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## Bad pharma

Trafficking illicit medical products in  
West Africa

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## Summary

West Africa has become a hotspot for the trafficking of medical products, with estimations that the illicit market makes up to 80% of medical products in Burkina Faso and Guinea, the two case studies of this report. Despite its enormous scale, there are gaps in knowledge that this report seeks to address by providing a qualitative analysis of the market's key characteristics and enablers (corruption and insecurity), and an assessment of national and regional responses.

## Recommendations

- ECOWAS has a key role to play at the regional level to enhance cross-border intelligence gathering and cooperation, as the complex supply chains feeding the illicit market for medical products dictate that responses must be international, and at the very least regional, to be effective.
- National authorities are best placed to tackle the structural drivers (affordability and accessibility) behind the demand for illicit medical products, and should work simultaneously on awareness campaigns, as well as on wider distribution of and access to key high-demand products such as antimalarials.
- Civil society has a key role to play. In addition to supporting the awareness-raising effort, civil society is also central in holding people accountable (including customs officials and politicians, for example) by denouncing cases of corruption and malfeasance.



**OCWAR-T**

Organised Crime: West African Response to Trafficking

## Introduction

West Africa has become a hotspot for the trafficking of medical products. Smuggled medical products are estimated to make up between 20% and 60% of the formal market across the whole region,<sup>1</sup> and up to 80% in Burkina Faso and Guinea.<sup>2</sup> According to the UN Office on Drugs and Crime (UNODC), the sale of counterfeit medical products in West Africa is worth about US\$1 billion, more than the combined value of the crude oil and cocaine trafficking markets.<sup>3</sup> Ongoing violence and instability in Burkina Faso have contributed to a sharp expansion of the market, and its porous borders have emerged, alongside the seaport in Conakry, Guinea, as major smuggling routes.

The involvement of criminal organisations in trafficking medical products is well established,<sup>4</sup> but we still do not fully understand how these illicit economic networks operate as a whole across many countries in West Africa. All the evidence suggests that the market for counterfeit products is highly lucrative. Its value has been estimated at between US\$200 billion and US\$431 billion, rivalling the US\$435 billion illicit drug industry,<sup>5</sup> and, while the sale of substandard and counterfeit medical products is a growing global challenge, it is particularly prevalent in developing regions.

The World Health Organization (WHO) has found that one in every ten products sold in low- and middle-income countries is either ‘substandard or falsified.’<sup>6</sup> Almost half of reported counterfeits are from Africa, where limited local production of genuine medical products has contributed to a market penetration rate of 30%, compared to 1% in more developed countries.<sup>7</sup>

Globalisation and complex, cross-border supply chains have made it more difficult to monitor the quality of manufactured medical products and trace counterfeits.<sup>8</sup> In 2021, the Pharmaceutical Security Institute (PSI) recorded 5 987 cases of medical product crime, a 38% increase from the previous year, and 555 official seizures of counterfeits,<sup>9</sup> the most common of which were genito-urinary, central nervous system and anti-infective medicines.<sup>10</sup>

Ineffective regulation, weak enforcement, corruption and resource shortages have helped the illicit market to thrive in West Africa and across the continent more broadly, with counterfeit medical products becoming a major development issue.<sup>11</sup> According to the WHO, 90% of African countries have minimal to no capacity to regulate medical products,<sup>12</sup> due mainly to insufficient resources and understaffing in regulatory bodies and poor-quality assurance mechanisms.<sup>13</sup>

The illicit trade in medical products also poses a major challenge from a governance perspective, feeding into, and being fed by, endemic corruption. According to Transparency International’s 2022 Corruption Perception Index, West African states have some of the highest levels of perceived corruption, with Guinea and Burkina Faso scoring 25 and 42 respectively on a scale of 0 (highly corrupt) to 100 (very clean).<sup>14</sup> Weak regulatory frameworks in these countries have made the sector highly susceptible to corruption,<sup>15</sup> with even state authorities and individual medical workers helping counterfeiters to reach distributors and retailers directly.<sup>16</sup>

Despite its enormous scale, devastating impact on communities and profitability for criminal networks, West Africa’s illicit medical products market is vastly underreported on. This report seeks to fill this knowledge gap by providing qualitative analysis of the market’s key characteristics – focusing on Burkina Faso and Guinea – including supply chains, supply and demand dynamics, the primary trafficking routes and common modus operandi of the central actors. It then looks at the environment of corruption and insecurity which has allowed the market to flourish across the region. Finally, the report assesses the existing national and regional initiatives designed to tackle the trade in illicit medical products to identify problems and recommend strategic policy responses.

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## Methodology, scope and definitions

The PSI defines counterfeit medical products as ‘products deliberately and fraudulently produced and/or mislabelled with respect to identity and/or source to make [them] appear to be a genuine product.’<sup>17</sup> The WHO alternatively defines them as ‘substandard and falsified’ medical products.<sup>18</sup> Counterfeiting can involve the medical product itself (i.e. the inclusion of lower amounts or none of the active ingredients), but also applies to changes made to the original packaging and delivery documents, such as extending the expiry date.<sup>19</sup>

In this report, which looks at the evolving criminal trade in medical products in West Africa, we use the term ‘illicit trafficking of medical products’ to refer to all trade which flows to some extent outside of the formal supply chain, that is to say, trade not recognised or authorised by national authorities.<sup>20</sup> This includes all categories of ‘substandard, spurious, falsely labelled, falsified, and counterfeit (SSFFC)’ products as defined by the WHO,<sup>21</sup> which allows us to focus on the illicit nature of the market, rather than the type of product.

Following the WHO and UNODC, the more encompassing term ‘medical products’ is used throughout to cover medicines, excipients and active substances, as well as medical devices and their parts, which are closely related and all subject to criminal trafficking.<sup>22</sup>

‘Illicit medical products’ is a term that covers unregistered and unlicensed products, as well as licit products that have been diverted at some stage. The term ‘illicit’ is likewise applied to all actors operating outside the legal supply chain: those who sell, distribute, store or manufacture products, but are not recognised and authorised by the authorities. The use of ‘formal’ and ‘informal’ refers to the same distinction, as does ‘legal’ and ‘illegal’.

However, any policy discussions relating to this type of organised crime and illicit market should take care to note that there is a spectrum of criminal intent in the supply chains of illicit medical products, and should avoid unnecessarily criminalising some of those at the front line (such as informal pharmacies distributing medical products without knowledge of their origin). As will be discussed, the dearth of effective medical products at an affordable price in the region makes it more challenging to find responses that balance development and security concerns.

While this research has a regional scope, two case studies – Guinea and Burkina Faso – have been chosen because of their particular position within the West African market. Focusing on a maritime entry point (at Conakry) and a landlocked consumption and transit market allows us to contrast the different ways in which the market functions.

Preliminary scoping work took place in Guinea in March and April 2022. Data collection took place in both countries between July and August 2022, and additional data were collected remotely through regional and

*Street sellers are a common scene in West African markets*





international experts. More than 60 interviews and four focus group discussions were conducted, involving international organisations, national authorities, civil society groups, public and private sector experts, pharmacists, doctors and their respective boards and associations, as well as consumer groups. Interviews were also held with individual manufacturers, consumers and sellers of illicit medical products to gain insights from those involved directly in the market and to ensure that the voices of communities affected by the trade are placed at the centre of the analysis.

The research also drew on the Global Initiative Against Transnational Organized Crime's (GI-TOC) Hotspots Mapping Initiative on hubs of illicit economies, including illegal medical products markets, across West Africa,<sup>23</sup> as well as an extensive literature review of grey, academic and media sources.

This research has been coordinated as part of Component IV of the Organised Crime: West African Response to Trafficking (OCWAR-T) project. The topic and methodological approach were approved by the Economic Community of West African States (ECOWAS) Commission prior to embarking upon the research. Further, the research was coordinated in partnership with two members of the West African Research Network on Organized Crime (WARNOC), who helped in the research design, and led on data collection with support from GI-TOC staff members. WARNOC was launched in March 2022, and comprises West African civil society organisations, research and applied policy research institutes, and other existing networks which focus on organised crime in the region.

## Market dynamics and drivers

### Illicit medical product supply chains

This research focuses on the illicit market for medical products, within which a medical product may enter and exit the illegal sphere at many different points. A distinction can be drawn between flows which are illicit from start to finish, and flows that are licit to begin with but are later diverted into the illicit market (or vice versa). These flows are illustrated in Chart 1, which highlights just how interwoven the licit and illicit markets are, as well as the diversity of the actors involved, from the corrupt health worker to the street dealer, the illicit wholesaler to the local pharmacist.

The simplest type of illegal flow is when the medical product stays within the illicit market throughout. This is the case when a medical product is produced by an illegal manufacturing plant in the subregion or in Asia before being imported illegally into a country and sold on the streets by street vendors or in an open-air market.

Sources described situations where a Guinean trafficking network might ask an Indian producer to replicate paracetamol, but with less of the active ingredient to reduce the cost.<sup>24</sup> While our sources suggested that most Burkinabe wholesalers were getting their stocks from coastal West African trafficking networks, some, like their Guinean counterparts, have established direct contact with producers in India.<sup>25</sup>

There are many more permutations based on the various possibilities for entry into illegality along the supply chain.

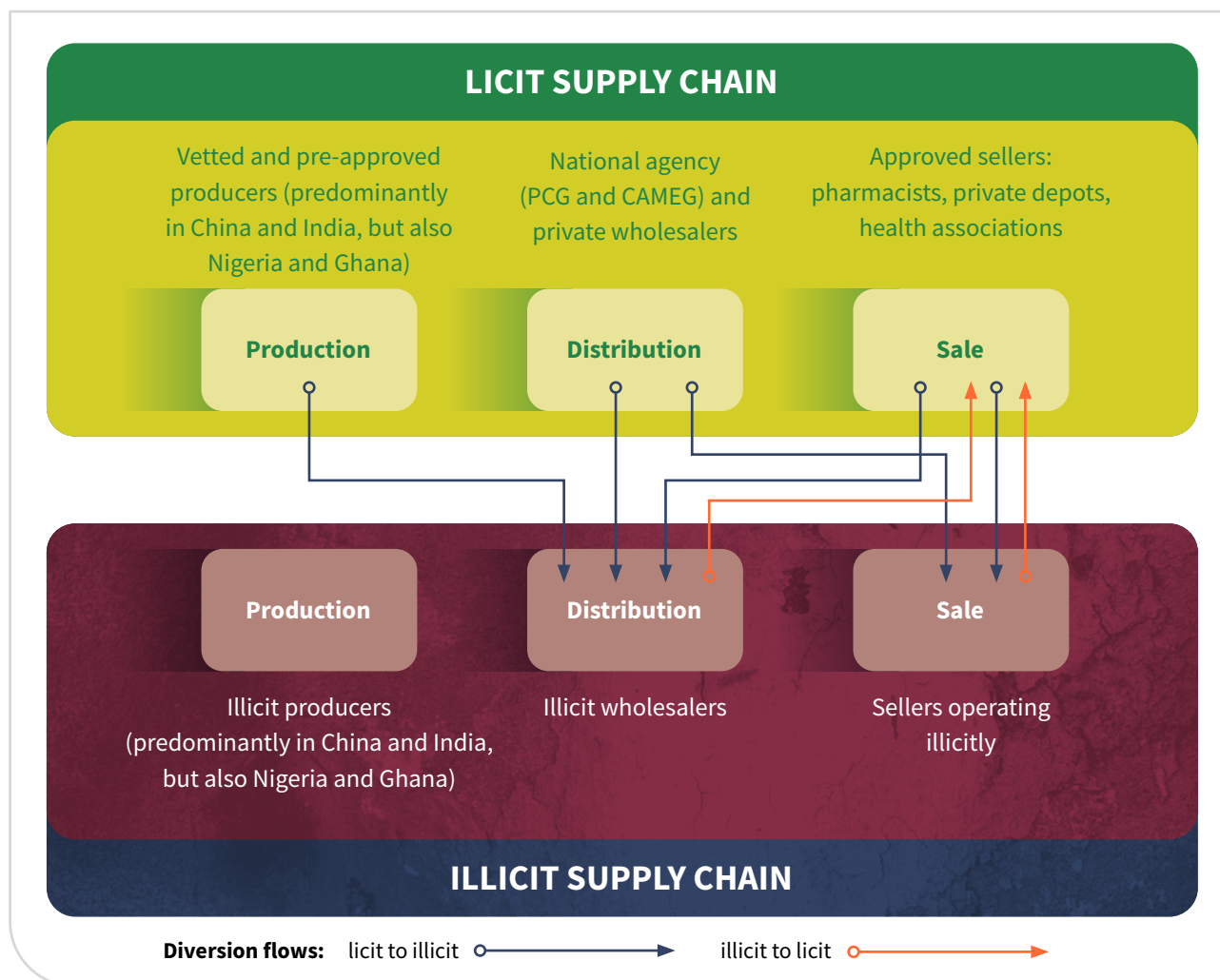
To understand the diversion of licit products, one must understand how the formal supply chain works. In Burkina Faso and Guinea, and more broadly in Francophone West Africa, the formal market is fairly centralised, albeit with some variation, with a limited number of actors involved in the chain, compared to the more diffused organisation in Anglophone countries.<sup>26</sup>

Generally, there is one public or semi-public wholesaler (Central d'Achat des Médicaments Essentiels Génériques [CAMEG] in Burkina Faso and Pharmacie Centrale de Guinée [PCG] in Guinea), which buys most of the generic and essential medical products for the country, with a further five to ten private wholesalers/distributors.<sup>27</sup>

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Chart 1: Intersection between licit and illicit supply chains of pharmaceutical products



Source: Authors

These wholesalers import from pre-approved manufacturers and sell to approved retailers such as registered pharmacists, health centres, religious associations or non-governmental organisations (NGOs). Medical products can be diverted from the licit into the illicit market at various points in the supply chain: production, distribution or sale.

### Diversion at the production stage

At the production stage, sources revealed that illicit importers in Burkina Faso and Guinea make direct orders from legal (and illegal) laboratories in India, asking them to produce X amount of Y medical product, often with less of the active ingredient to reduce the cost.<sup>28</sup> Illicit medical products are hence sometimes produced at legal facilities, as the illicit market takes advantage of formal supply chains to produce and import illicit products.

### Diversion at the distribution stage

Diversion can also happen later in the chain, such as when a medical product is produced and imported into a country legally, through official channels, but is then distributed and/or sold illegally. The diversion happens, for Burkina Faso and Guinea, with the CAMEG and PNG or with official private wholesalers. Sources involved in this kind of trafficking have explained that it requires a network of several people working across the licit and illicit industries.<sup>29</sup>

In Burkina Faso for example, there have been numerous cases of CAMEG medical products being diverted. One criminal network was dismantled in Bobo-Dioulasso, in south-west Burkina Faso, in 2018. According to

the authorities, 16 people, including CAMEG agents, pharmacists and private depot sellers, were involved in diverting medical products from CAMEG to around 30 health facilities in Burkina Faso and abroad.<sup>30</sup> In December 2021, eight of these, mostly CAMEG agents, were charged and sentenced to one year in prison and fines totalling 1 million CFA (EUR 1 524).<sup>31</sup> Despite internal reforms implemented by CAMEG, such diversion continues.<sup>32</sup>

### **Diversion at the point of sale**

Finally, diversion can take place at the last stage of the supply chain, i.e. at the point of sale. Several scenarios have been described, and cases are numerous given the large number of people involved in the sale.

For example, some pharmacists or depot owners ‘with less scrupulous ethics’<sup>33</sup> might sell their whole stock of a specific medical product to an individual, knowing that it is going to be sold on the illicit market since the quantity clearly exceeds what an individual could consume. Alternatively, pharmacists may sell out of date (or soon to be out of date) stock, instead of formally disposing of it, to make some money on the side.<sup>34</sup>

But diversion can also take place the other way around, from the illicit to the licit market. Data showed that most of the diversions from the illicit back to the licit happen at the distribution and sales stages – such as when a pharmacist (licit seller) buys medical products from the illicit market. This phenomenon has been reported in Guinea and Burkina Faso, as well as in other West African countries, including Nigeria, Togo, Benin and Ghana.<sup>35</sup>

A wholesaler at Sankariaré market in Ouagadougou explained that ‘pharmacists and depot owners come here to buy our medical products every day ... these are great products, good quality.’<sup>36</sup> Pharmacists will not sell obviously illicit medical products in their pharmacy: those with colourful boxes featuring big images depicting recognisable illnesses (a mosquito for malaria, a man holding his head for painkillers), as such products do not have marketing authorisation in Burkina Faso and other Francophone countries.

But they might be interested in buying the ‘ones that look exactly the same, and are cheaper, for bigger profits.’<sup>37</sup> According to a wholesaler in Sankariaré, some medical products imported via illicit channels are exactly the same as those imported through the official supply chain (though that claim could not be independently verified).<sup>38</sup> These medical products could have been diverted directly into Sankariaré market, or imported illicitly earlier in the chain.

One pharmacist, however, cast doubt on the prevalence of this practice, highlighting numerous administrative hurdles, the high risk of seizure due to potential inspections by the health ministry, and limited profit margins to justify the risk.<sup>39</sup> The profits made by pharmacists buying from the illicit sector could not be independently assessed, but the risk of seizure is more likely to be an issue for pharmacists operating in the capitals than in rural areas where oversight is laxer.<sup>40</sup>

### **Drivers for illicit actors: High profitability, low risk**

The illicit medical products market is shaped by the dynamics of supply and demand. In West Africa, which has some of the highest rates of malaria on the continent, the most common type of illicit medicines are antimalarial pills, with estimates that 48% of the market (around US\$438 million) comes from illicit sources.<sup>41</sup> Other major categories include antibiotics and antiretrovirals (HIV/AIDS), given the high rate of communicable diseases in the region.<sup>42</sup>

The illicit market adapts to shifting demand, maximising profits during certain periods, for example antimalarial treatments during malaria season (August to November in West Africa) or medical products for coughs, colds and fevers during the winter season

The illicit market is split almost evenly between generic and patented products



(November to February). Supply chains also flex quickly to meet new sources of demand – such as for vaccines during meningitis outbreaks.<sup>43</sup>

At the peak of the COVID-19 pandemic in the region, illicit networks responded to a surge in demand for chloroquine, which was thought at the time to be an effective treatment.<sup>44</sup> This resulted in a sudden price hike in Senegal from CFA 250 (EUR 0.38) to CFA 1 500 (EUR 2.40) per tablet of Nirupquin (100 milligrams of chloroquine).<sup>45</sup>

The illicit market is not confined to high-value medical products or well-known brand names but is split almost evenly between generic and patented products. Products range from expensive hormones, steroids and cancer medical products to inexpensive generics such as paracetamol.

Profits are made by illicit actors from different products, at various points and levels in the supply chain.

At the lower end of the scale is generic paracetamol. It is cheap to produce and distribute, hence its market price is low, including in the legal market. However, street sellers (the lowest rung in the illicit medical product market) are able to make five times the profit made by pharmacies, by selling pills individually instead of in boxes of 10.<sup>46</sup> This exemplifies one end of the market, where cheap medical products are sold by a vast number of small-scale sellers.

At the expensive end of the market, anticancer medical products or anaesthetics are sold directly to official health centres and pharmacies by illicit wholesalers, sourced either from licit or illicit manufacturers (such as clandestine laboratories). Pharmacists or health workers buying these products know that they are buying from the informal market but are attracted by the larger profit margins. Products are reportedly 30–50% cheaper on the illicit market but can be sold on to consumers at full price.<sup>47</sup>

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While no comprehensive data exist for West Africa, the annual profits of the global market range from US\$30 billion to US\$75 billion and West Africa is a key market.<sup>48</sup>

Moreover, the profit-to-investment ratio is vast: the international Institute of Research Against Counterfeit Medicines (IRACM) estimates that the turnover of the counterfeit medical products market is 20 times that of the heroin market,<sup>49</sup> and Pfizer assessed

that one kilogram of heroin has higher production costs and a lower street value than one kilogram of counterfeit Viagra.<sup>50</sup> Counterfeiting is just one aspect of the illicit market, which also includes substandard, spurious and falsely labelled products, meaning that the total market is even larger.

Alongside high profits, actors also face relatively little risk, especially compared to cocaine or heroin trafficking. Guinea has a specific legislative framework which criminalises trafficking of medical products and outlines sentences of 5 to 10 years in prison, compared with 10 to 20 for drug trafficking,<sup>51</sup> but it is an outlier among West African countries.

Burkina Faso, for instance, has no specific national law criminalising illicit medical products trafficking and instead has to rely on parts of the health code (e.g. illegal conduct by pharmacists) and the broader penal code (e.g. counterfeiting goods) – meaning that penalties cannot exceed two years, compared with 10 to 20 years for drug trafficking.<sup>52</sup>

This attractive combination of limited risk and high reward has driven a significant expansion of the market in West Africa. Some are even transitioning from other illicit drugs and licit businesses, such as construction, into the illicit medical products market.<sup>53</sup>





*Market stall in an enclosed market area in Conakry, Guinea*

### **Drivers for consumers: Access, cost and legitimacy**

Lack of availability and poor access to medical products is a central driver of the illicit market. As noted, the West African region has a high rate of communicable diseases, with HIV/AIDS, tuberculosis, malaria and neglected tropical diseases (NTDs) resulting in the majority of deaths.<sup>54</sup>

The demand for medical products is often not fully met through formal channels due to a lack of reliable supply. According to one pharmacist, delays in the delivery of vital anticancer medical products by official producers have resulted in illegal imports being sold to pharmacies and hospitals in Ouagadougou.<sup>55</sup>

The dearth of official pharmacies presents another challenge and has become particularly acute across swathes of Burkina Faso which are experiencing a high degree of insecurity. Even before the recent conflicts in the Sahel, the region had an extremely low number of pharmacists per capita. Burkina Faso and Guinea are now both at 0.15 per 10 000 inhabitants, well below the global average of four and also below the sub-Saharan Africa average of 0.8.<sup>56</sup>

The second major driver for consumers is cost, as medical products across the spectrum are consistently cheaper through illicit channels. Just as for retailers at the lower and higher ends of the market, individual consumers and health workers (pharmacists, nurses, doctors) can access a wide range of common medical products by the box, for between 30% and 60% cheaper than on the formal market.

For example, Doliprane (a brand of analgesic and antipyretic containing paracetamol, produced by Sanofi), which is sold at FG 50 000 (EUR 5.84) at the official pharmacies in the Madina market in Conakry, can be purchased elsewhere for a third of that price.<sup>57</sup> In Burkina Faso, it is a similar story for Efferalgan (another brand of paracetamol, produced by UPSA).<sup>58</sup>

The examples of Doliprane and Efferalgan highlight a key dynamic driving demand – consumer confidence. Consumers of illicit medical products in Burkina Faso and Guinea, and more generally in the subregion, often do not trust generics because they are thought to be lower-quality medical products produced only for African countries.<sup>59</sup> Some therefore prefer to buy branded products from open-air markets or from street sellers rather than generic paracetamol from pharmacies. This is despite the fact that branded products such as Doliprane are more than 10 times the price of generic paracetamol in Burkina Faso,<sup>60</sup> and up to 25 times more expensive in Guinea.<sup>61</sup>

By contrast, the illicit market enjoys a high degree of legitimacy. Retailers and wholesalers claim that their medical products are good quality and that people are happy with them – according to one wholesaler, ‘even pharmacists come to us!’<sup>62</sup> Consumers trust these informal sellers, from large wholesalers in open-air markets to street sellers, who they see not as criminals but as people providing access to medical products without asking questions and without charging for a consultation.

The level of popular support which the illicit market enjoys is well demonstrated in Burkina Faso and Guinea. Sankariaré market, in the centre of Ouagadougou, is a key hub. According to a police officer, it is a ‘no-go zone’ for law enforcement; if police officers enter the market and start to ask questions, seize or arrest people, shopkeepers and the general population begin to riot and chase them away.<sup>63</sup>

In early 2019, the Burkinabe authorities carefully planned and executed an operation in Sankariaré market, and seized about 28 tonnes of medical products.<sup>64</sup> The next day, shopkeepers went to the police to complain, asking why they would take away their source of revenue, and requested that the authorities ‘give back what belongs to them.’<sup>65</sup>

In May 2022, the spokesperson for a network of illicit retailers and wholesalers was arrested by the Guinean authorities. To express their discontent, wholesalers and retailers closed their shops and demonstrated in Madina market.<sup>66</sup> On another occasion, following the seizure of containers at Conakry port by the authorities, illicit sellers closed their shops and organised a sit-in to protest against administrative hurdles, with chants of ‘enough is enough.’<sup>67</sup> Similar stories are told across the subregion.

## Routes

### Source countries

India and China are the principal source countries for the illicit and licit medical products that find their way into West Africa. Most medical products are imported by sea through the main ports in Conakry (Guinea), Tema (Ghana), Lomé (Togo), Cotonou (Benin) and Apapa (Nigeria).<sup>68</sup>

India and China are the principal source countries for the illicit and licit medical products in West Africa



Typically, illicit manufacturers do not export their medical products directly and instead use intermediaries in local freight companies connected to the West African diaspora – for example the Nigerian contingent in the city port of Guangzhou in China.<sup>69</sup> The journey can take several months, involving a number of transit points popular with traffickers, including the free trade zones in the United Arab Emirates and Egypt, as a means of concealing the original source of the shipment.

Within the subregion, Nigeria and Ghana are the major manufacturers of both licit and illicit medical products, whereas large-scale production is more limited in Francophone West Africa. Of the 172 pharmaceutical manufacturers based in ECOWAS countries, 120 are in Nigeria and 37 in Ghana.<sup>70</sup> These official producers sit alongside a raft of illegal labs, some of which were recently dismantled in Niger and Guinea.<sup>71</sup>

### Guinea: Maritime import and redistribution

The port of Conakry is the primary entry point for international shipments of medical products (largely from India and China) into Guinea. Meanwhile, the Ahmed-Sékou-Touré International Airport in Conakry tends to receive flows of so-called ‘French medicines’ from within the region, generally trafficked from Senegal and Morocco (Chart 2).<sup>72</sup>

Once the illicit medical products are cleared through customs, they are transported by truck to the Madina market in Conakry.<sup>73</sup> The Madina market is the epicentre of illicit trafficking of medical products in Guinea and an important storage and distribution hub for the subregion.<sup>74</sup> Dozens of depots there store illicit medical products before they are transported on to various destinations. While some are sold within the country, the large proportion is diverted elsewhere in the subregion, including Senegal, Mali, Mauritania, Guinea Bissau and Côte d’Ivoire.

The journey from Madina market to Côte d’Ivoire can take up to a month.<sup>75</sup> Goods arrive first at Senko (Guinea) and then Bouake (Côte d’Ivoire) – the two major transit hubs for the Côte d’Ivoire market – before being distributed throughout the country and especially via Adjame market where a significant volume of illicit medical products is sold.<sup>76</sup>

Chart 2: Medicine trafficking routes in Guinea



Source: Authors

Mali is another major destination. In 2022, following ECOWAS sanctions and border closures from January to July 2022, Guinea was the only member to retain open borders with Mali and trade from Conakry increased as traffic was diverted there from other regional ports. Routes from Conakry to Senegal have also multiplied since 2019, as the former main route, through Kédougou, declined in the face of increased border surveillance by Senegalese authorities.<sup>77</sup> Touba, Senegal, is a main node for overland trafficking flows from Guinea. The city hosts over 400 warehouses, from where illicit medical products are distributed to different cities, including Dakar.<sup>78</sup>

Other Guinean cities, including Kankan, Siguiri, Mamou, Labe and Nzérékoré, are also supplied to a significant extent by the Madina market. In Forécariah, 80 kilometres from Conakry, the illicit medical product market is widespread. The town is both a destination and a transit hub for medical products, partly because of a severe lack of public health facilities and regular shortages, but also because of its advantageous location, just 30 kilometres from the border with Sierra Leone.<sup>79</sup>

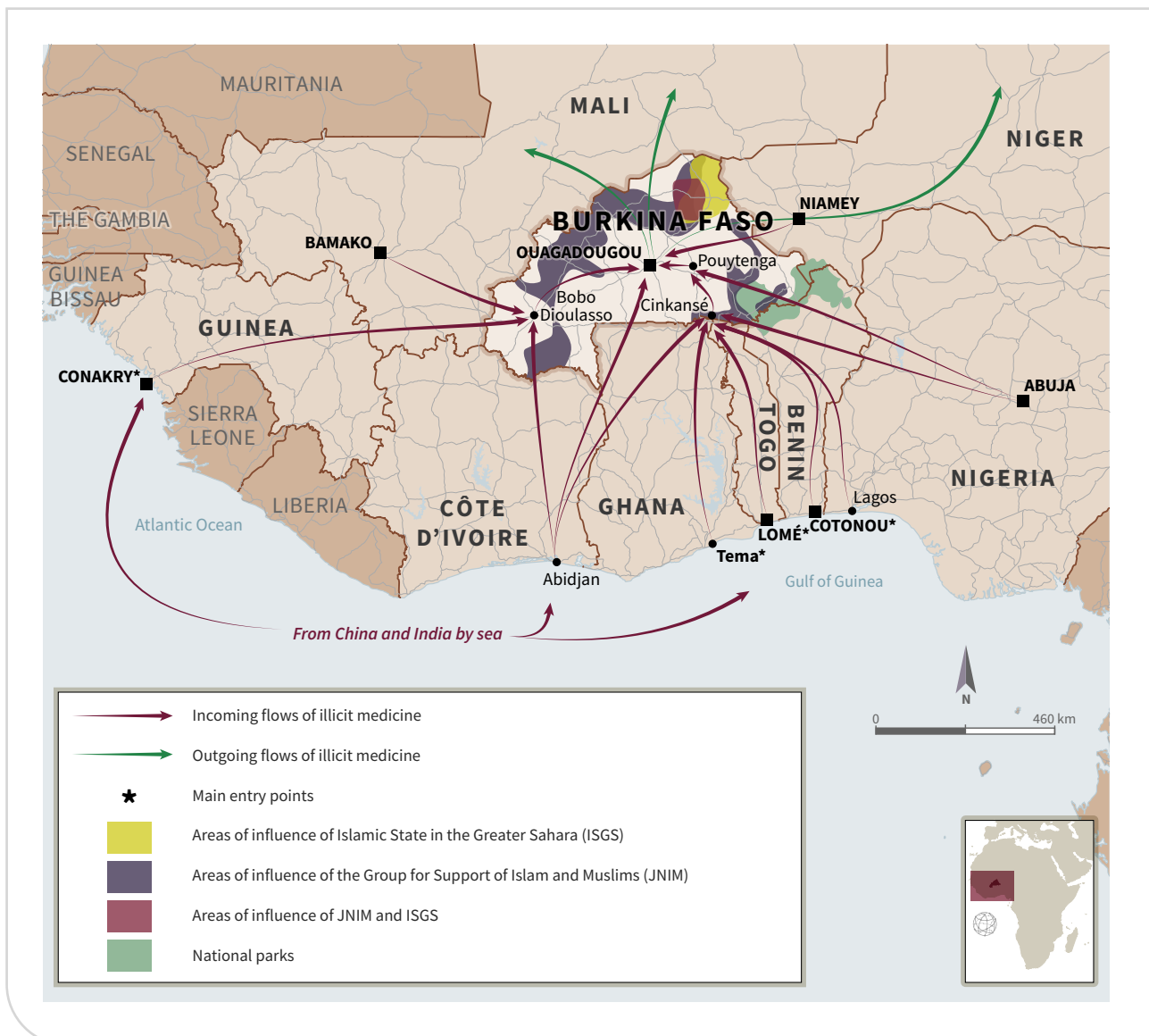
## Burkina Faso: Landlocked transit and consumption hub

While the port towns of Conakry (Guinea), Tema (Ghana), Lomé (Togo) and Cotonou (Benin) are the primary entry points for medical products coming from India and China by sea, landlocked Burkina Faso plays host to a number of critical stocking and redistribution hubs, which gather and dispatch them to consumers around the region.

The town of Cinkansé, which lies at the tri-border with Ghana and Togo, is one such hub – a first step for medical products that have been either manufactured within the region (likely Nigeria or Ghana), or imported via Tema and Lomé. It sits just across the border from Cinkassé, one of Togo’s principal transit points for illicit commodities entering and exiting the country. Togo itself is an important corridor for goods, both licit and illicit, destined for the landlocked countries to its north, and almost all of this trade passes through the Cinkassé/Cinkansé node.<sup>80</sup>

While the biggest flows into Burkina Faso come from the seaports of the West African coast, various sources, including a wholesaler involved in trafficking, reported that medical products also come overland from Bamako, Mali, into Ouagadougou.<sup>81</sup> A key transit hub for the medical products coming through Guinea and Mali is Bobo-Dioulaso, in the west of Burkina Faso, close to the Malian and Ivorian borders.

Chart 3: Medicine trafficking routes in Burkina Faso



Source: Authors



Further inland, Pouytenga is a key market town where illicit medical products imported from the ports to the south or by road from the east converge. Pouytenga is a natural crossroads as it lies at the intersection of all national roads running from the east (the N18 and N6 from northern Benin) and the south-east (the N16 from Ghana and N17 from Togo). This enables the town to operate as a stock and redistribution centre for a range of illicit commodities, including motorbikes, fuel, medical products, goods (agrifood such as oil and rice) and drugs, including cocaine and hashish.

Kaya, which lies 100 kilometres from Ouagadougou, has increased in importance as an illicit medical products market. One customs officer in Kaya estimated that the market had doubled since 2019.<sup>82</sup> The increase in the market is driven by higher demand – Kaya’s population has doubled since the security situation deteriorated in 2019, leading to internal displacement from northern regions of Burkina Faso (Sahel, Nord, Centre-Nord).<sup>83</sup> This influx of people has increased demand for almost everything, including illicit medical products. The actors involved in the market have adapted to the insecurity, and the routes and key hubs have remained much the same.

Ouagadougou is another key consumption and redistribution hub in Burkina Faso. The vast majority of medical products, having transited through Cinkansé, Pouytenga or Bobo-Dioulasso – depending on their origin – arrive in the capital. There are two particularly important open-air markets – Sankariaré and Roodwoko – where the main economic operators store large quantities of stock and use as a base from which to organise their activities, including redistribution to other open-air markets, street sellers, but also pharmacies, health centres and private depots in all 13 regions of the country.

## Modus operandi

Different techniques are used for transporting containers from their countries of origin and for clearing customs when they arrive in West African ports. Importers rely on a combination of corrupt port officials and concealment. The latter relies on the large daily volumes of freight moving through the ports, which makes it difficult for port officials to physically screen all shipments.<sup>84</sup> According to a customs source, false declarations on the cargo manifest at the point of entry are the most common strategy; importers might declare the cargo as cookies, plastic bowls or paint instead of medical products for which they have no authorisation.<sup>85</sup>

Fraudulent rebranding is another method. Importers swap labels with other products or use packaging for goods that are not subject to prohibition or authorisation of importation.<sup>86</sup> Importers have developed

Importers rely on a combination of corrupt port officials and concealment of illicit medical products



Sample of medicines seized by customs in Kaya and Ouagadougou, Burkina Faso

more sophisticated methods to evade targeted checks at the ports. A customs source said that, in at least one case, illicit medical products were wrapped in rubber and hidden in a drum filled with oil to evade detection.<sup>87</sup>

After clearance at the ports, a significant number of medical products are transported north into the landlocked countries, while the rest go to neighbouring states or to other parts of the country. To cross borders and deliver the illicit medical products across to the Sahel, there are two options: keep the medical products on a large truck and cross at a border point, or break the shipments down into smaller packages and transport them on motorbikes or bicycles.

In the first case, transporters either bribe customs officials or hide the medical products among other goods. Again, significant legitimate trade volumes from ports across the Gulf of Guinea to the landlocked Sahel aid this movement by allowing for the concealment of illicit flows. According to the inspection services in Burkina Faso, ‘they hide the illegal merchandise at the bottom of the truck, meaning that customs officers would have to go through hundreds of boxes to find them – and that is impossible.’<sup>88</sup>

In cases of bribery, false paperwork, including import authorisation, is procured from customs. The amount paid depends on the truck’s contents, which are negotiated and agreed beforehand. The higher the quantity of illicit goods, the higher the fee. One wholesaler complained that ‘even then, sometimes we have to add more to the bill, because policemen or gendarmes on the way also want something from us. Maybe 50 000 CFA (EUR 76), sometimes more.’<sup>89</sup>

In the second case – where smaller loads are moved on minor roads to avoid border posts – motorbikes, bicycles, cars, taxis and buses are used. While law enforcement can operate outside border posts, they have limited means to stop the vehicles. According to customs, groups of up to 50 motorbikes can cross at once, making it hard for customs to intervene and stop them.<sup>90</sup> Two dozen bags can be piled up on one motorbike, with an estimated sale value of between 10 and 15 million CFA per bike load (EUR 15 200 to EUR 22 900).<sup>91</sup>

It is not uncommon for the driver (of the motorbike or bicycle, or even truck) to leave the merchandise behind in the event of an arrest.<sup>92</sup> Illicit medical products can also be brought in with taxis or buses, hidden among passengers’ bags. Market days are exploited as the flow of vehicles on the roads is greater. Emphasising the permeability of borders across the subregion, the customs official concluded ‘you see, once the medical products are in the subregion [meaning that they have passed through the ports], there is nothing we can do.’<sup>93</sup>

## Actors

The networks behind the illicit market for medical products rely on a number of individuals with specific roles in the production or distribution process, including importers, transporters/carriers, middlemen/intermediaries, wholesalers and street sellers/dealers. Yet, the illicit market can only flourish with the complicity of state officials such as law enforcement officers, border control agencies and politicians. The network also involves corrupt officials in the health sector, such as pharmacists, doctors and nurses.

The illicit market can only flourish with the complicity of state officials and corrupt officials in the health sector

The illicit medical products market is therefore characterised by complex interlinkages between the formal and the informal sectors. Overlaps between the two were described by sources at many different stages of the supply chain, and an important section of those involved in facilitating medical product trafficking comes from the formal health market (pharmacists, doctors, nurses, officials working in regulatory agencies).

Data on Burkina Faso and Guinea, as well as previous research in the broader subregion, indicate that the national wholesaler is the critical node in the network. A wide range of actors are needed along the supply chain for the medical products to be produced, distributed and sold, but the wholesaler is the link between all the actors.



*Seasonal malaria chemoprevention (SMC) tablets received by a patient at a health centre in Koubri, south-east of Burkina Faso's capital Ouagadougou, 19 August 2019*

Through their networks, sometimes in the diaspora, wholesalers contact production facilities in Asia, hire intermediaries to import the merchandise, and pay transporters to bring the medical products to storage and redistribution points, engaging along the way with an array of distributors in the formal and informal sectors.<sup>94</sup> Such wholesalers are typically businessmen with ‘long arms and influence [over] political actors,’ who simply go ‘where the money is’ – be it in the food industry (rice, oil), or illicit medical products and cigarettes.<sup>95</sup>

## Enablers

### Corruption

Corruption plays a crucial role in allowing the illicit market to thrive, despite countermeasures taken by national and regional authorities. As noted, the illicit market is to a significant extent underpinned by corruption. From health officials diverting products to street sellers, doctors selling directly to patients without a prescription and customs agents taking bribes to falsify paperwork and provide little or no oversight on a patrol. But corruption is not only present at the lower levels.

In Burkina Faso and Guinea, sources reported interference in law enforcement from influential people. Some Burkinabe gendarmes interviewed said ‘we give up, we know all the efforts in the world won’t make a single difference.’<sup>96</sup> Such interference might be passive or active, such as where a planned law enforcement operation does not happen or a seizure and arrest results in both the merchandise and the person being released.

Respondents cited two occasions, in 2017 and 2019, where an important operation was cancelled at the last minute because of political interference. While no one could say who was behind it – or did not want to – all agreed that it came from the very top of the political class.<sup>97</sup> For the respondents, it was clear that it came from someone close to the presidency given the scale and the cross-departmental nature of the operation.<sup>98</sup>

In Guinea in 2019, customs seized more than 10 truckloads of illicit medical products belonging to the brother of the minister of defence under the then president Alpha Conde.<sup>99</sup> Following the intervention of the latter, the perpetrator was released, along with the material, and given an escort by the gendarmes.<sup>100</sup>

Guinea and Burkina Faso are not unusual and the involvement of embedded state actors in the illicit market is common in the region. In Benin, an MP was arrested in 2017 and accused of being a major actor in the medical smuggling market in Cotonou.<sup>101</sup>

In Senegal, the main actors in medical product trafficking belong to the Mouride community, a Sufi religious order that holds significant political influence and electoral weight.<sup>102</sup> According to some interviewees,

*A sample of medical products seized in Sankariaré market by Burkinabe authorities during Operation Heera, 2019*



Senegal's delay in signing up to the Council of Europe's MEDICRIME Convention – an international instrument criminalising the trafficking of illicit medical products and similar crimes which represent a threat to public health<sup>103</sup> – was thought to be due to the influence of this group in Senegalese politics.<sup>104</sup>

For many interviewees, the role of corruption was beyond question. As one member of an NGO focusing on corruption in Burkina Faso put it, 'if the market was not protected, it could not happen in front of everyone's eyes in the centre of the capital.'<sup>105</sup>

### **Insecurity**

The impact of instability on the illicit medical product market in Burkina Faso largely mirrors that in other Sahelian countries experiencing deteriorating security, such as Mali. Although armed group activity in Burkina Faso can be traced to 2015, the conflict has intensified dramatically in recent years, with incidents of armed conflict doubling from 2018 to 2019, and doubling again between 2020 and 2021. In 2022, the data so far suggest even higher levels of violence than in 2021.<sup>106</sup> The country has now become the epicentre of the crisis in the Sahel.

Poor access to formal medical products is another driver of the illicit medical products market. Official channels may simply be unavailable in situations where, because of security risks, formal supply chains cannot reach health centres or pharmacies, or health institutions are forced to shut down. In Burkina Faso, as in other areas of the Sahel, key transport routes have been rendered inaccessible to formal medical product suppliers due to the risk of attack and general insecurity.

Insecurity has enabled the expansion of trafficking for a range of illicit economies as more and more regions of the north and east of Burkina Faso have become inaccessible for the authorities. Customs posts have closed, leaving the main roads leading into the country from Mali and Niger 'wide open' to traffickers, according to a customs official in Kaya, a town in Centre-Nord region, 100 kilometres from Ouagadougou.<sup>107</sup>

In addition, law enforcement agencies 'have had a lot on their plate, and fighting against illicit medical products has not been a priority.'<sup>108</sup> As authorities lose their reach, informal supplies of medical products fill the vacuum, as traffickers make arrangements with the armed groups exerting influence over these transport corridors, through the payment of levies or taxes. Consequently, instability has depleted the formal supply, while enabling illicit flows to continue, granting them greater dominance in the affected areas.<sup>109</sup>

By blocking formal supply channels and debilitating law enforcement responses, instability can negate previous gains in regulating the illicit medical product market.



### The role of armed groups in the illicit medical products market in Burkina Faso

- Taxing licit and illicit medical products passing through their zones of influence
- Consuming medicines, particularly tramadol and rivotril
- Attacking and looting pharmacies to get supplies of medical products
- Diverting medical products and selling them on directly (although this remains extremely rare)

Many stakeholders have queried whether armed groups in Burkina Faso, and the Sahel more broadly, are drawing revenues from the booming illicit medical products market. Armed groups levy taxes on goods which flow through the territories under their influence, mostly the key transportation corridors of the Sahel. This includes licit and illicit medical products passing through or being sold in the villages and towns in areas under their control.

Consequently, armed groups primarily profit indirectly from the market through taxation. Although armed groups are clearly major consumers of illicit medical products – the use and trafficking of tramadol and rivotril, in particular, has exploded in the subregion<sup>110</sup> – there is little evidence of their direct involvement in illicit medical product trafficking.

Armed groups are not a primary actor in the illicit market of medical products



In Burkina Faso, there were two incidents in 2022, one in the east and the other in the north, where trucks full of medical products from a licit private wholesaler, with a total value of CFA 480 million (EUR 730 240), were diverted by a violent extremist group, likely Jama'at Nasr al-Islam wal Muslimin (JNIM).<sup>111</sup> While no one could say what happened with these medical products after being diverted, most respondents agreed that the armed group likely retained some for their own consumption, but sold a portion on the market to generate revenue.

However, at this stage, such incidents are the exception rather than the rule, and armed groups are not a primary actor in the illicit market of medical products. In Burkina Faso, as across the Sahel more broadly, illicit medical product flows are predominantly a source of indirect rather than direct financing.

### Regional and national responses

There have been some impressive regional efforts such as the establishment of the African Medicines Agency and the Pharmaceutical Manufacturing Plan for Africa, which will improve both the local production and the regulation of medical products at the national level. Even so, it is estimated that only 15% of national medicines regulatory authorities (NMRAs) have a legal mandate to perform all five critical regulatory functions: marketing authorisation, pharmacovigilance, post-market surveillance, quality control, and clinical trials oversight.<sup>112</sup>

Throughout the years, robust international programmes and operations have been introduced to combat illicit medical products, including the WHO's Global Surveillance and Monitoring System, and Interpol's Operation Pangea in 2008 and Pangea XIV in 2021. Most notably, Interpol's operations in West Africa, Operation Heera and Operation Flash (the latter targeting COVID-19-related medical products), successfully led to the seizure of EUR 41 million<sup>113</sup> and 12 million<sup>114</sup> of illicit medical products, respectively.

Robust international programmes and operations have been introduced to combat illicit medical products



Enforcement at the national level, however, has been limited or ineffective. In Guinea, an intervention brigade was established following its ratification of the MEDICRIME Convention.<sup>115</sup> In December 2018, the brigade intercepted a truck carrying FG 33 billion (EUR 3 493) in illicit medical products – regarded as its first major operation.<sup>116</sup> However, the seized products disappeared, ultimately leading to the arrest of the commander of the Guinean Gendarmerie.<sup>117</sup>

### ECOWAS framework

All countries in the subregion, to various degrees, are affected by the illicit medical products trade. ECOWAS has therefore recognised it as a key issue and has taken several initiatives to tackle it. Generally, these ECOWAS initiatives aim to provide guidance at the regional level, harmonise the policies of member states and enhance cooperation and the pooling of resources.<sup>118</sup>

The ECOWAS approach tackles the issue at various levels. First, at the commission level, the tackling of trafficking in illicit medical products is part of the mandate of its Drug Unit and is one of the 11 thematic areas monitored by the organisation’s Early Warning System (ECOWARN). Second, ECOWAS has put in place several networks to discuss and foster regional cooperation.<sup>119</sup> The main network is the West African Epidemiology Network on Drug Use (WENDU), which published an extensive report in 2019.<sup>120</sup>

#### ECOWAS guiding documents

- ECOWAS WAHO Regional Action Plans to Address the Growing Problem of Illicit Drug Trafficking, Organized Crime and Drug Abuse (2010–2016 and 2016–2020 – with the latter still being the guiding document as of December 2022)
- ECOWAS WAHO Regional Pharmaceutical Plan (2014–2025)
- ECOWAS draft legal and legislative framework for dealing with counterfeit and illicit trade in medicines in 2018
- ECOWAS Anti-Counterfeit Committee (EMACCOM) created in 2013, a working group comprising focal points (pharmacists) from each country which is supervising the implementation of the Regional Action Plan

In addition to regional guidance and structures, ECOWAS has since 2018 worked in cooperation with each member state to design national master plans which identify areas requiring ECOWAS support in each country. Notably, the Burkina Faso master plan has not been completed after two military coups in January and October 2022 led to significant delays – all other member states submitted their plans as of December 2022. However, while identifying gaps and developing policies based on this assessment is a good initiative, these plans are mostly concerned with the trafficking and consumption of illicit drugs – promoting awareness campaigns and rehabilitation facilities – but barely touch upon the trafficking and consumption of illicit medical products.<sup>121</sup>

This is not only a limitation in the national drug master plans but is an organisation-wide issue. While there has been increasing focus within the ECOWAS Commission on the illicit medicine economy, the focus remains on narcotics. ECOWAS representatives interviewed highlighted the need for a greater focus on illicit medical products, as well as developing distinct means of tackling illicit medical products, in order to receive the necessary investment.<sup>122</sup>

On the side of ECOWAS member states, some sources stated that ‘the structure is in place [referring to laws, action plans, committees] but the activities are rather seldom,’ with many pointing out that pharmacists from the region were not involved during the 2021–2022 period.<sup>123</sup>

Finally, while ECOWAS establishes guidance at the regional level, the impetus for implementation remains within each member state, and further support is rather limited. According to the African Development Bank, the continent imports 70–90% of its medical products.<sup>124</sup> Given that illicit commodities hide in the sinews of the licit, this large trade inflow provides huge opportunities for the concealment of illicit medical imports, particularly as the source countries for both markets overlap to a significant extent. ECOWAS could therefore take the lead on developing regional manufacturing and governance.

All those interviewed during this research highlighted the region’s dependence on Asia, and more generally on foreign laboratories, as a key vulnerability, which not only encourages trafficking, but also leaves Africa vulnerable to global shortages of malaria medication, HIV/AIDS treatments or vaccines – a problem that was brought to the fore during the COVID-19 pandemic.<sup>125</sup>

ECOWAS has recognised the importance of developing regional and national manufacturers, and it is a central point in its Regional Pharmaceutical Plan (2014–2025), but the drive for domestic manufacturing, particularly following the pandemic, has come mainly from the private sector.<sup>126</sup> Burkina Faso opened its first essential medical production facility (including paracetamol) in late August 2022, entirely financed by the private sector, at a cost of CFA 15 billion (almost EUR 23 million).<sup>127</sup>

## National frameworks

Chart 4: Institutions with an illicit medicines mandate, Burkina Faso and Guinea

### Guinea

Institution	Type	Role
National Pharmacy of Guinea	Health Ministry/Government	Supply of public health structures with pharmaceutical products at the national level
MEDICRIME brigade	Interministerial/Government	Composed of customs, gendarmerie, police, health and trade representatives
Law enforcement: gendarmerie, police and customs	Government	Independently from the committee, law enforcement bodies have a mandate to arrest and investigate cases of pharmaceutical crimes
National Organisation of Pharmacists of Guinea (ONPHG) and the Union of Private Pharmacists of Guinea (SYPHOG)	Civil society organisations (CSOs)	Ensure compliance with the principles essential to the practice of pharmacy and medicine, as well as the observance by all its members of the professional duties enacted by the code of ethics of both professions
US Pharmacopeia	CSOs	Providing assistance to the government of Guinea with the testing of medicine. Funded by USAID. Programme called Promoting Quality of Medicine (PQM)

## Burkina Faso

Institution	Type	Role
National Agency for Pharmaceutical Regulations (ANRP)	Health Ministry/Government	Coordination of all regulatory missions in the pharmaceutical sector, including: marketing authorisation, inspection, import control, quality control, medicines promotion, etc.
Access to Health Products Directorate (DGAP)	Health Ministry/Government	Operationalise the health products policy and ensure access to health products, including: selection of medicines, financing and pricing, purchase and distribution, development of the pharmaceutical industry, etc.
National Laboratory of Public Health	Health Ministry/Government	Technical arm of the ANRP: testing of samples taken at all levels of the supply chain (quality control)
National Committee against Drugs	Interministerial/Government	Focus on illicit drugs and medicines, with four main axes: prevention, repression, medical care and social reintegration. Composed of customs, gendarmerie, police, health and trade representatives
Law enforcement: gendarmerie, police and customs	Government	Independently from the committee, law enforcement bodies have a mandate to arrest and investigate cases of illicit trafficking of pharmaceuticals
Central Purchasing Agency for Essential Generic Medicines (CAMEG)	Private non-profit organisation with a public service mission	Supply of public health structures with pharmaceutical products at the national level
Pharmacists' and doctors' national boards	CSOs	Ensure compliance with the principles essential to the practice of pharmacy and medicine, as well as the observance by all its members of the professional duties enacted by the code of ethics of both professions
US Pharmacopeia	CSOs	Providing assistance to the government of Burkina Faso with the testing of medicine. Funded by USAID. Programme called Promoting Quality of Medicine (PQM)
Network for Access to Essential Medicines (RAME)	CSOs	Wide range of objectives including: promotion of national and international directives application, proposal to the government measures that can help improve access, contributing to the implementation of community health programmes, organising awareness campaigns
National Network against Corruption (REN-LAC)	CSOs	The main objective of the network (constituted of 20 CSOs) is to work towards the guarantee of good morality and transparency in the management of public affairs in Burkina Faso

Source: Authors

### Examples of good practice

Both Burkina Faso and Guinea have worked to centralise their markets to reduce the number of actors involved in the legal supply chain, and therefore maintain better control and reduce the opportunities for crossover into the illicit sphere. Both countries rely on a national agency to import the vast majority of their generic medical products (CAMEG and Pharmacie Centrale) and a limited private sector with 5 to 10 authorised wholesalers to cover other specific medical products and branded goods.



In Guinea, the number of private importers was dramatically reduced from 150 to 10 in 2021, thanks to a relentless fight led by the union of private pharmacists of Guinea, who threatened strike action in order to persuade the former president, Alpha Conde.<sup>128</sup> In September 2022, the military government further reduced the number to six, as it found that four of them were not active – suggesting that they had mostly been involved in importing illicit medical products and their business was reduced to nothing after countermeasures were taken.<sup>129</sup>

Clearly, increasing the accessibility and availability of medical products is an important part of tackling the illicit economy. In Burkina Faso, free perinatal care for pregnant women and children since 2016 has been highlighted as a positive development. In 2020, treatments under this policy cost just shy of CFA 32 billion (EUR 48 million), 60% of which was on medical products.<sup>130</sup>

Increasing the accessibility and availability of medical products is an important part of tackling the illicit economy



Between 2010 and 2020 the country improved accessibility by significantly expanding the reach of its public channel, CAMEG, in all 13 regions of Burkina Faso – regional depots increased from 6 to 10 and distribution depots (which are supplied by the former) from 36 to 70, mostly in towns and bigger villages. However, challenges remain. Distribution continues to be a challenge in more rural areas, and widespread insecurity has led to shortages and problems supplying the regional depots.<sup>131</sup>

Finally, awareness among the public can help encourage purchases from formal outlets. In Burkina Faso, campaigns run by various associations – including the pharmacist union whose former president made the issue ‘a personal mission’ for 10 years – were highlighted as having positive impacts by various stakeholders.<sup>132</sup>

### A new turn in the fight against illicit medical products in Guinea

Since coming to power on 5 September 2021, the Conseil National pour le Rassemblement et la Démocratie (CNRD), under the leadership of Colonel Mamadi Doumbia, has taken a series of measures to put an end to trafficking and illicit trade in medical products in Guinea, and it appears to be a policy priority.

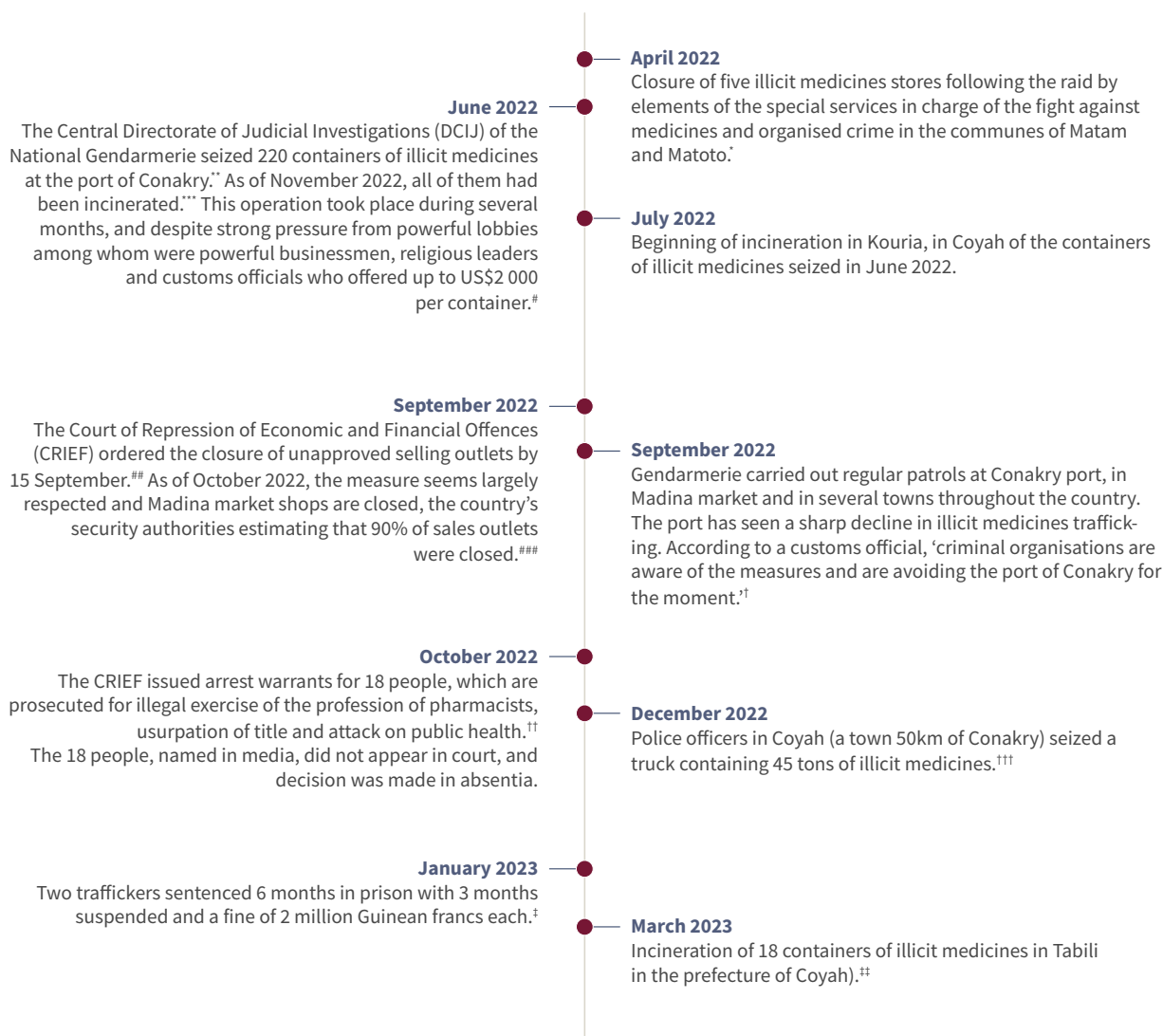
In April 2022, the CNRD invited actors such as the pharmacists’ association and MEDICRIME brigade to help put in place a plan to fight what they described as ‘a real public health problem in Guinea.’<sup>133</sup> Following this, a number of actions were taken by the authorities (see the timeline).

The authorities have sought to involve all relevant actors in the crackdown. ‘Everyone has to participate in this war against illicit medical products,’ said a key stakeholder interviewed in November 2022.<sup>134</sup> This includes governors, mayors, heads of neighbourhoods, imams, market leaders and citizens. Everyone is required to report any violation of the regulations, and if not, they risk being imprisoned.<sup>135</sup>

Despite these measures, and the government’s claimed success, several sources cast doubts over whether the trafficking of illicit medical products has been halted in Guinea. While it is clear that stores have closed and that traders and sellers are being more cautious in the current environment, illicit economies tend to become more clandestine in the face of crackdowns and rarely disappear. Moreover, official claims that illicit medical products cannot be found on the streets of Conakry have been disputed by residents, with one woman reporting that she was able to buy illicit medical products from the same market where she bought them before the ban.<sup>136</sup>

It is also worth remembering that it is not the first time such measures have been attempted. In 2009, the ruling junta under Dadis Camara introduced a ban, but after a temporary pause, the illicit market reappeared.<sup>137</sup> More recently, in 2019, the Guinean authorities under Alpha Conde ordered the closure of clandestine sales outlets for illicit medical products. However, he avoided any stricter measures for fear of angering his community in Kankan, which, due to the boom of artisanal gold mining in that region, is known to be an area with high levels of consumption of illicit medical products and narcotics.<sup>138</sup>

## TIMELINE OF ACTIONS TAKEN BY THE GUINEAN GOVERNMENT (APRIL 2022–APRIL 2023)



\* FAAPA, Guinée: Descente musclée des agents des services spéciaux contre les faux médicaments, 30 April, [www.faapa.info/blog/guinee-descente-musclée-des-agents-des-services-spéciaux-contre-les-faux-médicaments/](http://www.faapa.info/blog/guinee-descente-musclée-des-agents-des-services-spéciaux-contre-les-faux-médicaments/).

\*\* Association internationale des douaniers francophones, Guinée: Saisie de 220 conteneurs au port de Conakry chargés de médicaments contrefaits, July 2022.

\*\*\* Mosaïque Guinée, Affaire faux médicaments: sur les 240 conteneurs saisis, 220 sont déjà incinérés (Dr Péthé), November 2022.

# Interview with a Guinean political observer, Conakry, July 2022.

## Mosaïque Guinée, Croisade contre les faux médicaments et cliniques clandestines: l'interview-vérité de Dr Mohamed Condé, October 2022.

### RFI, La Guinée tente d'en finir avec la vente de médicaments au marché noir, 17 September 2022, <https://www.rfi.fr/fr/afrique/20220917-la-guinee-tente-d-en-finir-avec-la-vente-de-médicaments-au-marché-noir>.

† Interview with a customs official in Conakry, November 2022.

†† Guinée News, CRIEF : un mandat d'arrêt décerné contre 18 personnes pour exercice illégal de la profession de pharmacien, 31 October 2022.

††† Guinée News, Coyah: saisie record de 45 tonnes de faux médicaments par la police, 26 December 2022, [guineenews.org/coyah-saisie-record-de-45-tonnes-de-faux-médicaments-par-la-police/](http://guineenews.org/coyah-saisie-record-de-45-tonnes-de-faux-médicaments-par-la-police/).

‡ Affaire faux médicaments: Alpha Keïta et Sékou Mamady Camara condamnés par la CRIEF, Africa Press, 12 January, [www.africa-press.net/guinee-conakry/politique/affaire-faux-médicaments-alpha-keïta-et-sekou-mamady-camara-condamnés-par-la-crief](http://www.africa-press.net/guinee-conakry/politique/affaire-faux-médicaments-alpha-keïta-et-sekou-mamady-camara-condamnés-par-la-crief).

‡‡ Mamadou Baïlo Keïta, Guinée: 18 conteneurs de faux médicaments incinérés par les autorités, 21 March 2023, <https://guineematin.com/2023/03/21/guinee-18-conteneurs-de-faux-médicaments-incinérés-par-les-autorités/>.

Source: Authors

The current junta, on the other hand, appear less bound by such political calculations. It seems so far that the authorities will continue to put the fight against illicit medical products at the core of their policies. Potential pitfalls include maintaining consistency in the measures taken so far (in terms of repression, prosecution and political will), as well as the need to improve the supply of licit medical products into licit selling points.

According to a representative from the national pharmacy, since the entry into force of the prohibition on the sale of medical products on the open market, the authorities have taken steps to increase the capacity of the national pharmacy.<sup>139</sup> A MEDICRIME official supported this, giving the example of Siguiri, one of the localities that used to depend heavily on the illicit market for its medical products, which is now supplied by the central pharmacy of Guinea.<sup>140</sup>

However, according to a civil society organisation based in Conakry, the provision of medical products by the government is still not effective in many areas of Siguiri, Kankan and Guinea's forest regions, allowing for a boom in the illicit trade.<sup>141</sup> Furthermore, the prices of certain medical products have increased dramatically since September 2022: amoxicillin (antibiotic) has doubled in price (from FG 10 000 to 20 000, or EUR 1.02 to 2.12) in pharmacies, and Liptacold, a flu medicine, increased from FG 5 000 to FG 7 000 (EUR 0.53 to 0.74). This leaves many licit products out of the reach of potential consumers.

Given the scale of the criminal economy, the dependence of many individuals on it and the likelihood that the illicit market has been driven underground, the crackdown is less likely to have a lasting impact if measures are not taken in parallel. As of January 2023, it was reported that shops at Madina market were selling illicit medical products clandestinely.<sup>142</sup> Similar incidents have been reported by the media around Madina market, suggesting that the defence and security forces may still prefer to take bribes rather than apply the newly strict rules.

## Conclusion and recommendations

To shrink the illicit medical products market in a sustainable and long-term manner, the issues driving the demand for illicit medical products, namely accessibility and affordability, must be addressed. If these structural problems are not tackled, other interventions are likely to yield patchy or short-term results.

### ECOWAS

The ECOWAS Commission is central to the response to this illicit economy, and should devote resources to tackle the trafficking of medical products in a stronger and more comprehensive way. The complex supply chains feeding the illicit market of medical products dictate that responses must be international, and at the very least regional, to be effective.

- ECOWAS has a unique role to play at the regional level to enhance cross-border intelligence gathering and cooperation. One member state alone will not be able to tackle the circulation of illicit medical products as trafficking routes will shift rather than disappear if actions are not coordinated regionally. ECOWAS is well positioned not only to spearhead analyses of regional market drivers and price differences which incentivise smuggling, but also to ensure that responses are coordinated between member states, driving a more holistic regional approach.<sup>143</sup>
- Key to this is integrating medical product trafficking fully into the work of the commission, and more specifically the Drug Unit. The fight against the trafficking of illicit medical products must be made a priority and not secondary to narcotics.
- The ease with which illicit medical products can enter, circulate and be sold in the subregion should be addressed by systematic data-gathering and reporting systems at the national level but coordinated by ECOWAS. ECOWAS should support the development of national reporting tools and maintain a regional

database that could be used to better understand the illicit market (diverted, counterfeit, substandard, etc.) and design evidence-driven action plans.

## National authorities

National authorities, with the support of regional bodies, are best placed to tackle the structural drivers of illegal trafficking by addressing the demand for medical products.

- Given that there is a particularly high demand for smaller classes of medical product – including antimalarials – improving access to these products could make a significant dent in the illicit market.
- Investments in awareness campaigns which highlight the risks of purchasing medical products on the illicit market can also shape purchasing decisions.
- Criminal justice and law enforcement approaches must be carefully tailored to the criminal – rather than just informal – elements of the market, especially the high-level importers and illicit manufacturers who are central to market dynamics. Criminalising, and enforcing penalties on, low-level informal sellers is unlikely to shrink the market and instead make it more clandestine.
- Legal provisions relating to the trafficking of medical products are either limited, outdated or lack deterrent effect given the low penalties.<sup>144</sup> The trafficking of medical products should not be seen as a lesser priority, which results in criminal networks entering the market (sometimes transitioning from other businesses) because of the high profitability and low penalties.
- National authorities should improve regulatory frameworks, focusing on high-level actors within the trade (manufacturers, wholesalers and sellers) and those protecting it (corrupt health agents, customs and security officials and political figures).
- The crime of trafficking of illicit medical products should be included in the penal code of each country as a serious offence, and not only in public health codes or part of pharmaceutical legislation. This would be aided by regional ratification of the MEDICRIME Convention. Burkina Faso and Guinea are the only West African countries to have ratified it, but Burkina Faso has not yet incorporated it into its national criminal law.

## Civil society

Civil society organisations have a key role to play in the fight against illicit medical products. Of particular importance are pharmacists' and doctors' associations, as well as health organisations, as they are in contact with communities on a daily basis.

- A key priority should be reshaping narratives around the risks of using illicit medical products with awareness and information campaigns, as measures to address the market will continue to encounter pushback if illicit products enjoy high levels of legitimacy.
- Pharmacists' and doctors' associations should work closely with civil society groups to denounce cases of corruption and wrongdoing in members of their own associations – transparency is key to win back the population – and in other stakeholders such as customs officials, politicians and gendarmeries.

## Notes

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**Page**

Alamy Stock Photo .....	Cover
agefotostock/Alamy Stock Photo .....	2
Irene Abdou/Alamy Stock Photo .....	7
GI-TOC .....	11
OLYMPIA DE MAISMONT/AFP via Getty Images .....	13
GI-TOC .....	14

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