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Strasbourg, 3 February 2026 WG URSC (2026) 01

Information session on the Working Group on Unauthorised Removal, including Theft, of Medical Products from the Supply Chain (WG-URSC)

MEDICRIME CONVENTION

MEETING REPORT

Online, Wednesday 21 January 2026

Document prepared by the MEDICRIME Secretariat
Directorate General I – Human Rights and Rule of Law

1. Opening of the meeting

- Ms Verica TRBIC, Chair of the Working Group (hereinafter "WG"), opened the meeting by thanking all the participants. She emphasised the crucial importance of close collaboration between WG members and representatives of African countries with a view to jointly improving the health of populations. The Chair thus reaffirmed the collective commitment to making progress on these priority issues.

- Dr Oscar ALARCÓN-JIMÉNEZ, Executive Secretary, also welcomed all WG members. He recalled that the first WG meeting had been held in Paris in October 2025, marking the start of a dynamic initiative to encourage the participation of African countries. He specified that a structured roadmap would be distributed at the end of the meeting. Finally, he encouraged all signatories to the MEDICRIME Convention and those invited to accede to it to sign and ratify it as soon as possible in order to ensure the continuity and consistency of the work carried out.

2. Adoption of the annotated agenda

- The agenda was adopted without amendments.

3. Round table

- The Executive Secretary and the Chair of the WG invited each participant to make an individual presentation, while ensuring that the work was carried out in a collaborative manner.

4. Presentation of the Working Group

- The Chair of the WG presented the WG's work and mission, highlighting the growing problem of theft targeting, among others, the pharmaceutical industry. She emphasised that high-value medicines, particularly those used to treat cancer, are regularly stolen from the legal supply chain. Once stolen, these products are often modified or falsified before being reintroduced illegally into the legal chain, thus exposing public health to significant risks. The Chair deplored the lack of available data on this issue. She pointed out that Council of Europe member states, as well as non-member states, are working to combat this scourge. The main aim of setting up the WG is to remove the obstacles associated with the MEDICRIME Convention and to identify effective ways of transforming existing legislation and provisions into concrete legal and operational tools. From this perspective, a questionnaire was distributed to participants in order to collect accurate data and better guide the group's actions. She stressed the importance of active participation in this questionnaire to ensure the relevance and effectiveness of the WG's future work.

5. Round table discussion with each delegation present

- Participants were invited to discuss the challenges and issues encountered in a round table discussion:

- **Benin,** Mr Marius Janvier DOSSOU YOVO and Ms Nathalie MIGAN DIOGO:

  - From a legal standpoint, the MEDICRIME Convention has already been ratified, and the 2021 law on the organisation of pharmaceutical activities includes provisions to punish violations related to this issue. General criminal law applies

because theft is not explicitly covered by the 2021 law. Offenders face penalties of 2 to 6 months' imprisonment and a fine of up to 1 million CFA francs.

- Once import authorisation has been obtained and the containers have arrived, wholesalers are issued with a removal authorisation. The Beninese Agency for Medicines and other health products (hereinafter "ABMed") systematically visits both the port and the wholesaler's premises to check the goods. To date, no products have been reported missing, as this rigorous procedure and systematic post-collection checks are considered an effective solution to prevent theft.

- **Burkina Faso**, Mr Innocent Armel SAWADOGO WINDWAOGA:

  - The National Pharmaceutical Regulatory Agency, through the Pharmaceutical Inspection Directorate and the Market Surveillance Directorate, ensures import control and product quality control. The regulatory agency collaborates with certain national authorities, such as the police and its various specialised units (drugs, fraud and counterfeiting).

  - From a legal standpoint, Law No. 23-94 on the Public Health Code addresses the illegal practice of the profession of pharmacist, providing for up to one year's imprisonment. Apart from these provisions, there is no specific law concerning the prosecution of fraud relating to health products. A draft bill specific to health products has been drawn up, but it has not yet been adopted by the National Assembly.

- The chair of the working group highlighted the scale of the problem from a legal perspective, noting the widespread absence of specific legislation applicable to the unauthorised removal, including theft, of medical products. She questioned what action should be taken to address this problem.

- **Ivory Coast**, Dr Salimata DAGNOKO and Mr Ismael SANOGO:

  - The Ivorian pharmaceutical regulatory authority relies on Law 2017-541 of 3 August 2017 on the regulation of the pharmaceutical sector. As in Benin, no data is systematically collected on the theft of medicines. However, some cases are reported following inspections. The authority is currently considering ways of collecting this data in collaboration with pharmaceutical organisations.

  - There is a lack of specific laws, as the regulatory authority does not have the power to investigate thefts of pharmaceutical products within the legal supply chain. The authority is seeking the expertise of other countries that have mechanisms in place for collecting such data.

- Professor Asier URRUELA MORA emphasised that the questionnaire took into account the points raised by Côte d'Ivoire concerning the reporting and recording of product thefts, as well as cooperation between the various authorities, including the police, customs and regulatory authorities. He reiterated that it was important to consider that the diversion of medical products within the legal supply chain was an offence that was not necessarily counterfeiting, but fell within the scope of the MEDICRIME Convention, in particular Article 8 on the placing on the market of unauthorised products. He also emphasised the lack of available data on this subject.

- **Congo**, Dr Amélia LEPFOUNDZOU:

- Unauthorised withdrawal is not taken into account in the system, although it is known to occur. No data is collected on this subject, as there have been no reports of large-scale withdrawals, but rather smaller-scale thefts, particularly within hospitals by medical staff. Those involved are punished for indiscipline, but this mainly concerns hospitals. The stated objective is to set up the collection and evaluation of this data, a task that has not yet been carried out.

- The procedure for ratifying the MEDICRIME Convention has not been completed, which represents a future task, particularly with regard to structuring and consultation between the various stakeholders. Currently, there is no consultation between those who seize the products and the justice system, as the Criminal Code applies but without specific provisions for medicines.

- Two issues have been highlighted:

    1. that the problematic is clearly understood, namely that there may be unauthorised removal, which has nothing to do with the normal functioning of the supply chain, and that theft may therefore occur;
    2. that this data must be collected.

- For **Chad**, Mr Michel Carmelo AMARO indicated that the information would be provided at a later date.

- **Tunisia**, Ms Mariem BETTOUMIA, Mr Hedhili EBDERRAZEK and Ms Sarah ZEREI:

    - In Tunisia, the Central Pharmacy of Tunisia has a monopoly on the supply of medical products to both the public and private sectors. For the private sector, the distribution chain is well established and subject to routine inspections, which ensures that there are no problems with unauthorised withdrawals or thefts in the supply chain.

    - However, a problem has been identified concerning deceased patients, whose descendants resell the remaining medicines online. These sales take place online, outside the legal channel. This is why it is considered important to develop appropriate operational digital tools. A legal text is being drafted to prohibit the illegal online sale of medicines and provide for penalties against these illicit practices.

    - As part of its 2024-2034 strategy, Tunisia is targeting the issues of drug shortages and illicit trafficking. The drug agency will be fully digitised and product serialisation will be implemented, starting with high-cost drugs. This serialisation project will be accompanied by a centralised national platform linked to the serialisation system.

- **Cameroon,** Ms Nathalie EVINA NDO:

    - Internal thefts have been reported, committed by medical staff in hospitals or during the transit of medicines (e.g. during transport to remote areas). Other cases involve imports without ministerial authorisation, or deliveries made outside the legal channels by wholesalers: the latter reduce their stock after all the formalities have been completed in order to resell on the street markets, a situation often justified by the lack of certain medicines for specific populations or in areas without pharmacies. There is also particular concern about withdrawal: numerous cases of diversion have been observed, where medicines are used for purposes other than those originally intended (e.g. antihistamines used to stimulate appetite or

antidiabetics taken for weight loss).

- Regarding the legal framework, various laws exist, as well as steering bodies and a strategic plan to combat counterfeit medicines focused on prevention, traceability and awareness-raising. The illegal practice of pharmacy is punishable by a fine of between 500,000 and 2 million CFA francs, but there are no specific penalties for medicines.

- Cameroon has not yet signed or ratified the MEDICRIME Convention.

6. Other miscellaneous issues

- Professor Asier URRUELA MORA emphasised that certain issues encountered by States fall explicitly within the scope of Article 8 of the MEDICRIME Convention. He stressed the need to prioritise internal coordination between national agencies and the collection of reliable data. He mentioned the possibility of carrying out highly productive joint work, given the global and transnational dimension of the problem, which affects both French-speaking and English-speaking countries. He suggested establishing criteria that could be used by all.

- Dr Oscar ALARCÓN-JIMÉNEZ announced that future meetings would continue to be held mainly online, but would now be bilingual (English and French) to enable joint participation by WG members. He also reminded participants of the importance of completing the questionnaire and signing and ratifying the MEDICRIME Convention. Finally, he thanked all participants for the quality of the meeting.

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ANNEX

LIST OF PARTICIPANTS

1. STATES PARTIES TO THE MEDICRIME CONVENTION

BENIN
Mr Marius Janvier DOSSOU YOVO, Head of the Legal Unit at ABMed

Ms Nathalie MIGAN DIOGO, Chair of the Pharmaceutical Sub-Sector Supervisory Board (CS-SSP) and Chair of the National Coordination Committee for the Fight against Substandard and Falsified Health Products (CNCLP)

BOSNIA AND HERZEGOVINA
Ms Verica TRBIC, Expert Advisor, Directorate for Coordination of Police Services of Bosnia and Herzegovina NCB INTERPOL

BURKINA FASO
Mr Innocent Armel SAWADOGO WINDWAOGA, Pharmacist specialising in pharmaceutical regulations, Head of Legal Affairs Unit

CÔTE D'IVOIRE
Dr Salimata DAGNOKO, Pharmacist, Head of Market Surveillance and Anti-Counterfeiting, Ivorian Pharmaceutical Regulatory Authority

Mr Ismaël SANOGO, Head of Legal Affairs and Litigation, AIRP,

2. SIGNATORY STATES TO THE MEDICRIME CONVENTION

REPUBLIC OF CONGO
Dr Amélia DZIA LEPFOUNDZOU, Adviser, Head of Medical and Social Services, Embassy of Congo in Paris

CHAD
Mr Michel Carmelo AMARO, Director of Institutional Relations

TUNISIA
Ms Mariem BETTOUMIA, University Hospital Assistant in Pharmacology

Mr Hedhili EBDERRAZEK, Attaché to the Office of the Minister of Health

Ms Sarah Zerei, University Hospital Assistant in Pharmacology

3. STATES INVITED TO JOIN

CAMEROON
Ms Nathalie EVINA NDO, First Secretary at the Embassy of Cameroon in France

Ms Louise NDOME, Assistant to the First Secretary at the Embassy of Cameroon in France

4. INDEPENDENT EXPERTS

Dr. iur. Asier URRUELA MORA, Professor of Criminal Law, University of Zaragoza

5. SECRETARIAT OF THE COUNCIL OF EUROPE

DGI – Human Rights and Rule of Law

Directorate of Social Rights, Health and the Environment

Dr Oscar ALARCÓN-JIMÉNEZ, **Executive Secretary of the Committee of the Parties to the MEDICRIME Convention**

Ms Rachel VAN DER BEEK, Project Officer,

Ms Léa KREMER, Intern