Opportunities for Collaborations: Sharing Experiences from Different Countries and Stakeholders

Chair:
Mr. Inshik SIM,
United Nations Office on Drugs and Crime (UNODC)
Overview of successful strategies in the fight against falsified medicine

Judge Bernard LEROY,
Institute of Research Against Counterfeit Medicines (IRACM)
Fighting growing international falsified medicine’s trafficking with success

Bernard Leroy
International Institute of Research against Counterfeit Medicines (IRACM)

Asia-Europe Forum on combatting SFMs
September 30th, 2020
Transnational organized crime is more and more involved in fake medicine trafficking as counterfeiting penalties are “minor” and profits considerable.

**Risks**

- Criminal networks are taking action due to the limited risks, and the view/aim to generate considerable profits from international fake medicines trafficking.

- Phenomenon first highlighted in IRACM report on organized crime and fake medicines in 2013.

- In the new context of the Coronavirus pandemic, the international criminal organizations are switching increasingly from narcotics trafficking to falsified medicines trafficking as core activity.

- Annual turnover of counterfeited 200 billion USD.

- Fake medicines sold on street markets in Africa represent in some countries 70% of the medicines used.

**Sources:**

**Annual turnover of counterfeited medicines:**

200 Bn$
Trends in channels of medicine counterfeiting (underestimated due to shortfall of research resources)

• Asia to Africa, to Europe, to Gulf States (particularly through the free port of Dubai)
• taking advantage of the massive and rapid flows connected to globalization. Very large volume of shipments. Very low interception rate.

⇒ 5 significant Joint actions organized by WCO and the IRACM.

Sources: https://www.iracm.com/en/operation-biyela-1-2/

• International mailing and shipping: 50% of medicines sold on Internet are fake. 95% of the selling sites are in the hands of organized crime’s actors.
• Gigantic flows: there is almost no control of the contain of mailing under 20g.

Sources:
PANGEA Operations Annual Interpol actions: [link]

• Outdated medicines from North America are for example sent for repackaging in Central America and distributed in South America

Sources: [link]

in Europe, the Italian Mafia is abusing the weaknesses of the European system and succeeds in penetrating the legal distribution system through Romania and Hungary

Sources: [link]
Dissuade organized crime to play or dry the falsified medicine channel is critical for States, Pharmaceutical industry and Patients

Falsified medicines disrupt our ecosystem and revenues

- Many states do not have a specific law for fake medicines.
- National counterfeiting laws are used, by default, to manage cases
- National IP laws do not address the dangers of fake medicines
- National IP laws do not provide adequate sanctions
- National laws do not dissuade criminals (minimal risks) who generate considerable profits from international falsified medicines trafficking

Imperative need for States to equip themselves with appropriate & effective legislative tools to address the economic and safety issues linked with falsified medicines...
IRACM : Mission Statement

**WHAT ?**

“Fighting the production and trafficking of falsified, substandard, and unlicensed medical products for a better world”

**HOW ?**

On the political side, by developing governmental awareness and encouraging governments to adopt adequate strategies and measures.

On the legislative side, by assisting governments to modernize national legislation, ensuring that they are effectively applied and include tough penalties, and implementing efficient international mutual legal assistance.

**WHY ?**

This is a tangible societal need

- The production of, and trafficking in, falsified medical products is both a growing phenomenon and a global issue of considerable impacts on economies, public health and safety.
- Hundred of thousands of innocent victims die each year
- The impacts of falsification goes beyond developing countries and the spread of falsified medicines is a raising concern over increasing antimicrobial resistance (AMR), our capacity to effectively fight tuberculosis or to deal with the opioïds epidemic.

The IRACM’s approach is NOT already covered by existing private/state organizations

The purpose/mission statement is effectively implementable in the medium term

Considering the cost of NO ACTION, the limited funds for the intended purpose should be beneficial
The IRACM’s purpose:

1 - Support Governments in changing country policies to effectively fight trafficking of falsified medicines

1. Raise governments’ awareness, mobilization and create a call for action

2. Assist governments to improve & implement national legislation as well as bilateral/multilateral legal assistance

3. Develop, communicate and roll-out training programs for judges and prosecutors

4. Expand the currently very limited cooperation on falsified medicine trafficking routes
2 - The IRACM’s Model Law: Key Components

Key legal components

=> If a State decides to use the IRACM’s Model Law as a basis, that will guarantee quality laws on a national level.

=> Harmonizing national laws to address what is essentially an international crime increases their efficiency.

IRACM’s proposals are addressing weaknesses in the existing national strategies:
Governments are more aware of the threat and ready to adopt ad hoc strategies:

• to crack down on, and reduce, international organized crime aims;

• to ensure that existing laws are uniformly strict, harmonized and correctly applied;

• to develop mutual legal assistance on trafficking routes;

• to ensure that judges and prosecutors are aware of the stakes, and that they are trained and committed to the cause.
**Input of the IRACM’s Model Law : Offences to be included in penal codes**

<table>
<thead>
<tr>
<th>Specific offences relating to falsified medical products trafficking</th>
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<tbody>
<tr>
<td>Among the offences to be considered, States should take measures to criminalize the intentional:</td>
</tr>
<tr>
<td>- Manufacturing,</td>
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<tr>
<td>- Selling or offering to sell,</td>
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<tr>
<td>- Supplying,</td>
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<tr>
<td>- Brokering,</td>
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<tr>
<td>- Promoting,</td>
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<tr>
<td>- Transporting,</td>
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<tr>
<td>- Storage,</td>
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<tr>
<td>- Possession,</td>
</tr>
<tr>
<td>Of falsified medical products.</td>
</tr>
</tbody>
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<tr>
<th>Similar offences involving serious threats to public health but does not fall under falsification</th>
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<tbody>
<tr>
<td>Among the offences to be considered, States should take measures to criminalize the intentional:</td>
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<tr>
<td>- Possession,</td>
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<tr>
<td>- Supplies or offers to supply,</td>
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<tr>
<td>- Storage,</td>
</tr>
<tr>
<td>- Import,</td>
</tr>
<tr>
<td>- Export,</td>
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<tr>
<td>- Use of legal documents,</td>
</tr>
<tr>
<td>Of substandard or non certified medical products.</td>
</tr>
</tbody>
</table>

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<tr>
<th>General and related offences which may be added to the offences mentioned above to facilitate their realization</th>
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<tbody>
<tr>
<td>Among the offences to be considered, States should take measures to criminalize the intentional:</td>
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<tr>
<td>- Illegal exercise of pharmacology,</td>
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<td>- Scamming,</td>
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<tr>
<td>- Fraud,</td>
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<tr>
<td>- Participation in an organized crime group,</td>
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<tr>
<td>- The acte of aiding, abetting, organizing or direction the commission of a serious offence,</td>
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<tr>
<td>- Money laudering,</td>
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<tr>
<td>- Corruption,</td>
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<tr>
<td>- Obstruction of justice,</td>
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<tr>
<td>- Smuggling.</td>
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</tbody>
</table>
These special inquiry techniques should aim to facilitate inquiries into offences involving organized crime which may apply to falsified medical products and similar offences trafficking:
- Controlled delivery,
- Use of assumed identities,
- Infiltration,
- Electronic surveillance,
- Inspection of postal services,
- Searching of individuals, luggage and vehicles,
- Screening using medical investigation techniques,
- Helping the police with enquiries before being charged,
- Night search and seizure.

Judges being specialized in the fields of public health and environment would allow the justice system to adapt to the development of criminal behaviors in this relatively complex and technical domain.

The creation of a new judicial body which consist of legal assistants would enable an increase in the quality of inquiries and criminal proceedings while allowing enable a considerable reduction in legal costs.

This would involve medical inspectors, pharmaceutical inspectors, veterinary inspectors, customs inspectors and public finance inspectors being released from their respective Ministries on a full-time basis to work alongside the Magistrates in question.
As regards judicial and international cooperation the idea of combining the proposed Model Law with the Palermo Convention is of particular interest.

**Advantages of a combination with the Palermo Convention:**
- In terms of mutual assistance:
  - Designation of a responsible authority to process requests for mutual assistance,
  - Establishment of joint inquiries units,
  - Cooperation with the authorities, organizations and departments involved,
  - Training programs for persons involved in the fight,
  - Promote the conclusion of bilateral agreements in order to facilitate cooperation.
- In terms of extradition.

A regional and international harmonization of legislations in this field is all the more important as the absence of double-incrimination could constitute a motive for denial of this mutual assistance.

Thus, the effectiveness of this consolidation would rest essentially (if not exclusively) on the qualification of offences pertaining to the trafficking of falsified medical products as "serious offences" in accordance with the terms of the Palermo Convention.

**Cumulative conditions:**
- Serious offence (punishable by a maximum of at least four years),
- Transnational offence,
- Organized criminal group involved.

**Application of the Palermo Convention**
Political leverage at two levels: targeted countries and countries that get political traction

<table>
<thead>
<tr>
<th>Targeted countries for policy change</th>
<th>Countries where we will get political traction and support</th>
</tr>
</thead>
<tbody>
<tr>
<td>• High risk</td>
<td>• Support from EU, France (diplomatic network already supporting some activities)</td>
</tr>
<tr>
<td>• Open to collaboration</td>
<td>• To be further explored: Germany, Switzerland</td>
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<tr>
<td>• Programs / Partnerships</td>
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<tr>
<td>• Capacity building</td>
<td></td>
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<tr>
<td>• Focus (tbd): South East Asia,</td>
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<tr>
<td>Africa, Gulf, Brazil, China, Turkey</td>
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</table>
### Example of Activities already conducted by IRACM with Asian Governments

#### Awareness Advocacy
- Meeting in Beijing with China’s General Prosecutor (09/2017)
- SEAR outreach trip (03/2018) Cambodia, Laos, Myanmar, Thailand and Vietnam Governmental meetings
- Agreement to initiate a political process in the region to fight falsified medicines

#### Regional Conference in Phnom Penh (11/2018)
- Awareness and High-Level Political mobilization; Working sessions with Senior Govt officials.
- Adoption of the Phnom Penh declaration

#### Hanoi Regional Seminar on capacity Building (10/2019)
- Technical legal workshops for capability building (targeting all relevant stakeholders: customs, police, judiciary)
- Recommendations to strengthen the State’s institutional structure capacity and to develop a global approach which would maximize partnerships and collaboration.
Example of Activities that could be conducted

- **Evidence Generation (Observatory)**
  - Trends analysis, benchmark analysis, based on regular and reliable information
  - Annual report (data analytics, index measuring effectiveness of national measures - holistic view)
  - Best practices identification and sharing

- **Awareness & Policy Change (Advocacy)**
  - Awareness and High-Level Political mobilization; Working sessions with Senior Govt officials; Conferences
  - Model Law implementation; Medicrime Convention support
  - Communication campaigns

- **Capacity Building (Academy)**
  - Technical legal workshops for capability building (target all relevant stakeholders: customs, police, judiciary)
  - Annual Campus; On-site trainings
Law enforcement strategy for combating SFMs in Cambodia

H.E. MEACH Sophanna,
Cambodian Counter Counterfeit Committee (CCCC)
Law Enforcement Strategy for Combating SFMs in Cambodia

Presented by

General Sophana MEACH
Secretary of State of Ministry of Interior
Chairman of Counter Counterfeits
Committee of Cambodia (CCCC)
A. Our Mission

- CCCC is an coordinating organization established in 2014 by Charter of the Royal Government of Cambodia and under supervision of Deputy Prime Minister and Minister of Interior.

- Our members are representatives from 11 various ministries and governmental bodies (Ministry of Health, Justice, Custom, Immigration, Commerce, Industry, Agriculture,...etc)

- Our mission is to combat counterfeit crime, IPR infringements, trade and manufacture of unlicensed goods and parallel import.

- Our duties are to investigate, raid, seize, arrest and prosecute counterfeiters.
B. Our achievement

• Seizure of approx. 1,000 tons of counterfeit goods in which approx. The value of those counterfeits is up to approx. 10 million US Dollars.

• Recently, CCCC has seized 10 tons of unregistered products of hand gel, sanitizer, mask, and some medical devices for the prevention of COVID-19.

• Disposal of approx. 500 tons of counterfeits goods. Another disposal of around 540 tons of counterfeits (in which approx. 7 tons are unregistered medicines, traditional medicines, hand sanitizers and Personal Protective Equipment (PPE) will take place by the end of this year (2020).

• 23 suspects are being prosecuted and hundred cases have been placed under supervision.

• Confiscation of approx. 1.5 Million US Dollars of assets.
1,967 Kg of unclaimed products (in form of capsule) packed in plastic bag have been confiscated and disposed in October 2015
Disposal of approx. 180 tons of fake products, unregistered medicines, traditional medicines and counterfeit cosmetic in 2019
Tons of counterfeit alcohols (Whiskey) and goods confiscated from warehouses in Phnom Penh
Counterfeit cosmetics and producing machineries confiscated from illegal factory in a suburb of Phnom Penh
2. Strategies for combating SFMs

A. RAISING CONTERFEIT ISSUE UP TO NATIONAL, REGIONAL AND INTERNATIONAL LEVEL

B. FACILITATING THE FILING OF COMPLAINT

C. RELIABILITY OF TESTING

D. BUILDING RELIANCE AND TRUST

E. BUILDING A PROFESSIONAL TEAM AND EFFECTIVE PROSECUTION
A. COUNTERFEIT, A NATIONAL, REGIONAL AND INTERNATIONAL CONCERN

a. Involvement at national level: Intellectual Property Right is still relatively young in Cambodia, with the Law concerning Marks, Trade names and Acts of Unfair Competition dated in 2002 and the Law on Patents, Utility Model Certificates and Industrial Designs dated in 2003. CCCC has worked intensively on the awareness raising about the danger of SFMs and the legal punishment in particular.

. Publication of Newsletter (Quarterly)
- Regular updates on new IP and pharmaceutical laws and regulations with the assistance of various law making bodies.
- Product identification tips (shared by real products’ owners).
- CCCC’s cracking down on counterfeit crimes.
b. Involvement at regional and international level:

We need to make SFMs a regional and international concern and this issue shall therefore require common action, effort and collective solution.

So far, we have done:

- **Regional Conference on Combating Substandard and Falsified Medicines in Phnom Penh (5\textsuperscript{th} -6\textsuperscript{th} November 2018):**
  
  A cover letter on Phnom Penh Declaration on “Combating SFMs” has been signed by Cambodia, China, Laos, Myanmar, Thailand, Vietnam.
2. Strategies for combating SFMs (Cont.)

Regional Conference on Combating Substandard and Falsified Medicines in Phnom Penh (5th - 6th November 2018)
2. Strategies for combating SFMs (Cont.)

- Support from the United Nations

In Oct. 2016, the UNOPS donated Truscan machines to CCCC. The machine is capable to provide a screening test of medicines.
2. Strategies for combating SFMs (Cont.)

B. FACILITATING THE FILING OF COMPLAINT

• A hotline that can be reached 24 hours by victim of counterfeit crimes.
  Please contact :
  - Hotline : (+855) 81 999 808
  - Email : info@cccc.gov.kh
  - Website : www.cccc.gov.kh
    - Facebook page: Counter Counterfeit Committee

• A complaint form has been designed to facilitate the filing of complaint by victims.

• We are looking for an opportunity to develop a cellphone application to identify the authenticity of goods and to provide chance to consumers to file any prompt complaint to CCCC in case they found counterfeit in their purchase.
2. Strategies for combating SFMs (Cont.)

C. Reliability of Testing: Sophisticated equipment/Lab

In order to combat SFMs, the law enforcement officers shall be equipped with sophisticated and high-tech equipment for their identification and testing of SFMs. As such

• A new Laboratory for the Testing of Counterfeit Goods has just been established earlier this year at the Ministry of Interior of Cambodia and the Lab is under the supervision of CCCC.

• We have build cooperation with regionally and internationally professional lab such as: Shiseido (Japan), Yunnan Yunce Quality Testing Co.,Ltd. (China), DKSH (Thailand), Unilever...etc.
D. Building Reliance and Trust

We build our image among the business community as well as the consumers so that they can rely on or have confidence in our efforts in protecting their interest and public health and safety. The effective combat against SFMs requires absolutely participation and support from the private sector and the trade mark owners.
2. Strategies for combating SFMs (Cont.)

- Private sector requests to sign MOUs with CCCC because of their reliance on our commitment in fighting counterfeits. Until now, MOUs have been signed with:
  - Eurocham
  - Investor Federal Association of Cambodia (Drug Seller Association of Cambodia)
  - Intellectual Property Association of Cambodia (IPAC) and
  - Private Companies
2. Strategies for combating SFMs (Cont.)

**E. Building professional team and assuring effective prosecution**

- **An Inter-ministerial Team**

CCCC consists of officers and experts coming from various authorities like Ministry of Health, Standard, Justice and Custom to make sure that the inspection and the raid action be conducted smoothly and under control.
2. Strategies for combating SFMs (Cont.)

- A well-trained raiding team

  Our commitment is to carry out our work effectively and stay ahead of the perpetrators and provide our executive and field officers with training in the areas of advanced detection, intelligence and investigation techniques.
E. EFFECTIVE PROSECUTION

. All suspects and counterfeit goods so far arrested and confiscated have been sent to be prosecuted at the Court of law.

. For minor counterfeit crimes, beside the confiscation of counterfeiting goods, CCCC may request the convicted misdemeanant to sign a personal commitment to no longer repeat the crime with the agreement of the Prosecutor.

. CCCC is doing its best to propose that the legal punishment for counterfeit crimes be increased in term of severity especially the crime involved SFMs.
THE END

THANK YOU!
Case study from Belgium

Ms. Catherine DUJARDIN, Ministry of Foreign Affairs Belgium
Access to Quality-Assured Medical Products for All:

The Belgian Commitment to Medicine Quality in Humanitarian and Development Programmes
Belgian Development Cooperation

Objectives: Sustainable development & Eradication of poverty and inequalities
Values & approach: Rights based approach, aid effectiveness,
Budget (2018): 1 billion €
Accountability: Report to the federal Parliament

Implementation
- Governmental cooperation: 14 partner countries
- Non-governmental cooperation: 113 partner Belgian non-governmental actors
- Multilateral cooperation: 15 partner international organizations, European Union, OECD
- Humanitarian aid, etc.

Health is a priority in governmental cooperation.

Sources: Belgium’s Law on Development Cooperation 2013, Infocycle 2016, www.dg-d.be (ODA.be 2018)
Belgium - Key facts

% of Belgian ODA for health sector to purchase medical products

% of poor quality medicines in LMICs

- Underresourced regulatory authorities in LMICs facing increasingly complex procurement channels
- Moral responsibility to avoid double standard in quality assurance when we operate overseas, in countries with weak regulatory enforcement

To mitigate risks: "Commitment" of all Belgian stakeholders to quality assurance of medical products available through development and humanitarian programs (ODA)
Belgium - Commitment to Medicine Quality

Quality Assurance

- **No double standard** in all health programmes (direct procurement, support to primary health care, UHC, research on medicines)
- Provide quality-assured medical products to all patients

Contribute to building local capacity

Transparency and accountability
## In practice

<table>
<thead>
<tr>
<th>Intervention cycle</th>
<th>Commitment of implementing actors</th>
<th>Monitoring &amp; Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conception of the programme</td>
<td><strong>1) Specific QA section</strong> in the financing application + <strong>justified budget</strong></td>
<td><em>Ex ante</em> by the donor’s Administration and the Inspector of Finance</td>
</tr>
</tbody>
</table>
| During implementation of the programme | **2) Set up or improve own QA system** + documented risk analysis and management | During implementation and *ex post* by the donor’s Administration, with the platform ‘Be-cause Health’ (with ongoing peer reviews) and in concertation with the donor and its implementing actors  
**Concerted corrections** |
| | **3) Implement the criteria:**  
- QA (source, procurement, storage, distribution)  
- **Local capacity strengthening** | During implementation and *ex post* by financing controllers of the Administration  
(Incremental) QA-related cost accepted if budgeted upfront  
Reporting to the donor’s Administration |
Criteria

• Medical products must be of adequate and documented quality (no double standard)

• Purchasing:
  • Via the supply system of the partner country if found adequate, based on an explicit risk assessment
  • If not adequate: importation of pre-qualified pharmaceutical products (WHO) and via “pre-qualified” manufacturers/distributors (positive list QUAMED, DG ECHO, Belgium or Europe, UNICEF). Rules for public procurement (transparency, accountability).

• Storage & distribution:
  • Via the supply system of the partner country if found appropriate (GDP), based on an explicit risk assessment
  • If not: by implementing actor. Rules of the host country (e.g., Belgian or European Medicines Regulatory Authorities)

• Contributing to strengthening local capacities of the supply system of the partner country (quality assurance)
Strengths

- Compliance with WHO standards (no double standards)
- Explicit and documented risk analysis & management
- Prefer local purchases, storage and distribution (if quality can be assured /risks can be mitigated)
- Local capacity building, in dialogue/collaboration with NMRA
- Transparency and accountability
- Pragmatic Financial and Administrative Rules:
  - Budgeting in programmes
  - Networking (pooling financial, technical, human resources)
  - Stepwise approach (accreditation?)
Survey 2018: Experiences of signatories

• Perceived successes and challenges of adopting stringent quality requirements (hera 2018)

• Results (58% signatories):
  - High awareness
  - 67% reports having built pharmaceutical expertise amongst partners overseas
  - 44% reports having prioritized procurement via public national systems
  - Some reserve a dedicated budget for building medicine quality assurance
  - QA is still insufficiently institutionalized within many organizations
  - Networking should be further expanded

• Conclusions:
  - Inspiring
  - Need systematic resources and funding
  - QA as an integral part of the wider health system strengthening efforts
Survey 2018: Experiences of signatories

- 33% building/improving own QA system
- 49% contributing to building local capacity, incl. dedicated budget

Need for:
- ➔ technical assistance
- ➔ wholesalers’ prequalification

- 18% develop/update QA manual
- 12% revise procurement guidelines
- 12% build expertise within organisation
- 9% build expertise amongst partners
- 19% budget for QA
- 18% prioritize procurement via nat’l system
- I don’t know
Challenges

- Resources and technical skills for implementers (in-house skills and expertise, tools, network, mutual recognition)
- Cost for implementers (pooling, initial investment vs long-term direct and indirect gains)
- Monitoring & Evaluation
- Like minded (other donors/actors, strong partner countries)

“More funders and policy makers should adhere to the principles of the Charter and Commitment. The Public Health Community should understand that the problem of poor quality medicines is real and that it really affects the performance of health systems ...”
Survey 2019: Policies and practices of European donors

- Quality assurance policy across a sample of EU countries & European Commission entities (itm 2019)

- Results (58% of respondent):
  - 67% aware
  - 20% with explicit procurement and QA policies
  - 80% reported initiatives mitigating risks of procuring poor-quality medicines
  - Absence of a joint position and coordinated action

- Conclusions:
  - Procurement policies in development programmes can mitigate the risk of purchasing poor-quality medicines, allowing to address fundamental moral obligation to equity, transparency and accountability.
  - European donors should share existing knowledge and tools, seek the input of recipient countries, and develop a joint position on how the donor community can help to ensure access to affordable and quality-assured health products—also during public health emergencies such as the COVID-19 pandemic.
Perspectives

1) Like-minded (networking, joint positions, coordination)

2) WHO guidance, leadership and technical support

3) Solid, open accountability and transparency mechanisms
Thank you!

DG Development Cooperation and Humanitarian Aid (DGD)
Belgian Ministry of Foreign Affairs, Belgium
D2.3@diplobel.fed.be

Sources:
(2) Ravinetto R, Roosen T, Dujardin C. The Belgian commitment to pharmaceutical quality: a model policy to improve quality assurance of medicines available through humanitarian and development programs. JPPP 2018; 11:12: 1-5
(3) Perrin C, Cloez S, Dujardin C, Ravinetto R. Europe should lead in coordinated procurement of quality-assured medicines for programmes in low-income and middle-income countries. BMJ Global Health 2020;5:e003283
SFM & Business

Mr. Ramesh RAJ,
Pharmaceutical Security Institute (PSI)
Asia-Europe Virtual Forum on Combating Substandard and Falsified Medicines (SFMs).

Incidents By Region: Legal Supply Chain

18% Asia
30% Latin America
27% Eurasia
12% Near East

PSI Objectives

- Protect Public Health
- Intel Sharing
- Initiate Enforcement
- Bridge between members & law enforcement

- Protect Public Health Stakeholder engagement with members and LEAs
- Exchange of Intelligence Transfer of real time data
- Outcome Initiate enforcement

15% Overall increase in pharma crime incidents

6% Counterfeit
31% Diversion
-34% Theft

PSI Partners

- U.S. Food & Drug Administration
- INTERPOL
- EUROPEAN POLICE FORUM
- U.S. DEPARTMENT OF STATE OF THAILAND

PSI Members

- AbbVie
- Amgen
- Bristol-Myers Squibb
- Biogen
- Boehringer Ingelheim
- EGIS
- GlaxoSmithKline
- GW
- Ipsen
- Gilead
- Johnson & Johnson
- Merck
- Novartis
- Pfizer
- Sanofi
- Teva
- Viiv
- Wyeth

Suspects

- 16,403 Suspects in record

Countries

- 192 Countries impacted

Businesses

- 12,397 Businesses Identified

Incidents

- 36,555 Incidents logged
#MedsWeCan Trust Campaign

Ms. Ruth LEE,
USP Singapore
Medicines We Can Trust

A campaign on the right to safe, quality medicines

MedsWeCanTrust.org • #MedsWeCanTrust • Info@MedsWeCanTrust.org • @MedsWeCanTrust
WHAT WE KNOW

One in ten medicines in low- and middle-income countries is substandard or falsified

- Waste $30.5 billion each year
- Reverse progress on infectious diseases & NCDs
- Erode trust in health systems
- Increase threat of AMR
Why hasn’t it been a priority?

1. Seen as a technical issue
2. Perceived lack of urgency
3. No shared platform

CHALLENGE

Poor-quality medicines are a threat to families, countries & global health progress.
The Medicines We Can Trust campaign aims to:

1. Humanize the issue
2. Raise awareness & urgency of the problem
3. Illustrate solutions
4. Inspire collective action
Everyone should have access to medicines they can trust – as a right, not a privilege.

Global health progress depends on safe, quality medicines in every country.

We can and must reach all people with medicines they need and deserve.
Reflect quality assurance within UHC & AMR agendas – including through procurement, manufacturing and distribution practices.

Prioritize investments in regulatory systems to prevent poor-quality medicines from moving through the supply chain & contributing to AMR.

Rely on trusted sources and engage patients when they suspect issues of quality.

Know what to look for, report suspicious products and demand quality medicines.
CAMPAIGN LAUNCH

Campaign launched at 2018 World Health Assembly side event showcasing:

- High-level champions
- Regional representation
- Moderated, issue-specific discussions
CAMPAIGN AT A GLANCE

OVER 300 PARTNERS FROM 15 COUNTRIES HAVE SIGNED ONTO THE CAMPAIGN
CAMPAIGN STEERING COMMITTEE
CAMPAIGN HIGHLIGHTS

Advocacy gains
• Interagency Coordinating Group on AMR
• Political Declaration for UN High-Level Meeting on UHC

Historical gatherings
• Medicines Quality & Public Health Conference, & launch of Oxford Statement

High-level support
• Dr. Tedros
• Dame Sally Davies
• Senior-level officials in Cambodia, Laos, Ghana
Global Network of advocates with regional and local influence.

Global Support that amplifies local voices in regional and international forums.

Platform to showcase the cross-cutting impact of safe, quality medicines at all levels.

Flexibility to respond to the evolving needs of local communities.
Law enforcement on combatting SFMs

Mr. Felix AVELLAN,
Interpol
INTERPOL – ICPO
ILLICIT GOODS AND GLOBAL HEALTH PROGRAM

Felix AVELLAN
Criminal Intelligence Officer
Illicit Markets Sub-Directorate
Our role is to enable police around the world to work together to *make the world a safer place*.

**NCB**, linking national police with our global network

Serves as the **contact point for all INTERPOL activities** in the field, **contributing** to our criminal databases and **cooperating together** on cross-border investigations, operations and arrests.
I-24/7
Since 2003

Our high-tech infrastructure of technical and operational support helps meet the growing challenges of fighting crime in the 21st century.
INTERPOL

ILLEGAL GOODS AND GLOBAL HEALTH
OBJECTIVE:

Assist the member countries in the identification and dismantle of criminal networks involved in the trafficking of illicit goods and medical products.
No product is safe from being falsified, counterfeited, or adulterated

- Pesticides
- Cosmetics
- Medicines
- Vehicle parts
- Electronics
- Alcohol
- Food
- Toys
Profits from the sale of illicit products funds other types of crime

- Trafficking in human beings
- Drugs
- Firearms
- Environmental crime
- Terrorism
- Cybercrime
GLOBAL OPERATIONS

Food fraud
Operation OPSON

Pharmaceutical fraud
Operation PANGEA

Fight against counterfeit/substandard food and beverages

Fight against illicit online pharmacies and medical devices
OPERATION PANGEA XIII

Seizures of around 4.4 million units of illicit pharmaceuticals worldwide.

- Erectile dysfunction pills
- Anti-cancer medication
- Hypnotic and sedative agents
- Anabolic steroids
- Analgesics/painkillers

More than 37,000 unauthorized and counterfeit medical devices were also seized, the vast majority of which were surgical masks and self-testing kits (HIV and glucose), but also various surgical instruments.

Compared to the last week of action of Operation PANGEA:
- 18% increased seizures of unauthorized antiviral medication
- Over 100% increased seizures of unauthorized chloroquine (an antimalarial medication)

Thank You – Merci – Gracias

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