

**2008 IN BRIEF**

- > Despite a continually challenging environment, including generic pressure, combined sales of *Arimidex*, *Crestor*, *Nexium*, *Seroquel* and *Symbicort* up 5% in the US – 65% of our total US sales.
- > Maintained market position as the second largest brand name pharmaceutical company in Canada.
- > Solid sales performance in the Rest of World, up 5%.
- > Strong brand performance in Western Europe but intense competition and governmental controls over healthcare expenditure.
- > Strong volume growth from key products, *Crestor*, *Losec* and *Seroquel* in Japan.
- > Emerging Rest of World delivers strong sales growth, up 16% with Emerging Europe sales up 10% and Emerging Asia sales up 10%.
- > Continued expansion in China, including continued sales growth up 31%.
- > EU Commission of a Sectoral Inquiry into the pharmaceutical industry continues, with a final report expected in Spring 2009.

For more information regarding our products please refer to the relevant sections of the Therapy Area Review from page 53. Details of relevant continuing litigation can be found in Note 25 to the Financial Statements (from page 144) and details of relevant risks are set out in the Principal Risks and Uncertainties section (from page 76).

For the AstraZeneca definition of markets please see the Glossary on page 199.

**NORTH AMERICA****US**

Despite full generic competition to *Toprol-XL* and the growth in generic omeprazole, sales in the US increased 1% in 2008 to \$13,510 million (2007: \$13,366 million). Combined sales of *Arimidex*, *Crestor*, *Nexium*, *Seroquel*, and *Symbicort* were up 5% to \$8,803 million (2007: \$8,414 million) – 65% of our total US sales. AstraZeneca is currently the third largest pharmaceutical company in the US, with a 5.6% share of US prescription pharmaceutical sales. Sales for Aptium Oncology and Astra Tech fell by 2% and rose by 33% to \$395 million (2007: \$402 million) and \$80 million (2007: \$60 million), respectively.

*Nexium* continues to lead the branded proton pump inhibitor (PPI) market for new prescriptions, total prescriptions and total capsules dispensed. Generic pantoprazole showed strong growth after being introduced late in 2007 and together with generic omeprazole captured most of the market growth, resulting in price and share erosion across the entire branded PPI market. In the face of generic pressure, *Nexium* continued to fare better than its branded competitors with sales in 2008 down 8% to \$3,101 million (2007: \$3,383 million). During the year, the US Food and Drug Administration (FDA) approved the use of *Nexium* in children ages one to 11 years old for the short-term treatment of gastroesophageal reflux disease.

*Seroquel* maintained its strong position as the number one prescribed atypical anti-psychotic on the market, with sales up 5% to \$3,015 million (2007: \$2,863 million). *Seroquel* posted total prescription growth of 6.6% with an increase of one million prescriptions, outpacing the rate of market growth for anti-psychotics by almost two points, leading the market in absolute total prescription growth. During the year, the FDA approved *Seroquel* for the maintenance of bipolar disorder as adjunct therapy to lithium or divalproex. The FDA also approved *Seroquel XR* for the depressive episodes of bipolar disorder, the manic or mixed episodes associated with bipolar I disorder (as either monotherapy or adjunct therapy to lithium or divalproex), and for maintenance treatment of bipolar disorder as adjunct therapy to lithium or divalproex.

Supplemental new drug applications (sNDAs) were submitted to the FDA for use of *Seroquel XR* in adult patients for major depressive disorder (MDD) and generalised anxiety disorder (GAD). In December 2008, we received a Complete Response Letter from the FDA related to the MDD submission, while the GAD submission remains under review. We also submitted an sNDA to the FDA for use of *Seroquel* for treatment of schizophrenia in 13 to 17 year olds and for treatment of acute manic episodes of bipolar I disorder for 10 to 17 year olds. The US Prescribing Information for *Seroquel* and *Seroquel XR* is being updated to include new safety information regarding use in children and adolescents. *Seroquel* and *Seroquel XR* are not approved currently for use in paediatric patients under 18 years of age.

*Crestor* sales were up 18% to \$1,678 million (2007: \$1,424 million) with a total prescription growth of 10.8%, and was the only branded statin to grow in total prescriptions throughout 2008 despite generic pressure. The new indication to slow the progression of atherosclerosis in adult patients with elevated cholesterol, an important differentiator from other products in the cholesterol-lowering market, was successfully introduced and awareness amongst physicians is high. Under the terms of an agreement executed in November 2008, Abbott obtained the non-exclusive right to promote *Crestor* alongside AstraZeneca in the US (excluding Puerto Rico) increasing *Crestor's* profile and share of voice. New data presented in November 2008 from the JUPITER study demonstrated that *Crestor* 20mg significantly reduced major cardiovascular (CV) events – defined by the study as the combined risk of myocardial infarction, stroke, arterial revascularisation, hospitalisation for unstable angina, or death from CV causes – by 44% compared to placebo among men and women with elevated hsCRP (high-sensitivity C-reactive protein) but low to normal cholesterol levels. hsCRP is a recognised marker of inflammation that is associated with an increased risk of atherosclerotic CV events. The JUPITER results also showed that for patients in the trial taking *Crestor*, the combined risk of heart attack, stroke or CV death was reduced by nearly half. We expect to file a regulatory submission with the FDA that includes the JUPITER data in the first half of 2009 and, if approved, will begin promotional activities within the approved labelling.

OUR FINANCIAL PERFORMANCE

	2008			2007			2006	2008 compared to 2007		2007 compared to 2006	
	Sales \$m	CER growth \$m	Growth due to exchange effect \$m	Sales \$m	CER growth \$m	Growth due to exchange effect \$m	Sales \$m	CER growth %	Reported growth %	CER growth %	Reported growth %
US	13,510	142	2	13,366	917	–	12,449	1	1	7	7
Canada	1,275	95	35	1,145	54	60	1,031	8	11	5	11
<b>North America</b>	<b>14,785</b>	<b>237</b>	<b>37</b>	<b>14,511</b>	<b>971</b>	<b>60</b>	<b>13,480</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>8</b>
Western Europe	9,743	55	573	9,115	282	760	8,073	1	7	3	13
Japan	1,957	73	223	1,661	170	(12)	1,503	4	18	11	11
Other Established ROW	843	107	21	715	83	77	555	15	18	15	29
<b>Established ROW</b>	<b>12,543</b>	<b>235</b>	<b>817</b>	<b>11,491</b>	<b>535</b>	<b>825</b>	<b>10,131</b>	<b>2</b>	<b>9</b>	<b>5</b>	<b>13</b>
Emerging Europe	1,215	102	85	1,028	102	95	831	10	18	12	24
China	627	136	54	437	91	18	328	31	43	28	33
Emerging Asia Pacific	802	72	(19)	749	62	41	646	10	7	10	16
Other Emerging ROW	1,629	247	39	1,343	223	61	1,059	18	21	21	27
<b>Emerging ROW</b>	<b>4,273</b>	<b>557</b>	<b>159</b>	<b>3,557</b>	<b>478</b>	<b>215</b>	<b>2,864</b>	<b>16</b>	<b>20</b>	<b>17</b>	<b>24</b>
<b>Total sales</b>	<b>31,601</b>	<b>1,029</b>	<b>1,013</b>	<b>29,559</b>	<b>1,984</b>	<b>1,100</b>	<b>26,475</b>	<b>3</b>	<b>7</b>	<b>7</b>	<b>12</b>

In another agreement with Abbott, we are investigating the fixed dose combination of the active ingredients in *Crestor* (rosuvastatin calcium) and Trilipix™ (fenofibric acid) for the treatment of mixed dyslipidaemia. A Phase III trial in 2008 demonstrated that a combination of rosuvastatin calcium and fenofibric acid delivers greater improvements in treating all three key lipids (LDL, HDL and triglycerides) than the pre-specified monotherapy comparators. Currently, dyslipidaemia affects more than 100 million US residents and has been shown to play a pivotal role in the development of atherosclerosis and consequently, cardiovascular disease. Patients with mixed dyslipidaemia are expected to become more prominent segments of the dyslipidaemic population. Abbott obtained approval of Trilipix™ in December 2008 as the first and only fibrate labelled for use with a statin.

To maximise the value of *Merrem IV* during the year we announced an agreement with Cubist, who will provide promotional and scientific affairs support for *Merrem IV* in the US and Puerto Rico.

*Arimidex* continued to perform well with sales up 9% to \$754 million (2007: \$694 million) for the full year. *Arimidex* continues to be the market leader in new prescriptions for branded hormonal treatments for breast cancer in the US.

In September 2008, an additional six-month period of exclusivity was granted to market *Casodex* for its licensed advanced prostate cancer indication until 1 April 2009.

*Pulmicort Respules*, the only inhaled corticosteroid for the treatment of asthma approved in the US for children as young as 12 months, showed strong sales growth with sales up 2% to \$982 million (2007: \$964 million). On 23 September 2008, the US District Court for the District of New Jersey denied a motion filed by Teva Pharmaceuticals Ltd. for summary judgment of no infringement in the *Pulmicort Respules* patent litigation. On 19 November 2008, the same court awarded a temporary restraining order against Teva Pharmaceuticals after Teva launched its generic product 'at risk' on 18 November 2008. On 25 November 2008, the parties settled the matter and AstraZeneca granted Teva a licence to launch its generic product in late 2009.

In its first full year after launch in June 2007, *Symbicort Rapihaler* (pMDI) continued to deliver steady growth with sales up 410% to \$255 million (2007: \$50 million). Widespread physician experience and growing appreciation of the differentiating feature of control plus fast onset has led to the product surpassing a 10% new prescription share of the inhaled corticosteroid/long acting beta agonist market. *Symbicort* is now prescribed to one in five of all patients that are new to combination therapy.

In 2008, two sNDAs were submitted to the FDA: one for the use of *Symbicort* in chronic obstructive pulmonary disease and another for its use in paediatric asthma for ages six to 12. In October 2008, the pMDI device was enhanced with an actuation counter.

*Synagis* is the only FDA-approved monoclonal antibody (MAb) to help protect high-risk babies against severe Respiratory Syncytial Virus (RSV) disease. In its first full year in AstraZeneca, sales in the US were \$923 million.

In 2008, distribution agreements continued with Par Pharmaceutical for all available strengths of generic metoprolol succinate. Also, Ranbaxy Pharmaceuticals began distribution of authorised generics of both felodipine and 40mg omeprazole.

Currently, there is no direct government control of prices for commercial prescription drug sales in the US. However, some publicly funded programmes – such as Medicaid and TRICARE (Department of Veterans Affairs) – have statutorily mandated rebates that have the effect of price controls for these programmes. Additionally, pressure on pricing, availability and utilisation of prescription drugs for both commercial and public payers continues to increase, driven by, among other things, an increased focus on generic alternatives. Primary drivers of increased generic use are budgetary policies within healthcare systems and providers, including the use of "generics only" formularies, and increases in patient co-insurance or co-payments. While it is unlikely that there will be widespread adoption of a broad national price control scheme in the near term, there will continue to be increased attention to pharmaceutical prices and their impact on healthcare costs for the foreseeable future.

In the current political climate, policymakers are likely to consider healthcare reform a top priority. The reauthorisation of the State Childrens' Health Insurance Program (SCHIP), a joint federal-state programme to expand healthcare coverage (including prescription drug coverage) for qualifying children, is poised to be one of the first healthcare reform proposals debated in the 111th Congress. A sustained focus on containing prescription drug costs is also likely, which could include proposals to allow the government to negotiate Medicare Part D prices directly with the pharmaceutical industry, increase manufacturers' Medicaid drug rebate payments under the Medicaid drug rebate statute, and/or expand Medicaid rebates for patients who qualify for both Medicaid and Medicare (so-called 'dual eligibles'). Additionally, there could be efforts to pass legislation implementing comparative effectiveness research requirements and/or legislation allowing for the commercial importation of drugs into the US from selected countries by certain individual consumers, pharmacies and drug wholesalers. Finally, proposals that would require disclosure of payments to healthcare professionals (eg for speaker contracts) are also being considered at the state and federal levels.

In its third year of operation, the Medicare Part D prescription drug programme maintained high levels of enrollment and beneficiary satisfaction, achieved prescription volume growth similar to other mature markets and provided access to our medicines for a large segment of the patient population. Through the AZ&Me Prescription Savings Programme for Patients with Medicare Part D, AstraZeneca provides prescription access to financially needy Medicare D beneficiaries. Although difficult to quantify, Medicare Part D has had an indirect effect on pricing in the broader US market. Despite the pricing challenges, overall access in key accounts was maintained or improved in 2008. It is difficult to predict fully the longer-term effects of this initiative on our business.

We continue to support My Medicare Matters, a community based outreach and education programme, in partnership with the National Council on Aging. Funding from AstraZeneca also supports MyMedicareCommunity.org, an on-line community for grass roots organisations serving people with Medicare. During 2007 and 2008, we supported a pilot grant programme focused on testing new approaches to finding and enrolling eligible people in the Medicare's Low-Income Subsidy (LIS) programme. Over 40,000 LIS applications were submitted as a result of these demonstration projects.

Additionally, AstraZeneca has been providing patient assistance to the uninsured for 30 years and, in the last six years, has provided more than \$3 billion in savings to more than one million patients in the US and Puerto Rico. Last year alone, we provided more than \$612 million in savings to approximately 440,000 people without drug coverage (approximately 2.7 million prescriptions).

#### CANADA

Despite the entry of the generic forms of *Seroquel IR*, sales in Canada increased by 8% (+11% reported) to \$1,275 million (2007: \$1,145 million). Combined sales of *Crestor*, *Nexium*, *Seroquel* and *Atacand* were up 18% to over \$864 million (2007: \$713 million) with *Crestor*, *Seroquel* and *Nexium* among the top 20 prescription products in Canada by sales.

We remain the second largest brand name pharmaceutical company in Canada. *Crestor* maintained its number two ranking in the statin market and was the fastest-growing product in both new and total prescription segments (25.9% and 32.0% growth respectively). *Crestor* is also the third largest product in Canada by sales. Together, *Seroquel XR* and *Seroquel IR* remain the leaders in new and total prescriptions within the atypical anti-psychotics market. *Atacand* continues to outperform the anti-hypertensive market, with total prescription growth of over 15.0% compared with market growth of only 7.4%. Several key regulatory approvals were achieved in Canada in 2008. Canada was the first country in which we gained regulatory approval for *Seroquel XR* for the treatment of bipolar mania, with *Seroquel XR* and *Seroquel IR* also approved for the treatment of bipolar depression (approvals were received eight months and five months respectively ahead of standard Health Canada review timelines). In addition, a new tablet strength for *Atacand* (32mg) was approved by Health Canada.

Organisational efficiencies were gained with the closure of the Canadian packaging plant and transfer of product packaging to the Newark, Delaware facility, and further efficiencies were obtained through the movement to common North American technology platforms.

The Canadian government has instituted a Health Technology Assessment appraisal system through their Common Drug review process which rejects almost six out of 10 new medications. The Patented Medicine Prices Review Board has the role of setting

the maximum non-excessive price in the market. For patients to gain optimal access to medicines, they then need to be listed on provincial formularies. This long process means patients in Canada can typically wait over two years following the regulatory approval for access to be granted.

The different provinces have adopted different approaches to pharmaceutical funding, from one end of the continuum in Quebec with more open access to more restricted access, therapeutic substitution and price tendering on the horizon in British Columbia. The trend in Canada indicates provinces will increase their access restrictions and drive prices down while the complex reimbursement system will continue to result in access delays.

#### REST OF WORLD

Sales in the rest of the world performed strongly in 2008, up 5% (+12% reported) to \$16,816 million (2007: \$15,048 million). Key products (*Arimidex*, *Crestor*, *Nexium*, *Seroquel* and *Symbicort*) delivered a strong performance, up 14% (+20% reported) with sales of \$7,413 million (2007: \$6,189 million). Latin America, the Middle East and Africa and Asia Pacific regions delivered particularly strong sales, up 13% (+19% reported) with sales of \$5,858 million (2007: \$4,906 million).

#### ESTABLISHED REST OF WORLD

Sales in our Established Rest of World Markets increased by 2% (+9% reported), with good growth from *Crestor*, *Seroquel* and *Symbicort* and our oncology products, together with *Synagis*, offsetting declines in sales of our proton pump inhibitors in Western Europe.

#### WESTERN EUROPE

In Western Europe, we saw a flat market with overall growth of 1% (+7% reported). This reflected decreasing sales in France (down 1%, +7% reported), Germany (down 2%, +6% reported), Italy (down 6%, +2% reported) and Spain (down 8%, -1% reported), partly offset by strong growth in the UK (up 8%, +2% reported). Sales in established European markets were mainly impacted by the loss of patent/marketing exclusivity on *Casodex*, by government initiatives to contain drug expenditures and by the loss of sales due to an ageing portfolio of mature brands. These impacts were partly offset by continued strong performance of key products (mainly *Crestor* and *Seroquel*).

We have continued with our programme of resource management in Western Europe and reduced costs by \$159 million and headcount by 618 during 2008.

Overall our sales in France were down 1% (+7% reported) to \$1,922 million (2007: \$1,794 million). The strong performance of *Crestor* and *Nexium*, which gained significant market share from competitors, was offset by the loss of patent/marketing exclusivity expiry for *Casodex*.

In Germany, sales were down 2% (+6% reported) to \$1,307 million (2007: \$1,233 million), mainly due to the *Casodex* patent/marketing exclusivity expiry and the government restriction on access to *Nexium* leading to a reduction in sales of 34% over last year. *Seroquel* continued to grow well with 27% growth (+38% reported) reaching 29.5% of the market for atypical anti-psychotics.

In the UK, sales were up 8% (+2% reported) to \$1,020 million (2007: \$1,004 million) driven by *Symbicort* (+34%, +25% reported), *Seroquel* (+32%, +22% reported), and *Arimidex* (+8%, +1% reported). Many of our other brands also performed well with *Merrem* (+13%, +6% reported) being of particular note. Competition remained intense but our key brands gained market share in their respective segments. Especially strong were *Seroquel* and *Symbicort* achieving gains of 2.4 and 1.3 percentage points respectively. The UK Government and pharmaceutical industry have entered into 'terms of reference' discussions concerning potential changes to the pricing and reimbursement scheme. The impact of these changes is likely to be \$90 million in 2009.

In Italy, *Crestor* performed strongly increasing its sales by 12% (+22% reported). The specialty care brands also showed good growth with *Seroquel* increasing sales by 19% (+28% reported) with 32.9% of the market for atypical anti-psychotics and *Arimidex* increasing sales by 12% (+21% reported) with 32.0% of the market for aromatase inhibitors and tamoxifen. However, overall sales declined by 6% (+2% reported) to \$1,323 million (2007: \$1,294 million) as a result of reference pricing at the regional level on PPIs and measures to control their prescribing by physicians, combined with *Casodex* patent/marketing exclusivity expiry.

In Spain, sales were down 8% (-1% reported) to \$863 million (2007: \$868 million) due to *Symbicort* (-7%, +1% reported) and generic competition for *Casodex* and *Arimidex*.

*Synagis* sales outside the US are undertaken through a subsidiary of Abbott Laboratories with revenue of \$307 million (\$169 million in the seven months from June to December 2007). We estimate that about 36% of sales arise in Western Europe, about 32% in Japan and over 7% in Canada. Strong growth has been recorded in Latin America in 2008.

Most governments in Europe directly intervene to control the price and reimbursement of medicines. The decision-making power of prescribers in Europe has been eroded in favour of a diverse range of payers. While the systems to control pharmaceutical spending vary, they all have had a noticeable negative impact on the uptake and availability of innovative medicines. Several governments have imposed price reductions and increased the use of generic medicines as part of healthcare expenditure control. Several countries are applying strict tests of cost-effectiveness of medicines, which has reduced access of European patients to medicines in areas of high unmet need. These and other measures all contribute to an increasingly tough environment for branded pharmaceuticals in Europe. However, the anticipated radical change in the UK pharmaceutical system towards direct government control of prices was abandoned. Parallel trading of branded pharmaceuticals continues to challenge the European pharmaceutical market; a report commissioned for the EU Commission acknowledged this and also highlighted the negative impact of parallel trading on patient safety.

In January 2008 AstraZeneca, together with several other companies, was the subject of an unannounced inspection simultaneous with the launch by the EU Commission (Commission) of a Sectoral Inquiry (Inquiry) into the pharmaceutical industry. The Inquiry relates to the introduction of innovative and generic medicines and covers commercial and other practices, including the use of patents. On 28 November 2008 the Commission published its preliminary report. The report does not identify wrongdoing by any individual companies but is stated to provide a factual basis for further consideration. The Commission has stated that it will commence individual investigations where there are indications that competition rules have been breached. The preliminary report focuses on a number of issues relating to competition in the EU, referring to strategies which the Commission believes pharmaceutical companies use to block or delay generic entry. Such strategies include: patent filings and enforcement;

patent settlement agreements and other agreements; interventions before national regulatory authorities; and life-cycle management strategies.

A final report is expected in Spring 2009. AstraZeneca has been co-operating fully with the Commission and participating in European Federation for Pharmaceutical Industries and Associations activities.

#### JAPAN

In Japan, we were the fifth fastest-growing company amongst the top 15 pharmaceutical companies, maintaining our market ranking of number 12 in 2008. Strong volume growth from key products offset the biennial government review of downward drug prices to deliver sales up 4% (+18% reported) to \$1,957 million (2007: \$1,661 million). The key drivers of growth being the continued success of *Crestor* (+93%, +118% reported), the continued growth of *Losec* (+5%, +18% reported) and the increased penetration of *Seroquel* (+10%, +24% reported).

In Japan, there is formal central government control of prices by the Ministry of Health, Labour and Welfare (MHLW) and the pricing and reimbursement system has remained largely stable in the last few years. As expected, pharmaceuticals were subject to price reductions in April 2008. The long-term objective of the Japanese government is to raise generic volume share from 18.7% in 2007 to 30% by 2012; recent reforms have supported this goal by making substitution of a generic product for a branded product easier.

In 2008, the MHLW continued their push towards the acceptance of non-Japanese Asian data as part of the regulatory approval package for Japanese patients. Despite increasing budgetary pressures associated with an ageing population, they also publicly recognised the importance of the pharmaceutical industry and their own drive to reward innovation better in the future.

#### OTHER ESTABLISHED REST OF WORLD

In Australia and New Zealand, we delivered a strong sales performance with sales up by 15% (+18% reported) to \$843 million (2007: \$715 million). Both our primary care and specialist care portfolios continued to grow, driven mainly by sales growth for *Crestor*, *Atacand* and *Nexium* in primary care and by *Seroquel* and *Arimidex* in specialist care. On a CER basis, these five brands, *Arimidex*, *Crestor*, *Seroquel*, *Atacand* and *Nexium*, grew by 33% (+37% reported).

### EMERGING REST OF WORLD

In the Emerging Rest of World regions, sales increased 16% (+20% reported) to \$4,273 million for the full year (2007: \$3,557 million), accounting for nearly 63% of total sales growth outside the US. Sales in Emerging Europe were up 10% (+18% reported) to \$1,215 million (2007: \$1,028 million). Sales in China increased 31% (+43% reported) to \$627 million (2007: \$437 million) and sales in Emerging Asia Pacific increased 10% (+7% reported) to \$802 million (2007: \$749 million).

As the pharmaceutical markets in Asia Pacific, Latin America and elsewhere develop, reforms in pricing and reimbursement will inevitably follow. As these markets become more important to our business, we have to consider carefully such factors when we develop brands. In many of the major markets, such as China, Brazil and Mexico, the patient pays directly for prescription medicines, and this will be an increasingly important issue for our business. Other growing markets, such as South Korea and Turkey are seeing more direct government intervention in pricing and reimbursement, more in line with the systems in Europe, Canada and Australia.

### EMERGING EUROPE

Russia continued to enjoy strong sales growth driven by *Symbicort*, *Merrem* and *Crestor* in 2008. Our business in Romania performed particularly well, almost doubling its size, primarily driven by *Seroquel*, *Nexium* and *Crestor*. Our continued expansion included the establishment of a local marketing presence in Ukraine and Kazakhstan.

### CHINA

In China, in line with our growth and expansion strategy of the past four years, we have continued to build our presence and sales (including Hong Kong) were up 31% (+43% reported) to \$627 million (2007: \$437 million). We are the largest multinational pharmaceutical company in the prescription market in China, as surveyed by the Hong Kong Association of the Pharmaceutical Industry, with a growth rate for prescription sales of 28.8% (+40.2% reported). Our investment in China increased with further growth in the number of sales representatives, and continued to support our innovation discovery research centre in Shanghai and our several external collaborations, including a new clinical pharmacology unit in Peking University and a translational science laboratory in Guangdong Province People's Hospital.

### EMERGING ASIA PACIFIC

In the rest of the Emerging Asia Pacific region, overall sales were up 10% (+7% reported) to \$802 million (2007: \$749 million) by achieving strong growth in India, Indonesia, Singapore, Thailand and Vietnam, where market dynamics continue to be positive.

### LATIN AMERICA

Latin America enjoyed strong sales performance up 18% (+22% reported) to \$1,159 million (2007: \$947 million), mainly driven by Mexico, Brazil, Venezuela, Central America and the Caribbean. As a result, our market share grew to 3% in the prescription market, improving our position from tenth to eighth in the prescription market ranking.

This reflects the investment made to develop our key products in fast-growing markets. *Atacand*, *Crestor*, *Nexium*, *Seroquel* and *Symbicort* all showed strong performance with overall sales up 33% (+38% reported) to \$516 million (2007: \$372 million). *Nexium* is our best selling prescription product in Latin America with overall sales up 25% (+28% reported) to \$185 million (2007: \$144 million) and the fifth best selling prescription product in the Latin American market. *Crestor* is now our second best selling prescription product with overall sales up 46% (+52% reported) to \$128 million (2007: \$84 million) and is the eleventh best selling prescription product in the Latin American market.

Our top three largest markets in the region are now Brazil, Mexico and Venezuela. Brazil sales were up 21% (+33% reported) to \$440 million (2007: \$330 million), Mexico sales were up 6% (+6% reported) to \$353 million (2007: \$334 million) and Venezuela sales were up 37% (+37% reported) to \$142 million (2007: \$103 million).

### MIDDLE EAST AND AFRICA

In 2008, the region again delivered a very strong double-digit growth, driven mainly by *Atacand*, *Crestor*, *Seroquel* and *Symbicort*, with particularly good performances in Gulf States, Levant, Egypt, South Africa and Maghreb. We have recently established a new marketing company in Israel as part of our investment plan in the region.