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DCG

SESSION 2015

UE 12 – ANGLAIS APPLIQUÉ AUX AFFAIRES

Durée de l'épreuve : 3 heures – Coefficient : 1

<u>Matériel autorisé</u> : aucun matériel (agendas, calculatrices, traductrices) ni dictionnaire n'est autorisé.

Le sujet comporte 6 pages numérotées de 1/6 à 6/6

DOCUMENT 1

Pharmaceutical pricing

The new drugs war

Though produced by private companies, pharmaceuticals constitute a public good, both because they can prevent epidemics and because healthy people function better as members of society than sick ones do.

They carry a moral weight that most privately traded goods do not, for there is a widespread belief that people have a right to health care that they do not have to smartphones or trainers.

Innovation accounts for most of the cost of production, so the price of drugs is much higher than their cost of manufacture, making them unaffordable to many poor people. Firms protect the intellectual property (IP) that drugs represent and sue those who try to manufacture and sell patented drugs cheaply.

For all these reasons, pharmaceutical companies are widely regarded as vampires who exploit the sick and ignore the sufferings of the poor. These criticisms reached a crescendo more than a decade ago at the peak of the HIV plague. When South Africa's government sought to legalise the import of cheap generic copies of patented AIDS drugs, pharmaceutical companies took it to court. The case earned the nickname "Big Pharma vs Nelson Mandela."

Today's problem is different – a steady wave of the diseases that come with age, not an out-of-control virus. It requires a tailored economic medicine. By varying their prices more – charging Americans and Britons more than Africans – firms can pep up their profits at the same time as expanding their markets, making both shareholders and the sick better off. Some companies are trying this. Roche, a Swiss company, has created new brands and packaging for lower-priced drugs in India and Egypt.

But there are risks to so-called "tiered pricing"[1] . People may buy drugs in low-price countries and sell them at a profit in high-price ones. Finer pricing therefore needs to be helped by stronger rules to prevent IP being removed by law, or undermined by illegal trade.

Adapted from *The Economist*, January 4, 2014

[1] tarification modulée, politique de prix différenciés

DOCUMENT 2

Bill Gates dismisses criticism of high prices for vaccines

Criticising the cost of vaccines could lead to pharmaceutical companies withdrawing research funding, warns Gates, as donors pledge $7.5bn for immunisations of children in poor countries.

In an interview with the Guardian from a major international vaccine-funding conference in Berlin, which on Tuesday announced that $7.5bn had been pledged for the immunisation of children in poor countries, Gates denied that the cost of the new vaccine against pneumococcal disease was too high.

The humanitarian aid organisation Médecins sans Frontières (MSF) last week called publicly for the two big pharma companies making the vaccine to drop the price to $5 per child. Each child needs three doses of the vaccine.

Help us crowdsource vaccine prices around the world

Only two pharmaceutical companies, GlaxoSmithKline and Pfizer, currently manufacture the pneumococcus vaccine. On Monday, Pfizer offered to cut the price from $3.30 a dose to $3.10.

Gates praised pharmaceutical companies that were willing to invest in vaccine research and development for poor countries. These companies charge different prices according to countries' ability to pay, he said. "We get a great price for these things, which is tiered pricing And that's how we manage to cut childhood death in half."

"We have to make sure we understand the cost structure of making those vaccines. The quality you want for these things to be made is really pretty mind-blowing. To focus on 'why isn't everything free' is a misdirection that has to do with the fact that they don't actually know anything about the costs."

Often the supply chain is the limiting factor, Gates said. Improving supply, which means a cold chain in the case of vaccines, transport over difficult terrain and information about what is missing and what is available, also takes a burden away from primary healthcare providers.

Adapted from *The Guardian*, Sarah Boseley, 27 January 2015

DOCUMENT 3

Current drug-patent system is bad medicine

The cost of developing a new drug increased at an annual rate of almost eight percentage points above the overall inflation rate.

This rapid run-up in costs is exactly what economists would expect from an industry that is protected from competition by the government. The system of government-granted patent monopolies gives companies little incentive to control costs and reduce waste.

In addition to creating access problems, outrageous patent-protected prices give the drug companies an enormous incentive to misrepresent the safety and effectiveness of their drugs in order to maximize sales.

The secrecy promoted by the patent system also slows down research. Drug companies only reveal the information necessary to gain a patent. They have no interest in sharing research findings that could be useful to competitors – a situation that contravenes the open environment in which science advances most quickly.

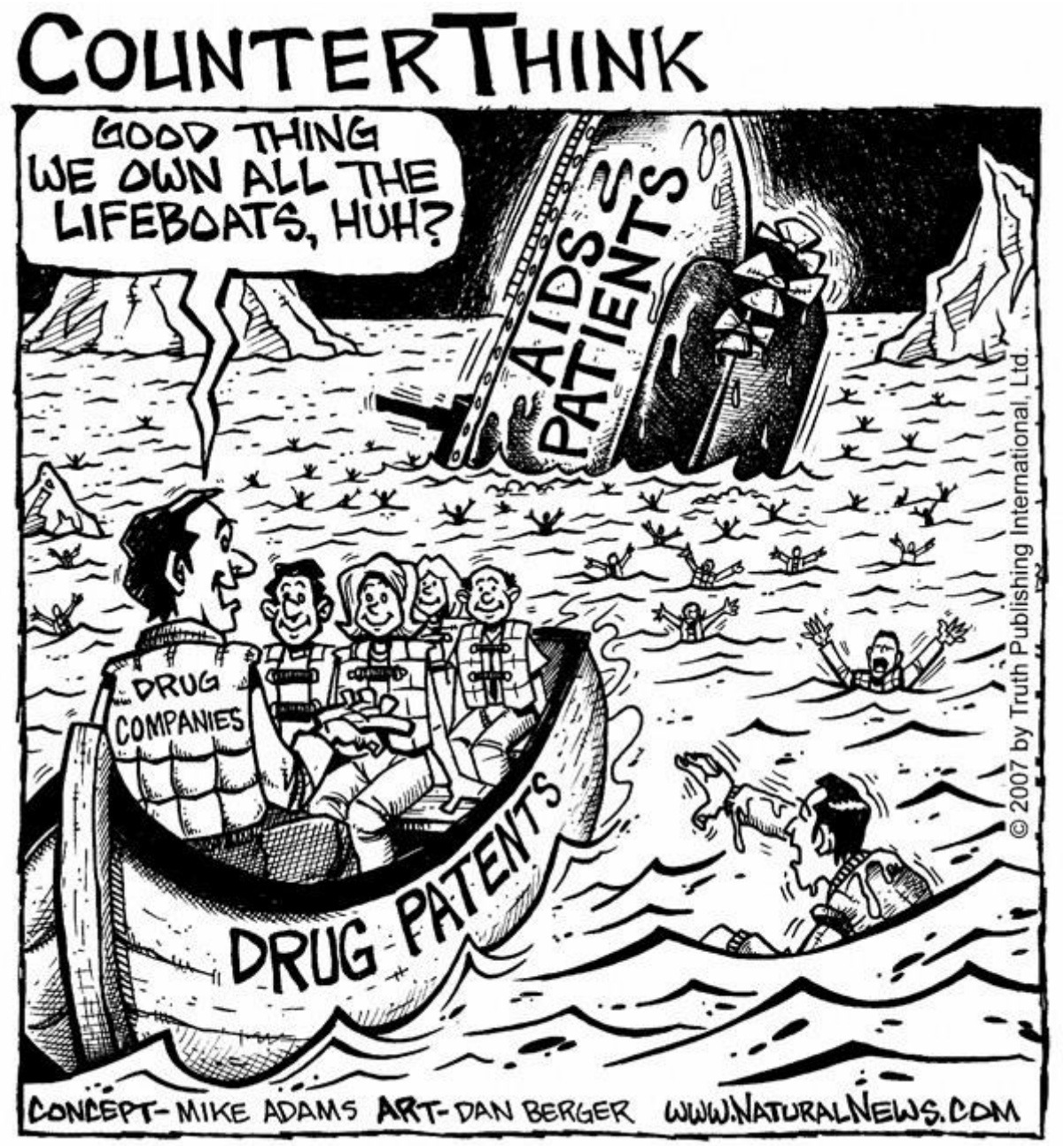
The drug companies have enough money that, thanks to their lobbying and campaign donations, they will prevent any major changes to this system as long as they are making tens of billions of dollars a year.

This brings us to India. The one scenario that could lead to a change in this wasteful and corrupt system is if it becomes impossible to market drugs at grossly inflated prices. India's dynamic generic industry holds out this possibility.

This is why it is very bad news that India is now reviewing its patent policy at the insistence of the Barack Obama administration. The White House wants India to adopt a much stronger patent regime that would limit the ability of its generic industry to provide low cost alternatives to expensive drugs in the United States. It has threatened sticks if India doesn't go along, as well as some serious carrots in the form of improved trading relations if India adopts stronger patent protections.

Adapted from Center for Economic and Policy Research, Dean Baker, November 28, 2014

DOCUMENT 4



Big Pharma vs AIDS patients, Mike Adams, *Natural News.* 7 May 2007

TRAVAIL A FAIRE PAR LE CANDIDAT

I – COMPREHENSION (10 points)

En vous appuyant sur les quatre documents fournis, vous rédigerez, **en français,** une note de synthèse de 250 mots (± 10%) qui rendra compte de la problématique de ce dossier.

Vous indiquerez le nombre de mots utilisés.

II – EXPRESSION EN LANGUE ANGLAISE (10 points)

Les deux exercices seront rédigés **en anglais.**

1. Comment on document 4 (150 mots ± 10 %)
Specify the number of words used.

2. Vous êtes Ann / Anthony Peterson. Vous travaillez pour un cabinet de conseil en stratégie.

Vous adressez un courriel à la direction du laboratoire Pfizer à New York, quant à la stratégie à adopter et aux actions à mener pour améliorer l'image de la société.

Formules et présentation d'usage.
150 mots (± 10 %) pour le corps du courriel.
Vous indiquerez le nombre de mots utilisés.