

**Sanofi Aventis Statement on the Oxfam International's response to the Pharmaceutical Industry's reflections on Oxfam's briefing paper, "Investing For Life: Meeting poor people's needs for access to medicines through responsible business practices"**

February 12, 2008

Sanofi-aventis welcomes the opportunity to provide our comments on Oxfam International's response to the Pharmaceutical Industry's reflections on Oxfam's briefing paper published on February 6, 2008.

As one of the companies surveyed in the preparation of the briefing paper, sanofi-aventis feels that the progress accomplished over the past few years by major research-based pharmaceuticals firms in improving access to medicines is not properly reflected in Oxfam's report.

Importantly, in our opinion, the report does not sufficiently recognize the fact that "access to health" cannot be limited to "access to medicines". Of course, medicines play a critical role in improving health, but "access to health" depends on many other stakeholders than the pharmaceutical industry alone, in particular governments and public agencies. Confusing the two issues leads to pointing at the pharmaceutical industry as the main culprit for insufficient access to health in developing countries, which we believe is just not true.

We cannot agree with the statement that pharmaceutical firms "rely too heavily upon donations of medicines to mitigate the impacts of unaffordable prices in developing countries". We, at Sanofi Aventis, make a clear distinction between our philanthropic activities and our "Access to Medicines" policy. Our philanthropic activities indeed include donations of drugs which are the only appropriate answer to exceptional or emergency situations. While we recognize the pioneering work done by Merck with the Mectizan program, which is acknowledged in the "rejoinder", we wish to highlight Sanofi Aventis' partnership with the WHO for the elimination of Human African Trypanosomiasis (sleeping sickness). In this partnership that started in 2001 we provide not only the drugs needed to treat the disease but also the funds necessary for drugs to reach patients, for diagnosis and treatment, as well as for the WHO-TDR research and development programs focused on this fatal disease. Without this partnership, WHO itself recognizes that controlling sleeping sickness would just not be possible. The reason why this partnership involves drug donations on a large scale is not only because it is the only way for patients to have access to drugs, but also because, according to WHO, there is a clear perspective to eliminate sleeping sickness as a major public health concern in the next few years, i.e. there is no sustainability issue in the long term with this donation. Actually, we see this program as an exceptional one, not as a model we would want to expand. We recognize that permanent donations are not a sustainable approach to facilitate access to medicines as they might, in fact, have detrimental consequences if not properly managed.

We have therefore developed an "Access to Medicines" policy that aims at finding sustainable ways of meeting the needs of all patients, with a tiered-pricing policy that includes "no profit-no loss" sales to governments, NGOs and international funders, while the same drugs are sold with a profit margin in private markets. This approach started with the "Impact Malaria" program in 2001 and is being expanded to other diseases such as tuberculosis. To address one of the points of the "rejoinder", we do not only develop this approach for "exotic" communicable diseases. We have started programs also in epilepsy and mental health that will help us better understand the issues posed by chronic diseases which require long-term, sometimes life-long, treatments. Epilepsy and mental disorders affect very large numbers of persons in the developing world, they cause major suffering. They lead to hundreds of thousands of patients being rejected from their families and communities, often quarantined when not imprisoned. In addition, they are not under any

political or media spotlight and they do not benefit from international funding efforts. The issues posed by this type of diseases are very different from those requiring short treatment durations and deserve being carefully investigated to avoid starting programs that will not be sustainable in the long term. We feel that our actions and strategic vision are therefore fully in line with Oxfam's rejoinder's last statement "Donations and community programs will not be enough".

Overall, although we regret the negative tone of the briefing paper, we agree with Oxfam and with our pharmaceutical industry colleagues that our business practices must address these challenges. We are fully committed to continuing our contribution in finding solutions to these issues together with all relevant stakeholders. Our long-standing presence in many developing countries makes us acutely aware of the multiple factors that have an impact on public health, and how these factors differ very widely from country to country. Our experience in dealing with the access to medicines and health issue shows that it cannot be achieved through "one-size-fits-all" strategies. Solutions that can work in a given country or for a given condition may not work in other countries or for other diseases. Public health systems in many developing countries are complex and fragile and much damage can be done if specific situations are not analyzed in detail before action is undertaken. Ultimately, patients at the receiving end of these systems stand to suffer the most from trials and errors. This is why we favor step-wise approaches that aim at designing solutions that are sustainable in the long term because they respect and benefit all stakeholders .