

# FOUNDATION YEAR

## *READING TEST*

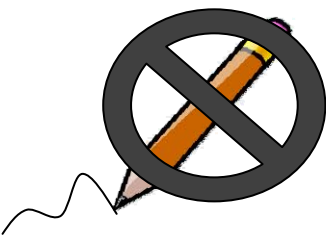
**TITLE:** **Third World Medicines:  
Multinationals Rule**

**LEVEL:** Final Exam

**WHAT:** **Practice Reading Exam including:**  
Text  
Worksheets  
Answer Key

**WHY:** To give practice in multiple choice exam format  
similar to the Foundation Year Reading Exam

**HOW:** Read the text and answer the questions.  
Check your answers in the Answer Key.  
*If your answer doesn't match the Answer Key, refer to the script.*



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## PRACTICE EXAMINATION - READING TEST

### INSTRUCTIONS FOR STUDENTS:

The questions in this section relate to the reading text: **THIRD WORLD MEDICINES:  
MULTINATIONALS RULE**

There are **7** parts in the reading section of the test:

Part 1: Skimming	(20 marks)
Part 2: Implication And Bias	( 8 marks)
Part 3: Scanning	(24 marks)
Part 4: Reference	(14 marks)
Part 5: Vocabulary	(14 marks)
Part 6: Connectors	(16 marks)
Part 7: University Word List	( 4 marks)

**Time approximately: 60 minutes**

### “THIRD WORLD MEDICINES: MULTINATIONALS RULE”

*by Claire Brisset*

1 The difference between rich and poor nations when it comes to the use of  
2 pharmaceutical drugs calls **compellingly** to mind the disproportion observed in diets.  
3 There are affluent societies where the most killing diseases are related to abundance or  
4 ageing. There are **others** where people die of want or hunger. In the former,  
5 governments regularly condemn the excessive intake of medical drugs. In the latter, the  
6 public authorities do not have the means even for bulk buying and must acquire at retail  
7 price **lavishly** packaged pharmaceutical products that will never be available to rural  
8 populations.

9 In 1994 alone, developing countries imported pharmaceutical drugs totalling \$3000  
10 million, accounting for a third of the world's export trade in such products. The bill has  
11 doubled in five years. In 2001, it is calculated it will reach \$60,000 million. The Third  
12 World's indebtedness on imported drugs alone was already over \$2000 million in 1994.

13 But these overall statistics still conceal vast inequalities - inequality in the consumption  
14 of pharmaceutical products between the people of developing countries and those of  
15 industrialised 15 nations, who though making up only 15 per cent of the world's total

16 population, account for over half the world's intake of drugs; the disproportion also  
17 inside the poorer countries where small urban minorities match, even **surpass**,  
18 European and North American consumption levels. In India, for example, the annual  
19 expenditure on pharmaceutical products in 1993 was less than one US dollar per  
20 person. But this is only an average figure, calculated in terms of the whole of the sub-  
21 continent, where 20 per cent of the population consumes all of the pharmaceutical  
22 products.

23 The Third World has thus to import the vast majority of the medical drugs it uses. Some  
24 developing countries like Brazil, India and Mexico, and to a lesser degree Argentina,  
25 Colombia, Egypt, South Korea, Pakistan and Venezuela, have indeed laid the ground  
26 work for a local pharmaceutical industry.

27 But this production is for the most part controlled by Western multinationals through  
28 their subsidiaries. Furthermore, in forty three Third World countries the production is  
29 limited to processing imported materials and turning them into pills and capsules. Forty  
30 five other developing nations have nothing at all, not even the means necessary for  
31 processing, let alone the labour, and must import everything.

32 In contrast to this poverty is the very high concentration of the pharmaceutical industry  
33 in the richer countries, especially the United States, Switzerland, West Germany, Great  
34 Britain, France and Japan, with the first five accounting for 71 per cent of the world's  
35 exports in 1994. This concentration explains not only the power of the firms concerned,  
36 but also the trends and goals of the research **they** undertake. One understands why,  
37 therefore, one of the most frequently voiced complaints of Third World representatives  
38 has to do with the little interest shown in tropical diseases by private research.

39 If, as is generally believed, some \$2,000 million a year is spent on pharmaceutical  
40 research, only \$30 million of this amount - that is less than a fifth of the money spent on  
41 cancer research - is devoted to tropical diseases. The major part of the pioneering work  
42 done in this field goes back to the early 20th century, the period when colonisation was  
43 in its heyday. A **stagnation** has been noted all round since the end of the Second  
44 World War.

45 Yet the Third World recalls with a touch of bitterness that while a good many  
46 discoveries, and not minor ones either, were indeed made in the richer countries during  
47 the past few decades, they were sometimes tried out on men - and women - in poor  
48 countries. The most famous of all is unquestionably the testing of the contraceptive pill  
49 developed by Dr Gregory Pincus in the United States.

50 It was tried out 40 years ago in Puerto Rico on thousands of "volunteer" women who  
51 were all the same, highly motivated by the overpopulation and the local family planning  
52 association. Few voices were raised at the time to demand that **the method** be tried out  
53 in the United States itself, in other words in the country which has always led the way in  
54 making therapeutic experiments on healthy persons. Similar projects were carried out  
55 for other products in Peru and certain other Latin American countries. Finally, one may  
56 recall the purchases of human blood made by American firms among the poor of Haiti.

57 All these pharmaceutical laboratories have not of course given up research on tropical  
58 diseases. Work is going on, for example, to develop an anti-malaria inoculation, though  
59 it is to be noted that the research was strongly stimulated in the United States by the  
60 Vietnam war as a result of the havoc caused by malaria among American soldiers. **The**  
61 **quest** is being conducted in cooperation with Britain and France, two countries which  
62 have preserved a tradition of research in tropical diseases because of their former  
63 colonial empires.

64 Finally, it is certain that the big pharmaceutical manufacturers need outlets for selling an  
65 output they cannot always dispose of in their home markets. This has led to the growth  
66 of exports to developing countries of cough mixtures, drops for the ear, tranquillisers  
67 and increasingly sophisticated drugs that rural people in the Third World do not know  
68 what to do with. So today there are on the same market drugs which are very similar,  
69 but differentiated only by their brand names or by the addition of vitamins, for example.  
70 The money spent by multinationals on advertising and maintaining medical  
71 representatives in the poorer countries is far from **negligible**.

72 Confronted by a corpus of problems as vast as this, various "family" institutions in the  
73 United Nations have recently begun to get mobilised. The awareness of these problems

must be traced back to the Conference of Non-Aligned Nations which was held in Colombo, Sri Lanka, in July 1976. The World Health Organisation (WHO) and the United Nations International Children's Emergency Fund (UNICEF) have indeed provided the initiative in **this area**, but their efforts have been largely taken over by the United Nations Conference on Trade and Development (UNCTAD) and by the United Nations Industrial Development Organisation (UNIDO). Though it is still premature to talk of a coherent body of doctrines in this connection, it is nevertheless possible to pick out several main lines along which the action of international institutions is developing.

### **1. The establishment of a short list of "essential drugs."**

The idea is the WHO's. The Geneva-based organisation considers it urgently necessary to slash the number of pharmaceutical products imported by Third World countries and concentrate expenditure on a few indispensable drugs. For example, the German market offers consumers 24,000 pharmaceutical products, the Italian 21,000, and the French about 8,500. But WHO considers that basic medical needs can be met with the help of some 200 "essential drugs" and 30 other "complementary" products.

### **2. The establishment of national or multinational agencies for buying drugs.**

Only the establishment of such a system would permit bulk purchasing of drugs at reduced rates and control of their entry into Third World markets. Sri Lanka, Afghanistan and Guinea have already taken steps to pool their purchases. Clusters of small countries, like the Caribbean Community (12 countries, population five million) have begun to pool drug purchases. Detailed studies on the subject are being made by 11 English-speaking African countries and in the South Pacific where a host of tiny states (Fiji, Cook, Nauru, Papua New Guinea, Tonga and Western Samoa) do not have the means to negotiate singly with the multinational firms. One of UNCTAD's aims is to help the poorer countries set up national or multinational buying agencies and to amend, where necessary, the laws governing patents.

### **3. The development of a pharmaceutical industry in the Third World.**

The pharmaceutical industry in the industrialised countries is based largely on petrochemicals, whereas Third World nations, even when they do produce oil, do not generally have any petrochemical equipment. This is one reason UNIDO has decided to help them set up small units capable of turning out a variety of simple and inexpensive drugs, if necessary with the assistance of other Third World countries more advanced in this sphere. UNIDO is therefore working on developing a plant in Cuba which will produce 15 low cost drugs, including aspirin. All the technological assistance will be supplied by an Indian firm.

Multinational groups are beginning to be set up for manufacturing pharmaceuticals. Thirteen Arab countries have decided to pool resources and produce drugs which they hope will meet the needs of the entire Arab market. They will ask for technical assistance from India and Brazil. In the same way, the Andean Pact countries have drafted a plan for the joint manufacture of a number of drugs such as antibiotics. At a more general level, UNIDO has organised regional technological advisory centres for helping Third World countries build their own pharmaceutical plants.

#### 4. Setting up of quality controls for products

This raises two problems. First, quality control of products supplied by new pharmaceutical industries in the Third World is **imperative**, especially since doctors and indigenous populations tend to have reservations about medicines which are not "Western," and since production units are going to be small. Secondly, it is necessary to control the quality of products exported by the big firms, for deterioration is rapid in tropical climates. Besides, drugs whose validity has expired find their way into Third World countries for a number of reasons, but generally as a result of collections made in industrial countries. Some of these drugs may still be used, as the expiry date has been calculated with a very wide margin. Others, however, such as vaccines, must on no account be used, as they would give a false sense of security.

WHO has accordingly worked out a draft quality control procedure for pharmaceuticals going all the way up the production chain. It is also trying to determine a simple test for verifying whether a product has not spoiled. Work is being done in London to adapt tests used in the frozen foods industry. There is one last basic point on which Third World countries are absolutely determined to gain greater autonomy - research on tropical diseases. While WHO hopes that by the year 2000 all the children in the poor countries will be immunised, with the help of locally manufactured products, against the six diseases for which vaccines exist and which take a toll of five million lives every year, there still remains a whole range of diseases against which there is little or no protection. WHO has therefore undertaken, with the help of the World Bank and the United Nations Programme for Development (UNPO), a research programme on tropical diseases. It is planning to work with a dozen international firms on the project. The aim is to develop drugs or live vaccines against six major diseases - malaria, schistosomiasis, filariasis including onchocerciasis, sleeping sickness and leishmaniasis. Research is to be initially concentrated on black Africa where tropical diseases are taking the heaviest toll. But the funds **earmarked** for research are still small - \$13 million in 1977, \$35 million in 1981. When **this sum** is compared with the expenditure on research by the Western multinational pharmaceutical companies, it becomes obvious that there is still a huge disparity between the poor and the wealthy nations of the world.

Thus it can be seen that much more is needed in a range of areas. Increased funding is of course essential, as is a greater commitment to research in the types of diseases that decimate poor countries, but there is also the larger issue of providing these countries with the opportunity to manufacture pharmaceutical drugs locally. Furthermore, global sanctions also need to be introduced to prevent the dumping of drugs in Third World countries which have been proven to be useless or actually harmful in the developed countries. These actions may serve to narrow the gap that exists between rich and poor nations in terms of access to appropriate medicines.

***Adapted from the Guardian Weekly***





# QUESTIONS

## PART 1: SKIMMING

(20 MARKS)

*Read the following statements carefully and then choose the appropriate answer either a), b), c), or d) and mark your response on the answer sheet.*

**1. The purpose of this text is to**

- a) explain how pharmaceutical drugs are used in the Third World.
- b) describe how multinational companies operate in the Third World.
- c) outline the inequalities that exist between rich and poor countries in the use and supply of pharmaceutical drugs.
- d) suggest ways of improving the supply and manufacture of pharmaceutical drugs to the Third World.

**2. The author concludes that**

- a) more funding will solve the problems of the Third World.
- b) the most important issue is local control of the manufacture and distribution of pharmaceutical drugs in the Third World.
- c) the strategies suggested will narrow the gap between rich and poor countries.
- d) dumping of drugs in Third World countries is not a serious issue.

**3. Which of the following statements is true according to the text?**

- a) In affluent societies people die of want or hunger.
- b) In poor societies the governments are concerned about excessive medical drug consumption.
- c) Old age and eating too much are the main killing diseases in poor countries.
- d) Poor societies are unable to purchase pharmaceutical products in bulk.

**4. The four sub-headings in the text are concerned with**

- a) actions that have already taken place.
- b) actions that are being taken by United Nations organizations.
- c) advice that is being given to Third World countries.
- d) suggestions by the author as to what multinational companies should do.

**5. The structure of this text could be described as follows:**

- a) a step by step description of the problems faced by the Third World countries in regard to pharmaceutical drugs.
- b) an explanation of the problems and solutions facing access to medicine in the Third World.
- c) arguments against multinational companies exporting drugs to the Third World.
- d) arguments for and against multinational pharmaceutical companies exporting drugs to the Third World.

## PART 2: READING FOR IMPLICATION AND BIAS

(8 MARKS)

*Read the following questions carefully and then choose the appropriate answer either a), b), c), or d) and mark your response on the answer sheet. Where indicated, the question refers to the line numbers specified in brackets.*

(Lines 39 – 44))

**6. What can be inferred from this paragraph?**

- a) Little money is spent on pharmaceutical research into tropical diseases because most of the research has already been done.
- b) Five times as much money is spent on cancer research as on tropical medicine because cancer kills many more people.
- c) Research into tropical diseases has decreased because the Second World War is over.
- d) Little research is now done into tropical diseases because they are no longer relevant to the wealthy countries of the West.

(Lines 45 - 56)

**7. What are the implications of the information in these two paragraphs?**

- a) The contraceptive pill was tried out in Puerto Rico rather than in the United States because people in poor countries are more willing to try new drugs.
- b) The contraceptive pill was first tried out in Puerto Rico because the side-effects were unknown and no one wanted to risk the lives of people in wealthy countries.
- c) Because women in Puerto Rico were highly motivated, the contraceptive pill was tried out there first.

**8. Throughout the text, what is the author's attitude to multinational companies?**

- a) approving
- b) disapproving
- c) neutral

**9. In lines 83 - 89, it is considered important to reduce the number of drugs imported by Third World countries because**

- a) too much money is being spent by Third World countries on unnecessary medicines.
- b) Third World consumers take too many drugs.
- c) there are too many German pharmaceutical products on the market.

<b>PART 3: READING FOR SPECIFIC INFORMATION (SCAN READING) (24 MARKS)</b>
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**10. People in industrialised countries consume what proportion of the world's drugs?**

- a) fifteen percent
- b) fifty percent
- c) twenty percent

**11. How many Third World countries have no local pharmaceutical industry?**

- a) forty three
- b) forty five
- c) nine

**12. Research is being undertaken to develop an anti-malaria inoculation by**

- a) Britain.
- b) France and the United States.
- c) The United States, Britain and France.

**13. The Caribbean Community consists of**

- a) five million people and twelve countries.
- b) Sri Lanka, Afghanistan and Guinea.
- c) twelve million people and five countries.

**14. One example of the development of a Third World pharmaceutical industry is**

- a) a factory in India being developed with assistance from Cuba.
- b) a factory in Cuba being developed with technological assistance from India.
- c) UNIDO providing research into plants in Cuba.

**15. Quality control of pharmaceutical products is essential because**

- a) products deteriorate very quickly in tropical climates.
- b) drugs whose validity has expired are exported by the big firms.
- c) vaccines may give a false sense of security.

**16. There is at present a vaccine against malaria.**

- a) false
- b) insufficient information
- c) true

**17. Global sanctions are needed to prevent**

- a) dumping of harmful drugs in Third World countries.
- b) exporting drugs to Third World countries.
- c) using drugs in developed countries that have been proven to be useless.

**PART 4: REFERENCE**

**(14 MARKS)**

Dumping of harmful drugs in Third World countries. Exporting drugs to Third World countries. Using drugs in developed countries that have been proven to be useless.

**Select the information being referred to by the reference word in your text. Line numbers in brackets.**

**18. others (line 4) refers to**

- a) affluent societies
- b) killing diseases
- c) societies

**19. they (line 36) refers to**

- a) the firms
- b) trends and goals
- c) the world's exports

**20. the method (line 52) refers to**

- a) family planning
- b) overpopulation
- c) the testing of the contraceptive pill

**21. The quest (line 61) refers to**

- a) development of an anti-malaria inoculation
- b) research on tropical diseases
- c) work on malaria

**22. this area (line 77) refers to**

- a) awareness of these problems
- b) the conference of Non-Aligned nations
- c) taking action in relation to these problems

**23. It (line 143) refers to**

- a) the World Bank
- b) UNPO
- c) WHO

**24. this sum (line 148) refers to**

- a) the funds for research
- b) \$13 million
- c) \$35 million

<b>PART 5: VOCABULARY (GUESSING THE MEANING OF UNKNOWN WORDS) (6 MARKS)</b>
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*Select the meaning closest to the word in the text. Line numbers in brackets.*

**25. compellingly (line 2)**

- a) compulsively
- b) forcefully
- c) quickly

**26. lavishly (line 7)**

- a) carefully
- b) cheaply
- c) expensively

**27. surpass (line 17)**

- a) equal
- b) exceed
- c) fail to reach

**28. stagnation (line 43)**

- a) a breakthrough
- b) an increase

**29. negligible (line 71)**

- a. large
- b. noticeable
- c. small

**30. imperative (line 121)**

- d. difficult
- e. unnecessary
- f. vital

**31. earmarked (line 147)**

- g. allocated
- h. budgeted
- i. suggested

- c) a lack of activity

**PART 6: CONNECTORS**

**(16 MARKS)**

*The following passage is a paraphrase of lines 13 to 31 of the text. Select the most suitable connector for each of the gaps from the list below.*

People in the industrialised countries, **32**\_\_\_\_\_making up only 15% of the world's population, consume more than half the world's drugs. **33**\_\_\_\_\_ this disproportion continues within the poorer countries, where wealthy minorities consume drugs at similar levels to those of European countries. **34**\_\_\_\_\_, for example, 20% of the Indian population consumes all of the pharmaceutical drugs. Therefore, the Third World has to import most of its medical drugs, **35** \_\_\_\_\_ some developing countries have the basis for a local pharmaceutical industry. **36**\_\_\_\_\_many of these countries merely process imported materials, **37**\_\_\_\_\_others have their production controlled by Western multinationals. Still other nations have no means at all, and **38**\_\_\_\_\_ are forced to import all drugs. **39**\_\_\_\_\_it can be seen that there are great inequalities between rich and poor countries.

**32.**

- a) because of
- b) despite
- c) due to

**33.**

- a) furthermore
- b) however
- c) nevertheless

**34.**

- a) since
- b) similarly
- c) thus

**35**

- a) although
- b) and
- c) however

**36.**

- a) however
- b) in addition
- c) in contrast

**37.**

- a) although
- b) while
- c) yet

**38.**

- a) nevertheless
- b) so
- c) yet

**39.**

- a) finally
- b) in spite of this
- c) thus

**PART 7: UNIVERSITY WORD LIST**

**(4 MARKS)**

*The following passage is a paraphrase of Lines 152 -160 of the text. Select the most suitable word from the choices provided from the University Word List.*

In order to reduce the discrepancies that exist between developed and developing countries, a range of **40**\_\_\_\_\_has to be enacted. These include sanctions against the dumping of harmful drugs in Third World countries, in addition to **41**\_\_\_\_\_the development of local pharmaceutical industries in poor countries. It is also **42**\_\_\_\_\_to increase funding for research and development. These actions may serve to **43**\_\_\_\_\_the current inequalities between rich and poor countries in terms of access to medicine.

**40.**

- a) functions
- b) initiatives

**41.**

- a) notionsinhibiting
- b) projecting
- c) stimulating

**42.**

- a) appropriate
- b) relevant
- c) vital

**43.**

- a) allocate
- b) eliminate
- c) stabilise



# ANSWER KEY

<b>PART 1: SKIMMING</b>	<b>(20 MARKS)</b>
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1.c    2.b    3.d    4.b    5.b

<b>PART 2: READING FOR IMPLICATION AND BIAS</b>	<b>(8 MARKS)</b>
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6.d    7.b    8.b    9.a

<b>PART 3: READING FOR SPECIFIC INFORMATION (SCAN READING)</b>	<b>(24 MARKS)</b>
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10.b    11.b    12.c    13.a    14.b    15.a    16.a    17.a

<b>PART 4: REFERENCE</b>	<b>(14 MARKS)</b>
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18.c    19.a    20.c    21.a    22.c    23.c    24.a

<b>PART 5: VOCABULARY (GUESSING THE MEANING OF UNKNOWN WORDS)</b>	<b>(6 MARKS)</b>
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25.b    26.c    27.b    28.c    29.c    30.c    31.a

<b>PART 6: CONNECTORS</b>	<b>(16 MARKS)</b>
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32.b    33.a    34.c    35.a    36.a    37.b    38.b

<b>PART 7: UNIVERSITY WORD LIST</b>	<b>(4 MARKS)</b>
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39.b    40.c    41.c    42.b