

# Committee of the Parties of the MEDICRIME Convention (CETS No. 211)

## Questionnaire

### GENDER EQUALITY DIMENSIONS IN THE IMPLEMENTATION OF THE MEDICRIME CONVENTION

Please note that **only one consolidated response** per country should be submitted.

**Replies must be submitted exclusively through this Microsoft online form:**  
[Gender equality dimensions in the implementation of the MEDICRIME Convention – Fill in form](#)

by 27 March 2026

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## INTRODUCTION

1. The **Council of Europe Convention on the counterfeiting of medical products and similar crimes involving threats to public health** (hereinafter, the MEDICRIME Convention), which entered into force on 1 January 2016, requires the criminalisation of offences set out in Articles 5–8, 9 and 11. It calls on States to adopt legislation to prevent and combat threats to public health, protect the rights of victims, and promote national and international co-operation.
2. The Committee of the Parties to the Convention (hereinafter, “the MEDICRIME Committee” or “the Committee”) established to monitor whether States Parties effectively implement the Convention (Rule 25 of the Committee’s Rules of Procedure), decided that:

*“3. The monitoring round shall be initiated by addressing a questionnaire on the implementation of the relevant provisions of the Convention with respect to the selected theme. The Parties shall respond to the questionnaire within the time limit set by the MEDICRIME Committee.”*

3. While the Convention is gender-neutral, existing evidence shows that **women of all ages use more prescribed and non-prescribed medicines than men** in the European Union<sup>1</sup>. Women are also disproportionately affected by **out-of-pocket health payments** due to gender-specific health needs, including sexual and reproductive health, as well as higher rates of certain chronic and mental health conditions that are not always fully covered by essential service packages.

In addition, women often assume primary responsibility for the healthcare needs of dependants, including children and older persons. This caregiving role may further increase women’s interaction with medical products.

4. Furthermore, broader social and economic inequalities, such as income disparities, higher poverty rates, limited access to education, healthcare and justice, gendered household roles, unequal access to resources and support, and restrictive cultural

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<sup>1</sup> “Medicine use statistics”, Eurostat, 2022. Available in [https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Medicine\\_use\\_statistics](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Medicine_use_statistics)

norms<sup>2</sup>, can place women at greater risk of exposure to falsified medical products from illegal markets, often because they offer more affordable options<sup>3</sup>.

5. At the same time, the Convention provides for the adoption of measures to protect the rights of victims of offences covered by the MEDICRIME Convention, to ensure effective remedies, as well as adequate reparation and/or compensation.
6. However, women may face additional barriers in accessing justice due to persistent gender inequalities and gender bias, including in situations involving intersecting forms of discrimination. Ensuring access to justice requires that women of all backgrounds have access to fair justice systems and effective remedies, and that women and men enjoy both equal rights and equal opportunities to assert those rights.
7. Economic and social inequalities, gender stereotypes, prejudices, discriminatory practices and structural barriers may result in unequal access to justice for women and men. Such obstacles may include, *inter alia*, the lack of child-care arrangements to attend court hearings, the geographical concentration of courts, limited access to information, gaps in legislation or its implementation, the absence of free legal assistance for victims lacking sufficient economic means, and gender bias or sexist behaviours within the justice system. These barriers may arise at different stages of criminal investigations and proceedings and may contribute to high levels of attrition and, in some cases, underreporting of offences<sup>4</sup>.
8. The Council of Europe (hereinafter, “the CoE”) recognises that gender equality is an important policy goal that entails equal rights for women and men, girls and boys, as well as the same visibility, empowerment, responsibility and participation, in all spheres of public and private life. It also implies equal access to and distribution of resources between women and men. The CoE promotes gender equality through two complementary strategies:
  - The specific policies and action, including positive action where appropriate, in areas critical for the advancement of women in order to realise de facto gender equality (e.g. parliamentary quotas), and
  - The promotion, monitoring, co-ordination of a gender mainstreaming strategy in all policy and programmes<sup>5</sup>.
9. Gender mainstreaming is an approach to integrate a gender equality perspective in policy-making to take into account both women's and men's different interests, needs and living conditions to ensure that public measures benefit all equally. Gender mainstreaming also serves as an entry point to a broader intersectional perspective,

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<sup>2</sup> Staab, S., L. Williams, C. Tabbush and L. Turquet. 2024. “Harnessing Social Protection for Gender Equality, Resilience and Transformation”. World Survey on the Role of Women in Development. New York: UN-Women.

European Committee on Crime Problems (CDPC), “A Gender Perspective on the Counterfeiting/ Falsification of Medical Products and Similar Crimes”, Concept Note, 1st September 2017; 73rd PLENARY SESSION, Strasbourg, 28 November – 1 December 2017. Council of Europe, “Gender Mainstreaming Toolkit for Co-Operation Projects”, 2018.

<sup>3</sup> European Committee on Crime Problems (CDPC), “A Gender Perspective on the Counterfeiting/ Falsification of Medical Products and Similar Crimes”, Concept Note, 1st September 2017; 73rd PLENARY SESSION, Strasbourg, 28 November – 1 December 2017. Council of Europe, “Gender Mainstreaming Toolkit for Co-Operation Projects”, 2018.

<sup>4</sup> Council of Europe, “Council Of Europe Gender Equality Strategy 2024-2029”, Council of Europe, May 2024. Council of Europe, HELP Course “Access to Justice for Women”.

<sup>5</sup> Council of Europe, “Council Of Europe Gender Equality Strategy 2024-2029”, Council of Europe, May 2024.

by recognising and addressing the different situations and personal characteristics of women and men, girls and boys, in all their diversity<sup>6</sup> (e.g. age, social ethnic origin, migration status, disability, etc.).

10. Gender analysis and gender impact assessments are crucial tools to support the practical implementation of gender mainstreaming. The CoE defines:

- Gender analysis as “the study of differences in the conditions, needs, participation rates, access to resources and development, control of assets, decision-making powers, etc. between women and men on their assigned gender roles”<sup>7</sup>; and
- Gender impact assessment as “a policy tool for the screening of a given policy proposal, in order “to detect and assess its differential impact or effects on women and men, so that these imbalances can be redressed before the proposal is endorsed. An analysis from a gender perspective helps to see whether the needs of women and men are equally taken into account and served by this proposal. It enables policy-makers to develop policies with an understanding of the socio-economic reality of women and men and allows for policies to take (gender) differences into account”<sup>8</sup>.

11. Both the **European Committee on Crime Problems (hereinafter, the CDPC)** and the **MEDICRIME Committee** have recognised the importance of addressing these issues since 2017 in order to strengthen the overall implementation of the MEDICRIME Convention<sup>9</sup>.

12. This questionnaire is part of a project to improve the gender equality dimensions in the implementation of the MEDICRIME Convention, applying a gender equality approach to enhance the effectiveness of policies for the prevention, prosecution and protection of victims in cases involving falsified medical products and similar crimes.

## PRELIMINARY REMARKS

1. For the purposes of this questionnaire, the provisions of the MEDICRIME Convention have been grouped into thematic sections that do not strictly follow the structure of the Convention. This methodological approach is intended solely to facilitate the collection and analysis of information. It does not imply any hierarchy or prioritisation among the Convention’s provisions, all of which are of equal importance and binding value.
2. In accordance with Guidance Note No. 1, adopted by the MEDICRIME Committee, the term “counterfeit” as used in the MEDICRIME Convention is synonymous with “falsified”, as employed by other international and regional organisations in relation to medical products.

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<sup>6</sup> Council of Europe, “Toolkit on gender mainstreaming in Council of Europe monitoring mechanisms. Gender mainstreaming in practice”, Council of Europe, August 2024.

<sup>7</sup> Gender Equality Commission, “Gender Equality Glossary”, Council of Europe, March 2016 Revised January 2022.

<sup>8</sup> Gender Equality Commission, “Gender Equality Glossary”, Council of Europe, March 2016 Revised January 2022. Council of Europe, “*Handbook for Gender Equality Rapporteurs. Gender equality and gender mainstreaming in practice*”, 2022.

<sup>9</sup> European Committee on Crime Problems (CDPC), “A Gender Perspective on the Counterfeiting/ Falsification of Medical Products and Similar Crimes”, Concept Note, 1st September 2017; 73rd PLENARY SESSION, Strasbourg, 28 November – 1 December 2017.

3. The terminology used in this questionnaire, and in the replies thereto, should follow the definitions contained in Article 4 of the Convention. The term “*similar crimes*” is not defined in Article 4 but is addressed in Article 8 of the Convention. For the purposes of this questionnaire, the expression “*diverted medical products*” shall be understood as referring to conduct falling within the scope of Article 8 of the Convention.
4. Article 8(a) concerns medical products that are not falsified (i.e. products not covered by Articles 5–7). In this context, “*similar crimes*” refers to the diversion of medical products from a market where they are lawfully placed on the market to another country’s market in circumstances where those medicinal products are required to be authorised under national law, or where medical devices must comply with applicable conformity requirements, and such authorisation or compliance is absent.
5. In this questionnaire, and in line with the Council of Europe’s understanding<sup>10</sup>:
  - Specific *policies and actions* refer to targeted measures designed to promote gender equality.
  - Gender *mainstreaming* is the (re)organisation, improvement, development and evaluation of policy processes, so that a gender equality perspective is incorporated in all policies at all levels and all stages, by the actors normally involved in policy-making.
  - Gender *sensitive* refers to addressing and taking into account the gender dimension.
6. Unless otherwise indicated, Parties are invited to provide information covering the period from 1 January 2020 to 31 December 2025.
7. Pursuant to Article 26.3 of the Rules of Procedure of the MEDICRIME Committee for the Country Profile and Thematic questionnaires, replies to this questionnaire shall be made public, unless a Party submits a duly reasoned request for its response to remain confidential.
8. The replies to this questionnaire will be assessed in conjunction with the relevant background information provided by Parties in their responses to the Country Profile Questionnaire on the implementation of the MEDICRIME Convention, as well as to the Questionnaire for the 1st Thematic Monitoring Round, entitled “The protection of public health through the MEDICRIME Convention in times of pandemics”.
9. Where questions overlap with those earlier instruments, the Committee will take previous responses into account when preparing its implementation reports under the present monitoring theme.

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<sup>10</sup> Gender Equality Commission, “Gender Equality Glossary”, Council of Europe, March 2016 Revised January 2022.

## Appendix I: Non-comprehensive list of medical products primarily used by women

| Purpose                                     | Medicinal Products                                                                                                                                                                                                                                                                                | Medical Devices                                                                                                                                     |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Contraception</b>                        | Oral contraceptive pills, hormonal injections, implants, vaginal rings, emergency contraception                                                                                                                                                                                                   | Intrauterine devices (IUDs), diaphragms, cervical caps, female condoms                                                                              |
| <b>Fertility &amp; Pregnancy</b>            | Ovulation inducers (clomiphene, letrozole), gonadotropins (FSH, LH), prenatal vitamins                                                                                                                                                                                                            | Home pregnancy tests, ovulation/fertility monitors, fetal dopplers, prenatal monitoring devices                                                     |
| <b>Menstrual &amp; Gynecological Health</b> | Medicinal products for endometriosis (elagolix, leuprolide), uterine fibroid therapies (relugolix, ulipristal), vaginal antifungals/antibacterials                                                                                                                                                | Speculums, colposcopes, hysteroscopes, endometrial ablation devices                                                                                 |
| <b>Menopause &amp; Hormonal Care</b>        | Hormone replacement therapy (estrogen-only or combined), vaginal estrogen creams/rings/tablets                                                                                                                                                                                                    | Vaginal pessaries (for prolapse/incontinence), pelvic floor trainers/Kegel exercisers                                                               |
| <b>Bone Health</b>                          | Medicinal products for osteoporosis (bisphosphonates, raloxifene, denosumab)                                                                                                                                                                                                                      | –                                                                                                                                                   |
| <b>Sexual Health</b>                        | Medications for female sexual dysfunction (flibanserin, bremelanotide), vaginal lubricants and moisturizers                                                                                                                                                                                       | –                                                                                                                                                   |
| <b>Breast Health &amp; Reconstruction</b>   | –                                                                                                                                                                                                                                                                                                 | Breast implants (cosmetic or post-mastectomy), tissue expanders, external breast prostheses, breast pumps, mammography systems, breast biopsy tools |
| <b>Postpartum Support</b>                   | –                                                                                                                                                                                                                                                                                                 | Postpartum support belts, pelvic floor trainers                                                                                                     |
| <b>Aesthetic</b>                            | Botulinum toxin products, <b>dermal fillers</b> (e.g. hyaluronic acid, collagen-based injectables), <b>Local anaesthetics</b> used in aesthetic procedures, <b>Skin-lightening or depigmenting products with pharmacological action</b> (e.g. corticosteroids, hydroquinone-containing products). | Microneedling devices                                                                                                                               |