The MEDICRIME Convention
La Convention MÉDICRIME

COUNCIL OF EUROPE
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MEDICRIME Strategy (2024-2025)

Adopted by the Committee of the Parties
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MEDICRIME Secretariat
Directorate General I- Human Rights and Rule of Law

F - 67075 Strasbourg Cedex | medicrime@coe.int | Tel: +33 3 88 41 2000 | www.coe.int/medicrime

The Council of Europe drafted a convention which constitutes, for the first time, a binding international instrument in the criminal law field on counterfeiting of medical products and similar crimes involving threats to public health (MEDICRIME Convention)[1]. The MEDICRIME Convention remains the sole international legal instrument in this field. It offers a cohesive and holistic approach to addressing the counterfeit/falsification[2] of medical product and similar crimes. It provides the framework to bring together the resources of national authorities, including the criminal justice system and the public health system, along with the involvement of healthcare practitioners and industry, to prevent, detect and respond to the threats to the public health system and the lives and well-being of people.

The phenomenon of counterfeit/falsified medical products and their promotion, particularly on online media, has been normalised such that consumers begin to believe these to be legitimate and cheaper alternatives to seeking professional medical diagnosis and treatment. This can be reinforced by national authorities seeing the threat as routine rather than something requiring targeted attention. This masks the gravity of the risk to public health that become more obvious when a crisis arises. The COVID-19 pandemic alone illustrated the opportunistic approach by organised crime involvement[3] and its impact on public health both at a transnational basis in the trafficking of counterfeit/falsified medical products across borders, and at national level where the public health and national economies suffered. No country is spared from the impacts of the supply of counterfeit/falsified medical products. Yet, both national and international responses to this phenomenon is lacking in building the necessary tools to address this threat[4]. Even member States of the Council of Europe have not sufficiently adapted their legislative frameworks to acknowledge and respond to the threat. This requires actions to provide for the criminalisation of certain act specified in the MEDICRIME Convention, to provide appropriate sanctions to accompany such crimes, to enable both national and international cooperation to eliminate inaction and silo behaviours by authorities and between different jurisdictions, to enable prosecutions to take place, and to protect the rights of victims.

The Council of Europe has conducted regional conferences and other events to highlight the values and benefits of the MEDICRIME Convention. While member State involvement and contribution to these events was significant, this has not translated in the accession to the Convention and its implementation by all Council of Europe member States, in particular by many in the EU. The Council of Europe, by intensifying its efforts in its approach to target increasing ratifications and implementation of the Convention, will provide the necessary

[1] *Council of Europe Convention on the counterfeiting of medical products and similar crimes involving threats to public health*, Moscow, CETS No. 211, 28 October 2011. Available at: https://www.coe.int/en/web/conventions/full-list/-/conventions/treaty/211?module=treaty-detail&treatynum=211

[2] The term counterfeit, as defined in Article 4.j, of the MEDICRIME Convention and used in this report is intended to have the same meaning as the term falsified has in relation to medical products by the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC).

[3] UNODC, *Report on COVID-19-related Trafficking of Medical Products as a Threat to Public Health*, 2020, Vienna. Available at https://www.unodc.org/documents/data-and-analysis/covid/COVID-19_research_brief_trafficking_medical_products.pdf

[4] Council of Europe, *Gap analysis report: Needs Assessment – Falsified Medical Products* (NA-FAMED) *of the MEDICRIME Convention*, 25 May 2021. Available at: https://rm.coe.int/na-famed-gap-analysis-report-en/1680a3335c

support to ensure that addressing the counterfeit/falsification of medical products and similar crimes involving a threat to public health nationally and globally will be a reality.

The MEDICRIME NA-FAMED project gap analysis report[5] aimed to support CoE member States and other countries by identifying technical gaps that need to be addressed towards implementation on reaching ratification of the Convention. Without an appropriate and targeted legislative framework, either using a model where the criminal law and regulatory law can complement each other in this respect, or one choice of law is used to address the intent of the MEDICRIME Convention, gaps will continue to facilitate exploitation by criminal groups to supply counterfeit/falsified medical products that reach consumers. The Council of Europe will continue to provide development that facilitates the operation of the criminal justice system to enable the proper investigation of counterfeit/falsified medical products and similar crimes nationally and internationally, including opportunities for exchanging views and cooperation in judicial matters.

The Council of Europe adds a particular value to the regional and global efforts to protect public health and the right to life, in particular in this field in the prevention and response to counterfeit/falsified medical products and similar crimes to protect public health and protect the rights of victims, through its standard-setting activities, which aim at providing efficient human rights - and rule of law - compatible legal frameworks governing the co-operation between member States. The Council of Europe will continue its efforts to promote its standards, both regionally and globally, in close co-operation and co-ordination with member States and other regional and global organisations, in particular the United Nations.

The Council of Europe recognises that member States have the primary responsibility for the prevention, detection and response to the manufacture and supply of counterfeit/falsified medical products and similar crimes involving a threat to public health. The Council of Europe works to promote international cooperation and coordination and to provide a platform for discussion and elaboration of means to address counterfeit/falsified medical products through the criminal law to protect public health and protect the rights of victims.

Assuring the proper functioning of the Convention through regular monitoring assessments and the organisation of meeting between national contact points will remain a high priority for the Council of Europe now and into the future.

The Parties to the MEDICRIME Convention agreed to draw up a MEDICRIME Convention Strategy (hereinafter the Strategy). The Committee of the Parties (hereinafter, CoP or MEDICRIME Committee) is the follow-up mechanism tasked by the MEDICRIME Convention which oversees its implementation and the attainment of the common goals involving the counterfeiting/falsification of medical products and similar crimes involving threats to public health. The CoP provides a forum to deliberate pan-European prevention policies, draft legally binding and non-binding instruments, and exchange information between Parties and member States on their national legislations and policies.

[5] Ibid., note 3.

Objectives

The objectives of the Strategy can be summarised as "***the three P's***": Promotion, Prevention and Prosecution. Together the Council of Europe and the Parties aim to:

- **Promote** the Convention, with regard to its values and benefits, with the member States, with the European Union and its member States, and with non-member States aimed at increasing the number of accession States of the Convention.

- **Prevent** the counterfeiting/falsification of medical products and similar crimes involving threats to public health: through the training of training of public officials and others on preventive measures provided by the MEDICRIME Convention, the provision of specific law enforcement training on causes and specific skill required for investigation, cooperation, and prosecution on counterfeit/falsified medical products, and the facilitation of interagency and multidisciplinary cooperation, including the establishment of a discussion forum for law enforcement officers and prosecutors aimed at better communication, understanding and cooperation in addressing this type of counterfeiting/falsification.

- **Prosecute** the manufacturers, suppliers and those enabling the trafficking of counterfeit/falsified medical products and similar crimes involving threats to public health: through the improvement of legal, regulatory and policy frameworks, including the building of a 24/7 network of prosecutors and law enforcement and aimed at facilitating the timely exchange of information, collection of evidence and the making of international requests for assistance. It also includes the provision of a virtual library for ease of accessibility, and the thematic monitoring of the Convention's operation.

It should be noted that the following issues shall be protected: victims through preparing for unforeseen events and crises; public health from the exploitation of opportunities arising as identified by criminal groups; the rights of victims from the crimes of counterfeit/falsification and similar crimes.

In line with this thinking, the MEDICRIME Committee has identified three thematic strands, corresponding to the three P's, each containing concrete activities to be undertaken in the framework of the Council of Europe in the period 2024 – 2025 in order to further improve the ability to prevent, detect and respond to the crimes contemplated by the Convention while respecting human rights, the rule of law and democracy. Each of the strands and accompanying activities have been identified by the CoP as being of particular use to them and of particular relevance to the Council of Europe's mandate. They are as follows: Promotion, Prevention and Prosecution.

The strands and the list of activities are set out in detail in the Annex to this Strategy. The Strategy will be reviewed in order that it be a living instrument. This will provide the possibility of adjustments under the guidance of the MEDICRIME Committee so that it remains fit for purpose and takes into account developments in the field of counterfeit/falsified medical products and similar crimes involving threats to public health and relevant work of international organisations and for involved. The MEDICRIME Committee will provide an annual report on the progress and achievements of the Strategy.

In its work, the MEDICRIME Committee will take into account the human rights and rule of law standards of the Council of Europe, the relevant jurisprudence of the European Court of Human Rights, as well as the work and the best practices of the Parties, member States and other international organisations and initiatives.

ANNEX I

MEDICRIME Strategy (2024-2025)

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1. PROMOTION

The NA-FAMED report identified three components requiring action applicable to this objective: a) increased interactions and engagement with stakeholders; b) better promotion of the activity of the MEDICRIME Convention; c) enlarging the MEDICRIME Community. The promotion of the Convention relates not just to the holding of promotional meetings but also includes the active involvement of the relevant national contact points and relevant authorities in Parties and other States working together to advance their accession to the Convention. The full implementation on ratification or shortly thereafter is a necessary step towards addressing the substantive criminal law aspects of the Convention, the investigation, prosecution and procedural law matter, cooperation of authorities and information exchange, preventive measures, and those measures for protection of victims, as well as international cooperation. The Council of Europe is working to advance the accession of States to the Convention.

1.1 Promotion of the Convention's values and benefits

Activity: Guidance and other measures to raise awareness among member States and other countries of the values, benefits and other facilities provided by acceding to the Convention. Organise events, including regional seminars and workshops with the aim to raise awareness of what is contained in the Convention, how it should be implemented at national level and how national and international cooperation can be achieved to prevent crimes contemplated by the Convention.

Reasons: Guidance and other measures should be practical and should assist States understand the benefit in implementing the Convention; it includes the prevention of crimes contemplated in the Convention as a primary objective.

Working Methods: The Council of Europe will organise a number of events, including seminars and workshops, and by regional settings to gather together regional policy makers, senior prosecutors, senior law enforcement (including customs service) officers, and senior public health experts in falsified medical products and similar crimes, trade and industry experts, and civil society. Visits by Council of Europe to Parties and other States (involving criminal Justice and public health Ministries) to discuss the status of preparedness to accede to the Convention or to ascertain reasons why States have not yet acceded to the Convention.

Expected outcomes/outputs: Increase in the level of awareness by member States and other countries of the value and benefits of the MEDICRIME Convention. Increase in the number of accessions to the Convention by member States and other countries.

Responsible Committee: Committee of the Parties (hereinafter, the CoP).

1.2 Promote accession to the MEDICRIME Convention by the European Union and its member States

Activity: Promote and coordinate with the European Union (EU) a measure that would lead to both its accession to the Convention and the encouragement of its member States to accede to the Convention.

Reasons: Article 28.1 MEDICRIME Convention provides for the accession by the EU. To date, the EU has not taken steps to sign or ratify the Convention. Few EU member States have

signed and ratified the Convention[6] and it may be that they are waiting for the EU to do so before they follow. It is crucial that steps are taken to encourage the EU to accede to the Convention or to work with it to promote awareness of the benefits, values and facilities provided by the Convention with a positive approach towards encouraging EU member States to accede to the MEDICRIME Convention within the Strategic period (2024-2025).

Working Methods: The MEDICRIME Secretariat will coordinate with the EU on developing a regular dialogue towards its accession.

Expected Outcomes/Outputs: Maximise the number of EU member States that will join the MEDICRIME Convention within the strategy plan period.

Responsible Committees: Committee of the Parties.

1.3 Promote accession to the MEDICRIME Convention by countries

Activity: Promote measures that would lead to the accession to the MEDICRIME Convention by members and non-member States of the Council of Europe. The main activity in this field consist in participating in activities and/or visiting interested countries to present the MEDICRIME Convention to national authorities.

Reasons: Following Article 28 MEDICRIME Convention, the Convention shall be open for signature by *inter alia* non-member States of the Council of Europe upon invitation by the Committee of Ministers. It has to be highlighted that MEDICRIME Convention is the sole convention of criminal nature existing at the international level related to the protection of public health against the counterfeiting of medical products and similar crimes. The accession to the Convention by non-member States ensures a high degree of harmonization of the criminal law legislation of an important number of countries which is essential in order to tackle the criminality connected with the counterfeiting of medical products (due to its transnational character).

Working Method: The Bureau of the CoP will develop a programme towards the accession to the MEDICRIME Convention by member and non-member States. It will plan, organise and support ad-hoc activities to promote the accession to the Convention.

Expected Outcomes/Outputs: Accession to the Convention by members and non-member States of the CoE.

Responsible Committee: Bureau of the Committee of the Parties.

2. PREVENTION

The prevention of the counterfeiting/falsification of medical products involves not just the manufacture and supply of falsified medical products and includes factors that are conducive to this type of criminal behaviour threatening public health. In line with Articles 1 and 18 of the MEDICRIME Convention prevention programmes need to consider the roles and responsibilities of a wide range of actors, not just law enforcement bodies, criminal justice officials, and regulatory authorities, but also those professionals involved in the provision of healthcare, manufacturing and distribution industry, and advocacy and awareness raising bodies, among others. These programmes should include, as a contributing element, an

[6] On 30 October 2023: 8 EU member States have ratified the MEDICRIME Convention (Belgium, Croatia, Cyprus, France, Hungary, Portugal, Slovenia and Spain); 10 EU member States have signed the MEDICRMIE Convention (Austria, Cyprus, Denmark, Finland, Germany, Greece, Italy, Lithuania, Luxembourg and Slovak Republic).

understanding of how manufacturers, distributors, healthcare practitioners and consumers become involved in the trade of counterfeit/falsified medical products.

Prevention activities should be designed and conducted with full respect to fundamental principles of non-discrimination. The Council of Europe seeks to facilitate, through training and other gatherings, the sharing of experiences and best practices in relation to practical tools and means to address the prevention of the counterfeiting/falsification of medical products.

The counterfeiting/falsification of medical products and similar crimes involving threats to public health is a global problem and can only be efficiently countered through increased co-operation and co-ordination, not only within and between Parties, but also between the international organisations and fora involved. Moreover, the Council of Europe should continue working closely with States in other regions affected by this scourge.

2.1 Training of public officials and others on preventive measures provided by the MEDICRIME Convention

Activity: Conduct training for public policy officials in conjunction with law enforcement (including Customs/Border Authority), regulatory agencies, trade, and civil society in a holistic approach towards prevention.

Reasons: The avoidance of a silo approach to training is crucial to developing a holistic programmed to prevent falsified medical products and other crimes involving threats to public health at all levels. Article 18.3 (a) MEDICRIME Convention obliges States to train healthcare professionals, providers, police and customs authorities, as well as relevant regulatory authorities.

Working Methods: The CoP will organise training events and workshops on preventive measures as established in the Convention and including cooperation measures. It will engage appropriate experts in the different fields of expertise to plan and deliver the training programme.

Expected Outcomes/Outputs: Increased knowledge and skills in all agencies at the appropriate levels to prevent, detect and enable effective immediate actions against falsified medical products. Draft a training curriculum for law-enforcement.

Responsible Committee: Committee of the Parties.

2.2 Participate in a Forum for senior Law Enforcement Officers to: a) facilitate discussions and b) provide specific training to legal professionals and law enforcement officers

Activity: Participate in a forum for senior policy and law enforcement officers to exchange views and provide their unique advice that will support both better engagement among law enforcement in their development to combat counterfeit medical products and similar crimes under the MEDICRIME Convention and perhaps other Council of Europe conventions. Provide specific training for senior law enforcement officers and prosecutors in medical product and similar crimes (causes and specific skills required for investigation, cooperation, and prosecution).

Reasons: This forum has the potential to support the Council of Europe in the formulation of its policies that impact on law enforcement actions. The Council of Europe has committees for criminal justice experts and health experts. Actions in both areas can require law enforcement actions to give them effect. The practicality of their implementing and proposing changes may rest on others who do not have a voice at the Council of Europe level discussions and policy

formulation. This has the potential to impact on the ability to ensure effective criminal investigation and prosecution of offences established under the Convention as required by Article 16. This type of forum was included in the outcomes of the Council of Europe Law Enforcement Conference in June 2021. Specific training for senior law enforcement officers and prosecutors will increase knowledge and skill levels to foster a common understanding on law enforcement capabilities to meet prosecution needs. Articles 16 MEDICRIME Convention obliges Parties to provide specialised training and to ensure effective criminal investigation and prosecution of offences established in accordance with the Convention.

Working Method: Participate in Law Enforcement Officer for a to debate current and future challenges to the practical implementation at national level of Council of Europe instruments, and to make proposals and recommendations, specifically relating to the MEDICRIME Convention. Organise and deliver dedicated training to senior law enforcement officers and prosecutors at regular intervals during the strategy period. Law Enforcement should be viewed in this context as police with responsibilities for health product crime investigation, Criminal Intelligence Authorities (if not already incorporated in law enforcement) contributing to combating counterfeit/falsified medical products and other similar crimes, Customs/Border Authorities, Health product regulatory authorities with a remit to investigate crimes involving medical products that fall within the MEDICRIME Convention.

Expected Outcomes/Outputs: the MEDICRIME Convention is introduced and discussed in the Law Enforcement Forum during the period of the strategy; a report is produced on the practical implementation of the MEDICRIME Convention in States.

Responsible Committee: Committee of the Parties.

2.3 Holistic approach to Committee of the Parties' meetings and promotion of an interagency multisectoral and multidisciplinary approach to implementing the MEDICRIME Convention

Activity: Holistic delegate attendance approach to CoP' s meetings to include not only criminal justice delegates, but also public health delegates in order to achieve a balanced and holistic understanding of all relevant factors involved and to ensure the orderly and workable development of the MEDICRIME Convention.

Reasons: As the majority of delegates to the CoP represent the criminal justice system in their States, it may be helpful to include delegates also to provide the advice on public health. The overarching aim of the Convention is to protect public health. This necessitates a full and comprehensive understanding and input from the public health field in the decision making of the CoP. This may also assist in both the criminal justice and public health officials developing improved communication and a cooperative approach within their own States on MEDICRIME Convention matters.

Working Methods: Invite the CoP to include representatives, under the individual banner of their States, both criminal justice and public health delegates.

Expected Outcomes/Outputs: CoP delegates from States will include both criminal justice and public health officials and experts.

Responsible Committee: Parties to the MEDICRIME Convention

2.4 Cooperation between International Organisations

Activity: Strengthen working cooperation and contribution to initiatives and programmes that involve activities, including training, network groups, exchange ideas, and like activities,

relevant to combating the counterfeiting/falsification of medical products and other similar crimes that involve threats to public health.

Reasons: There are other international organisations with a remit relating to the counterfeiting/falsification of medical products and similar crimes. Each has its own focus, but all share as an objective the protection of life (as enshrined in Article 2, European Convention on Human Rights). To maximise synergies between these organisations, a coalition of efforts are needed to bring a holistic approach to defeating the type of crimes contemplated by the MEDICRIME Convention. This will bring optimal outcomes and reduce competition, where it arises, and a duplication of scarce resources expended by the different organisations. It will present the type of cooperation contemplated by the Convention and make it applicable to all systems and situations. Articles 21, 22.1 and 22.2 obliges certain cooperation by Parties in pursuance of stipulations in the MEDICRIME Convention. The Parties will be supported in these obligations by the Council of Europe collaboration with other international organisations with a view to supporting accession and implementation of the MEDICRIME Convention by other countries and maximising synergies to protect public health.

Working Method: Strengthen links with other international organisations with whom the Council of Europe may actively collaborate to combat crimes contemplated by the Convention, whether this be from a perspective of the criminal law, public health, criminal intelligence, frontier surveillance, and transnational organised crimes. Proposals to enable such coalition of collaboration and agreement will be sought with the international organisations and to begin with it before the end of the strategic period.

Expected Outcomes/outputs: The Council of Europe agrees with relevant international organizations on the setting up of a Memorandum of Understanding, coalition or task force to coordinate a holistic action plan to combat international counterfeiting/falsification of medical products and other similar crimes involving a threat to public health.

Responsible Committee: Committee of the Parties.

2.5 Protecting public health and the rights of victims

Protecting public health and the rights of victims from the counterfeiting/falsification of medical products and similar crimes is a priority for the Council of Europe. This entails that society as a whole must be protected from falsified medical products and that the victims are given appropriate assistance and treatment and care to enable them to recover their health, as well as to be guaranteed their rights as victims. The aim of these activities is to ensure that there are plans in place to address and mitigate the harmful consequences to public health and to victims. The threat is exacerbated during times of national, regional or global crisis where the public health and the criminal justice systems are under pressure and weakened in their normal ability to respond to and to prevent falsified medical products infiltrating the legitimate supply chain and directly reaching consumers from unauthorised sources, often from unregulated online suppliers.

Activity: preparation of an analysis on the level of implementation of arts 19, 20 and 22.1 MEDICRIME Convention in the Parties and other countries. Due to the fact that the measures for protection of victims included in arts 19, 20 and 22.1 MEDICRIME Convention are heterogeneous in their nature (some of them refer to the right to compensation, assistance to their recovery, access to information relevant to their case, while other have a more procedural nature -right to be heard, supply evidence, information on relevant judicial and administrative

proceedings, etc-) the proposed analysis is very wide in its scope. Therefore, an initial questionnaire about the national legislation of each State will be drafted.

Reasons: Having a precise knowledge of the "state of the art" related to the protection of victims in the different States is key in order to ensure, in a near future, a homogeneous status of victims related to the offences included in the MEDICRIME Convention at the international level.

Working Method: Compilation and normative analysis of the existing legal framework in each country related to the protection of victims in connection with the offences included in the MEDICRIME Convention.

Expected Outcomes: Drafting of a questionnaire which cover the situation existing in Parties related to the protection of victims in the field of the offences established under the MEDICRIME Convention. The analysis of it will be performed in the future.

Responsible Committee: Committee of the Parties.

3. PROSECUTION

The investigation and prosecution of suspected counterfeiting/falsification of medical products offences and other similar crimes with or without a transnational element can be a complicated and challenging task. It is necessary to bring suspected manufacturers, distributors, and other suppliers, as well as those whose activities contribute to these behaviours, to justice and guarantee that they answer for their crimes, thus, ensuring liability and fighting the impunity, in full observance of the rule of law. It is necessary in order for victims' rights to be protected.

Improving the legal, regulatory and policy framework in States is essential to enabling prosecutions to take place. Promoting and facilitating international co-operation in criminal matters is a core feature of this process, enabling the making of requests for assistance, the provision of timely information and evidence collection, as well as enabling extradition. Promoting effective and practical co-operation is crucial in relation to matters such as evidence collection, special investigative techniques, and cross-border joint investigation teams.

The Council of Europe also works to ensure the correct implementation of legal instruments which provide a legal basis for effective mutual legal assistance, including exchange of information and material relevant to criminal trials. The MEDICRIME Committee continues to monitor the implementation of the Convention through thematic monitoring to ensure it is fit for purpose, in including prosecution matters.

3.1 **Improvement of the legal, regulatory and policy frameworks in States**

Activity: Promote corresponding legislation to provisions of the MEDICRIME Convention in Parties relating to the criminal law, regulatory laws, and policy framework.

Reasons: States are implementing the Convention in an "*à la carte*" approach, using laws in other frameworks and applying them to counterfeit/falsified medical products where they are either ineffective or inappropriate. The Convention needs to be implemented as a holistic instrument. Reports by the Council of Europe to date, the *General Overview on the Implementation of the MEDICRIME Convention report* (2020) and the *NA-FAMED Report* (2021), have indicated that a more uniform approach to implementation is needed to give full effect to the Convention.

Working Method: Promote the implementation as intended by the Convention. This can be done by support to individual States in drafting laws. Working Groups can be set up aimed at drafting reports to determine how best the MEDICRIME Convention could support the enablement of the prevention, detection, investigation and prosecution of offences included in the Convention.

Expected Outcomes: Reports – including conclusions– are prepared and Guidance Notes may also be drafted. Domestic law, regulations and policies of the States reflect the Convention as intended as a holistic approach.

Responsible Committee: Committee of the Parties.

3.2 Evaluate the establishment of a 24/7 Network for the cooperation and exchange of information for the MEDICRIME Convention

Activity: Considering and evaluating the establishment of a 24/7 network for the cooperation and exchange of information for the MEDICRIME Convention for Prosecutors and Law Enforcement officers, including Customs/Border Authorities, Criminal Intelligence Authorities, Medical Product Regulatory Enforcement officials, involved in the investigation and prosecution of offences contemplated under the Convention. This would provide for a dedicated mechanism to execute international cooperation requests and would help law enforcement and judicial cooperation rapidly exchange vital investigative information and facilitate evidence collection in other States.

Reasons: Article 10 of the Convention provides for prosecution nationally if extradition is not possible (*aut dedere aut judicare*) and evidence is required from other jurisdictions wherever the prosecution takes place. Article 21.2 MEDICRIME Convention obliges Parties to co-operate, to the widest extent possible and based on relevant international, regional, and bilateral legal instruments, on extradition and mutual legal assistance in criminal matters concerning the offences established by the Convention. Article 22.2 MEDICRIME Convention obliges Parties to designate a national contact point which shall be responsible for transmitting and receiving requests for information and/or cooperation. Articles 17 and 22 provide for the requirement to have effective cooperation and information sharing systems.

Working Methods: The CoP' Working Group on evaluating the requirement of a 24/7 Network will advise the CoP on the necessity to have this network. In the event of the CoP making on a need for a 24/7 Network, it will establish and maintain a 24/7 Network dedicated to this activity. Points of contact will be established in each State participating in the Network.

Expected Outcomes/Outputs: Subject to a decision to implement a 24/7 Network it will be operational within the period agreed by the CoP.

Responsible Committee: Parties and Committee of the Parties.

3.3 Conduct and complete Thematic Monitoring Rounds on the implementation of the MEDICRIME Convention

3.3.1 Complete 1st Monitoring Round.

Activity: Monitor the implementation of the Convention by Parties.

Reasons: Setting up a specific monitoring mechanism to ensure the effective implementation of the MEDICRIME Convention by its Parties is established as one of the objects and purpose

of the Convention at Article 1.2, and by Article 25.1 obliging the CoP to monitor the implementation of the Convention.

Expected Outcomes/Outputs: Draft a questionnaire for the 1 Monitoring Round and receive responses from the Parties to it. Analyse the Responses and produce a final report with recommendations to be adopted by Parties.

Responsible Committee: Parties and Committee of the Parties.

3.3.2 Implement 2nd Monitoring Round

Activity: Monitor the implementation of the Convention by Parties.

Reasons: Setting up a specific monitoring mechanism to ensure the effective implementation of the MEDICRIME Convention by its Parties is established as one of the objects and purpose of the Convention at Article 1.2, and by Article 25.1 obliging the CoP to monitor the implementation of the Convention.

Expected Outcomes/Outputs: The Parties decide on the theme of the 2nd Thematic Monitoring Round. Prepare and distribute a questionnaire to the Parties for response. Receive responses from the Parties to the 2nd Monitoring Round questionnaire. Analyse the Responses and produce a final report.

Responsible Committee: Parties and Committee of the Parties.

3.4 Conduct a report on counterfeit/falsified medical products for veterinary use

Activity: Examine the implementation of the Convention by Parties.

Reasons: The CoP shall facilitate the collection, analysis and exchange of information, experience and good practice between States to improve their capacity to prevent and combat the counterfeiting of medical products and similar crimes involving threats to public health. Against this background, the CoP shall facilitate the effective use and implementation of this Convention, including the identification of any problems and the effects of any declaration or reservation made under this Convention.

Expected Outcomes/Outputs: Draft a survey and receive responses from the Parties to it. Analyse the Responses and produce a final report and a Guidance Note to be adopted by Parties.

Responsible Committee: Committee of the Parties.

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It is understood that additional goals may also be considered in the course of the strategy plan period.