- regarding social, 27% of worldwide employees and 31% of French employees.

In performing our review, we were assisted by our specialist Sustainable Development teams.

Information on reporting procedures

The Group presents detailed information on the methodologies used for the Data reporting in the Methodological Note set out on pages 82 and 83, and in the comments of the data published in particular as regards the following points:
- the environmental and social reporting schedule for 2005 was based on the new tools and procedures used by all Group's entities;
- any methodological limits that arose during the reporting process and the corresponding uncertainties have been disclosed. In particular, we wish to draw your attention to the differences concerning the frequency rate of work accidents described on page 69, which were identified following controls and subsequently corrected.

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 2005.

Neuilly-sur-Seine and Paris La Défense, 12/04/2006

The Statutory Auditors

Ernst & Young Audit		PricewaterhouseCoopers Audit	
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