

Patients



People



Planet



Ethics



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CEO's Overview



This is UCB's first Corporate Social Responsibility (CSR) report but it is by no means the first time that our company has paid attention to the critical issue of CSR. Operating in a caring and socially responsible manner, especially when it comes to improving the lives of people with severe diseases through innovative therapies and support programmes, has been one of the distinguishing characteristics of UCB over many years.

Indeed our passion to make a genuine difference to lives of patients and their families is undoubtedly the biggest driver behind our success. We do not just develop innovative therapies for immunological conditions and diseases of the central nervous system, such as epilepsy or rheumatoid arthritis, we immerse ourselves in our patients' lives. We are patient-centric: we involve patients and their caregivers closely and personally in all facets of our business so that we can understand and develop therapies that take into account both their physiological and social needs based on "patient-reported outcome" approaches.

Of course, we also adhere rigorously to the strict regulations that govern biopharmaceuticals, our relationships with patients and caregivers, and the operation of our business. In addition, we naturally and whole heartedly embrace many other aspects of CSR, reflected in our environmental initiatives. Our business is all about improving well-being involving clean technologies. Success can only be reached by simultaneously enhancing short-term performance and ensuring long-term sustainability.

So why have we produced this report? Partly because we have a lot to be proud of and we want to publicly recognise and thank all our staff at UCB for their hard work. But we also know we can do better and want to improve so we can make an even bigger,

positive difference to the lives of people with severe diseases. This report is part of that quest and leans on four pillars: patients (social), people (cultural), ethics (social and economic), and planet (environment and nature). It sets out initial, public benchmarks against which patients, their caregivers, shareholders and other stakeholders can measure our progress in the coming years and against which we can be held to account. Accountability is essential for both social and economic progress.

To measure progress, key performance indicators are assessed according to the Global Reporting Initiative (GRI) Sustainability Reporting Guidelines, which provide an internationally accepted framework for CSR reporting. This approach is entirely voluntarily and adapted to UCB's own requirements. The 2009 UCB CSR uses the GRI guidelines at an application level of C+, checked and reviewed by PricewaterhouseCoopers.

We are hoping to report progress against these benchmarks in our next CSR reports. In the meantime, we welcome any suggestions or comments you might have; please email us at csr@ucb.com.

Roch Doliveux
Chief Executive Officer



Patients are at the heart of UCB's values:

accountability • care • embracing difference • entrepreneurship • innovation • integrity • passion for performance

UCB Highlights

Headquartered in Brussels (Belgium), UCB is a biopharmaceutical company dedicated to the research, development and commercialisation of innovative medicines with a focus on the diseases of the central nervous system (CNS) and immunology disorders. UCB aspires to be the patient-centric global biopharmaceutical leader transforming the lives of people living

with severe diseases. Employing more than 9 000 people in over 40 countries, UCB achieved revenue of € 3.1 billion in 2009. UCB has Research and Development Centres of Excellence in Europe, the U.S. and Asia, and, in 2009, invested € 674 million in R&D (21.6% of revenue).

Major products

Products	Compound	Indications	Net sales 2007	Net sales 2008	Net sales 2009 € million
CNS					
Keppra®	levetiracetam	Several types of epilepsy, including partial onset-seizures	1 026	1 266	913
venlafaxine XR	venlafaxine	Depressive and social anxiety disorders	-	10	109
Metadate™ CD/ Equasym™ XL	methylphenidate HCl	Attention deficit hyperactivity disorder	79	77	72
Nootropil®	piracetam	Regulating cerebral functions	101	93	70
Neupro®	rotigotine transdermal system	Restless legs syndrome + Parkinson's disease	52	58	61
Vimpat®	lacosamide	Partial-onset-seizures, epilepsy	-	2	46
Immunology & Allergy					
Zyrtec®	cetirizine	Allergic rhinitis and chronic idiopathic urticaria	487	249	268
Xyzal®	levocetirizine	Allergic rhinitis and chronic idiopathic urticaria	168	173	132
Cimzia®	certolizumab pegol	Rheumatoid arthritis + Crohn's disease	1	10	75
Other areas					
Tussionex™	hydrocodone polistirex and chlorpheniramine polistirex	Coughs and colds	114	147	147
omeprazole	omeprazole	Gastrointestinal ulcers and reflux oesophagitis	147	75	64

Pipeline

CNS	Indication	Phase I	Phase II	Phase III	Filed
Keppra® (levetiracetam)	Epilepsy adjunctive therapy (Japan)				
Neupro® (rotigotine transdermal patch)	Advanced Parkinson's disease (U.S.)				
Neupro® (rotigotine transdermal patch)	Restless legs syndrome (U.S.)				
Xyrem® (sodium oxybate)	Fibromyalgia				
brivaracetam	Epilepsy adjunctive therapy				
Vimpat® (lacosamide)	Epilepsy monotherapy (U.S.)				
Vimpat® (lacosamide)	Epilepsy paediatric adjunctive therapy ⁽¹⁾				
Vimpat® (lacosamide)	Epilepsy adjunctive therapy PGTC ⁽²⁾				
UCB2892 (H ₃ antagonist)	Cognitive disorders				

Immunology	Indication	Phase I	Phase II	Phase III	Filed
Cimzia® (certolizumab pegol)	Ankylosing spondylitis				
Cimzia® (certolizumab pegol)	Psoriatic arthritis				
Cimzia® (certolizumab pegol)	Juvenile rheumatoid arthritis				
Cimzia® (certolizumab pegol)	Rheumatoid arthritis (Japan)				
epratuzumab	Systemic lupus erythematosus				
CDP7851 (anti-sclerostin)	Post-menopausal osteoporosis				
CDP7851 (anti-sclerostin)	Fracture healing				
CDP6038 (anti-IL6)	Autoimmune diseases				
CDP7657 (anti-CD40L)	Systemic lupus erythematosus				

■ Small molecule drug (chemical production) ■ Antibody-based large molecule drug (biotechnology production)

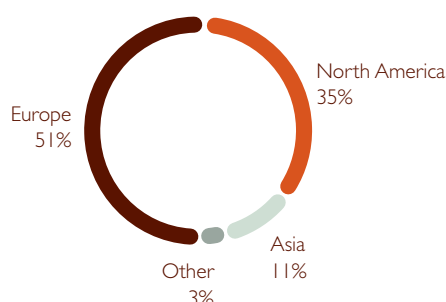
(1) Paediatric 2-17 years - (2) Primary generalised tonic clonic

Results

€ million	2007	2008	2009
Revenue	3 626	3 601	3 116
Recurring EBITDA	741	733	698
Operating profit (EBIT)	344	113	837
Net profit (after minority interests)	160	42	513

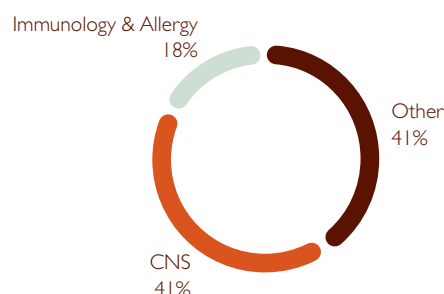
Sales by geographic region - 2009

Total net sales: € 2 683 million

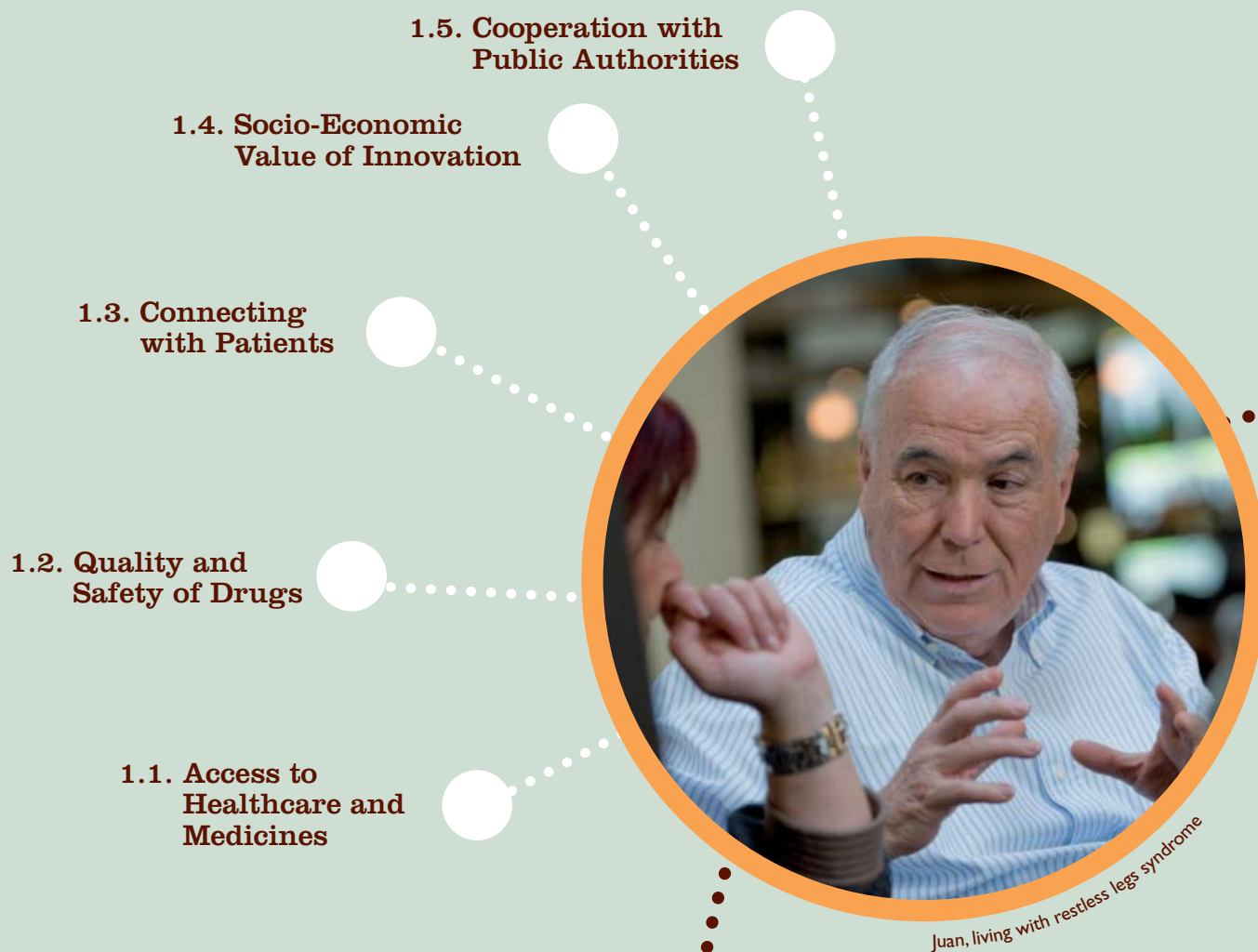


Sales by therapeutic area - 2009

Total net sales: € 2 683 million



1. Patients



1.1. Access to Healthcare and Medicines

History has shown that medicines can have an extraordinary social and economic impact. But they can only have a positive effect if healthcare providers offer patients access to therapies that make a difference. UCB adds value by developing innovative treatments that improve patients' lives and by supporting initiatives to increase access for the less advantaged.

Adding Value and Choice through Innovation

As a biopharmaceutical company that develops innovative healthcare solutions, we recognise the need for public healthcare organisations to regulate access to medicines. In industrialised countries, where there is mounting pressure on public finances, many regulators are accelerating the introduction of Health Technology Assessment (HTA) programmes in a drive to identify therapies that offer the greatest value for money, given limited resources. UCB fully supports HTA programmes that facilitate the reallocation of healthcare resources from low-value-added or obsolete medical solutions to more innovative therapies that can improve patient lives.

UCB has recently launched three innovative therapies - Cimzia®, Vimpat®, Neupro® – that can lead to better outcomes for patients and help healthcare providers utilise their resources more efficiently:

- Cimzia®, a novel anti-tumour necrosis factor therapy, has demonstrated a significant ability to help restore rapidly productivity and quality of life of patients suffering from rheumatoid arthritis or Crohn's disease
- Vimpat®, an anti-epileptic drug (AED) with a novel mode of action, has been shown to offer additional seizure control of partial-onset seizures when added to the most commonly used AEDs, regardless of the patients' current or prior therapies
- Neupro® provides 24-hour relief for patients suffering from certain types of Parkinson's disease and restless legs syndrome, using an innovative transdermal patch for delivering the treatment.

Our other major products include Keppra® (including Keppra®XR) for epilepsy and Zyrtec® or Xyzal® for allergies, as well as treatments for other conditions, from Tussionex™ (cough and colds) and venlafaxine XR (depressive and social anxiety disorders) to Nootropil® (regulating cerebral functions) and Metadate™CD (attention deficit hyperactivity disorders).

Offering Assistance to the Disadvantaged

Unfortunately, the financial pressures on public and private finances can sometimes limit or delay patients' ability to benefit from our therapies. This difficulty is being exacerbated by macroeconomic developments. UCB is committed to helping these patients through co-payment assistance programmes and named-patient-access programmes, where local regulations allow. We also believe that access to information and health literacy is a prerequisite for accessing the most appropriate healthcare. Consequently, we support a variety of initiatives that provide patients and their carers with platforms for obtaining and sharing information and experiences. Our new partnership with PatientsLikeMe®, aimed at patients with epilepsy, is one example (see section 1.3).

Researching and Developing Breakthrough Therapies

To create the next generation of breakthrough therapies, we invest heavily in research and development, supported by a solid pipeline of large and small molecules. We focus on two main therapeutic areas:

- *Central Nervous System (CNS)*: Our pipeline covers conditions such as epilepsy, restless legs syndrome, Parkinson's disease, and cognitive disorders.
- *Immunology*: We are addressing a variety of disorders within this field, from ulcerative colitis and Crohn's disease to rheumatoid arthritis, systemic lupus erythematosus and bone-loss disorders.

In 2009, we invested € 674 million in R&D, equivalent to more than 21.6% of our revenue during that year.

Nearly 108 000 new patients treated with new UCB products in 2009:

- 9 000 patients treated with Cimzia®
- 46 000 patients treated with Vimpat®
- 53 000 patients treated with Neupro®

1.2. Quality and Safety of Drugs

UCB's top priority is to produce safe, high-quality therapies. Despite in-depth toxicological tests and clinical trials, side-effects can occur because patients can react differently to the disease and its treatment. We have well-established systems to closely monitor these adverse events and react rapidly to them.

The risk of a potential drug failing to progress through development to market is significant. Numerous quality, safety and clinical efficacy thresholds have to be passed. At UCB, we follow the strict regulatory standards for drug manufacturing to ensure that our drugs meet the legal and regulatory safety, quality and efficacy requirements.

Making Drug Safety a Company-Wide Responsibility

Collecting, interpreting and timely reporting of safety data is a critical and core task at UCB. Each of our employees worldwide is responsible for reporting in a timely manner any adverse incidents that they become aware of. To help them do this, we run various training programmes as part of our Code of Conduct, including training for all new recruits.



Esperanza, living with restless legs syndrome

Our Global Clinical Safety and Pharmacovigilance (Safety) department has specialised and highly trained teams of medically and scientifically qualified staff who process adverse event reports in a global safety database. These teams are based in Braine-l'Alleud (Belgium) and Raleigh (North Carolina, U.S.), supported by Safety staff at UCB's worldwide affiliates.

UCB strives to pro-actively update prescribing information and to communicate this information to health authorities as soon as possible, based on safety data received by the company.

The Safety teams use various tools to identify potential safety issues that could be related to adverse events; these events may or may not be associated with our medicines. Together with other departments, the Safety teams draw up patient-risk management plans.

Providing Patient-Risk Management Plans

Patient-risk management plans describe potential safety issues and the necessary actions and timelines required to reduce potential risks to patients.

UCB provides these plans to health authorities as part of its submission for approval to market new medicines. These plans, which are also applied to first-in-man studies, are regularly reviewed and updated with new safety data as scientific and medical knowledge of the medicine's safety profile progresses. Our Safety teams also advise on safety for our Phase I clinical studies.

Understanding the Causes of Adverse Events

Data on possible adverse events can come from a variety of sources, ranging from patients, physicians and pharmacists, to health authorities, scientific literature and insurance companies. The challenge is identifying the cause of the event.

As an adverse event can be triggered by various factors, sometimes in combination, its relative seriousness from a safety perspective will partly depend on the likelihood of those factors recurring. Over the years, health authorities and pharmaceutical companies have developed stringent criteria for assessing the relative seriousness of each reported case. Our Safety teams, as well as health authorities, place an especially strong emphasis on 'new and important' safety data that could adversely alter the risk-benefit profile of a medicine.

Together with Safety staff at our UCB affiliates, our teams investigate possible causes of the adverse event and whether these are associated with our medicine, based on quality data and

well-documented cases. Various factors are explored, such as the patient's health status before starting on the medicine and lifestyle issues that could have influenced or triggered the adverse signs and symptoms. Adverse events are investigated both individually and on an aggregated basis in order to identify potential links with our medicines and to determine possible mitigation strategies.

To ensure safety is ingrained deeply throughout UCB, our Safety department works closely with other parts of our business, such as manufacturing, quality control and regulatory affairs, providing them with high-quality safety analyses and reports.



Veronica, living with Parkinson's disease

1.3. Connecting with Patients

Understanding how diseases such as epilepsy and Parkinson's disease affect people both physically and socially is key to developing transformational, personalised therapies. To gain these insights, UCB is creating a patient-centric culture that involves working closely with patients, as well as their carers and physicians.



Sheila, living with Parkinson's disease

One of the characteristics of severe diseases is that they have significant social impacts, as well as physiological effects. Someone with Crohn's disease, for example, has to plan their life around the availability of toilet facilities.

At UCB, we involve patients at the earliest stages of drug discovery in order to understand the full impact of the disease on their lives, physically and socially, including their individual reactions to the condition. This approach enables us to identify the most appropriate clinical profile of candidate molecules, strengthening the relevance of the drugs in our pipeline and allowing us to develop equally appropriate clinical plans and clinical trial protocols. By taking into account patients' individual characteristics and lifestyles, such as their age, diet, family history and genetic profile, we are moving closer to providing personalised therapies.

Gaining First-Hand Insights from Patients

We invite patients to explain and discuss their diseases with our staff. In the summer of 2009, for example, patients with epilepsy and Parkinson's disease came to our Braine research hub in Belgium to describe to our entire CNS research team how these diseases affect their everyday lives and to answer questions. The testimonies of these patients, which highlighted unmet medical needs, have already impacted our research strategy within these two disease areas.

We have also established patient advisory boards for epilepsy and more recently Parkinson's disease that include patients, so that we can gain deeper insights into the therapeutic and support required by patients. Already, these boards have helped UCB to identify innovative solutions.

Enabling Patients to Learn from Each Other

We work with patient communities to help people suffering from diseases to learn more about their conditions as well as share their experiences with each other. In 2009, UCB and PatientsLikeMe®, the leading online community for people with life-changing conditions, opened the doors to a free online community (www.patientslikeme.com/epilepsy/community) for people living with epilepsy in the U.S.

This online community allows members to create and share profiles that describe their treatments and symptoms, as well as the type, frequency and severity of their seizures. With the consent of the community's members, UCB and PatientsLikeMe® are conducting an anonymous online clinical survey via the site

to measure patients' quality of life, including cognitive, social and physical functions. Initial results from the survey, which started in November 2009, show that patients are most concerned about the cognitive impact of epilepsy, such as lack of concentration or memory loss.

UCB and PatientsLikeMe® are also taking the lead in implementing a drug safety programme within this patient community. The programme is designed to capture and report adverse events associated with approved UCB epilepsy therapies to the U.S. Food and Drug Administration (FDA)

Interacting Appropriately with Patient Organisations

UCB collaborates with a number of patient organisations, either by providing financial support, advice or working together on joint initiatives. We have established procedures to ensure that our relationships with these organisations are carried out in a fair and transparent manner in accordance with UCB Compliance Guidelines, company procedures, applicable industry codes and legal requirements.

Our procedures include sections on how to interact with patient organisations and the general public, as well as instructions on how we support, interact and report on our support with

these important groups. We formalise our relationships with patient organisations through written agreements, underpinned by a commitment to integrity, transparency, data privacy and independence.

Other initiatives

To optimise therapies for patients, we also have dedicated biomarker programmes to help us detect clinical efficacy markers and safety indicators as early as possible. These insights enable us to identify and define the clinical benefits of a new medicine, including its competitive advantages, more quickly and accurately. In addition, we use computer modelling and simulations in the early drug development process in order to optimise dose levels, reducing the risk of exposing patients to potentially unsafe or over-elevated doses of new treatments.

Encouraging a More Informed, Open Dialogue

Severe diseases are often socially stigmatised, deterring patients from sharing their experiences with each other and their caregivers – an information bottleneck that can hinder the development of appropriate therapies. To overcome this problem, we run the UCB Advocate Programme. Under the Programme, people living with a chronic condition volunteer to be Advocates for their disease and to share their experiences with others. The main aim of the Programme is to provide awareness, education, motivation and hope to people and their families living with a chronic condition, as well as to demystify these diseases. By sharing their personal success stories online and within local communities, Advocates strive to inspire people to interact with other people with the same disease, learn from one another and make positive changes in each other's lives. For epilepsy, we currently have 27 Advocates in Europe, 66 in the U.S., and eight in China. For Parkinson's disease, there are 13 Advocates in Europe, while for Restless Legs Syndrome we have six in Europe.



Sten, living with restless legs syndrome

1.4. Socio-Economic Value of Innovation

The complex challenges of severe diseases can rarely be solved by one organisation on its own: a partnership approach is required. UCB is committed to driving biopharmaceutical innovation through an open innovation approach, sharing its expertise and experience with the academic world and partners in the biopharmaceutical industry, for the good of all.

Innovative Medicines Initiative

Our commitment to open innovation is highlighted by our involvement in the Innovative Medicines Initiative (IMI), a unique public-private partnership designed by the European Commission and the European Federation of Pharmaceutical Industries and Associations (EFPIA). The IMI brings together a broad spectrum of organisations from across Europe – from large biopharmas companies such as UCB to patient organisations, academia, hospitals and public authorities - in order to accelerate the discovery and development of novel medicines. More specifically, it focuses on creating better methods and tools for improving and enhancing the drug development process, rather than developing specific, new medicines. IMI focus on four key issues: 1. predicting

safety, 2. predicting efficacy, 3. knowledge management, 4. education & training. UCB is heavily committed to this initiative and currently involved in 10 different projects.

Foldappi

We are the industrial partner in the “Foldappi” project, a four-year research programme that networks and fosters knowledge exchanges between academic and commercial researchers. Funded by the European Commission, our two academic partners include Université Bordeaux I in France and Universität Würzburg in Germany.

“This project aims to validate foldamers – a short polymer that spontaneously adopts a secondary structure or a privileged conformation - as a new drug discovery platform to target proteins currently out of reach of traditional antibodies and small molecules. Both UCB and its academic partners are poised to benefit from this partnership: the former by being at the leading edge of research in that field, the latter by getting a potential application of their technology”, says Frédéric Denonne, Principal Scientist, Medicinal Chemistry with UCB in Braine-l'Alleud.

NeuroAllianz Consortium

UCB is also the principal industrial partner in the NeuroAllianz consortium for multiple therapeutic targeting chemistry and biology research in novel purinergic mechanisms. The goal of this consortium, which is a strategic consortium between academia and the biopharma industry, is to accelerate the translation of basic research into commercial opportunities for the diagnosis and treatment of neurological diseases, including epilepsy and pain. Supported by € 40 million of funding of the government, NeuroAllianz is centred around the “PharmaCenter Bonn” and comprises several academic groups from the University of Bonn (Germany).



1.5. Cooperation with Public Authorities

UCB works with public authorities and industry organisations to foster a professional and economic environment that encourages innovative research and development, particularly in the biopharmaceutical industry.

Advancing Healthcare in the U.S.

In the United States, UCB participates in and supports the activities of the Biotechnology Industry Organization (BIO). BIO is the world's largest biotechnology organisation, providing advocacy, business development and communications services for more than 1 200 members worldwide, including institutions involved in the research and development of biopharmaceutical products.

With regard to the healthcare reform in the U.S., UCB understands the importance of sound healthcare policy. We are dedicated to advancing healthcare reform that delivers access to quality care to every patient, while promoting policies that continue to fuel the innovation needed for the breakthrough drugs and biologics of tomorrow. We support healthcare reforms that:

- Provide access to quality healthcare;
- Promote patient-centred care that preserves the patient-physician relationship;
- Protect and promote competition by rewarding innovation;
- Ensure access to new medicines for patients;
- Minimise health disparities and promote health literacy;
- Improve the quality and efficiency of healthcare delivery.

Nurturing Life Sciences in the UK

UCB is the fifth largest pharmaceutical R&D investor in the UK (based on 2008 government data). We work with the Association of the British Pharmaceutical Industry (ABPI), the BioIndustry Association (BIA), patient groups, Government and other

stakeholders in an effort to enable patients to get better and quicker access to new medicines. During 2009, we collaborated with the Government and other stakeholders through the Office of Life Sciences and we will continue to support this partnership as its outputs are introduced in 2010 and beyond. The Office was established in 2009 to promote life sciences in the UK in various fields including pharmaceuticals, medical technology and medical biotechnology.

Strengthening Belgium's R&D Capabilities

As a Belgian-headquartered biopharmaceutical company, UCB participates in and supports the activities of the Health Science & Technology (HST) group in Belgium. Created in 2007 by the main biopharmaceutical research-driven players in Belgium, the HST promotes the need for a favourable investment climate for R&D. Thanks to HST's constructive dialogue with public authorities and their better understanding of the economical importance of biopharma research in Belgium, social taxes on salaries of R&D staff in Belgium have been reduced by 75% and the withholding tax rate on patent royalty income brought down to 6.8%.

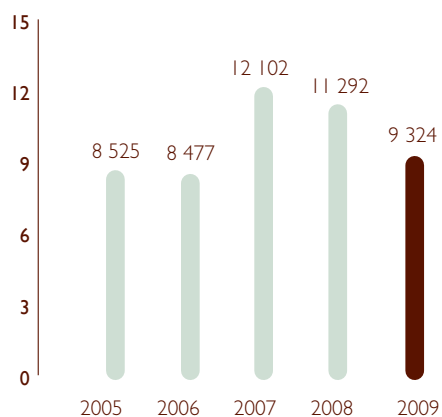
UCB is actively involved in numerous public-private R&D partnerships with universities in Belgium. For example, we have joined forces with the University of Liège to develop a four-year exploratory research platform in neurology. The main purpose of this partnership is to develop new preclinical models of epileptogenesis and pharmaco-resistance in order to better understand the function of SV2 proteins and their modification in epilepsy and neurodegenerative diseases. With the support of the Walloon Government, UCB is also investing in a pilot biotechnology plant at the company's Braine-l'Alleud site (Belgium), due to be operational by the second half of 2012.

2. People



2.0. Indicators at year-end 2009

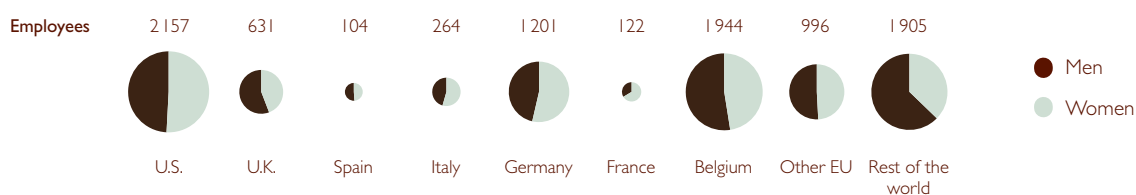
Total number of employees
(headcounts)



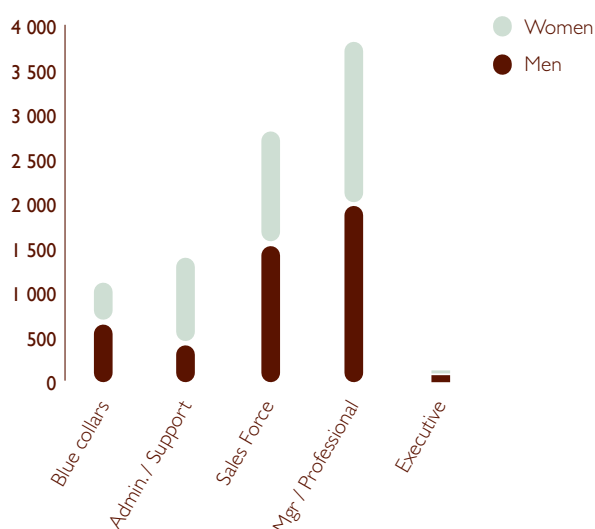
Gender distribution

Women 48%
Men 52%

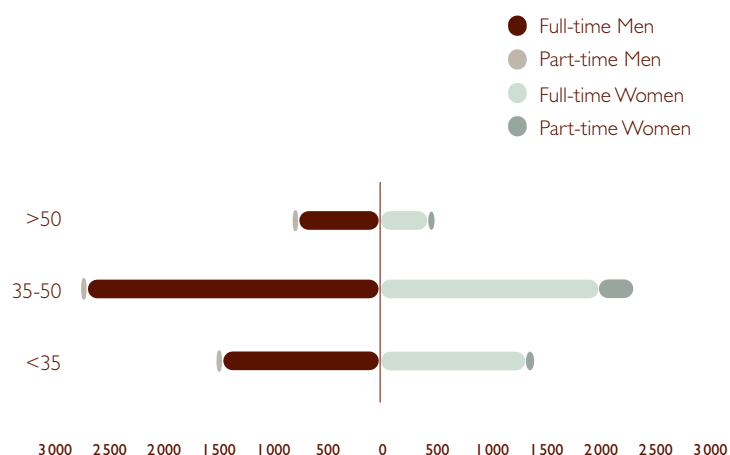
Gender distribution per region
total of 9 324 employees



Gender distribution per function



Age distribution



2.1. Responsible Human Resources Management

Over the years, and more recently through its SHAPE programme, UCB has been transforming itself. Today the company has a global, rejuvenated and diverse workforce with high levels of education and more than 70 nationalities. We are now leveraging these strengths by providing an environment where people can express their talents.

2009 was a year of substantial change and progress for our employees.

Managing Change with Care

Our SHAPE programme, which was introduced in 2008 to transform UCB into a lean biopharmaceutical company and focus the organisation on future opportunities, had a significant impact on our employees during 2009. Between August 2008 and December 2009, more than 22% of our workforce unfortunately had to leave the company. At the same time, employees who remained with the company had to contend with these changes and adapt to new processes.

Throughout the SHAPE programme, we have had two clear objectives:

- To respect the people who have been affected, either directly or indirectly, by the programme;
- To ensure the continued supply of our medicines to patients.

Both of these objectives have been met. Our “Change with Care” initiative, for example, offered support to staff during this transitional period, including redeployment and outplacement programmes. As a result, more than 70% of employees whose jobs have been directly affected by the SHAPE programme, have either found new jobs, started their own businesses or embarked on a personal project. Moreover, patients were seamlessly supplied with their treatments throughout this period, thanks to the commitment of our staff.

Measuring Improvements

Although change management and talent development are often considered ‘soft’ qualitative issues, UCB is committed to measuring its progress in these fields. Management surveys are regularly carried out to assess our ability to drive change and reach our goals. Survey response rates have been high, indicating strong engagement and motivation to make UCB a more effective company: in 2009, there was a 78% response rate from more than 1 000 managers surveyed, with an average of 5.3 verbatim responses per person and 5 350 comments in total.

Results from the 2009 survey indicated progress in several areas including alignment on objectives and an improved capability to lead change, empower and make decisions. There was also strong support for our identity as “One UCB with Patients at the Heart” and for our core values, which UCB will continue to foster:

The response to the question ‘What do you like most about your work at UCB?’ from the 2009 Management Survey, echoed a common feeling across the company:

“Without doubt, the thing I enjoy most at UCB is the people I interact with on a daily basis. The shared enthusiasm, passion and commitment for our work in spite of the challenging times are a testament to the resilience and positive mentality of those around me who inspire me every day.”

2.2. Employee Relations and Communications

Timely, transparent and relevant communications are essential for building trust and pride in fast-changing environments. We facilitate company-wide dialogue and alignment through a variety of integrated initiatives, including our programme “One UCB with Patients at the Heart”.



Putting Patients at the Heart of Our Values

UCB has a set of internal values that shape the way our employees make decisions, solve problems and interact with people internally and externally. One of the most critical values is that we should put ‘Patients at the Heart’ of every aspect of our business. By embedding patient-centricity in our culture, from involving patients in early drug discovery to hearing their first-hand experiences, our staff are motivated to think and act in new ways – a prerequisite for making innovative therapeutic breakthroughs. In 2009, more than 2 000 employees were involved in patient-centric activities.

Promoting Interactive Communication

We encourage free and open discussions through face-to-face meetings, including periodic ‘town hall’ and breakfast meetings with senior executives and colleagues of all levels and backgrounds.

We also hold an annual High Impact Conference, followed by roadshows. These events review our achievements, set objectives and priorities for the future, and provide middle management with an opportunity to discuss issues with members of our Executive Committee in a relaxed and open setting.

UCB also seeks high-quality social dialogue with all employees in each country in which the company operates, while respecting the countries’ local laws and practices.

In 2009, we launched the “Braine Ambassadors” initiative to facilitate the transformation of our site in Braine-l’Alleud (Belgium), the largest site in UCB’s network, towards a biopharmaceutical centre of excellence. Designed to improve communication between the site’s departments and functions, the initiative involves 15 groups, each led by a communication ambassador, acting as “communication relay” points between employees and management. The groups cascade information down to staff and relay suggestions or concerns from employees back to management. The main objectives of the initiative are to reinforce the strategic alignment and increase transparency.

“The most important aspect for me is that it gives the people in my group the chance to share how things are going in their area. The future of the site depends on all functions moving forward as One UCB.”

David Long
Head of Braine Manufacturing & Braine Ambassador

2.3. Occupational Health and Safety

UCB is committed to protecting the health and safety of its staff at work with one goal: no accidents.

Reducing the Number and Severity of Accidents

UCB's global Lost Time Injury Rate (LTIR) for 2009 was 3.34, which means that there were 3.34 accidents with more than one day of absence per one million of hours worked. Our global Lost Time Severity Rate (LTSR) as 0.08, implying 0.08 days were lost per one thousand of hours worked. There were no fatal injuries.

Overall, our safety performance improved in 2009, relative to last year (2008 : LTIR= 4.21 and LTSR= 0.11). However this achievement needs to be tempered with the fact that our "SHAPE" programme led to a reduction in the number of employees.

To track safety performance, specific focus is given to our manufacturing activities where the risks of accidents tend to be higher than in other parts of our business.

For our manufacturing sites, the LTIR was 9.71 (7.90 in 2008), while the 2009 LTSR reached 0.16 (0.24 in 2008). These results indicate that the number of accidents at our manufacturing sites increased in 2009, but the severity of the injuries decreased, reflected in the lower number of days lost. An in-depth analysis of accidents in 2009 revealed that the most common causes of accident were slips, trips and falls (20% of all cases), followed by inappropriate usage of machinery and equipment (15%), and ergonomics (15%).

In 2010, we will focus greater attention and resources on problematic areas. We are already starting to making progress. In February 2010, for example, we launched a large Safety Programme at our site in Braine-l'Alleud (Belgium), involving more

Two manufacturing sites - Bulle in Switzerland, and Vapi in India - gained OHSAS 18001 certification in 2009. OHSAS 18001 is a management system that helps an organisation control occupational health and safety risks. UCB intends to extend such certification to other UCB manufacturing sites in the future.

than 100 people with eight "safety@work" programmes rolled out across 12 activity areas. Each programme is supported by a team, including an expert leader, and has one safety champion per activity area. Key actions are being developed and will be closely monitored through a tailor-made safety dashboard.

For our non-manufacturing activities, 50% of accidents in 2009 were work-related road traffic incidents. To reduce traffic incidents, we are introducing a responsible-driving training programme in 2010, including "eco-friendly" driving in some countries.

Safeguarding Employees' Health

In-depth audits of occupational toxicology and industrial hygiene were carried out in 2009 at UCB's two research sites: Braine-l'Alleud (Belgium) and Slough (U.K.). These audits focused on containment strategy, operational philosophy and personal protective equipment (PPE), with an emphasis on handling novel pharmaceutical compounds that are produced as powders. Some areas of improvement have been identified and dedicated action plans have been developed for 2010.



2.4. Diversity

At UCB, we believe that a diverse workforce is key to our success. It promotes innovation, gives us flexibility and inspires the creativity needed to tackle the diverse range of problems that patients encounter.

With 9 300 employees in 37 countries around the world, UCB has a diverse workforce, spanning more than 70 different nationalities. For us, diversity is not just about physical characteristics such as gender, race and age but experience, competencies and mindsets. To capitalise on these strengths, we acknowledge, value, foster and increasingly integrate diversity into our business, including our employee management systems.

Reflecting the diversity of our global operations, our Group policies respect local work environments and ethics.

Measures of UCB diversity in 2009:

- Women accounted for 48% of our total workforce and 16% of our senior management (top 120 managers). The gender distribution within senior management is a key area of attention.
- We had 71 nationalities in our worldwide workforce. At our corporate headquarters in Brussels, more than one third of our employees originate from countries outside Belgium. At our international affiliates, local nationals account for 89% of the workforce on average and 83% of the management teams on average.
- Among UCB's eight Executive Committee members, we encounter five different nationalities.

2.5. Rewarding Performance

We recognise and reward the skills, abilities and performances of our employees.

UCB has clearly defined and universally practised "Performance Management" systems. With measurable annual objectives and continuous feedback through the year, the system ensures that each employee is accountable for meeting their objectives and living UCB's values. They gain recognition for their personal contribution to the company's results, including individual awards for excellence.

We have also introduced an annual "Performance Management" process with three distinct phases: at the start of year there is an objective-setting phase, followed by a mid-year objective review and a final year-end overall appraisal. The year-end appraisal includes an appraisal rating that provides a performance-driven

guideline for the annual bonus reward process. Approximately 80% of our employees are eligible to participate in the "Performance Management" process, while the remaining 20% do not take part due to local labour agreements. In 2009, 7 312 UCB employees participated in the process.



2.6. Developing Talents and Careers

Managing talents at UCB means establishing a culture where people are empowered to make a difference for the benefit of the patient.

Providing Training

We strive to create a positive environment where both the company and individuals can achieve their objectives and where employees can express their talents. Employees are coached and encouraged to learn and innovate, to work in cross-functional project teams, and to pursue formal training and new e-learning technologies and tools.

In 2009, we invested more than € 20 million in training and development, including coaching and mentoring, management development and scientific, technical and compliance training. A significant emphasis was placed on training staff that interact with patients and physicians.

Encouraging Personal Development Plans

All employees are encouraged to complete their "Personal Development Plan", which defines personal career objectives and how they can be pursued within the organisation.

We also offer a variety of global mobility opportunities to our employees, so that they can gain and share international experience.

To enrich and monitor the progress of our human talent, we use a structured "Employee Development Review" (EDR), covering issues such as succession planning, next steps for high-achievers and the development and movement of candidates so that we can achieve our goal of becoming a global biopharmaceutical leader. Nearly half of all our employees underwent such EDR assessment in 2009, followed by a review with their manager.



2.7. Care for the Community

As well as offering a growing number of novel therapies, UCB supports a broad spectrum of programmes to enable patients and their families to enjoy normal everyday lives. These programmes focus on our two core therapeutic areas: CNS and immunology. We are also involved in wider humanitarian projects.

Caring for Patients

We support mentoring, scholarship and sponsorship programmes for people affected by severe diseases. One example is the “Live Beyond Epilepsy” direct-to-patient programme. This initiative, which is running in Germany and the Netherlands, provides a step-by-step guide to living with uncontrolled seizures or medication effects. The feedback from the programme has been very positive, with more than 80% of respondents claiming that the programme is either “valuable” or “very valuable”.

Another example is the Epilepsy Scholarship Program™ in the U.S. In 2009, 28 scholarships were given to people with epilepsy, and 12 to family members or caregivers. The 40 scholarship winners were selected out of 800 applicants, representing a 30% increase against 2008. A similar scholarship programme exists for people with Crohn's disease, having offered 30 grants in 2009. Since 2005, UCB has awarded more than 150 scholarships, worth almost USD 1 million in total.

Caring for Communities

In addition to supporting patients and their families, UCB is involved in various philanthropic activities. In 2009, we spent €1.2 million on community sponsorships and charitable donations worldwide, including product donations and patient-assistance programmes. A Global Donation Policy describes UCB's criteria for product donations and support to patient groups and other healthcare organisations. We also have a global community support database so that we can share information and best practice across the whole organisation as well as provide accurate financial reporting.



Below are some examples of how UCB helps local communities.

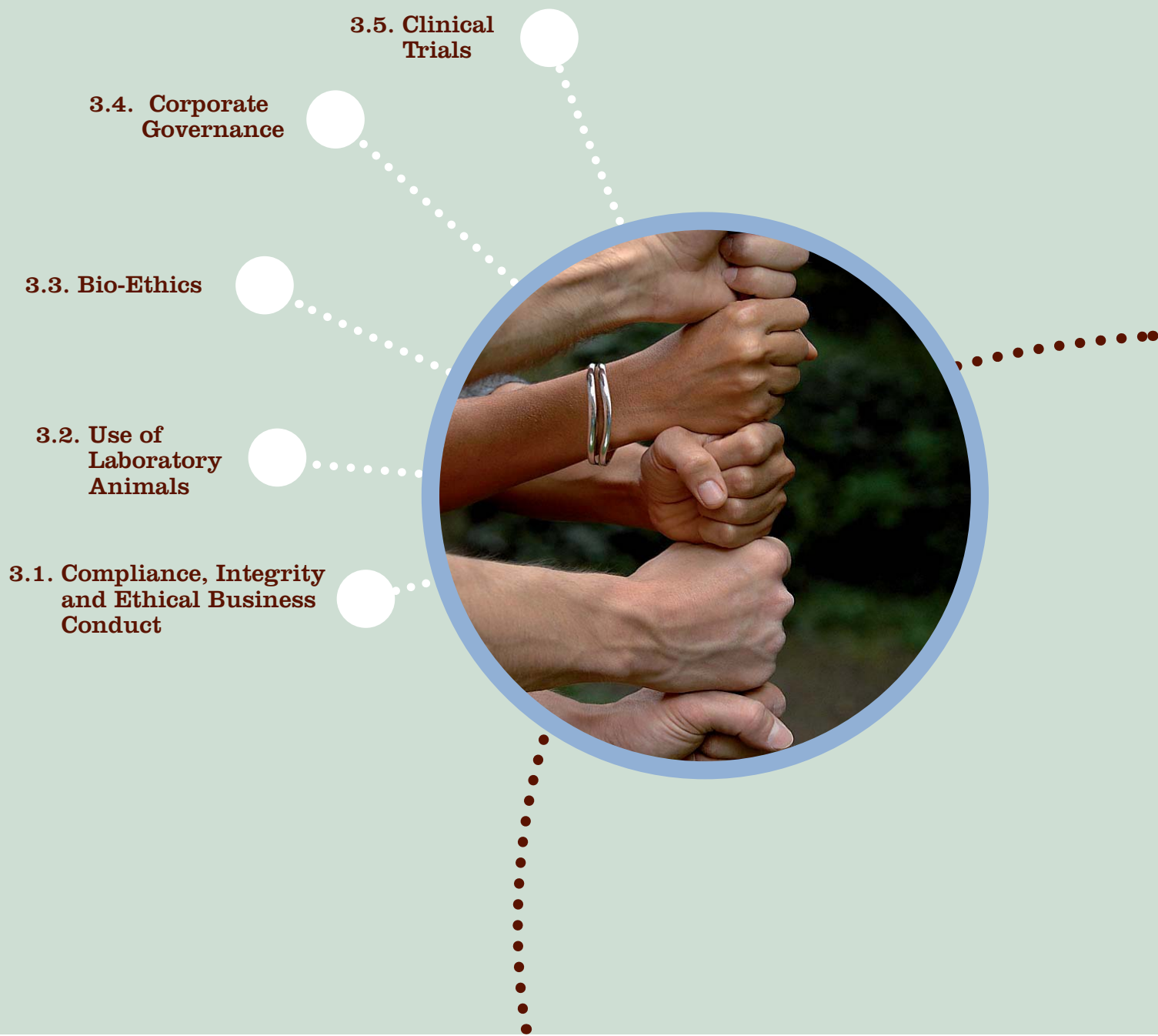
- Through Okedongmu, an international organisation that builds “bridges of friendship and dialogue” between North and South Korean children, UCB has donated Zyrtec® for children in North Korea. Many children, and adults, in this country suffer from significant shortages of medicines and food.
- Management assistants within our Global Operations and CNS units, based in Brussels (Belgium), used their team-building time to help 80 youngsters at a residential rehabilitation centre near Antwerp (Belgium). They played music, organised painting sessions and served home-baked food. They also distributed about 200 toys, books and DVDs, which they had collected during the previous six months from UCB colleagues and their families and friends. “As a result of what we have seen and what we have achieved, we feel an extremely close and strong team, and we are all ready to do something similar on a more regular basis,” said Marguerite Van Groeningen, UCB.
- In the Atlanta area (Georgia, U.S.), UCB is conducting the ‘RAmodel programme’ in partnership with the Arthritis Foundation, Home Depot and Atlanta’s Grady Health System. To make living at home easier, the UCB team performed home enhancements on homes of 15 people living with arthritis in the Atlanta area. UCB staff did yard work, installed new door handles and locks, and installed bathroom support rails to make it easier for these arthritis patients to live in their homes.

“Things that seem simple such as turning door knobs, opening a cabinet or changing a light bulb, can be very difficult for RA patients. We came out here to make these patients’ lives a little easier.”

David Robinson

VP, Immunology U.S. Business Unit

3. Ethics



3.1. Compliance, Integrity and Ethical Business Conduct

Doing business in a compliant and ethical manner is one of the cornerstones of UCB's commitment to patient centricity.

Committed to High Standards of Conduct

UCB is committed to meeting the high standards of compliance, integrity and ethical business conduct required of a biopharmaceutical company. We understand and commit to abide by the laws regulating the sale and marketing of pharmaceutical products, and to provide high-quality, accurate and balanced information about UCB's products to healthcare professionals in order to allow them to make an informed decision about our products' benefits and risks.

UCB recognises the importance of truthful communication of scientific and other information about UCB's products and services. All such communications must conform to the regulations and laws governing them. Similarly all promotional materials must be consistent with the laws governing labelling and other features.

All information communicated by UCB is reviewed by the company to ensure that it is in line with our policies and procedures. We apply the same standards to our interactions and relationships with patients and patient organisations.

In addition, our workplace policy encourages diversity and prohibits harassment and discrimination, including but not limited to discrimination based on race, colour, religion, gender, age, and nationality.

Of course UCB and its employees will not engage in bribery, directly nor indirectly.

By living by its business principles, UCB will not only create a more enriched working environment, but also ensure that our patient-centric activities meet the high ethical standards we have imposed on ourselves.

UCB Code of Conduct

UCB has created a Code of Conduct and a set of Compliance Guidelines. Employees complete mandatory training on the Code of Conduct and the Compliance Guidelines to ensure they understand our principles and incorporate them in their day-to-day work and responsibilities. At the end of 2009, 80% of our staff have already followed and completed the training, considering local legal and cultural constraints. In several business functions, staff has to undertake additional bespoke training.

UCB has also adopted the business-conduct guidelines and regulations of the various global and local industry associations of which it is a member.



Jesus, living with Parkinson's disease

3.2. Use of Laboratory Animals

UCB recognises and takes seriously public concerns about animal research. Currently, using animals in the development of drugs is necessary for scientific, legal and regulatory reasons: we would not be able to develop medicines without some level of animal testing. UCB is using animals appropriately and responsibly as well as complying with all applicable laws and industry standards. This commitment applies to all UCB employees and external contractors.

UCB is committed to the research and development of medicines to improve the lives of patients with a variety of serious conditions. Before any new medicine can be given to a patient, sufficient evidence for the potential benefit and impact on patient safety must be provided. By law, some of these tests must be carried out in animals and new medicines will only be given to humans once these tests have been successfully completed. Animals are only used in our drug development programmes when absolutely necessary to generate key data and where no suitable alternatives exist. Of the animals UCB researchers and contractors use in experiments, 99.4% are mice and rats.

Animal tests are strictly regulated through individual country and EU legislation. Where animals are used by UCB, they are cared for by trained and experienced animal welfare officers and housed in appropriate facilities. Studies performed on animals are only carried out by accountable, licensed and appropriately trained staff.

The procurement of animals is a regulated procedure and all animals used by UCB are bred within regulated breeding establishments, where the standards of animal welfare and care

are of paramount importance. Animals are transported using specified containers that meet animal welfare criteria.

To ensure its commitment to humane treatment of animals used in experiments, UCB has long-established committees on Ethics of Animal Experimentation, as required by national and EU legislation. These committees include researchers, independent external experts, and a veterinarian representing the Department of Public Health, which advises on all experiments conducted on animals and oversees the training of personnel involved in animal testing.

Reducing the Need for In Vivo Experimentation

Early selection of chemicals with low toxicity will not only lead to faster, more cost-effective drug discovery but also reduce the need for animal testing. To predict the toxicological potential of molecules at an earlier stage, UCB is exploring several novel solutions via two projects. eTox and MARCAR, within the Innovative Medicines Initiative (IMI), a unique public-private partnership designed by the European Commission and the European Federation of Pharmaceutical Industries and Associations (EFPIA):

- eTox is developing innovative methodological strategies and novel software tools to better predict the toxicological profiles of new molecular entities at early stages of the drug development process.
- MARCAR will focus on non-genotoxic carcinogenesis. Specifically, the project aims to provide an improved scientific basis for assessing the carcinogenic potential of novel medicines and early biomarkers for clinical and non-clinical drug development.

The committees consider the possible benefits of the research of alternative approaches and request the researcher to justly avoid any possible distress to the animal and provide alternatives wherever possible.

The UCB guidelines for animal testing are aligned with the 3Rs (Replacement, Reduction and Refinement) principles of Russell and Burch. These principles work towards good laboratory animal welfare and, as much as possible replacing, refining and reducing

the need for *in vivo* experimentation. Where appropriate, UCB employs a range of alternative and complementary techniques such as *in vitro* cell and tissue studies, and radio telemetry, adopting a weight of evidence approach when animal numbers can be reduced or computer modelling of data to make predications. UCB's overarching philosophy is to provide high quality data generated from well-designed animal experiments where the stress and discomfort that animals may experience is minimised.

3.3. Bio-Ethics

The use of human biological samples, including solid tissue, sub-cellular fractions and their derivatives, is essential for any biopharmaceutical company. UCB fully complies with the legal and regulatory requirements governing the ethical sourcing of human tissues and ensures that donated human biological samples are handled in a responsible and ethical manner.

The use of human tissue and related materials in drug discovery plays a valuable role in helping scientists predict a potential drug's efficacy and safety as well as its possible side effects and interactions with other drugs. In line with our goal of reducing our use of human tissue, UCB is continuously looking for promising alternatives. For example, human liver cells (hepatocytes) are

well known as the gold-standard assay for testing the metabolic pathway and potential interaction with other drugs, as well as the cyto-toxic properties of new drugs.

To find alternatives, UCB is currently involved in a multi-centre project, named Valostem, funded by the Walloon Government (Belgium). The project's main purpose is to validate the use of two new cell lines, derived from liver stem cells and umbilical cord matrix stem cells, as alternatives to human hepatocytes.



Tom, living with Crohn's disease

3.4. Corporate Governance

As a company headquartered in Belgium with a commitment to the high standards of corporate governance, UCB's Board of Directors has adopted a Charter of Corporate Governance, as required by the Belgian Code on Corporate Governance.

UCB has adopted the Belgian Code of Corporate Governance (second edition, published in March 2009), adapted to take into account the specific international character of the company. As a

publicly traded company, this includes adopting a Code of Business Conduct and a Code of Share Dealing (<http://www.ucb.com/investors/governance/conduct>).

The UCB Charter of Corporate Governance, which is available on our website (<http://www.ucb.com/investors/governance/charter>), describes the main aspects of UCB's corporate governance, including its governance structure and the terms of reference of the Board of Directors, as well as those of its committees and the Executive Committee.

We also publish a Corporate Governance Statement in our annual report, which can be found on our website (<http://www.ucb.com/investors/financials/annual-reports>).



3.5. Clinical Trials

Clinical trials involving healthy volunteers and patients play an essential role in developing safe and effective drugs for the wider population. UCB is committed to increasing transparency relating to the existence and results of sponsored clinical studies. In light of this, we are committed to disclosing balanced and accurate information regarding our hypothesis-testing clinical studies, regardless of outcome, to ensure that physicians and patients have access to relevant information from clinical studies.



Bernadette, living with lupus

For pharmaceutical companies to obtain marketing licenses and make new drugs available to the general public, the safety, quality and efficacy of all potential new drugs must be demonstrated through a series of rigorous clinical trials.

A customised study plan or 'protocol' is developed for each trial, designed to answer specific research questions and to protect the safety of any patients and healthy volunteers involved in the study.

Once the protocol is approved, selected clinical investigators will start to recruit healthy volunteers or patients to participate in the trial. An informed consent procedure is used to ensure that all recruits are fully briefed about the trial and the nature of their participation, both verbally and in writing. A written, informed-consent document provides information about the trial, including its purpose, duration, and use of placebos or other comparators, as well as information about the trial procedures, potential benefits and potential risks.

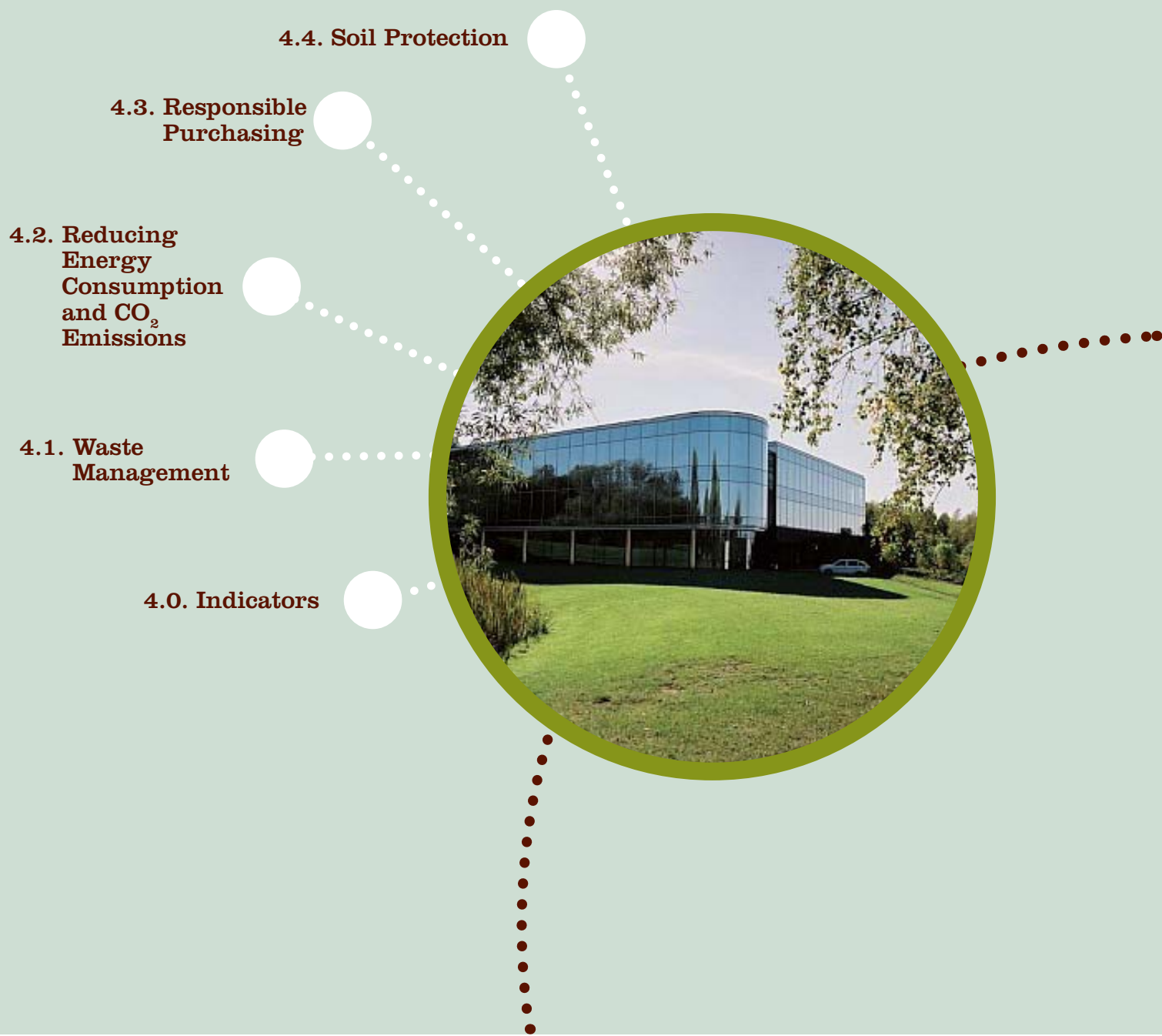
UCB complies with the www.clinicaltrials.gov requirements. This website provides regularly updated information (trial's purpose, participation criteria, locations and contact details) about publicly and privately supported clinical research in human volunteers.

All trials must be performed in line with Good Clinical Practice (GCP) or they will be rejected by the regulators. Good Clinical Practice is the standard for the design, conduct, performance, monitoring, auditing, recording, analyses, and reporting of clinical trials that provides assurance that the data and reported results are credible and accurate, and that the rights, integrity, and confidentiality of trial subjects are protected.

Every effort is made to ensure volunteer and patient safety throughout the course of any clinical trial. We do this through a series of tests and by listening to the patient. UCB's safety team meets once a month to examine trends and side-effects across all healthy volunteers and patients involved in trials.

The clinical trial results can be consulted on the website of www.clinicalstudyresults.org. This database serves the valuable function of making clinical trial results for many marketed pharmaceuticals more transparent.

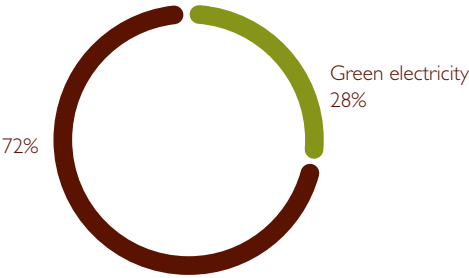
4. Planet



4.0. Indicators 2009

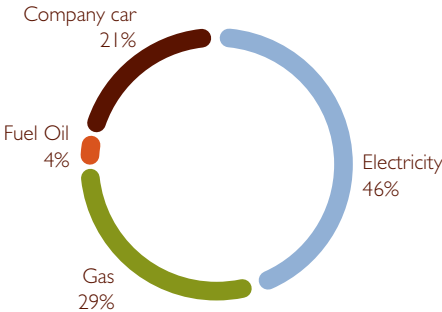
Electricity consumption

total of 159 292 945 kWh



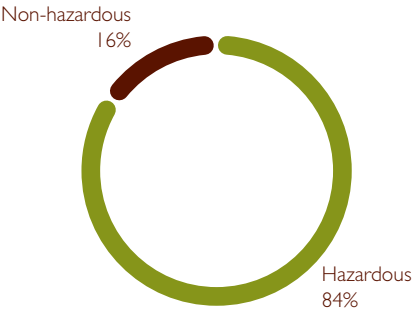
CO₂ emissions

total of 118 825 tons



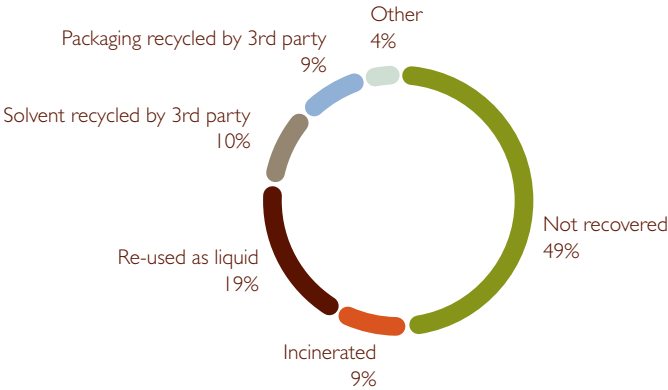
Waste

total of 20 684 tons



Waste management

total of 20 684 tons



Water consumption

total of 891 737 m³

4.1. Waste Management

UCB is increasingly investing in green chemistry and waste management optimisation, both to reduce the amount of waste (upstream) and to recycle (downstream) as much of the unavoidable waste as possible. Our approach is: "It is a waste to waste your waste".



Lakeisha, living with epilepsy

Upstreaming Green Chemistry

Since the introduction of the green chemistry principles in the early 1990s, chemists and engineers at UCB have become increasingly aware of the potential environmental impact of any chemical processes under development.

To optimise energy consumption, new processes are typically designed to minimise the number of steps at low and high

temperatures. Reaction times are optimised in order to avoid unnecessary heating or cooling periods. The energy released during one operation is mostly utilised to pre-heat or heat reagents elsewhere in the process.

Another major priority in the new industrialisation processes is to avoid, replace or reduce the use of solvents. Such solvents impact not only the waste stream (i.e. recycling or incineration) but also the energy stream, as solvents will have to be evaporated at some stage of the process or during their recycling.

UCB's green chemistry efforts are starting to pay-off, as two projects in 2009 have illustrated.

* The manufacturing process of *lacosamide* (Vimpat®) has been revised and toxic solvents substituted with less toxic, easily recyclable and biodegradable solvents. The improvements to the manufacturing process have halved the use of solvents and enabled more than 99% of the solvents to be recycled. As a result, the productivity yield of the drug manufacturing process has significantly increased.

* A new Supercritical Fluid Chromatography (SFC) technology platform has been installed in UCB's Chemistry Research laboratories with the potential to cut solvent use by up to 90%. The new technology uses CO₂ in a supercritical state instead of eco-toxic solvents. UCB's SFC equipment has been already scaled up to development size and could potentially lead to industrial scale use of CO₂ in the near future, as well as help the company achieve a greener balance between speed and efficiency.

Five over eleven manufacturing sites are ISO 14001 certified. Vapi in India gained ISO 14001 in October 2009. The International Standard ISO 14001 sets out requirements for an Environmental Management System (EMS) which can be employed by an organization to measure and document their environmental impact.

Recycling downstream waste

UCB produced almost 21 000 tons of waste in 2009, of which 84% were hazardous. The proportion of recycled or recovered waste as a percentage of total waste was 51% in 2009; the main channels for disposing of waste include incineration and recycling liquids, solvents and packaging.

Our largest manufacturing site at Braine-l'Alleud (Belgium), which produces 30% of UCB's total waste, recycles 92% of its waste. Various programmes are underway to reduce our global waste further and improve our recycling.



4.2. Reducing Energy Consumption and CO₂ Emissions

Energy optimisation is high on the priority list of UCB's site managers worldwide, supported by company-wide energy-awareness campaigns. In addition to reducing our energy consumption, we are exploring and moving towards renewable alternatives.

A broad range of energy-friendly and 'green' initiatives were launched across UCB in 2009. Examples include:

- All of the electricity supplied to our site at Braine-l'Alleud (Belgium), which accounts for almost 30% of UCB's global electricity consumption, comes from renewable energy sources.
- Natural gas has replaced heating oil at our site in Rochester (New York, U.S.).
- Our site in Bulle, Switzerland, has voluntarily committed to reduce its CO₂ emissions by 21% by 2012 by improving its energy efficiency. Objectives and action plans have been submitted to the Agence de l'Énergie pour l'Économie (AEnEC). The first projects have already been launched and completed in 2009, including replacing oil with natural gas as the fuel stock for the site's steam production, helping to increase the boilers' efficiency and steam network optimisation.
- We have implemented new "Green" guidelines for our global fleet of vehicles, including incentives for selecting more environmentally friendly cars. The first results are encouraging.
- A major travel reduction campaign was launched in 2009, resulting in a 60% reduction in travel expenses, versus 2008. Our policy is that travel should only occur when there is a significant value-added to the business and where the work cannot be accomplished through conference calls or web-conferencing. To facilitate greater digital communication and further reduce our carbon footprint, our Global IT department has developed communication solutions, such as Office Communicator, offering one-to-one audio and video discussions.

4.3. Responsible Purchasing

We seek mutually beneficial, value-for-money purchasing relationships that not only benefit our company, patients and partners, but which also take into consideration our environmental and social responsibilities across the entire life-cycle of the services and items purchased.

Responsible purchasing involves careful consideration of what we buy and how we buy it. Our goal is to take into account:

- Environmental and social impacts associated with the manufacture or production of the packaging constituents or the drug product;
- Transport and logistics associated with production and distribution of the packaging constituents or the drug product;
- Associated emissions and other pollutants;
- End of life options, including the re-use, repair, recycling and disposal options at the end of a product's life.

Our determination to purchase responsibly is illustrated by the recent changes we made to the carton and plastic tray that

contains the syringe for our therapy, Cimzia®. The plastic tray was initially made of PET-g (PolyEthylene Terephthalate glycol) and transported from the U.S. to Belgium for assembly. Screening different suppliers enabled us to reduce the distance between the supplier and the UCB manufacturing site as well as replace the PET-g with a more environmental-friendly material, notably a-PET (amorphous PolyEthylene Terephthalate). These changes will save annually the equivalent of about six tons of CO₂.



Alison, living with rheumatoid arthritis

4.4. Soil Protection

There was no major soil or groundwater contamination or pollution within UCB's current, global network of industrial sites. Historical pollution on former UCB sites cannot be excluded and has been appropriately provisioned for:

Before being a pure biopharmaceutical company, UCB was since 1928 a diversified chemical group. Indeed UCB previously owned and operated chemical industrial sites, which have since been divested. As many of the former UCB industrial sites have a long history of chemical production, it cannot be excluded that soil or groundwater contamination has occurred.

In connection with the sale of its Surface Specialty business activities, UCB agreed with the respective purchasers to retain specific historical environmental liabilities, in each case subject to certain limitation periods.

Some of the former sites of UCB are currently subject to remediation and other sites could be subject to remediation. UCB

accepts this legacy and fully complies with local environmental regulations and the implement remedial actions in accordance with the "Best Available Technology Not Entailing Excessive Cost" (BATNEEC) principle.



Wolfgang, living with Parkinson's disease

5. Global Reporting Initiative - Disclosure

The table summarises the performance indicators on the economic, environmental and social performance of UCB in 2009. The indicators are reported in line with the GRI Guidelines: 11 entirely and 14 partially reported.

Legend: ● : indicators entirely reported and compliant with the GRI indicators definition
 ● : indicators partially reported and partially compliant with the GRI indicators definition
 AR : UCB Annual Report 2009 FR : UCB Financial Report 2009
<http://www.ucb.com/investors/financials/annual-reports>

		Reported	Page
General			
1. Strategy and analysis			
1.1	Statement of CEO		1
1.2	Description of key impacts, risks and opportunities		1, 36, in AR 64, 65
2. Organizational Profile			
2.1 - 2.2	Name, products / services		1, 2, 3
2.3 - 2.7	Structure, geographical presence, markets served		2, 3 www.ucb.com
2.8	Scale		in AR 68-69, 89, back cover
2.9	Significant changes in size, structure or ownership		in AR 56-57, 62
2.10	Awards received in 2009		in AR 3
3. Report Parameters			
3.1 - 3.4	Report profile, contacts points		cover & back
3.5 - 3.13	Report scope and assurance		1, 34-35, 37
4. Governance, Commitments, and Engagement			
4.1 - 4.13	Structure and governance		5, 10, 20-21, 24 in FR 2-22
4.14 - 4.17	Stakeholder engagement		1, 11
5. Management Approach and Performance Indicators			
			1, 34, in AR 16-19
Economic			
Economic Performance			
EC1*	Economic value generated and distributed, including revenues, operating costs, employee compensation, donations and other community investments, retained earnings, and payments to capital providers and governments. (Core)	●	3, in AR 68-69, in FR 23-31
EC3*	Coverage of the organization's defined benefit plan obligations. (Core)	●	in FR 74
EC4	Significant financial assistance received from government. (Core)	●	in FR 82
Environmental			
Materials			
EN2	Percentage of materials used that are recycled input materials. (Core)	●	28
Energy			
EN3*	Direct energy consumption by primary energy source. (Core)	●	34
EN4*	Indirect energy consumption by primary source. (Core)	●	27, 34
EN7	Initiatives to reduce indirect energy consumption and reductions achieved. (Additional)	●	29
Water			
EN8*	Total water withdrawal by source. (Core)	●	27, 34
Emissions, Effluents, and Waste			
EN16*	Total direct and indirect greenhouse gas emissions by weight. (Core)	●	27, ,34
EN18	Initiatives to reduce greenhouse gas emissions and reductions achieved. (Additional)	●	29
EN22	Total weight of waste by type and disposal method. (Core)	●	28, 34



Social Performance: Labor Practices & Decent Work			
Employment			
LA1*	Total workforce by employment type, employment contract, and region. (Core)		13, 34
LA2	Total number and rate of employee turnover by age group, gender, and region. (Core)		34
Occupational Health and Safety			
LA7	Rates of injury, occupational diseases, lost days, and absenteeism, and number of work-related fatalities by region. (Core)		34
Training and Education			
LA11	Programs for skills management and lifelong learning that support the continued employability of employees and assist them in managing career endings. (Additional)		14, 18
Diversity and Equal Opportunity			
LA13*	Composition of governance bodies and breakdown of employees per category according to gender, age group, minority group membership, and other indicators of diversity. (Core)		13, 34
Social Performance: Human Rights			
Investment and Procurement Practices			
HR3*	Total hours of employee training on policies and procedures concerning aspects of human rights that are relevant to operations, including the percentage of employees trained. (Additional)		21
Freedom of Association and Collective Bargaining			
HR5	Operations identified in which the right to exercise freedom of association and collective bargaining may be at significant risk, and actions taken to support these rights. (Core)		21
Child Labor			
HR6	Operations identified as having significant risk for incidents of child labor, and measures taken to contribute to the elimination of child labor. (Core)		21
Social Performance: Society			
Corruption			
SO2	Percentage and total number of business units analyzed for risks related to corruption. (Core)		21
Public Policy			
SO5*	Public policy positions and participation in public policy development and lobbying. (Core)		11, 21
SO6	Total value of financial and in-kind contributions to political parties, politicians, and related institutions by country. (Additional)		21 in AR 23, 25, 27, 29, 33, 35, 37
Social Performance: Product Responsibility			
Customer Health and Safety			
PR1	Life cycle stages in which health and safety impacts of products and services are assessed for improvement, and percentage of significant products and services categories subject to such procedures. (Core)		6-7, 16
PR2	Total number of incidents of non-compliance with regulations and voluntary codes concerning health and safety impacts of products and services during their life cycle, by type of outcomes. (Additional)		6-7, 21
Marketing Communications			
PR6*	Programs for adherence to laws, standards, and voluntary codes related to marketing communications, including advertising, promotion, and sponsorship. (Core)		21, 30

* Indicators identified by an asterisk (*) have been reviewed by the Statutory Auditors. Their assurance statement, detailing the work they have performed as well as their comments and conclusions, appears on pages 36-37 of this CSR report..

6. Human Resources and Environmental Data

HUMAN RESOURCES DATA

	Definition	Unit of measure	2009
Total workforce	Workforce as of December 31	total number of employees	9 324
Workforce by gender	Male and female employees	number of women	4 433 (48%)
		number of men	4 891 (52%)
Workforce by FTE and PTE	Full Time Employees (FTE) and Part-Time Employees (PTE)	number of FTE	8 787
		number of PTE	537
Recruitment	Hired	number of employees hired	1 648
Departure	Left	number of employees who left the company	3616
LTIR	Lost Time Injury Rate	number of injuries resulting in lost time of one day or more within a 12-month period, per million hours worked	3.34
LTSR	Lost Time Severity Rate	number of lost days resulting from a lost time incident within a 12-month period, per million hours worked	0.08

ENVIRONMENTAL DATA

	Definition	Unit of measure	2009
Water	Water consumption	m ³	891 737
Electricity	Electricity consumption	kWh	114 207 945
		tons CO ₂	54 443
	Green electricity consumption	kWh	45 085 000
		tons CO ₂	0
Gas	Gas consumption	m ³	19 802 198
		tons CO ₂	34 250
Fuel oil	Fuel oil consumption	liters	1 965 196
		tons CO ₂	4 908
Fuel for utilitarian vehicle	Fuel consumption	liters	32 553
		tons CO ₂	84
Fuel for company cars	Fuel consumption	liters	10 042 797
		tons CO ₂	25 140
CO ₂ emission	Total CO ₂ emitted, scope 1 & 2	tons CO ₂	118 825
COD	Chemical Oxygen Demand (COD) in effluents following internal treatment	tons	721
TSS	Discharge of residual Total Suspended Solids (TSS) after internal treatment	tons	233
Chlorinated VOC	Emissions of chlorinated Volatile Organic Compounds (VOC)	tons	6
Non-chlorinated VOC	Emissions of non-chlorinated Volatile Organic Compounds (VOC)	tons	119
ODS	Emissions of Ozone Depleting Substances (ODS)	CFC-11 equivalent tons	1.6
Hazardous waste	Hazardous waste products as defined by locally applicable regulations	tons	17 411
Non-hazardous waste	Other solid waste (excluding emissions and effluents)	tons	3 273

7. Scope and Reporting Principles

Scope

People data are consolidated for all the UCB Group companies worldwide that are globally integrated into our financial consolidation, regardless of their activity (industrial or research sites, sales affiliates, headquarters). Health and Safety data (occupational accidents) addressed the same scope excluding affiliates with less than 10 employees.

Planet data are consolidated for all manufacturing sites, research sites, sales affiliates from India, U.S. and Italy and headquarters in Belgium. This scope covers 78% of UCB's workforce.

Reporting Principles

In order to ensure the uniformity and reliability of indicators used for all entities, UCB Group implemented standard reporting guidelines covering social factors as well as safety and environmental factors.

These documents specify the methodologies to be used for indicator reporting for the entire UCB Group: definitions, methodological principles, calculation formulas and emission factors.

Occupational injury with lost time frequency rate

The Lost Time Incident Rate of occupational lost-time accidents is defined as the number of accidents resulting in lost time of one day or more within a 12-month period, per million hours worked.

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

Environmental indicators

1) CO₂ Emissions

Direct emissions (Scope 1) are calculated on the basis of data of fuel and gas consumed during the reported period and respectively converted in CO₂ based on the Greenhouse gas (GHG) Protocol in relation to fuel emission factors.

Indirect emissions (Scope 2) resulting from other energy sources (currently only electricity) purchased offpremises are converted in

CO₂ based on GHG conversion factors for each of the concerned countries.

Scope 3 emissions are currently not included in the reported figures.

2) Percentage of renewable electricity

This indicator focuses on the percentage of electricity purchased that is obtained from "green" sources, i.e. does not typically include green electricity already present in the national grid.

3) Volatile Organic Compound emissions (VOCs)

VOCs are estimated either on the basis of the mass balance or by direct measurement.

4) Waste

The distinction between hazardous and non-hazardous waste corresponds to those used in local regulations for the concerned countries.

Consolidated and internal controls

The UCB Corporate Health, Safety & Environment (HSE) Department is responsible for ensuring that all data are consolidated on the basis of information provided by the manufacturing and research sites and sales affiliates and administrative headquarter throughout the world.

HSE coordinators for each activity perform an initial validation of safety and environmental data prior to their consolidation. Corporate HSE also verifies data consistency during consolidation. These validations include data comparisons from previous years as well as careful analysis of any significant discrepancies.

Social data regarding the workforce are extracted from the global SAP for HR system used as management control database for the whole UCB Group.

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 32-34. Their assurance statement, describing the work they performed as well as their comments and conclusions, appears on pages 36-37.

8. Assurance Report



To the members of Board of Directors of UCB SA

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INDEPENDENT ASSURANCE REPORT ON UCB CORPORATE SOCIAL RESPONSIBILITY REPORT 2009

This report has been prepared in accordance with the terms of our engagement contract dated 3 February 2010, whereby we, as UCB's statutory auditor, have been engaged to express a conclusion in connection with the Corporate Social Responsibility Report of UCB for the year 2009.

Management's Responsibility

The Board of Directors of the Company is responsible for the preparation of the indicators marked with an asterisk (*) presented on pages 32 and 33 of the UCB Corporate Social Responsibility Report ("the Subject Matter Information"), in accordance with the criteria stated in UCB guidelines issued by the Company described on page 35 and with the recommendations of the Global Reporting Initiative (GRI) (the "Criteria").

This responsibility includes the selection and application of appropriate methods for the preparation of the Subject Matter Information, for ensuring the reliability of the underlying information and for the use of assumptions and estimates for individual Corporate Social Responsibility disclosures which are reasonable in the circumstances. Furthermore, management's responsibility includes the design, implementation and maintenance of systems and processes relevant for the preparation of the Subject Matter Information.

Statutory auditor's Responsibility

Our responsibility is to express an independent conclusion about the Subject Matter Information based on our work performed. Our assurance report has been made in accordance with the terms of our engagement contract. Our report is intended solely for the use of the UCB, in connection with their Corporate Social Responsibility report and should not be used for any other purpose. We do not accept, or assume responsibility to anyone else, except to UCB for our work, for this report, or for the conclusions that we have reached.

We conducted our work in accordance with the International Standard on Assurance Engagements (ISAE) 3000 "Assurance Engagements other than Audits or Reviews of Historical Information". This standard requires that we comply with ethical requirements and that we plan and perform the engagement to obtain limited assurance as to whether the Subject Matter Information has been prepared, in all material respects, in accordance with the Criteria issued by the Company.

The objective of a limited assurance engagement is to reduce the assurance risk to an acceptably low level in the circumstances of the engagement as the basis for a negative form of expression of our conclusion on the Subject Matter Information.

The scope of our work included, amongst others the following procedures:

- assessing and testing the design and functioning of the systems and processes used for data-gathering, collation, consolidation and validation, including the methods used for calculating and estimating the indicators marked with an asterisk presented on pages 32 and 33;
- conducting interviews with responsible officers;
- inspecting internal and external documents;



We have evaluated the Subject Matter Information against the Criteria. The accuracy and completeness of the Subject Matter Information are subject to inherent limitations given their nature and the methods for determining, calculating or estimating such information. Our Assurance Report should therefore be read in connection with the Criteria.

Conclusion

Based on our work, as described in this Assurance Report, nothing has come to our attention that causes us to believe that the indicators marked with an asterisk (*) presented on page 32 and 33 of the Corporate Social Responsibility Report has not been prepared, in all material respects, in accordance with the Criteria.

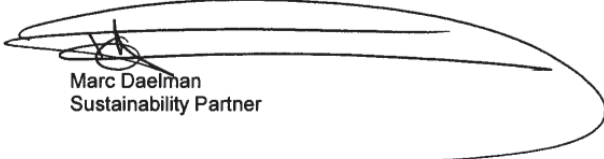
Recommendations

As explained in the Corporate Social Responsibility Report, UCB is continuously developing its reporting system and policies. We recommend UCB :

- to further develop the Corporate Social Responsibility strategy in alignment with the overall Corporate Strategy and enhance its embedding throughout the Group through appropriate communication and monitoring processes;
- to leverage on the 2009 baseline measured and to define clear objectives for the future against actual performance can be measured going forward;
- to further develop and harmonize the internal measurement and reporting processes including policies, procedures and guidance.

Brussels, Belgium, 20 May 2010

PricewaterhouseCoopers Bedrijfsrevisoren bcvba
Represented by



Marc Daelman
Sustainability Partner

A large, stylized signature in black ink is written over the name and title. The signature is a continuous, flowing line that loops around the text.

9. Glossary

ABPI: Association of the British Pharmaceutical Industry is the trade association for more than 90 companies in the UK producing prescription medicines for human use. www.abpi.org.uk

Adverse event: is any untoward medical occurrence in a patient or clinical-trial participant administered a medicinal product and which does not necessarily have to have a causal relationship with this treatment. An adverse event can therefore be any unfavourable and unintended sign (e.g. an abnormal laboratory finding), symptom, or disease temporally associated with the use of a medicinal product, whether or not considered related to a medicinal product.

(source: Volume 9A of the Rules Governing Medicinal Products in the European Union, version September 2008).

AED: anti-epileptic drug

BIA: the BioIndustry Association, the trade association for innovative enterprises in the UK's bioscience sector www.bioindustry.org

BIO: the Biotechnology Industry Organisation. BIO is the world's largest biotechnology organization, providing advocacy, business development and communications services for more than 1 200 members worldwide. BIO members are involved in the research and development of innovative healthcare, agricultural, industrial and environmental biotechnology products. www.bio.org

Biomarker: refers to a protein measured in blood whose concentration reflects the severity or presence of some disease state.

Carcinogenesis: is the process by which normal cells are transformed into cancer cells.

CNS: central nervous system.

Cyto-toxicity: is the quality of being toxic to cells.

EFPIA: European Federation of Pharmaceutical Industries and Associations represents the pharmaceutical industry operating in Europe. www.efpia.org

Epileptogenesis: is a process by which a normal brain develops epilepsy, a chronic condition in which seizures occur.

First-in-man study is a clinical trial where a medical procedure, previously developed and assessed through in vitro or animal testing, or through mathematical modeling is tested on human subjects for the first time.

GCSP: Global Clinical Safety and Pharmacovigilance.

Genotoxicity: describes a deleterious action on a cell's genetic material affecting its integrity.

GHG Protocol: Greenhouse Gas Protocol is the most widely used international accounting tool for government and business leaders to understand, quantify, and manage greenhouse gas emissions.

Green chemistry: also called sustainable chemistry, is a philosophy of chemical research and engineering that encourages the design of products and processes that minimize the use and generation of hazardous substances.

GRI application level: UCB is reporting indicators and profile disclosures according to the C⁺ application level of the GRI.

Report Application Level		C	C ⁺	B	B ⁺	A	A ⁺
Standard Disclosures	G3 Profile Disclosures OUTPUT	Report on: 1.1 2.1-2.10 3.1-3.10, 3.10-3.12 4.1-4.4, 4.14-4.15	Report on all criteria listed for Level C plus: 1.2 3.9, 3.13 4.5-4.13, 4.16-4.17	Same as requirement for Level B			
	G3 Management Approach Disclosures OUTPUT	Not Required	Management Approach Disclosures for each Indicator Category	Management Approach Disclosures for each Indicator Category			
	G3 Performance Indicators & Sector Supplement Performance Indicators OUTPUT	Report on a minimum of 10 Performance Indicators, including at least one from each of: Economic, Social and Environmental.	Report on a minimum of 20 Performance Indicators, at least one from each of: Economic, Environmental, Human rights, Labor, Society, Product Responsibility.	Report on each core G3 and Sector Supplement* Indicator with due regard to the Materiality Principle by either: a) reporting on the Indicator or b) explaining the reason for its omission.			
		Report Externally Assured	Report Externally Assured	Report Externally Assured	Report Externally Assured	Report Externally Assured	Report Externally Assured

*Sector supplement in final version

Health Technology Assessment (HTA): is a multi-disciplinary field of policy analysis that examines the medical, economic, social and ethical implications of the incremental value, diffusion and use of a medical technology in health care. It is intended to provide a bridge between the world of research and the world of decision-making

HST: Health Science & Technology group in Belgium. Created in 2007 by the local Biopharma investors in Belgium (GSK, Janssen Pharma, Pfizer and UCB), the HST alliance promotes the interests of the R&D sector to the Government in order to create a favorable investment climate.

IMI: the Innovative Medicines Initiative: a public-private partnership designed by the European Commission and the EFPIA. The aim of IMI is to support the faster discovery and development of better medicines for patients and to enhance Europe's competitiveness by ensuring that its biopharmaceutical sector remains a dynamic high-technology sector.
www.imi-europe.org

Immunology: is a science that covers the study of all aspects of the immune system. It deals with immunological disorders such as autoimmune diseases, hypersensitivities, immune deficiency.

LTIR: Lost Time Injury Rate: number of accidents with more than one day of absence per million of hours worked.

LTSR: Lost Time Severity rate: number of lost days excluding the day of the accident per thousand of hours worked.

OHSAS 18001: is an Occupation Health and Safety Assessment Series for health and safety management systems. It is intended to help an organisation to control occupational health and safety risks. It was developed in response to widespread demand for a recognized standard against which to be certified and assessed.

Pharmacovigilance: is the science and activities relating to the detection, evaluation, understanding and prevention of adverse effects across the lifecycle of a product. A continuous evaluation of the benefit/risk ratio is conducted to ensure public health.

Preclinical: development (1 year): Safety testing and development of dosage form. During this phase of development, safety testing of the compound is started, as well as pharmacological characterisation and the evaluation of pharmacokinetic parameters. Although the use of animals is avoided wherever possible, some animal studies have to be conducted to meet regulatory and scientific requirements.

Phase I clinical study (1 year): Safety and pharmacokinetics in humans. Phase I clinical trials, which have to be approved by regulatory authorities as well as an independent ethics committees, are designed to determine tolerability and safety and are generally carried out in healthy volunteers. Trials normally consist of 20-80 subjects and evaluate single and then multiple doses of the new drug. Pharmacokinetics will be determined as well as the effects of food, interactions with other drugs etc and if possible some early indication of efficacy will be sought.

Phase II clinical study (2-2.5 years): Demonstration of therapeutic efficacy. Phase II trials are carried out in patients (generally 100 to 500) and are designed to determine the optimal dosage of the drug to show efficacy accompanied by a suitable safety profile.

Phase III clinical study (>2 years): Proof of efficacy and safety. Phase III clinical trials are conducted in large numbers of patients (sometimes several thousand) in order to confirm the therapeutic efficacy and safety of the new medicine in the target patient population.

Radio telemetry: is a technology that allows remote measurement and reporting of information.

Regulatory Affairs department: department in charge of the approval of new drug therapies and support marketed products. Their primary mission is to ensure that every UCB product worldwide meets the regulatory requirements all around the world.

SHAPE: in August 2008, UCB announced SHAPE, a major global project to realize its transformation into a focused specialist company in CNS (Central Nervous System) and immunology disease areas. By this project, UCB aimed to increase focus on its core assets, re-deploy its resources, advance R&D and simplify its organisation, while successfully delivering UCB's new medicines to patients.

Stem cells: cells characterized by the ability to renew themselves through mitotic cell division and differentiating into a diverse range of specialized cell types.

SV2 proteins: Synaptic vesicle glycoprotein 2 is a protein that in humans is encoded by the SV2 gene.

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