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Committee on Social Affairs, Health and Sustainable Development

Minutes

of the launch event for the booklet for Parliamentarians: "The MEDICRIME Convention in 10 questions and answers", held in Strasbourg, on Wednesday, 23 January 2019, from 2 to 2.45 pm

The Committee **held** an exchange of views with the participation of:

- Ms Susanne Keitel, Director, European Directorate for the Quality of Medicines & Health Care;
- Mr Johannes Kleijssen, Director, Information Society and Action against Crime Directorate.

The Chairperson opened the launch event and welcomed the guest speakers.

The Secretariat gave a short presentation of the booklet for Parliamentarians. The MEDICRIME Convention[2] was a « 4P » convention aimed at **p**reventing the falsification of medical products and similar crimes; **p**unishing the authors of these crimes; **p**rotecting the rights of victims; and **p**romoting national and international co-operation to fight this phenomenon. As for many other Council of Europe conventions, the Assembly had been the instigator of the MEDICRIME Convention through its Recommendation 1794 (2007) on "The quality of medicines in Europe", where it had recommended that the Committee of Ministers make provision for an international legal instrument establishing specific offences relating to counterfeiting medicines. Following the adoption of the Convention and its opening for signature, the Assembly had also been involved in its promotion, including by organising a Parliamentary Conference in 2015, in co-operation with the Directorate General Human Rights and Rule of Law (DGI) and the European Directorate for the Quality of Medicines & Health Care (EDQM). At the same conference, a Handbook for parliamentarians had been launched. To date, 15 countries had ratified the Convention, including three African States, and an additional 13 countries had signed but not yet ratified it. On 17 December 2018, the Committee of the Parties - the Convention's monitoring body - had held its first meeting.

The booklet aimed at explaining key issues about the MEDICRIME Convention through 10 questions and answers that provide easily-understandable information. It also provided arguments in favour of signing, ratifying and implementing the Convention, and aimed at promoting greater awareness of the public health threat posed by falsified medical products. Parliamentarians were encouraged to use the booklet to bring this important matter to the attention of their parliament.

[The Secretariat's PowerPoint presentation is available on the PACE extranet page.]

Ms Keitel reiterated that falsification of medical products was an enormous threat to the health of citizens in Europe and worldwide. One of the added values of the MEDICRIME Convention was that it created a framework for co-operation across different sectors, including police, customs, health and judicial authorities. EDQM was involved in several activities linked with the Convention, including testing and detection of falsified medicines, and prevention activities in co-operation with the European Commission. However, the clear majority of EDQM's Convention-related activities were led by the Committee of Experts on Minimising Public Health Risks Posed by Falsification of Medical Products and Similar Crimes (CD-P-PH/CMED). Established in

[1]The minutes were approved and declassified by the Committee on Social Affairs, Health and Sustainable Development at its meeting on 19 March 2019 in Paris.
[2] Council of Europe Convention on the counterfeiting of medical products and similar crimes involving threats to public health, CETS No.211.

2008, CMED's priorities included supporting the implementation and monitoring of the MEDICRIME Convention and promoting a network of (Single) Points of Contact (SPOCs) between countries for co-operation purposes as well as to establish best practices in the field. To date, the SPOC Network had trained 514 participants from 62 countries, mostly from Eastern Europe. This had been crucial in building and maintaining specific knowledge and intelligence on falsified medicines. EDQM also had a communication strategy around the MEDICRIME Convention and had published several documents in this context.

Mr Kleijssen stressed that the MEDICRIME Convention was the result of joined efforts and co-operation between DGI and EDQM. He noted that the Committee of Ministers had invited Tunisia, the Republic of Congo and Côte d'Ivoire to become party to the Convention. DGI was closely co-operating with the United Nations Office on Drugs and Crime, as well as Europol and Eurojust to establish joint investigation teams to detect counterfeit cases. It was also involved in training law enforcement authorities on the convention. Finally, it had invested in public awareness activities, including through a series of conferences not only in Europe, but also in Asia, Africa and the Americas. Mr Kleijssen stressed that 10% of medicines sold globally and 50% of medicines sold online were falsified. Falsified medicines thus constituted an extremely lucrative market and a criminal activity with low risk of being caught and convicted. He thanked the Committee for its initiative to publish a booklet for parliamentarians: a best practice which he hoped other Assembly Committees would follow for other important Council of Europe conventions. The best way to fight the counterfeiting of medicines was indeed to have the convention ratified by as many States as possible, and he hoped that the booklet would convince members and their governments to do so. Finally, Mr Kleijssen noted that in the current budgetary situation, it was difficult for the Committee of the Parties to be properly funded and function to its best.

The Chairperson wondered what was holding back so many member states from signing and ratifying the Convention.

Ms Keitel noted that European Union member countries could have held back from becoming party to the convention due to the fear of potential incompatibility between the latter and the Directive on medical devices which had recently been updated. However, there was no such incompatibility, and hence no obstacle for EU countries to sign and ratify the Convention.

Ms Ohlsson and **the Chairperson** committed to enquire with their governments about this issue.

The Chairperson called on all members to bring back this issue to their parliament, in order to increase the number of ratifications.

Committee on Social Affairs, Health and Sustainable Development
Commission des questions sociales, de la santé et du développement durable

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