Strasbourg, 16 July 2025 T-MED (2025) LD1

Committee of the Parties
MEDICRIME Convention

9th Plenary meeting
List of Decisions
Strasbourg, 31 March -1 April 2025

The Committee of the Parties (hereinafter referred to as "the MEDICRIME Committee" or "the CoP") to the MEDICRIME Convention (hereinafter, the Convention), under the Chairmanship of Mr Christian Tournié (France), decided:

1. Opening of the meeting

- to **take note** of the information provided by Mr Denis Huber, Head of the Health Department within the Directorate General Human Rights and Rule of Law and Executive Secretary of the Pompidou Group, who welcomed all the state Parties and signatory countries to the MEDICRIME Convention that were present. He welcomed the participation of 25 countries (19 state Parties and 6 signatory countries), encouraged further ratifications and announced Chile's recent accession to the Convention as the second American signatory country after Ecuador. Moreover, he stressed that falsified medical products are not only a public health issue but also a criminal offense which threatens lives and requires stronger international cooperation. He underscored the meeting's key objectives, including the adoption of the first monitoring report on the Convention's implementation during the pandemic, which showed progress but also gaps in cooperation. He also introduced key topics, such as national efforts by Ivory Coast and Benin, law enforcement actions in Spain, and

updates from international organizations and expert bodies. Reaffirming the Council of Europe's commitment, he stressed the need for collective engagement to strengthen global public health protection;

- to **take note** of the Chair's welcoming remarks to all Parties, participants, observers and independent experts. Mr Christian Tournié introduced some new key topics introduced in the agenda, such as the national efforts and achievements in the fight against falsified medical products by Ivory Coast and Benin as well as the law-enforcement actions developed in Spain. On this regard, he mentioned that in every plenary meeting a state Party will be invited to present their experience and/or efforts in the fight against falsified medical products. Noting the strong participation at this meeting, he encouraged active engagement in discussions and underscored the need for continued contributions to uphold the commitments made by state Parties upon ratifying the Convention;

2. Adoption of the draft agenda

- to **take note** of the main items of the agenda presented by the Executive Secretary to the MEDICRIME Committee, Dr. Oscar Alarcón-Jiménez;

- to **adopt** the agenda and the order of business of the meeting without amendments (the list of participants and the agenda appear in Appendices I and II respectively).

3. Information by the Chair and the Secretariat

- to **take note** of the updates from the Chair and Secretariat on recent activities, in particular:

  a) the UNODC/WHO Informal Expert Group Meeting on Strategic and Tactical Interventions to address Medical Products-Related Crime (24-26 February 2025) where mutual legal assistance within the MEDICRIME Convention was introduced;
  b) Europol's reports highlighting the growing threat of pharmaceutical crime, the increasing role of social media in counterfeit drug sales and the persistent challenges in enforcing EU regulations on falsified medicines;
  c) the results of the Bureau meetings (February and March 2025), which focused on the CoP's agenda, the final report of the monitoring rounds, the elections for the Bureau and in strengthening coordination with the CD-P-PH/CMED.

4. Tour de table – state Parties

- to **take note** on the information provided by all members of the CoP on the most recent (criminal law) developments in their national frameworks and also to the suggestions for possible new initiatives by the MEDICRIME Committee and any issue raised relating to the CoP scope of activities. The Parties are instructed to provide the Secretariat their written contributions; they will be reflected in Appendix III.

5. Monitoring of the MEDICRIME Convention and future work

5.1 Country profile Questionnaire and its replies

a) Status of play and answers received

- to **take note** of both the state of play of the Country Profile Questionnaire (CPQ) and the answers received from the different state Parties.

b) Call for request to the following state Parties:

- to **take note** that the answer from certain state Parties (**Albania, Armenia, Belarus and Benin**) to the Country Profile Questionnaire are still missing;

- to **recall** these state Parties to provide their answers at their earliest convenience and **remind** all Parties Article 24 of the MEDICRIME Rules of procedure (hereinafter, RoP).

5.2 1st Monitoring round: *The protection of public health through the MEDICRIME Convention in times of pandemics*

a) State of play and answers received

- to **take note** of the latest state of play (on date of 28 March 2025) of the answers received to the 1st thematic monitoring questionnaire.

b) Call for request to the following non-answering Parties (Discussion)

- to **recall** Article 25 of the MEDICRIME Convention[1] and Rule 25.3 of the MEDICRIME RoP[2];

- to **invite** those state Parties that did not do so (**Albania, Belarus, Benin, Guinea, Moldova** and **Niger**) to fulfil their conventional obligation and **submit** their answers to the 1st monitoring round questionnaire so that their replies could be assessed at a later stage;

- to **take note** that Moldova's response will be submitted by 14 April 2025.

c) Final Report

- to **take note** of the Secretariat's information that 13 countries have responded to the questionnaire, with some late submissions (**Slovenia, Burkina Faso, Ukraine and Côte d'Ivoire**). Asked by the Secretariat on whether to proceed immediately with analysing these late received submissions or waiting for the remaining responses, the CoP decided to wait until the end of the year and include as many late submissions as possible under another group (Group B). The Secretariat further informed that: Belarus is unlikely to respond to the 1st Monitoring exercise as no information has been provided so far; Niger's participation remains uncertain due to the latest *coup d'état*; and that contacts must be re-established with Albania's new representative to the CoP;

- regarding the monitoring of responses to the 1st Monitoring Round, to adopt the proposal of establishing different groups:

    - **Group A** will comprise the 13 countries that submitted their responses on time and whose replies have already been analysed;
    - **Group B** will include the remaining 8 countries, considering late submissions;
    - Additional groups may be created as further responses to the 1st Monitoring Round are received or as new countries join the Convention;

- to **adopt** the 1st monitoring report;

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[1] Article 25 MEDICRIME Convention: "*The Committee of the Parties shall monitor the implementation of this Convention*". The *rules of procedure of the Committee of the Parties shall determine the procedure for evaluating the implementation of this Convention (…)".*

[2] Article 25.3 Rules of Procedure of the MEDICRIME Committee: "*The monitoring round shall be initiated by addressing a questionnaire* (…). T*he Parties shall respond to the questionnaire within the time-limit set by the MEDICRIME Committee".*

- to **take note** that governments from state Parties can submit reports to the Secretariat in reply to the adopted monitoring report and/or CoP recommendations. They will be included in the CoP's website.

5.3 2nd Thematic Monitoring round: *Deposit and destruction measure of seized counterfeit*[3] *medical products, active substances, excipients, parts, materials, and accessories*

- to **take note** of the newly implemented website enhancements designed for clarity and intuitive navigation, including both the questionnaire and the displayed phases. These improvements aim to facilitate the state Parties' understanding and engagement;

- to **note** the established deadline for state Parties' responses: 30 May 2025. This fixed timeline ensures coordinated progress in the monitoring process.

5.4 Lessons learned - Monitoring methodology

- to **acknowledge** the completion of the 1st monitoring procedure, whose final report required multiple revisions due to submission delays from certain state Parties. These delays impacted the original timeline for completion;

- to **recall** that prior to the adoption of the final report, the Secretariat asks all Parties to the Convention to provide comments on the draft report. The Secretariat amends the draft report in order to take into account the national authorities' comments. Unfortunately, it should be noted that sometimes the Secretariat receives substantive comments from the authorities on the basis of the final report, rather than at the stage of the drafting process, and such comments cannot be incorporated in the final report as it has to be sent and adopted by the CoP in plenary;

- to **note** that information collection on the monitoring theme occurs through: a) a questionnaire followed by bilateral meetings; b) on-site visits under specific circumstances, such as: b1) when the state Party fails to respond to the questionnaire; b2) upon the state Party requests for support in completing the monitoring questionnaire; b3) when deemed necessary by the Secretariat/Bureau to ensure the monitoring round process completion;

- to **confirm** that no on-site visits were conducted during the first monitoring round;

- to **underline** the deadlines for requesting on-site visits: July 2025 for on-site visits to be conducted during the second half of 2025; January 2026 for on-site visits to be implemented before June 2026;

- to **encourage** state Parties to provide more detailed information in the responses to the monitoring questionnaires, especially regarding applicable national legislation, implementation challenges and enforced mechanisms. Given that budget constraints limit the possibility for regular on-site visits in all state Parties, bilateral meetings are sought;

- to **take note** of the discussion on the potential benefits of site on-visits for countries facing challenges: Dr. COULIBALY, Ivory Coast, highlighted their value given both non-responses from state Parties and the increasing number of falsified medicines. Some representatives and experts also noted that on-site visits facilitate open discussions, though logistical issues, such as travel restrictions, may complicate their organisation. Mr. SHAKARYAN, Armenia, emphasised that on-site visits can help verify information

[3] Guidance Note to meaning of counterfeit being the same as falsified.

in line with Rule 26, point 2 of the Convention, and that this approach should be considered once guidance is established.

5.5 MEDICRIME Strategy

- to **take note** of the interim implementation report of the Strategy and **agree** drafting a new strategy to be adopted at the 1st plenary meeting of the CoP in 2026;

- to **request** state Parties to provide the Secretariat for the forthcoming plenary meeting with both new (possible) objectives and expected outcomes/outputs and **consider** extending the length.

5.6 Working Group: unauthorised removal, including theft, from the supply chain of medical products

- to **take note** of the agenda and ideas drafted so far;

- in light of their termination, to **agree** on updating the terms of reference in the line with the Secretariat's proposal (time and composition).

6 Exchange of information, experiences and good practices

6.1 Exchange of views:

- to **have an exchange of views** and to **take note** of the information provided by:

  - Mr Chris MCGUIRE, Chair of the CD-P-PH/CMED, who reported on the 35th meeting. He informed about some trends such as the use of legal products in beauty clinics and the growing role of social media in spreading falsified medicines. Ongoing work includes a new guidance on falsified medicines, which will be sent to the CoP for opinion and collaboration on theft reporting with webinars planned for April–May 2025. A regional training for pharmacy inspectors is also scheduled for May 2025 in Bosnia and Herzegovina;

  - Ms Marta MIQUEL, Scientific Officer (EDQM), presented the OMCL network, composed of 68 laboratories from 42 countries worldwide. Since 1995, the network has aimed to foster collaboration in the field of quality control of medicines for human and veterinary use. The achievements of the working group on counterfeit medicines, established in 2011, were discussed. This group supports the implementation of the MEDICRIME Convention through four key areas: data sharing via the Know-X database, pooling of expertise within the OMCL network, training and targeted communication. The OMCL network also promotes knowledge exchange through hands-on training and symposia bringing together laboratories, law enforcement, experts, and the private sector. Lastly, particular attention was given to raising awareness among authorities and the public through online publications and accessible reports;

  - Mr Michal RYNKOWSKI, Chair of the Monitoring Group of the Anti-Doping Convention, presented the Anti-Doping Convention of the Council of Europe which obliges state Parties to actively reduce and ultimately eliminate doping in sports. He also informed that: a) doping substances often overlap with medicinal products, including falsified or illegally marketed substances; b) this intersection touches not only professional sports but also recreational and amateur sports, linking directly to public health concerns. He emphasised that anti-doping enforcement involves disciplinary procedures targeting athletes and their support personnel and criminal provisions addressing organised crime and that organised crime groups involved

in doping often also engage in money laundering, narcotics trafficking, falsified medicines and other illegal activities. He stressed the significant potential for collaboration between the Antidoping Monitoring Group and the MEDICRIME Committee and advocated for an enhanced coordination and data sharing between both entities which will contribute to developing effective strategies. He invited the MEDICRIME Committee to a thematic conference to strengthen cooperation between public authorities, anti-doping agencies, the sports community, and the pharmaceutical industry and informed that a new recommendation is being finalised to address doping in recreational sports (e.g., gyms and fitness centres) which emphasises the need to enhance legislative and regulatory frameworks to reduce the availability of doping substances outside elite sports. The CoP will be informed and consulted for providing comments;

- Ms Ardita ABDIU, Deputy Executive Secretary of the Pompidou Group, presented the ongoing efforts within the Pompidou Group to draft policy guidelines on organised crime, drug trafficking and human rights, in collaboration with the CDPC, CDDH, and other committees. She outlined the creation of a joint expert group tasked with drafting guidelines for responding to drug trafficking as organised crime, considering legal principles, human rights, public health, and social services. Ms. ABDIU also highlighted the preparation of a background study on European and global legal frameworks for combating organised crime and drug trafficking, addressing issues such as case law, law-enforcement, international cooperation, and the digitalisation of organised crime. Additionally, she informed the Committee about the establishment of a new drafting committee under the Pompidou Group, which will focus on producing a recommendation on drug policy and human rights. This collaboration with the MEDICRIME CoP marks the first time the Pompidou Group is working within a joint framework with the Medicrime and Bioethics Secretariats.

6.2 National efforts and achievements in the fight against falsified medical products

- to **take note** of the information provided by Dr. Assane COULIBALY, Director General of the Ivorian Pharmaceutical Regulatory Authority, who introduced his organisation and presented Ivory Coast's national strategic plan against substandard and falsified medicines, as well as the domestication process initiated in July 2023, which counted with the support of the Council of Europe. He noted that they are currently awaiting government approval of the draft law, which emerged from the national consensus reached in September 2024. He highlighted key challenges, including the storage of seized products and the high cost of their destruction, which remains a major concern. He also underscored the issue posed by dietary supplements and called for collaboration with a food safety agency, noting that no such agency currently exists in Ivory Coast. Additionally, he stressed the need to strengthen regulations at the level of producing countries. In this regard, he advocated for collective awareness and coordinated actions to address these challenges. The Secretariat took note of these efforts and expressed its appreciation for the progress made since 2023, particularly thanks to the voluntary contribution of France;

- to **take note** of the information provided by Dr. Yossounon CHABI, Director General of the Benin Agency for Medicines and Other Health Products, who highlighted key challenges, including porous borders, weak enforcement of sanctions, and low purchasing power, all facilitating the circulation of falsified medicines. He outlined Benin's legal framework and actions from 2018 to 2024, noting the absence of enforcement on counterfeit cosmetics despite ongoing awareness efforts. He stressed the need to strengthen storage and destruction capacities for seized medicines, as existing facilities in critical areas remain insufficient given the increasing volume of seizures;

- to **take into consideration** the Chair's suggestion to address pharmaceutical trafficking within the Committee of the Parties of the United Nations Convention Against Corruption, with a view to a possible resolution, which could address this issue into the Convention's framework and strengthen efforts to combat the illicit trade in medicines;

- at the invitation of the Chair, to **have an exchange of views** with West and Central African countries on the origins of medicines, based on evidence, with the Secretariat and the Bureau offering support.

6.3 The Law Enforcement landscape perspective: Spain

- **to have an exchange of views** and to **take note** of the information provided by:

  - Mr Pedro Alberto ÁLVAREZ OTERO, Spanish Customs, presented the evolving role of customs authorities in the 21st century, across fiscal, enforcement, trade, and security operations. The customs department, under the Ministry of Finance, operates as a 24/7 coordination centre to enable timely information exchange and operational coordination with law-enforcement agencies and public prosecutors. It is actively engaged in financial investigations, anti-money laundering operations, and the fight against tax fraud and the underground economy. He presented a successful counterfeit medicine case: arresting a leader in northern Spain, capturing an Alicante supplier, seizing over 500,000 pills. Stressed the need for stronger international cooperation against transnational pharmaceutical trafficking. He advocated for continued support and enhanced international cooperation, information sharing, and joint operational frameworks that are crucial to address the complex and cross-border nature of counterfeit pharmaceutical trafficking;

  - Mr Juan Pablo ARMENTEROS, General Commissariat of Judicial Police, Spanish National Police, presented the national police which has been operating as a 24/7 system since 2022 and includes a dedicated phone number and email for constant communication with various security forces and institutions. This service is always attended by a member of the anti-doping section with the capacity to collaborate, resolve issues, or initiate investigations. He informed that there are variations in the enforcement of these matters across Spain, and communication gaps have been observed, especially regarding the lack of knowledge in territorial police units. To address this, efforts to train more officers and establish common protocols are underway. He highlighted that the national police system has led to successful operations which he presented and offered the CoP the Spanish national police's expertise and support to the CoE for the implementation of similar systems;

  - Mr Javier VALDENEBRO TINAUT, Head of the drug trafficking group in the Criminal Investigation Central Unit, Spanish Guardia Civil, presented the national police and customs authorities which maintain 24/7 contact and coordination with international agencies to combat specific types of crimes, particularly those related to drug trafficking and pharmaceutical offenses and presented the Criminal Intelligence Central Unit that addresses these felonies, integrating capabilities from various specialised branches across the national territory, including traffic patrols, airport and port personnel, and preventive units and has a dedicated group since 2011 to investigate pharmaceutical crime. This group coordinates information on issues such as counterfeit medical products in line with the MEDICRIME Convention, organ trafficking in line with the Santiago de Compostela Convention, and provides technical and training support to other investigation teams. It is the focal point for both national and international

information exchange. He informed that since 2019, over 160 investigations have been supported, leading to 2,465 arrests, of which 2,203 involved professionals and presented an operation conducted jointly with Customs, which led to the dismantling of a criminal organisation importing illegal Botox from South Korea, administered in legal clinics, posing a serious threat to public health. He advocated for the importance of continued international collaboration and intelligence-sharing mechanisms to effectively combat pharmaceutical crime and other transnational crimes;

6.4 Presentation of relevant activities by international governmental organisations and other observers

- to **have an exchange of views** and to **take note** of the information provided by:

  - Ms Xie GUIQIU, Coordinator, Public Health & Pharmaceutical Crime Unit, INTERPOL, who outlined the three main pillars of her unit: case coordination, global operations, and capacity building. Ms. GUIQIU highlighted the long-standing cooperation between Interpol and the CoE since 1960, and she described Interpol's global structure, which ensures 24/7 availability for contacts. She presented Operation PANGEA focused on tackling the illicit online sale of medicines and medical products, with 90 member countries involved. Ms GUIQIU emphasized the importance of raising awareness among consumers, as unregulated medications pose significant health risks. She encouraged members to keep her informed of ongoing or successfully completed cases to share with other countries;

  - Mr Mike ISLES, Director ASOP EU, informed the CoP of key initiatives to strengthen the safety of online access to medicines, including the outcomes of the recent Global Anti-Scam Summit, which brought together over 1,500 participants from various sectors. He highlighted Australia as a model of effective cross-sector collaboration and legislative action. He also introduced the Global Signal Exchange platform, supported by Microsoft, Google, Amazon and others, as a valuable tool for tracking cybercrime trends and improving regulatory feedback. Mr ISLES outlined ASOP EU's call to amend Article 172 of the General Pharmaceutical Legislation to enable consistent and lawful access to prescription medicines online across member states. He presented the OnHome Alliance, comprising 22 organisations advocating for safer digital access to medication, and promoted the use of the ".pharmacy" domain—already adopted by trusted providers such as Walgreens and Amazon—as a global digital trust mark. He concluded by encouraging the CoP to support knowledge-sharing and capacity-building in public communication strategies, particularly through social media;

  - Mr Niall MCCARTHY, Regional Director EMEA, Pharmaceutical Security Institute's (PSI), informed the CoP to protect public health by sharing intelligence on counterfeit, falsified, and diverted medicines, and facilitating enforcement actions through global regulatory and law-enforcement authorities. Composed of 39 major pharmaceutical manufacturers, PSI operates a centralised model where members conduct investigations and submit verified data, which is then cross-referenced to identify criminal patterns and enable coordinated responses. In 2023, PSI recorded a 22% increase in counterfeiting: He highlighted the significant role of justice, customs, police, and regulatory authorities. He stressed the ongoing challenge of illegal diversion in countries with inadequate penalties, including Türkiye, India, Mexico, South Korea, and Japan, and urged the CoP to consider the importance of strengthening law enforcement cooperation, citing successful interventions in Spain and Türkiye based on PSI's intelligence. He

also informed the CoP of a large-scale operation in Nigeria in February 2025, which resulted in the closure of over 11,000 illicit outlets;

- Ms Lucy HAMBLOCH, Associate Director- Anti-Falsified Medicines EME (Europe & Middle East), presented Novartis' actions in the fight against falsified medicines and highlighted its investigation process. She noted a continuing increase in the number of cases and the significant problem of illegal diversion. She informed that Novartis conducts investigations worldwide in collaboration with other partners such as PSI and Interpol. She informed the company has its own authentication process and encourages public-private cooperation in investigations.

7. Gender issues

- to **take note** that the GER (Gender Equality Rapporteur from the Republic of Moldova) is preparing a survey on this subject which could not be presented due to their absence in this meeting; she will be asked to present the document on this subject at the next meeting.

8. Artificial intelligence

- to **take note** that a preliminary report will be presented at the next CoP meeting and state Parties are invited to provide comments and questions.

9. 24/7 Network

- to **confirm** that the network, established to enhance international criminal cooperation, aims to reach consensus on the statutes and is open to all countries, not only those that have ratified the Convention;

- to **acknowledge** the Vice Chair's focus on strengthening the network and developing best practices, while confirming that the 24/7 network is will be integrated into an existing framework for cooperation and information exchange;

- to **agree** to hold the first online meeting after the summer period and invite state Parties to designate participants and propose topics for discussion;

- to **agree** on creating a contact list of countries wishing to participate, with each country designating a single point of contact.

10. Technical Co-operation activities

10.1 CRIMFAMED Global Programme: latest developments

- to **take note** of the information provided by Mr Mark JACKSON, expert on the diversion and falsification of medical products and former Head of the United Kingdom's Medicines and Healthcare products Regulatory Agency's (MHRA) Enforcement Unit, who presented the findings of a recent analytical paper carried out under the CRIMFAMED initiative. Based on publicly available reports and using definitions from the CoE and the WHO, the study mapped key trends and strategic issues linked to the diversion and falsification of medicines, with a particular focus on controlled medicines. The analysis highlighted that controlled medicines are the most frequently reported as diverted or falsified, often containing dangerous or psychoactive substances as falsified active ingredients. Diversion commonly occurs through prescription fraud, corruption within the supply chain, or theft, such as cases in Europe involving diversion to the USA or

other high-income countries. Falsification challenges include large-scale industrial production by organised crime groups, with recent examples involving opioids and falsified tramadol shipments destined for West Africa. The study further drew attention to the role of online platforms, including encrypted messaging apps like in facilitating trafficking. Moreover, the report presented also showed that diversion is often a risk indicator for future falsification, posing a serious public health threat. A lack of reliable data, structured research, and cross-sectoral analysis was identified as a major obstacle to addressing these issues effectively.

- to **take note** of the information provided by Mr Henrique SOARES, Junior Project Manager, who informed the CoP about the work implemented by the CRIMFAMED Project (financed with a French voluntary contribution), which ended on 31 December 2024. He reported that over 2,300 participants took part in 59 activities through the whole project, with technical support provided to countries like Côte d'Ivoire to align its legal frameworks with the Convention. The project also led to the adoption of the MEDICRIME Strategy, helped with the accession of 14 countries to the Convention and supported legal reforms in several countries (including Côte d'Ivoire, Mozambique and Armenia). The project significantly increased the visibility of the Convention and secured continued technical assistance for countries, fostering strong international partnerships. Mr SOARES concluded by emphasizing the project's lasting impact on global action against falsified medical products, benefiting public health and safety, and encouraged continued support for international collaboration.

10.2 HELP Training

- to **take note** that the HELP MEDICRIME course trained over 1,700 professionals, improving their ability to combat falsified medical products.

10.3 Call for voluntary contributions

- to **take note** that the CoE welcomes voluntary contributions to support the implementation of the CoP's activities, from CoE member and observer States, the EU, international organisations, observers, foundations and other entities sharing the Organisation's values;

- to **encourage** state Parties to actively promote the MEDICRIME and the activities of the CoP to potentially interested donors, such as international organisations, foundations, cooperation agencies or regional actors;

- to **invite** state Parties to liaise with their respective Permanent Representations to promote the CoP's work within relevant diplomatic and institutional circles, and to enhance its visibility, including through the identification of potential funding opportunities for related projects;

- to **remind** all those interested in providing any voluntary contribution to contact the Secretariat.

11. Financing of the Committee of the Parties

- to **take note** of the Parties' financial obligations and in particular of Article 23.5 of the MEDICRIME Convention:

- to **instruct** the Secretariat to reach out to the Parties not yet fulfilling this obligation under the Convention, encouraging them to regularise their situation at the earliest opportunity.

12. Elections

- to **proceed** with the election of the Chair and Vice-Chair following the end of their mandate;

- to **re-elect** both Mr Christian TOURNIÉ as a Chair of the CoP and Ms Verica Trbic, as vice-Chair, for a new mandate;

- to **proceed** with the election of one new Bureau member. In this regard:

  - to **amend** the rules of procedure (RoP), in particular Rule 4.4
  - to **elect** Ms Judith VONEY (Switzerland) as a Bureau member.

13. Information points

13.1 Participation of the MEDICRIME Committee in outside events

- to **take note** of the various events where the Committee of the Parties has been represented;

- to **encourage** Parties to inform the Secretariat about upcoming events, as participation may allow representatives to act as ambassadors for the Committee;

- to **note** that the upcoming International Pharmaceutical Forum in Tunisia, organized by pharmacists, will take place at the end of April, and the MEDICRIME Committee is invited to participate through a representative or the focal point of the country.

13.2 Website - changes

- to **take note** that the MEDICRIME Committee website has been updated to enhance user-friendliness, particularly regarding information on the monitoring rounds. Responses received are now publicly available in line with the principle of transparency. For the 2nd monitoring round, a visual timeline has been introduced to help Parties navigate the process, along with all relevant adopted texts. The website is regularly updated and remains a dynamic tool. The Secretariat encourages Parties to share any suggestions or questions they may have;

- to **instruct** the Secretariat to update the French version of the website concerning the second monitoring round.

13.3 New accessions to the MEDICRIME Convention

- to **take note** that Chile signed the Convention on 27 November 2024.

14. Any other business

15. Dates of the next plenary meeting

- to **take note** that the next Plenary meeting is expected to take place in December 2025, with the date now to be determined following the recent elections of the Chair and Vice-Chair, which had previously prevented a definitive decision;

- to **instruct** the Secretariat to inform all Parties, participants and observers once the dates are finally agreed upon.

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➢ **Appendix I – List of Participants**	**See below**
➢ **Appendix II- Agenda of the meeting**	PDF
➢ **Appendix III- Tour de table - Presentation of the Parties**	**See below**

APPENDIX I

LIST OF PARTICIPANTS

COUNCIL OF EUROPE

CONSEIL DE L'EUROPE

31 March 2025

MEDICRIME COMMITTEE /
COMITÉ MEDICRIME

Committee of the Parties to the Council of Europe Convention on the counterfeiting of medical products and similar crimes involving threats to public health /
Comité des Parties à la Convention du Conseil de l'Europe sur la contrefaçon des produits médicaux et les infractions similaires menaçant la santé publique

List of participants /
Liste des participants

9th Plenary Meeting of the MEDICRIME Committee /
9ème Réunion plénière du Comité MEDICRIME

Hybrid, Room 11, Palais Building, 31 March 2025 – 1 April 2025 /
Hybride, Salle 11, Palais de l'Europe, 31 mars – 1er avril 2025

1. STATE PARTIES TO THE MEDICRIME CONVENTION – MEMBERS / *ETATS PARTIES A LA CONVENTION MÉDICRIME- MEMBRES*

ARMENIA / ARMÉNIE
Mr Mkrtich SHAKARYAN, Head, Inspection Department, The Scientific Centre of Drug and Medical, Technology Expertise, Ministry of Health

BELGIUM / BELGIQUE
Ms Anja EBRAERT, Inspector, Division Distribution of the FAMHP Federal Agency for Medicines and Health Products

BENIN / BÉNIN
Dr Yossounon CHABI, Director of the Beninese Agency for Medicines and Other Health Product

Mr Jean-Pierre WANGBE, Lawyer

Ms Nelly NOUTAIS, Assistant to the Director General

Mr Marius DOSSOU-YOVO, Lawyer (Apologised, Excusé)

BOSNIA AND HERZEGOVINA / BOSNIE-HERZÉGOVINE
Vice - Chair / *Vice-Présidente*
Ms Verica TRBIC, Expert adviser, Directorate for Coordination of Police Bodies of Bosnia and Herzegovina NCB INTERPOL

BURKINA FASO / BURKINA FASO
Ms Kotim YAMÉOGO, Magistrat, Conseiller Technique du ministre de la Santé du Burkina Faso

Dr Sawadogo WINDWAOGA INNOCENT ARMEL, Pharmacist specialising in pharmaceutical regulation, head of legal affairs unit at the National Agency for Pharmaceutical Regulation

CROATIA / CROATIE
Dr Rajka TRUBAN ŽULJ, Deputy Head for Operations, Mpharm Croatian Agency for Medicinal Products and Medical Devices (HALMED)

CYPRUS / CHYPRE
Ms Theodora PAPAMICHAEL, General Laboratory of the Ministry of Health of Cyprus

Ms Maria AFXENTIOU, Senior Chemist at the State General Laboratory of Cyprus

FRANCE / FRANCE
Ms Annaïck LE GOFF, Première vice-présidente chargée de l'instruction

Chair / *Président*
Mr Christian TOURNIÉ, Office central de lutte contre les atteintes à l'environnement et à la santé publique (OCLAESP)

GUINEA / GUINÉE

Dr Aly BADARA CAMARA, Armed Forces forensic doctor, Expert approved at the Court of Appeal of Conakry, Inspector General of Health and Public Hygiene

Dr Thierno BAH, Director General of the Itinerant Institute for Integrated Training and Prevention against Drugs and Other Addictive Behaviors (IIFPIDCA)

HUNGARY / HONGRIE

Dr Ivan AKOS BUJDOS, Deputy State Secretariat for Criminal Law Codification, Ministry of Justice

IVORY COAST / COTE D'IVOIRE

Dr Assane COULIBALY, Director General of the Ivorian Pharmaceutical Regulatory Authority (AIRP)

Mr Ismaël SANOGO, Responsable du Service Affaires Règlementaires et du Contentieux

Dr Salimata DAGNOKO, Head of Department for the Fight against Substandard and Falsified Medical Products

MORROCCO / MAROC

Mr Younes ESCAYD, Chef d'unité des crimes régies par des textes particuliers, ministère public marocaine

REPUBLIC OF MOLDOVA/ RÉPUBLIQUE DE MOLDOVA

Ms Lina GUDIMA, Deputy General Director Medicines and Medical Devices Agency of the Republic of Moldova

NIGER / NIGER

Dr Barira DAN NOUHOU, Director General. Niger Pharmaceutical Regulatory Agency (ANRP) (Apologised, Excusé)

PORTUGAL / PORTUGAL

Mr Jorge ALBERTO CARDOSO PEREIRA LÚCIO, Inspector of Polícia Judiciária

SLOVENIA / SLOVENIE

Ms Doroteja NOVAK-GOSARIČ Secretary, Directorate for Health Care Other Health Activities Division, M.Pharm Republic Of Slovenia, Ministry Of Health

SPAIN / ESPAGNE

Ms Frieda SAN JOSE Magistrate Advisor to the General Secretariat for Innovation and Quality of the Public Justice Service, Ministry of Justice

Ms Raquel ALONSO, Senior Technician, Illegal Medicines Unit Enforcement and Inspection Department

Mr Juan PABLO ARMENTEROS, General Commissariat of Judicial Police, Co-operation Division

Mr Javier VALDENEBRO TINAUT, Head of the drug trafficking group in the Criminal Investigation Central Unit

Mr Pedro ALBERTO ÁLVAREZ OTERO, Regional Customs Surveillance Area Special Delegation

Mr Carlos GEA, Permanent Vice Secretary of the RILD, Head of International Relations and Cooperation Area Spanish Commission for the combat doping in Sport

Mr Juan JOSÉ CASTRO GARCÍA, Chief Inspector, National Police, Head of the Consumption, Environment and Doping Section (Apologised, Excusé)

SWITZERLAND / SUISSE
Ms Judith S. VONEY, Head of Penal Division Swiss Agency for Therapeutic Products (SWISSMEDIC)

Dr Richard EHMANN, Investigator-in-charge Penal Division

TÜRKIYE / TÜRKIYE
Mr Burak CIHAN ÜRKMEZ, Trade Expert, General Directorate of Customs Protection

UKRAINE / UKRAINE
Ms Iryna FEDENKO, Head of International Cooperation and Communication Division, State Service of Ukraine on Medicines, and Drugs Control

2. SIGNATORY STATES TO THE MEDICRIME CONVENTION / *ETATS SIGNATAIRES A LA CONVENTION MÉDICRIME-*

CHAD / TCHAD
Mr Gilbert LÉON GLESS, Honorary Consul of Chad in Strasbourg Grand Est

Mr Azzedine MOUSSA MAHAMAT SALEH, Chargé de Mission at the Consulate

CHILE / CHILI
Ms Paula FUENTES, Head of the Illicit substances subdepartment at Public Health Institute of Chile

Ms Lorena REBOLLEDO LATORRE, Deputy Director of the Organized Crime and Drugs Specialized Unit

Mr Felipe González, Acting Head, Subdepartment of Control and Surveillance of Medicines and Cosmetics

Mr Carlos Bravo Acting Head, Department of the National Medicines Agency

ISRAEL / ISRAEL
Dr Ronny BERKOVITZ, Head of enforcement and inspections Ministry of Health

NORTH MACEDONIA
Ms Mirjana DONCEVA, pharm. Spec, Head of Inspection and Licensing department

REPUBLIC OF THE CONGO / REPUBLIQUE DU CONGO
Ms Jacqueline CLAIRE NZALANKAZI, Director of Cooperation at the Ministry of Health and Population of Congo

Ms Bertille EUSTELLE AKENANDE NÉE GANGA, Inspector of Pharmacy, Medical Biology and Medicines (Pharmacist)

SLOVAK REPUBLIC / RÉPUBLIQUE SLOVAQUE
Ms Zuzana JAVORSKÁ SAXOVÁ, expert, Ministry of Justice of the Slova Republic

TUNISIA / TUNISIE
Apologised, Excusé

3. **OBSERVER STATES OF THE COUNCIL OF EUROPE /** ***ETATS OBSERVATEUR DU CONSEIL DE L'EUROPE***

JAPAN / JAPON
Mr Hiroyuki UCHIDA Ambassador, Observateur Permanent (Apologised, Excusé)

4. OBSERVERS TO THE MEDICRIME CONVENTION / ***OBSERVATEURS A LA CONVENTION MÉDICRIME***

WOAH
Dr Andrés GARCIA CAMPOS, Project manager for the Antimicrobial Resistance & Veterinary Products Department, World Organization for Animal health. (Apologised, Excusé)

ASOP
Mr Mike ISLES, Director Alliance for Safe Online Pharmacy EU

PSI
Mr Niall MCCARTHY, Regional Director EMEA, Pharmaceutical Security Institute

LEEM
Ms Marion BARREAU, Juriste droit de la santé, conformité et lutte contre la falsification

Ms Caroline ALLHEILY, Responsable des Affaires

NOVARTIS
Ms Lucy HAMBLOCH, Associate Director-Anti-falsified Medicines, Europe and Middle East Global Security.

INTERPOL
Ms Xie GUIQIU, Operations Coordinator, Criminal Networks, Public Health and Pharmaceutical Crime

5. EXPERTS / ***INTERVENANTS***

Independent experts / ***Experts indépendants***

Dr Asier URRUELA MORA, Professor of Criminal Law, University of Zaragoza, Spain

Prof. Andrea PERIN, Independent Expert

Mr Hugo BONAR, Independent Expert

Mr Mark JACKSON, Consultant to the MEDICRIME Committee

6. COUNCIL OF EUROPE SECRETARIAT / *SECRÉTARIAT DU CONSEIL DE L'EUROPE*

DGI - HUMAN RIGHTS AND RULE OF LAW / *DGI - DROITS HUMAINS ET ÉTAT DE DROIT*

Directorate of Social Rights, Health and Environment/ *Direction des droits sociaux, de la santé et de l'environnement*

Mr Denis HUBER Head of Department of Health, Detention and Addictions, Executive Secretary of the Council of Europe International Cooperation Group on Drug and addictions (Pompidou Group)

Ms Ardita ABDIU, Deputy Executive Secretary of the Council of Europe International Cooperation Group on Drug and addictions (Pompidou Group)

Dr. iur. Oscar ALARCÓN-JIMÉNEZ **Executive Secretary to the Committee of the Parties of MEDICRIME Convention** / ***Secrétaire Exécutif du Comité des Parties de la Convention MEDICRIME***

Ms Ipek DEMIRBÜKER, Assistant Administrative / *Assistante Administrative*

Mr Henrique SOARES, Junior Project Manager / *Chargé de Projet Junior*

Ms Rachel VAN DER BEEK, Junior Project Manager / *Chargée de Projet Junior*

Ms Emma JEANNOËL, Trainee / *Stagiaire*

Directorate of Security, Integrity and Rule of Law / *Direction de la sécurité, de l'intégrité et de l'État de droit*

The Monitoring group of the Anti-Doping Convention (T-DO)

Mr Jamie BROWN, Head of Anti-Doping Unit, Sport Division

Ms Liene KOZLOVSKA, Senior Programme Manager, Anti-Doping Unit, Sport Division

Mr Michal RYNKOWSKI, Chair of the Monitoring Group of the Anti-Doping Convention

EUROPEAN DIRECTORATE FOR THE QUALITY OF MEDICINES & HEALTHCARE (EDQM) / *DIRECTION EUROPEENNE DE LA QUALITE DU MEDICAMENT & SOINS DE SANTE (EDQM)*

Mr François-Xavier LERY, Head of Section Pharmaceutical and Consumer Care Department for Biological Standardization, Network of Official Medicines Control Laboratories (OMCL) and HealthCare (DBO) (Apologised, *Excusé*)

Mr Chris MCGUIRE, Chair of the Committee of Experts on Minimising Public Health Risks Posed by Falsification of Medical Products and Similar Crimes,

CD-P- PH/CMED.

Ms Marta MIQUEL, European Directorate for the Quality of Medicines and HealthCare, Market Surveillance

Ms Nadia ALALOUT, Pharmaceutical and Consumer Care Department for Biological Standardization (Apologised, Excusé)

Interpreters / *Interprètes*

Mr Gregoire DEVICTOR

Ms Julia TANNER

Mr Jean-Jacques PEDUSSAUD

APPENDIX II

AGENDA

COUNCIL OF EUROPE

CONSEIL DE L'EUROPE

Strasbourg, 26 March 2025 T-MED (2025) OJ1

COMMITTEE OF THE PARTIES TO THE COUNCIL OF EUROPE CONVENTION ON THE COUNTERFEITING OF MEDICAL PRODUCTS AND SIMILAR CRIMES INVOLVING THREATS TO PUBLIC HEALTH

(MEDICRIME COMMITTEE)

9TH PLENARY MEETING

Opening at 09:30, Monday Closing
around 17:00, Tuesday

AGENDA

31 March – 1 April 2025 Palais
de l'Europe, Room 11 Council
of Europe

Document prepared by the 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

1. Opening of the meeting

2. Adoption of the draft agenda

T-MED (2025) OJ1 — Draft agenda
T-MED (2025) 01 — Annotated agenda
T-MED (2025) OB1 — Order of Business

3. Information by the Chair and the Secretariat

T-MED (2024) LD1 — List of decisions of the 8th Plenary Meeting, 21-22 November 2024

4. Tour de table – state Parties

5. Monitoring of the MEDICRIME Convention and future work

5.1 Country profile Questionnaire and its replies

See website — a) Status of play and answers received

Country Profile — b) Call for request to the following state Parties:

Albania, Armenia, Belarus and Benin

5.2 1st Thematic Monitoring round: *The protection of public health through the MEDICRIME Convention in times of pandemics*

See website — a) Status of play and answers received

b) Call for request to the following non-answering Parties (Discussion)

Questionnaire

Albania, Belarus, Benin, Burkina Faso, Guinea, Moldova and Niger

Report sent to Parties — c) Final Report

5.3 2nd Thematic Monitoring round: *Deposit and destruction measure of seized counterfeit[1] medical products, active substances, excipients, parts, materials, and accessories*

T-MED (2024) 05 — Questionnaire.
T-MED (2024) 06 — Explanatory Note to the 2nd Thematic Monitoring Round Questionnaire
T-MED (2024) 07 — Chronology- 2nd Monitoring Round

Deadline of 1st Phase: **30th May 2025**

T-MED (2025) 04 — **5.4 Lessons learned - Monitoring methodology**

[1] Guidance Note to meaning of counterfeit being the same as falsified.

5.5 MEDICRIME Strategy

MEDICRIME Strategy
T-MED (2024)12

Text of the Strategy 2024-2025

Interim implementation Report of the Strategy

Discussion about a New strategy

5.6 Working Group: unauthorised removal, including theft, from the supply chain of medical products

T-MED (2023) 18

Terms of reference

6. Exchange of information, experiences and good practices

6.1 Exchange of views:

6.1.1 **The work of the Committee of Experts on Minimising Public Health Risks Posed by Falsification of Medical Products and Similar Crimes (CD-P-PH/CMED)**

- Mr Chris McGUIRE, Chair of the CD-P-PH/CMED

6.1.2 **The fight against the counterfeiting of medicinal products in the Network of Official Medicines Control Laboratories (OMCLs)**

- Ms Marta MIQUEL, European Directorate for the Quality of Medicines and HealthCare

6.1.3 **The work of the Monitoring Group of the Anti-Doping Convention**

- Mr Michal RYNKOWSKI, Chair of the Monitoring Group of the Anti-Doping Convention

6.1.4 **The work of the Pompidou Group in combating organised crime related to drug trafficking**

Terms of Reference

- Ms Ardita ABDIU, Deputy Executive Secretary of the Pompidou Group

6.2 National efforts and achievements in the fight against falsified medical products

- **Ivory Coast:**
  - Dr. Assane COULIBALY, Director General, AIRP - Ivorian Pharmaceutical Regulatory Authority.

- **Benin:**
  - Dr. Yossounon CHABI, Director General, ABREP, Benin Agency for Medicines and Other Health Products

6.3 The Law Enforcement landscape perspective: Spain

- Mr Pedro Alberto ÁLVAREZ OTERO, Regional Customs Surveillance Area Special Delegation, Customs
- Mr Juan Pablo ARMENTEROS, General Commissariat of Judicial Police, Co-operation Division, National Police
- Mr Javier VALDENEBRO TINAUT, Head of the drug trafficking group in the Criminal Investigation Central Unit, Guardia Civil

6.4 Presentation of relevant activities by international governmental organisations and other observers

➢ **Interpol**

- Ms Xie GUIQIU, Coordinator, Public Health & Pharmaceutical Crime Unit (TBC)

➢ **ASOP- Europe**

- Mr Mike ISLES, Director ASOP EU

➢ **Pharmaceutical Security Institute (PSI)**

- Mr Niall MCCARTHY, Regional Director EMEA

➢ **Novartis**

- Ms Lucy Hambloch, Associate Director- Anti-Falsified Medicines EME, Global Security

➢ **Novo Nordisk**

- TBC

7. Gender issues

T-MED (2025) 03

8. Artificial Intelligence

9. 24/7 Network

10. Technical Co-operation activities

See website

10.1 CRIMFAMED Global Programme: latest developments

- Mr Henrique SOARES, Junior Project manager
- Mr Mark JACKSON, expert on diversion and falsified medical products and former head of the Medicines and Healthcare products Regulatory Agency's (MHRA) Enforcement Unit

CRIMFAMED (2025) 11

HELP Training	10.2	**HELP Training**
	10.3	**Call for voluntary contributions**
	11.	**Financing of the Committee of the Parties**
T-MED (2025) 08	12.	**Elections**
	13.	**Information points**
	13.1	**Participation of the MEDICRIME Committee in outside events**
Website	13.2	**Website - changes**
	13.3	**New accessions to the MEDICRIME Convention**
	14.	**Any other business**
	15.	**Dates of the next Plenary meeting**

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Monday, 31 March 2025

Bilateral meetings:

The following delegations are kindly requested to meet/contact the Secretariat during the Plenary meeting:

- **Albania**
- **Moldova**
- **Guinea**
- **Niger**

Tuesday, 1 April 2025

The Secretariat will held Bilateral meetings with the following delegations:

12h30 – 12h50	**Benin, Burkina Faso**

APPENDIX III

TOUR DE TABLE - PRESENTATION OF THE PARTIES

1. RESPONSES RECEIVED FROM THE PARTIES (following the 9th plenary meeting of the COP)

	COUNTRIES	TOUR DE TABLE WRITTEN CONTRIBUTIONS
1	ALBANIA	
2	ARMENIA	
3	BELARUS	
4	BELGIUM	27/06/2025
5	BENIN	
6	BOSNIA AND HERZEGOVINA	
7	BURKINA FASO	
8	CROATIA	
9	CYPRUS	04/07/2025
10	FRANCE	
11	GUINEA	
12	HUNGARY	
13	IVORY COAST	
14	REPUBLIC OF MOLDOVA	
15	MOROCCO	
16	NIGER	
17	PORTUGAL	
18	RUSSIAN FEDERATION	
19	SLOVENIA	
20	SPAIN	
21	SWITZERLAND	25/06/2025

22	TURKIYE	
23	UKRAINE	

ALBANIA / ALBANIE	Not present

ARMENIA / ARMENIE	Contribution received on:

BELARUS	Not present

BELGIUM / BELGIQUE	Contribution received on 27/06/2025
Belgium is happy to see all the Parties, Signatories, Observers, Participants and Experts at 9th Plenary Meeting of the Committee of the Parties to the MEDICRIME Convention because all present find it important to fight the risks posed by falsified medicines. In Belgium there have been no recent changes in the criminal law that affect the fight against falsified medicines. We still work through a platform comprised of agents from different agencies who are all involved in this work, among which the police, the medicines agency, the food agency, the anti-doping agency and customs. A change that is coming is that a new Regulation for medicines for human use will replace the current Directive. At the moment there are no significant changes planned concerning the distribution chain of medicines for human use. While there are no changes in legislation, the cooperation between the medicines agency and the customs has solidified. In cooperation with customs postal parcels have been and are controlled for the presence of unauthorized or falsified medicines. This results in investigations where all the actors of the platform play their respective role. There is an almost daily contact between Customs and the medicines agency.	

BENIN	Contribution received on

BOSNIA AND HERZEGOVINA / BOSNIE-HERZEGOVINE	Contribution received on

BURKINA FASO	Contribution received on

CROATIA / CROATIE	Contribution received on

CYPRUS / CHYPRE	Contribution received on 04/07/2025
As you are likely aware, Cyprus has ratified the Medicrime Convention in 2023. Following this significant step, a National Platform for Medicrime was established last year, bringing together representatives from the Police, the Legal service, the Pharmaceutical services, the Veterinary services, the Medical services, Customs, and the State General Laboratory which serves as the coordinator. Through the collaborative efforts of this Platform, we are pleased to share that all three questionnaires requested by the Medicrime Committee for 2024 have been successfully completed.	

We have already informed our National Platform about the completion of the 2nd thematic monitoring round by May, and we have also arranged a meeting at the end of April.
We have also considered all the recommendations provided by the Medicrime Committee, following the 1st monitoring round, addressing the areas of :

1. Prevention and Training
2. Public Education on Counterfeit Medical Products
3. Victim Protection Measures
4. Cooperation and Information Exchange
5. Detection
6. Investigation and Prosecution
7. Sanctions and Aggravating Circumstances
8. Data Collection

These recommendations will be discussed and further advanced during the upcoming meeting of our National Platform.
Thank you very much for your support in these important efforts.

FRANCE	Contribution received on

GUINEA	Contribution received on

HUNGARY / HONGRIE	Contribution received on

IVORY COAST / CÖTE D'IVOIRE	Contribution received on

REPUBLIC OF MOLDOVA / REPUBLIQUE DE MOLDOVA	Contribution received on

MOROCCO / MAROC	Contribution received on

NIGER	Not present

PORTUGAL	Contribution received on

RUSSIAN FEDERATION / FEDERATION DE RUSSIE	Not present

SLOVENIA / SLOVENIE	Contribution received on

SPAIN / ESPAGNE	Contribution received on

SWITZERLAND / SUISSE	Contribution received on 25/06/2025

Summary about some action that was done in Switzerland in the last year in relation with combatting medical crime:

First, Swissmedic, the Swiss Agency for Therapeutic Products, intercepted together with the Federal Office for Customs and Border Security, nearly 5,700 illegally imported medicinal product

packages. This is a 15% decrease from the previous year, possibly due to ongoing enforcement actions and also public warnings – also in the form of short and easy to understand videos - on the website of Swissmedic (for example: https://www.swissmedic.ch/swissmedic/en/home/humanarzneimittel/market-surveillance/medicinal-products-from-the-internet.html).

Most seized products were erectile stimulants, followed by psychotropic agents, laxatives, and other lifestyle drugs. However, there is a worrying trend that 30–40% of the erectile dysfunction products were dangerously overdosed and therefore posing serious health risks.

Another worrying trend is the increase in imports of Botulinum Toxin products from Asia (mostly from Korea and Hongkong) often in unlabeled vials to circumvent customs controls. Thanks to close cooperation between Federal Office for Customs and Border Security (FOCBS; https://www.bazg.admin.ch/bazg/en/home.html) and Swissmedic, as the national and central contact point under the Medicrime Convention, and the possibility of a 24/7 exchange of information between these authorities, such products are being withdrawn from circulation and criminal proceedings are being initiated.

Furthermore, the cantonal therapeutic products authorities in Switzerland initiated together with Swissmedic to carry out systematic inspections of 82 cosmetic studios, clinics offering cosmetic surgery and doctors' practices with the aim of reviewing beauty treatments – including risky anti-wrinkle injections with fillers (https://www.swissmedic.ch/swissmedic/en/home/medical-devices/market-surveillance-of-medical-devices/schwerpunktaktionen/ueberwachung-der-anwendung-mep-faltenunterspritzen.html). The cantons selected the inspected establishments mainly on the basis of information submitted by the general public and research carried out in social media. Both are therefore important tools for gathering information and should thus be taken into account in prevention and prosecution work.

Depending on the severity of the violations found, measures were taken ranging from warnings to the confiscation of products and criminal prosecution, including monetary penalties.

In addition, Switzerland focused in 2024 on counterfeit medicines in the supply chain by intensifying Swissmedic's controls on international trade with suppliers from non-EU countries.

To date, the Swiss market has not been directly affected by falsified medicinal products, since the products in question were destined for sale abroad. However, the EU discovered that falsified medicinal products had made their way into distribution channels within the European Union via parallel imports delivered by such suppliers.
Swissmedic launched a campaign to inspect Swiss companies specializing in the international trade in finished medicinal products via non-EU countries. To this end, Swissmedic identified 73 Swiss companies using the Swissmedic „Import for export" license module (https://www.swissmedic.ch/swissmedic/en/home/humanarzneimittel/market-surveillance/medicinal-products-from-the-internet/warnings-related-to-medicinal-products-from-the-internet/gefaelschte-am-in-lieferkette.html).
Most of these imports came from Turkey, China and India. Even though no counterfeits were found during the checks, deficiencies were nevertheless identified at nine companies. In five cases, these were even serious deficiencies in the documentation of the supply chain. The appropriate administrative procedures were carried out and the companies are monitored accordingly.

On the regulatory side Switzerland is amending its TPA, the Federal Act on Medicinal Products and Medical Devices (https://www.fedlex.admin.ch/eli/cc/2001/422/en), with implementing regulation and penal provisions on the topic of ATMP, the advanced therapy medicinal products (https://www.swissmedic.ch/swissmedic/en/home/humanarzneimittel/besondere-arzneimittelgruppen--ham-/innovation.html). Up to now ATMP was regulated in another Federal Act. With the ongoing revision the regulation will not only be integrated in the TPA but also enlarged and adapted on new therapies. To the same time, Switzerland takes the opportunity to

restructure the penal provisions with the aim to make the criminal provisions easier to read respectively to understand and to gain legal certainty. Ongoing is also a revision pursuant the procedural administrative criminal law (https://www.bj.admin.ch/bj/fr/home/staat/gesetzgebung/verwaltungsstrafrecht.html).

TÛRKIYE	Contribution received on

UKRAINE	Contribution received on