

**GENERAL MEETING — 29 APRIL 2026**  
**WRITTEN QUESTIONS**

Written questions may be submitted to the Company, pursuant to the rules established by law, with respect to any General Meeting. In conformity with the legislation in force, an answer is deemed to have been given to a written question provided it has been displayed on the Company's website.

On April 22, 2026 the Board received a letter from Mrs. Camille Bisconte de Saint Julien and Diane Moulouquet, from LBP AM, on behalf of a group of 18 institutional shareholders, with the support of two organizations: the Access to Medicine Foundation and the Interfaith Center on Corporate Responsibility (ICCR):

*« Sanofi is well-positioned to be a global leader in access to analogue insulins and RSV prevention. What specific commitments is the company prepared to make this year to strengthen its leadership position in diabetes and RSV prevention, including in low- and middle-income countries?*

*How does Sanofi plan to scale its inclusive business model, the Global Health Unit, beyond the current 40 countries, and what partnerships are being considered to amplify its impact? Does the company see any opportunities to expand the product scope of the Global Health Unit?*

*How does Sanofi plan to further evolve its approach to measuring and reporting patient reach, including improvements in transparency around limitations, enhancing year-on-year comparability, decision usefulness for long-term investors, and using these metrics to guide strategy over the coming years?*

*Sanofi has access plans for most late-stage R&D projects, but the geographic coverage of these plans has reportedly declined. How does Sanofi plan to expand both the quality and the country coverage of its access plans, particularly for products with high LMIC relevance?*

*Sanofi has made progress expanding access to insulin glargine via its Global Health Unit. Could you outline your roadmap to expand access to other analogue insulins, such as Admelog® or Suliqua® in low- and middle-income countries?*

*As major global health donors scale back their contributions, what role does Sanofi see for strengthened industry-government-NGO partnerships to help stabilise access to essential medicines in LMICs over the coming decade? »*

**Answers to Written Questions:**

1. *"Sanofi is well-positioned to be a global leader in access to analogue insulins and RSV prevention. What specific commitments is the company prepared to make this year to strengthen its leadership position in diabetes and RSV prevention, including in low- and middle-income countries?"*

*"We are driving unprecedented access to analogue insulins through our Global Health Unit, with a clear commitment to reach 300,000 patients by 2030 across GHU countries. Building on our success expanding insulin glargine access to 20 GHU countries since 2022, we are broadening our analogue insulin portfolio to include rapid-acting options and combination therapies (see also our response to question 5). In 2026, we are deepening partnerships with governments, NGOs and international distributors to accelerate availability while strengthening health system capacity for sustainable diabetes care.*

*On RSV, Beyfortus® — our monoclonal antibody — protects infants in their first RSV season and children up to 24 months. It is already transforming infant care in 11 countries\* within the Access to Medicine Index scope, with active regulatory submissions expanding this reach. Following WHO SAGE recommendations on RSV monoclonal antibodies issued in September 2024, Sanofi established an agreement with PAHO to procure Beyfortus® for eligible countries and engages directly with health authorities in low- and middle-income countries for expedited approvals, including in Vietnam."*

*\* Marketing Authorization approval received: Brazil, China, Paraguay, Peru, Thailand, India, Turkey, Mexico, Vietnam, South Africa and Dominican Republic.*

- 2. "How does Sanofi plan to scale its inclusive business model, the Global Health Unit, beyond the current 40 countries, and what partnerships are being considered to amplify its impact? Does the company see any opportunities to expand the product scope of the Global Health Unit?"*

*"The Global Health Unit is actively scaling its impact, with 2 additional countries added to its network of established partnerships across our now 42 low- and lower-middle-income countries, delivering more than 30 medicines to underserved populations and strengthening healthcare systems.*

*Partnerships are central to extending our reach: we work with over 50 organizations globally — international distributors, NGOs, academic institutions, local healthcare providers, and local governments. At the end of 2025, these partnerships had trained 37,000 healthcare professionals and benefitted 4.9 million people. Our Sanofi Impact Fund has already invested directly in 8 local and regional ventures to strengthen healthcare ecosystems through last-mile distribution, pharmacy services, supply chain innovation, and digital health solutions.*

*We are also pursuing third-party partnerships with pharmaceutical companies and medical device manufacturers aligned with our pricing model, including co-branding opportunities under our Impact Brand to expand product availability.*

*We see clear opportunities to expand both portfolio and geographic footprint. We have recently added insulin aspart, Suliqua® and Admelog® to our portfolio, and are evaluating additional NCD products aligned with disease burden in our target countries. Geographic expansion is decided country-by-country, with most recent additions of Mongolia and Turkmenistan."*

- 3. "How does Sanofi plan to further evolve its approach to measuring and reporting patient reach, including improvements in transparency around limitations, enhancing year-on-year comparability, decision usefulness for long-term investors, and using these metrics to guide strategy over the coming years?"*

*"Our patient reach figures rest on a formally defined, auditable methodology. The "Number of Patients Treated" is a Key Impact Indicator calculated monthly and reported quarterly, derived from invoiced sales data and standardized treatment conversion factors applied at the individual product and country level. A destination-country analysis ensures figures reflect where products are ultimately delivered. All calculations are independently verified, follow Global Operating Procedures subject to internal controls, and are externally audited*

annually. Audited figures are published in our Annual Sustainability Statement, with disaggregated patient reach data also available through our interactive Impact website, updated quarterly.

The methodology has known limitations: it assumes full patient adherence, cannot distinguish between normal inventory management and stockpiling at distributor level, may double-count patients on combination therapy, and is subject to minor variations from distributor adjustments and updates to country scope or conversion factors. These are disclosed in our published methodology factsheet.

These metrics carry direct strategic and financial materiality. Patient reach figures are tied to ESG-linked financial instruments, including our sustainability-linked bond and two revolving credit facilities. They also inform sustainability-linked executive compensation, ensuring leadership accountability is directly connected to progress on access. Our 2030 target of reaching 2 million NCD patients with treatment anchors our strategic priorities, with quarterly tracking enabling us to monitor progress, identify gaps, and adjust resource allocation and partnership strategies in real time.

We will continue to expand disaggregated country-level reporting, maintain external audit rigor, and engage openly with stakeholders on the evolution of our methodology."

4. "Sanofi has access plans for most late-stage R&D projects, but the geographic coverage of these plans has reportedly declined. How does Sanofi plan to expand both the quality and the country coverage of its access plans, particularly for products with high LMIC relevance?"

"Sanofi acknowledges the geographic coverage gap identified in the 2024 Access to Medicine Index and has taken concrete steps to address it. Access planning is not a late-stage afterthought but an integral part of how we develop and bring medicines to patients in the highest-need populations.

Our Global Access Plan framework establishes a structured methodology applied to all pipeline assets from Phase II onwards. This early integration shapes R&D decisions, regulatory pathways, manufacturing strategies, and pricing models to reflect LMIC health system realities. To date, 13 Global Access Plans have been initiated or developed, covering more than 15 indications, focused on geographies with the greatest unmet need.

Two examples illustrate the framework in practice. For our next-generation vero-cell-based Yellow Fever vaccine, the Global Access Plan targets all 42 countries and regions at risk of yellow fever transmission across Africa and Latin America, with strategic partnerships with GAVI, UNICEF, and PAHO. For rilzabrutinib in Sickle Cell Disease, we applied the methodology to select LMIC clinical trial sites — Brazil, Ghana, Kenya, and Tanzania — generating local evidence and regulatory pathways during development to accelerate future access.

Building local research capacity is equally central. Our "For Africa, With Africa" initiative invests in African research institutions, trains African clinical investigators, and strengthens regulatory pathways through partnerships with the African Medicines Agency, with focus areas in asthma, COPD, and sickle cell disease.

*We will continue to report transparently on plans initiated, geographic scope, and milestones achieved."*

5. *"Sanofi has made progress expanding access to insulin glargine via its Global Health Unit. Could you outline your roadmap to expand access to other analogue insulins, such as Admelog® or Suliqua® in low- and middle-income countries?"*

*"Sanofi is actively expanding access to analogue insulins in low- and middle-income countries. Following the inclusion of analogue insulins on the WHO List of Essential Medicines in 2021, Sanofi worked with the WHO to make insulin glargine U100 the first analogue insulin in the WHO Prequalification of Medicines Program.*

*Suliqua® is available in 12 Index countries. Insulin glargine is available in 54 countries within the Access to Medicine Index scope. Within our Global Health Unit, access has expanded materially since 2023: insulin glargine is now available in 20 countries, including most recently Somalia; Apidra® SoloStar® in 8 countries; and insulin aspart in 7. Suliqua® and Admelog® have been added to the GHU portfolio.*

*Future expansion will be guided by demand, regulatory pathways, and partnership opportunities, with new insulin introductions coupled to our healthcare system strengthening programs."*

6. *"As major global health donors scale back their contributions, what role does Sanofi see for strengthened industry-government-NGO partnerships to help stabilise access to essential medicines in LMICs over the coming decade?"*

*"Sanofi recognizes that declining donor funding creates both challenges and opportunities to build more sustainable access models. We see this as a necessary transition toward partnerships that create lasting health system capacity rather than dependency.*

*Our approach operates across four integrated dimensions:*

- Research & Development partnerships are delivering breakthrough therapies for neglected diseases. Our collaboration with DNDi on acoziborole for sleeping sickness demonstrates how industry-NGO-public partnerships can succeed where market forces alone fail. As donor funding contracts, these risk-sharing models become essential for maintaining R&D investment in high-burden LMIC diseases.*
- Manufacturing partnerships build local capacity and supply security. Through our vaccines division, we are partnering with South Africa's Biovac for local IPV manufacturing — combining technology transfer with local investment to create sustainable manufacturing ecosystems that outlast donor cycles.*
- Financing mechanisms must evolve from aid dependency to sovereign health investment. Sanofi advocates for market-shaping tools like Advance Market Commitments and volume guarantees that reward innovation while ensuring affordability and engages with governments and multilaterals to scale outcome-based financing and tax incentives for high unmet medical needs.*
- Delivery partnerships combine direct country engagement with market-based innovation. The GHU partners with governments and local institutions on health system strengthening — for example with Djibouti's Caisse Nationale de Sécurité*

*Sociale and Ministry of Health on supply chain, training, and NCD care programs. In parallel, our €25 million Impact Investment Fund deploys capital and technical assistance to local entrepreneurs strengthening healthcare ecosystems, with 8 ventures supported to date.*

*Sanofi will continue to expand these partnership models across our portfolio and advocate for their adoption across the industry."*

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