FORUM: General Assembly Sixth Committee (Legal)
QUESTION OF: Developing measures to eradicate the manufacturing and trafficking of counterfeit medicines
SUBMITTED BY: Ukraine
CO-SUBMITTERS: Cambodia, Brazil, Malta, Mauritânia, Monaco, Barbados, Sierra Leone, Palau, Iceland, San Marino, Argentina, UNESCO, India, HRW, Belgium, Botswana, Thailand, DR Congo, United Kingdom, South Sudan, Bhutan

THE GENERAL ASSEMBLY,

Defining counterfeit medicine as defined by the European Union as "any medicinal product with a false representation of its identity, including its packaging and labeling, its name or its composition as regards any of the ingredients, including excipients and the strength of those ingredients"; its source, including its manufacture, its country of manufacturing, its country of origin or its marketing authorization holder; or its history, including "the records and documents relating to the distribution channels used,"

Noting with deep concern the number of countries affected by the counterfeit medicines, overall 140 nations,

Believing that justice should be given to people affected by these counterfeit medicines,

Viewing with appreciation the results of Operation Pangea, Operation Rainfall, Qanoon, and Heera, international operations hosted by International Criminal Police Organisation (INTERPOL) with the goal of restricting distribution of counterfeit medicines, programs that have retrieved over 11.8 million units valuing over 19.4 million USD in 2018,

1. Designates the World Health Organization (WHO) and the United Nations Office on Drugs and Crime (UNODC) to work alongside all other relevant bodies and non-governmental organizations including but not limited to the United Nations Office of Legal Affairs (UNOLA), the International Institute of Research Against Counterfeit Medicines (IRACM), the INTERPOL, and the World Customs Organisation (WCO) to tackle the issue of the manufacturing and trafficking of counterfeit medicines through means including, but not limited to:
    a) increasing random inspections among wholesalers and retailers, particularly targeting those who are at risk of being affected by falsified medicines, such as those engaging in parallel imports and those in less economically developed countries (LEDCs)
    b) investigating products from at-risks locations, such as on the internet, to test for legitimacy and then, subject to necessity, pursue possible legal action
    c) analyzing any suspicious drugs thoroughly, taking note of manufacturing location and place of production, and logging this information on a database
    d) identifying secure and reliable websites and purchasing locations by awarding them a unique label
    e) publishing an official list of trustworthy purchasing locations:
        i. on websites of investigating organizations
        ii. or in brochures for LEDCs
    f) creating an international database of counterfeit medicine seized to obtain a more official information base and to make it easier to control the trade worldwide, the data in each report for each case should include:
        i. the state in which the seizure was made
        ii. the commercial name of the drug
        iii. the active agent and dose indicated on the packaging
        iv. the active agent and dose indicated in a laboratory test
        v. the presence of any other drugs found in the same seizure;

2. Endorses the implementation of educational and awareness programs teaching the difference

between counterfeit products and the authentic medications and the dangers of unregulated markets by methods to be overseen by the United Nations Educational Scientific and Cultural Organisation such as, but not limited to:

a) workshops offered by the United Nations (UN), United Nations member nations, Non-Governmental Organizations (NGOs) such as the International Institute of Research Against Counterfeit Medicines and the International Pharmaceutical Federation (FIP) and Intergovernmental Organizations (IGOs) willing to contribute to the eradication of those medicines
b) state-sponsored advertisements and articles in newspapers and magazines
c) educational programs in schools such as:
    i. inviting guest speakers such as doctors, health ministry officials, and pharmacists
    ii. developing a press kit about the elimination of counterfeit drugs
d) ensuring all relevant information is published and made available to the general population, specifically the LEDC population, through the publication of brochures or updates on internet sites to promote global access to accurate, complete, and reliable information;

3. Encourages every UN member nation to cooperate with the WHO and law enforcement in order to distinguish between the legitimate drugs and the counterfeit through means that include but are not limited to:
    a) requiring a barcode system on bulk and individual packaging, which will show:
        i. a global trade item number (GTIN), tracing origins and trade route of the package
        ii. an expiration date
        iii. a batch number, which will trace production location and company
    b) suggesting a Radio-Frequency Identification (RFID), a technology-based on a chip which emits a radio frequency emitting a particular identification card (ID)
    c) requiring pharmaceutical companies to add a safety seal, similar to that of non-GMO seals, to their packaging, which will be:
        i. formally requested by the companies to their respective ministries of health in order to access the seal
        ii. added to pharmaceutical packaging to ensure consumers of the product's authenticity
        iii. incentivized, economically or otherwise, by their respective governments
    d) encouraging the use of new thermal sensors by Chemionics that measure the fluctuations in the temperature during the storage and transportation of health commodities;
    e) recommending the use of mass encryption technology;

4. Requests from the executive board of the World Health Assembly (WHA) that in the assembly's 73rd annual session, planned to begin on Sunday 17th of May 2020 in Geneva, it:
    a) propose standards for the validity of the most common types of pharmaceutical products being categorized as substandard, that will become internationally-accepted by the states' health ministries and regulatory authorities within the next 18 months and adhered to as to establish common ground in the identification of substandard drugs and promote cooperation and better communication within the member states of the United Nations
    b) discuss effective legislation regarding the transportation of medicine across borders based on the most recent data that has been collected by the WHO and examples of regulations currently employed in certain member states, and how this can be employed in other countries;

5. Calls upon the economically developed member states, wherein large pharmaceutical companies are situated, to provide these companies with incentives that the states will decide upon based on their constitutions, to lower the number of years a patent can be valid for, with the intention of:
    a) allowing companies without the economic capacity to produce the same quality medicines for a lower cost
    b) preventing monopolies

c) finding a balance between rewarding innovation and increasing the accessibility of their citizens to pharmaceutical products;

6. Further requests that during emergencies declared by the WHO, measures be taken to make necessary drugs more economical, through means such as:
    a) subsidizing the drug
    b) direct government intervention;

7. Urges the institute of research against counterfeit medicines (IRACM) to remain committed to combating antimicrobial resistance caused by counterfeit medicines by analyzing the dozes and additives of antimicrobial medicine every two years.