

IN THE GLOBAL COMMUNITY

Wherever AstraZeneca is located worldwide, we aim to make a positive contribution to our local communities through charitable donations, sponsorships and other initiatives that help to make a difference. In particular, we aim to ensure that our community activities focus on bringing benefit in ways that are consistent with our business of improving health and quality of life, and on promoting the value of science among young people.

In 2007, we spent a total of \$588 million on community sponsorships and charitable donations worldwide, including \$518 million on product donations, valued at average wholesale prices. In 2006, our product donations totalled \$443 million, down from \$835 million the previous year. This decrease reflected the implementation of Medicare Part D in the US, a change that meant more people now have prescription drug coverage through the federal system. Already a leader in providing patient assistance in the US, AstraZeneca launched a new programme in November 2006 for those enrolled in Medicare Part D, but who still have financial difficulty affording their medicines. We also extended the reach of our US patient assistance programmes by expanding qualifying income levels during 2006. The financial commitment associated with these initiatives is reflected in our 2007 spend.

IN THE DEVELOPING WORLD

As well as the availability of appropriate medicines, access to healthcare depends on having a functional healthcare system, trained healthcare staff and effective supply and distribution mechanisms in place to ensure that medicines are used to their full effect as part of overall healthcare management. In some parts of the developing world, this is a particular challenge.

We believe that sustainable improvement in healthcare in these countries can only be achieved through the commitment of all related stakeholders, including governments, non-governmental organisations (NGOs) and the international community, as well as the private sector. AstraZeneca nevertheless remains committed to making a contribution. The medicines in our range today are not relevant to the treatment of HIV, TB and malaria, the most significant healthcare problems that the developing world is currently facing, but we are applying our skills and resources to helping in other ways. Our approach is two-fold.

We have a dedicated scientific resource in Bangalore, India that focuses on finding a new, improved treatment for TB and further information about this commitment can be found on page 67.

Alongside this ongoing research programme, we partner with NGOs and other organisations working with local communities to strengthen their frameworks for managing healthcare in a sustainable way. In particular, we focus on community-based projects that can be scaled up to improve outcomes for the greatest number of people.

Strengthening healthcare capabilities

TB and HIV form a potentially lethal combination, each speeding the other's progress and TB is the biggest killer of people living with HIV. Over the last five years, we have supported the British Red Cross in their community-based efforts to combat the growing threat of TB and TB/HIV in Central Asia. Work in Kyrgyzstan and Turkmenistan has focused on improving patient compliance, encouraging early diagnosis, raising awareness of TB, fighting the stigma associated with the disease and building local capabilities in prevention and control. To date, over 6,000 patients have successfully completed their TB treatment and community awareness campaigns and health education sessions in schools and public places have reached over 750,000 people. In Kazakhstan, where TB/HIV co-infection is a rising threat, the local Red Crescent Society is working to establish effective, sustainable and replicable models of community based social support for patients with TB and HIV, and their families. The programme brings together people with a range of skills, such as social workers, psychologists and employment lawyers, who work with volunteers – many of them former patients – to offer a range of support to those on treatment and those who have recently completed treatment. To date, this project has helped to reduce the rate of patients giving up on treatment from 33% in 2006 to 13% in 2007. Overall, with our funding, the work of the Red Crescent Societies in Kyrgyzstan, Turkmenistan and Kazakhstan is contributing to the implementation of national TB programmes that are leading to a stabilisation and reduction in the incidence of TB in these countries. In 2007, to help the British Red Cross to broaden its approach to the co-infection challenge, we further expanded our partnership and are supporting the charity over the next three years in their work to help local

communities combat the co-infection threat in South Africa and Lesotho where HIV is the single most important factor determining the increasing incidence of TB.

We also further increased the geographic footprint of our support activity through a new partnership in 2007 with the African Medical and Research Foundation (AMREF) that focuses on helping to strengthen healthcare systems and integrated delivery of TB/HIV/malaria programmes in Uganda, where there is a high burden of all three diseases. During the year, AMREF and AstraZeneca worked together with the Ministry of Health in Uganda to develop a model for managing HIV/AIDS, malaria and TB collectively that will provide a framework for effective and efficient healthcare at both local and national levels. The first programme is now underway. Those initially targeted to benefit are the poor and remote communities in the Luwero and Kiboga districts of central Uganda, particularly women of child-bearing age, people living with HIV/AIDS and children under the age of five.

In the developing world, the incidence of cancer is on the increase. It is predicted that 20 million more people will be diagnosed by 2010, and 70% will live in countries that between them will have fewer than 5% of the resources for cancer control. In 2005 AstraZeneca began a pilot project in Ethiopia, designed to build local capability in managing breast cancer – the second most common cancer among young women in that country. We are partnering with Axios, an organisation experienced in working with the private sector to advance healthcare in developing countries, with a focus on integrating local resources and priorities in chronic disease management and drug delivery.

At the outset of our Ethiopia Breast Cancer Project, the country had only one cancer specialist for the entire population, there was no mammography, no easy access to chemotherapy or hormonal agents, no cancer screening and no national treatment protocols. Our programme has focused on strengthening diagnosis and treatment capabilities at Tikur Anbessa University Hospital in Addis Ababa, where the country's only cancer specialist was based. In the last three years, with our help, the hospital has become a centre of reference for breast cancer treatment across Ethiopia. Activities have included developing treatment guidelines, strengthening the referral system, setting up an institutional-