

Gender Dimensions in the Implementation of the MEDICRIME Convention

Preliminary results

12th Plenary Meeting
Committee of the Parties
23rd September 2026



Questionnaire: scope and responses

23

Parties invited

61% (14)

Responses received

2020–2025

Reference period

Five areas explored

**Falsified or diverted
medical products
and its distribution**

**Prevention
and awareness**

**Detection
and alerts**

**Victim protection
and access to
justice**

**Data
collection**

Falsified or diverted medical products

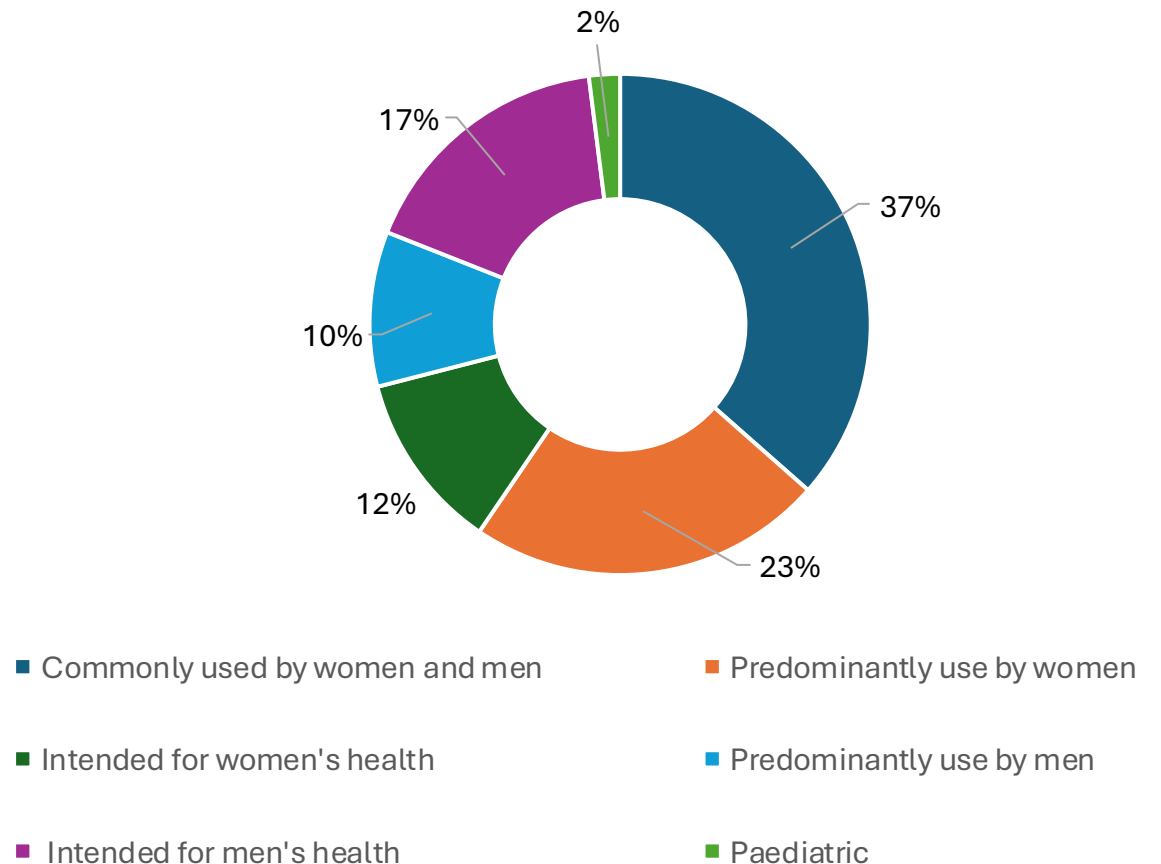
86%

Parties identified falsified or diverted medical products

Preliminary observations

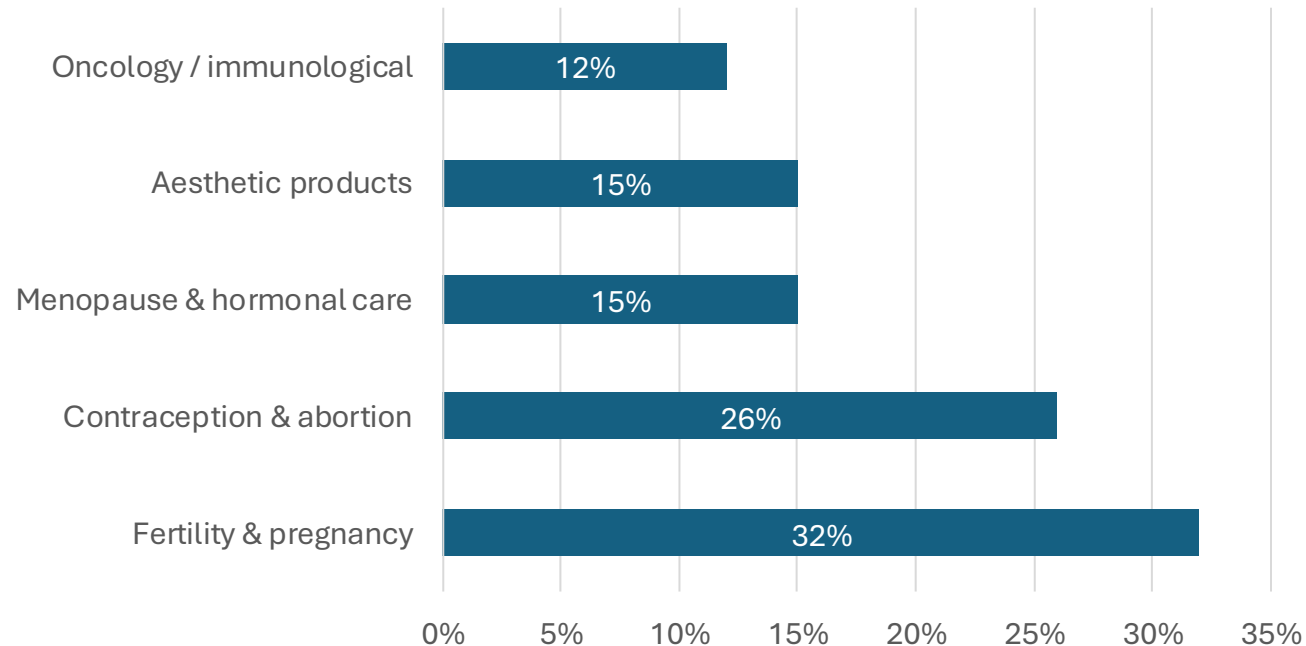
- Relevant **gender dimensions** –while not necessary identifying the sex of the actual users of persons exposed.
- Reported falsified or diverted medical products associated with **men** were concentrated mainly around erectile dysfunction and sports/bodybuilding, while products affecting **women** covered a broader range of health needs and stages of life.

Types of falsified or diverted medical products reported
(52 cases)



Falsified or diverted medical products affecting women

Falsified or diverted medical products affecting women as percentage of total cases (34)



57%

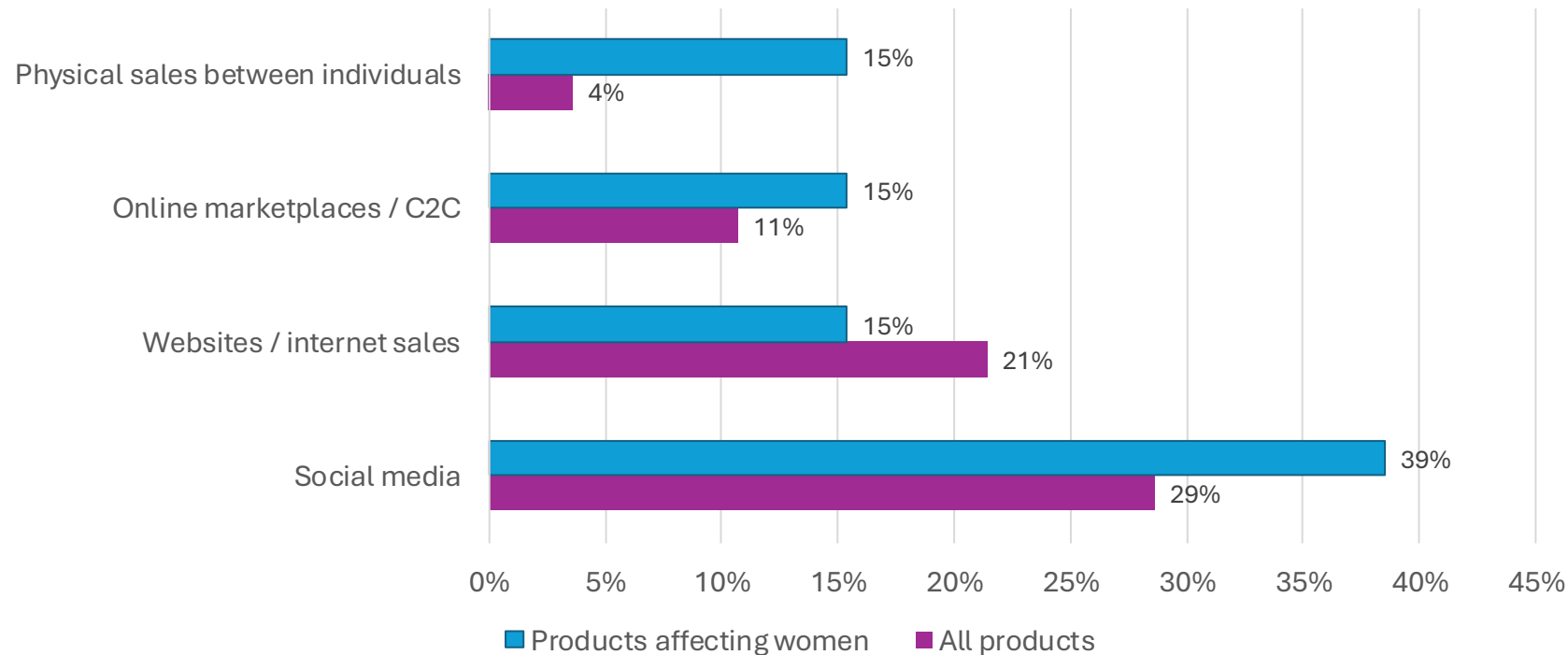
Parties identified falsified or diverted medical products affecting women

Preliminary observations

- Cases involving women-related medical products reflect health needs across different stages of life.
- Alternative uses (other than therapeutic) may hide the sex of the actual user.

Distribution channels

Distribution channels for falsified or diverted medical products



11 out of 12

Parties identifying products overall (28 cases)

5 out of 8

Parties identifying products affecting women (13 cases)

Preliminary observations

- Digital channels are prominent in both groups, particularly social media platforms.
- Physical sales between individuals also account for a notable share of the channels reported for women-related products.

Prevention, Participation, Training and Alerts

Awareness activities (93% -13 Parties)

- **77%** Public awareness campaigns
- **62%** Permanent public information
- **38%** Targeted awareness initiatives
- **29%** - Parties reported activities targeting women and/or vulnerable persons

Participation of NGOs and other organisations

- **21%** Yes
- **21%** No
- **57%** Unknown

Reported involvement of women's organisations, equality bodies and/or health NGOs in prevention activities

Training with gender equality perspective

No responding Party described training clearly integrating MEDICRIME with a gender equality perspective.

Detection and alert mechanisms

- **100%** have mechanisms to alert the public

Main channels reported

93% Official websites 36% Mass media
36% Int. rapid alert systems 29% Social media

- **64%** targeted guidance may be included
- 2 Parties provided clear examples for women and vulnerable population.

Preliminary observations

The identification of gender-related product patterns does not yet systematically translate into targeted prevention and communication.

Victim protection and access to justice measures from a gender equality perspective

64%

Reported gender-sensitive measures relevant to criminal investigations and proceedings

71%

Reported assistance for victims' physical, psychological and social recovery.

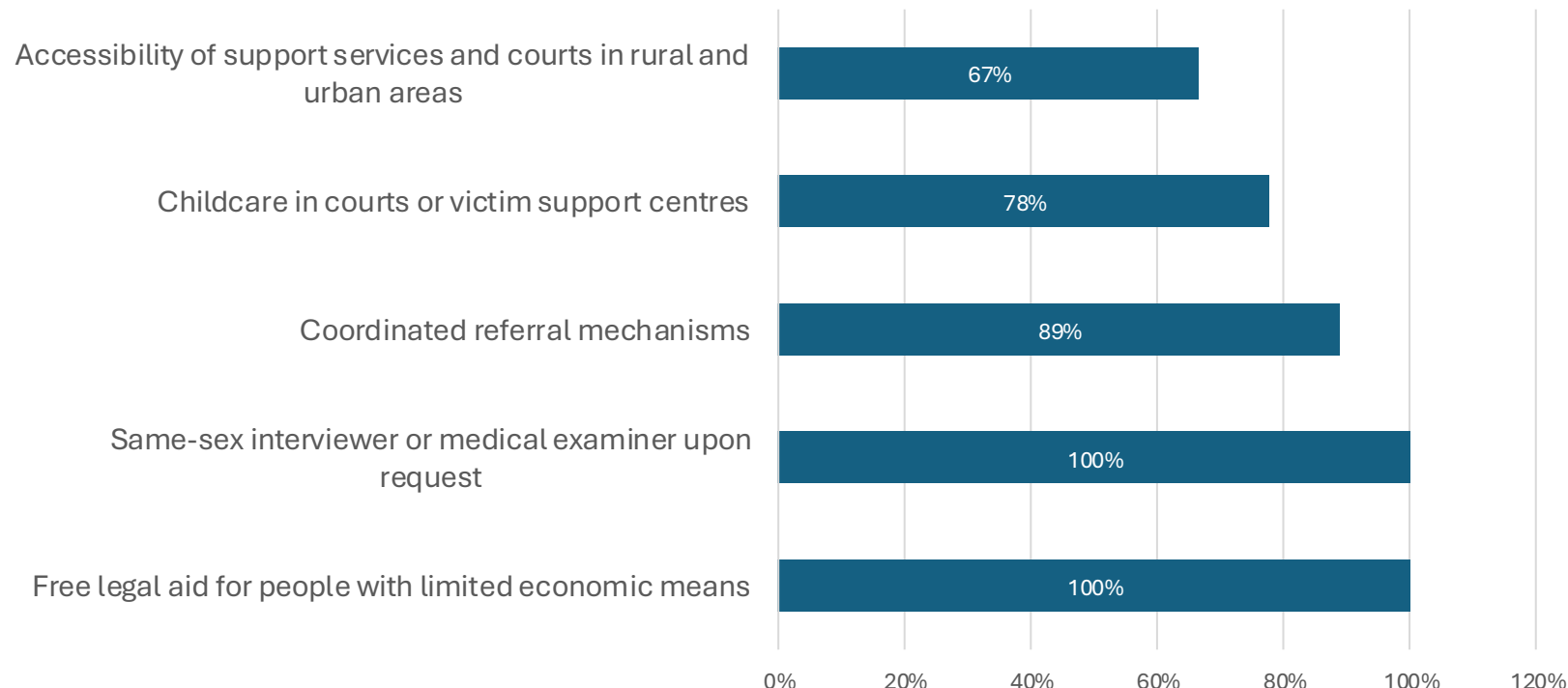
100%

Reported that associations and NGOs may support victims during proceedings.

64%

Reported gender-sensitive training for legal professionals.

Measures reported

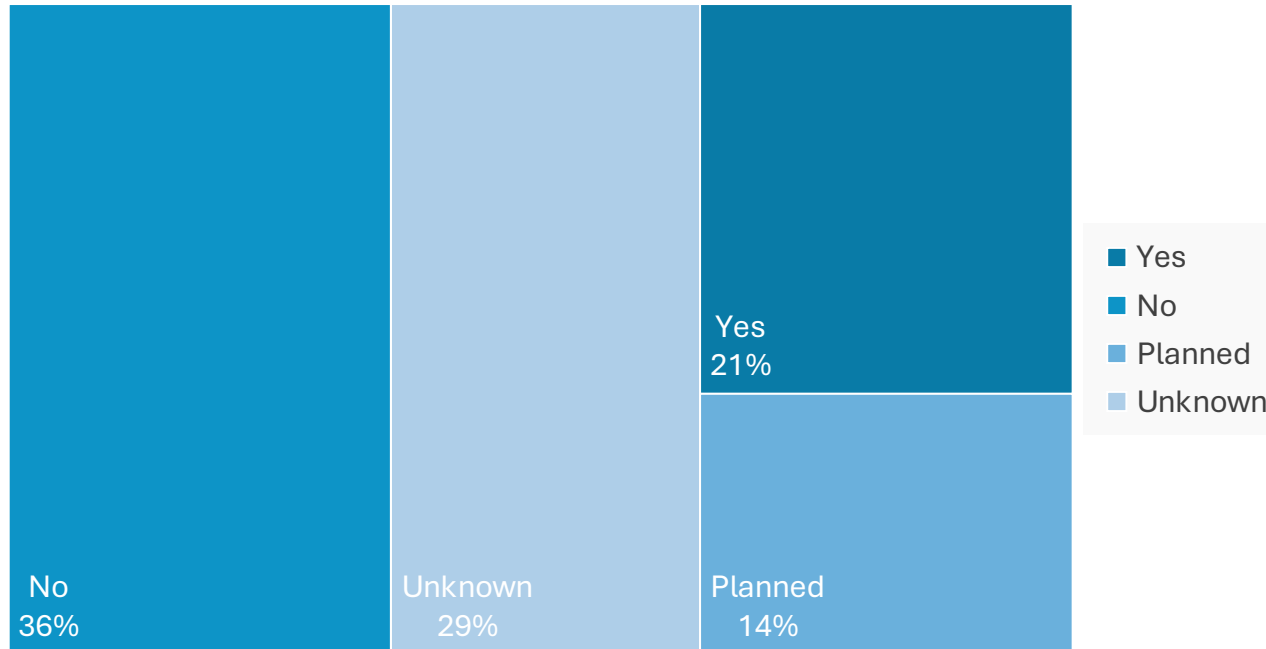


Preliminary observation

Existing gender-sensitive justice and victim-support mechanisms can facilitate effective access to justice and support the investigation and prosecution of MEDICRIME offences.

Sex-dissagregated data

Responses on use, consumption or exposure



Very few positive answers

Only 21% answered “Yes”. Even among these respondents, the information provided was insufficient to confirm that data were actually being collected and disaggregated by sex.

43% reported judicial outcomes disaggregated by sex.

Preliminary observation

The responses provide evidence of the limited availability of sex-disaggregated data on the use, consumption of or exposure to falsified or diverted medical products.

Preliminary conclusions



1. Gender-related patterns confirm the relevance of a gender perspective

An analysis of the data reported by Parties reveals distinct gender-related patterns, confirming the importance of integrating a gender perspective into the implementation of the Convention. Medical products associated with men were concentrated mainly around erectile dysfunction and sports/bodybuilding, while those affecting women covered a broader range of health needs across different stages of life.



2. Identification does not yet systematically translate into targeted prevention and communication

Awareness and alert mechanisms are widely established, but targeted communication, participation of relevant organisations and integrated gender-sensitive training remain uneven.



3. Existing justice and victim-support mechanisms provide an important basis

Gender-sensitive measures can facilitate effective access to justice and support the investigation and prosecution of MEDICRIME offences.



4. Sex-disaggregated data remain a key evidence gap

The responses provide limited evidence of the availability of sex-disaggregated data on use, consumption or exposure, although some Parties report sex-disaggregated judicial outcomes.



5. These gender-related patterns suggest that strengthening the gender perspective in the implementation of the MEDICRIME Convention could enhance its effectiveness.