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Enhancing Africa's response to transnational organised crime

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RESEARCH PAPER

A medical emergency

Trafficking pharmaceuticals from Tunisia to Libya

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Summary

Significant quantities of authentic medicines are being smuggled into Libya from neighbouring Tunisia by organised crime networks starting in Tunisia's main medicine hubs: the Central Pharmacy, hospitals and private pharmacies. Their successful enterprise is due to weak links in the control and management of the supply chain of authorised medicines, a situation exacerbated since the 2011 revolution in Tunisia and aided by the current conflict in Libya. From April to Septemer 2018 ENACT's Regional Organised Crime Observatory (ROCO) for North Africa investigated the problem and this paper explores its complexities and suggests some solutions.

Key points

- Structural deficiencies in the control of the medicine supply chain in Tunisia have allowed criminal organisations to exploit the system.
- The demand in Libya has been met specifically by Tunisia, which produces large quantities of high-quality drugs and is home to well-established international pharmaceutical companies.
- The violence resulting from the conflict in Libya has left thousands in need of constant medical care, creating a demand for smuggled medicines.
- While medicines have always been smuggled between the two countries, the humanitarian situation in Libya has amplified the problem.
- Links with various new armed groups, themselves in need of medicines, have shifted centuries of smuggling practices.

Background

Early in 2018 health professionals in Tunisia reported shortages of more than 220 medicines,[1] a situation confirmed by the Tunisia Central Pharmacy (PCT), the public body with a monopoly on the importation and distribution of medicines. The fact that the body has been unable to honour its debts (estimated at US$188 million)[2] and to manage medicine stocks properly has seriously undermined its reputation. However the PCT is not the only entity to blame. According to Imad Hamami, Tunisia's health minister between 2017 and 2018, the purchase of medicines from pharmacies in governorates bordering Libya – including Sfax, Tataouine and Medenine – increased by about 30%, whereas figures in other governorates were stable.[3]

This points to a more complex problem. Hamami argued that there was a link between the illegal export of medicines to Libya and the shortages observed in Tunisia. The president of the Tunisian National Anti-Corruption Agency, Chawki Tebib, has said on several occasions that theft of medicines from public hospitals represents an annual loss of 100 million Tunisian dinars (US$30 million), while the illegal export of medicines – also known as contraband medicines – causes losses of around 600 million Tunisian dinars (US$222 million).[4]

This paper is divided into four sections that unpack the complex issues. The first explores the root causes of the trafficking, the second describes the factors that enable the illegal trade, the third gives an overview of the actors, routes and types of medicines being traded, while the final section highlights the implications for governance and security and suggests further areas of research.

For the purposes of the paper 'trafficking of medicines' is understood as the supply, distribution and sale of medicinal products, whether prescription drugs or not,[5] outside the legal medicine supply chain.

Scope and limitations of the research

The research provides a qualitative overview of the trafficking of medicines between Tunisia and Libya and its likely links with the challenges each country has faced since the fall of the regimes of Zine el-Abidine Ben Ali and Muammar Kadhafi respectively. The findings are drawn from a review of key documents, news articles and interviews with stakeholders, including local and international experts in the security sector, pharmacists, public health officials, law enforcement officers, representatives of civil society organisations (CSOs) and smugglers.

Research into any aspect of transnational organised crime encounters limitations as the necessary information is, by definition, hidden. Thus accurate and verifiable data on the volume of illicit medicines circulating between the two countries are not readily available. For this reason, this paper does not assess the quantities of illicit medicines circulating between Tunisia and Libya. Neither does it draw conclusions linking the shortages of medicines observed in early 2018 in Tunisia to the increased presence of contraband medicines, although such arguments have been advanced by public authorities.

The research focuses on authorised medicines – those that have 'entry-to-market authorisation' ('*autorisation de mise sur le marché*'). Counterfeit medicines – those seeking to imitate authorised medicines – are rarely mentioned as a regular component of the illicit trade, rather, they appear to offer criminals an opportunity to profit from the shortages of genuine medicines in the two countries.

Methodology

A literature review focused on two key aspects. First, the governance of the pharmaceutical sector and more specifically the medicine supply chain in Tunisia and, to a lesser extent, in Libya. This provided a framework for understanding the legal regulatory situation and gave the researchers insights into the weak links in the control and management of the supply chain. A desk study of broader contraband activities between the two countries formed the second part of the literature review and provided a deeper understanding of the patterns and practices of illicit trade.

Thirty-four pharmacists, suppliers and officials were interviewed in Tunis between May and July 2018. Further interviews, with representatives of civil society, law enforcement bodies and public hospital and public health care authorities, were conducted in August 2018 in the cities of Medenine, Ben Guerdane and Zarzis in south-east Tunisia. Researchers were also able to interview illicit traders and people from local communities in these border cities.

Neither the PCT nor the Tunisian Ministry of Health agreed to be interviewed officially and security issues in Tripoli prevented us from conducting interviews there. Several attempts by the research team to obtain official

data from the Tunisian customs services on seizures of illicit medicines failed.

In an attempt to assess the importance of the topic, inform the research, identify the main challenges and enrich the debate a closed consultative meeting was held in July 2018 in Tunis with participants from international non-governmental and other organisations, diplomatic representatives and public officials.

Almost all interviewees asked to remain anonymous and this has been respected in the report.

Regulatory framework

Medicines, whether locally produced or imported, are strictly regulated in Tunisia and are subject to authorisation and administrative processes that control both imports and exports. Medicines that are exported without going through these processes are referred to as contraband.

Although the National Council of the Order of Pharmacists of Tunisia (CNOPT) imposes sanctions on sales or purchases exceeding authorised quantities, records of stocks and registries are reported to have been manipulated in order to flout these sanctions.

Contributing factors

The effects of the conflict in Libya

The civil war that broke out in 2011 has devastated Libya's health services. Repeated and destructive attacks on health and medical facilities, violence against health workers and the looting of medical equipment and medicines[6] have seriously undermined the system.

Traditional channels have become almost inoperative or are non-existent and even humanitarian organisations struggle to obtain medicines. International pharmaceutical companies have limited their exports to the country because they have not been paid; distribution networks have broken down because of the collapse of state security and governance, and fighting has destroyed warehouses and storage facilities. Interviewees told of a complete absence of medicines in public hospitals and the inability of private institutions to meet patients' needs.[7]

There has always been a shortage of medicines in Libya, largely as a result of poor management of the medical supply chain and health management information system.[8] Today, legal loopholes in the health system regarding procurement, registration, distribution and the use of medicines[9] and the absence of institutional, technical and human ability to make medicines available have direct consequences on the way the drug supply is managed.[10]

It is important to note that despite official claims of free health care and widespread stipends for treatment abroad that were made during Kadhafi's regime[11] the Libyan health care system before 2011 was neglected, poorly funded, lacked development and modernisation programmes and was highly corrupt.[12]

The absence of institutional, technical and human ability to make medicines available have direct consequences on the way the drug supply is managed

In 2013 the new Libyan authorities accused the Libyan Medical Supply Organisation of inefficiency and corruption.[13] Inherited from the centralised system for the procurement of medicines under Kadhafi, it had been deprived of funding and simultaneoulsly engaged in a reform of the sector to enable private companies to import medicines for distribution to public hospitals. The reforms are said to have aggravated the problems of access to health. One example is the supply of insulin.[14] Patients suffering from diabetes could no longer obtain free insulin at health centres, having to rely instead on its availability on the private market.[15] As a result, the price of the drug increased dramatically, peaking in late 2014 and early 2015[16] at 50 Libyan dinars for 10ml,[17] up from 7 Libyan dinars in early 2014.

The most recent assessment by the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA) in Libya estimated that 554 000 of 820 000 people in need of humanitarian assistance also needed health assistance.[18] The shortages are particularly serious as the demand for medicine increases constantly because of the high numbers of people injured in the conflict[19] or suffering from post-traumatic stress disorder (PTSD) and serious depression because of their exposure to violence.[20]

The total collapse of the system has created opportunities for all types of actors to become involved in trafficking medicines. Libyan militias and armed groups, terrorist factions and local institutions have contributed to the development of thousands of 'systems' in which corruption plays an important role.[21]

This multi-faceted crisis in the health sector has opened the door to the involvement of foreign actors, notably from Tunisia. As a result, the Libyan medicine supply system, particularly in the west of the country, has been flooded with Tunisian products procured outside the legal market.[22]

The impact of the Libyan crisis on the availability of medicines in Tunisia has become evident in the past four years.[23] Reportedly, where attacks, bombings or intense fighting occurs in Libya, a few days – or even hours – later certain medicines usually obtainable in Tunisia cease to be available.[24]

The historical contraband route

Tunisia and Libya share a 459 km border in the Sahara Desert. Originally populated by nomadic pastoralists organised into clans, the region experienced a long period of economic marginalisation following the independence of the two countries in the 1950s. This is attributed to the threat posed by the clans' political claims. By the late 1980s the area had become 'the land of contraband'.

To describe the broad range of economic activities that comprise contraband and its nuanced relation with the law, Ayari (2013) distinguishes between the 'more or less legal' cross-border trade of legal goods (cigarettes, alcohol, oil, food, and so on) and the 'not so legal' trade of illicit goods (narcotic drugs, weapons, and so on).[25]

While both activities are punishable by law, the 'more or less legal' is largely tolerated – mainly to prevent social unrest in an economically fragile area. Law enforcement agencies take the 'not so legal' more seriously because of the dangerous nature of the goods involved and the threat this trade could pose to state security. For decades, for governments in both Libya and Tunisia, this distinction seemed to have been a clear and controllable way to let border regions make a living from illicit trade, while ensuring security. They did not reflect on the consequences illicit trade might have beyond the immediate threats constituted by weapons or narcotics.

The border region is also home to the wider illicit cross-border trade in goods.[26] The tolerance of much of this trade means that evidence of its scope, variety and volume is unavailable. Interviews with local security officials suggest that the illicit trade in medicines is more or less constant and is carried out by individuals known to the authorities, who were close to the old regimes and had a monopoly on this trade.[27] Thus this type of illicit activity is not a result of the events of 2011, it was integral to the broader phenomenon of illicit trade even before the fall of the regimes of Ben Ali and Kadhafi.

However, the conflict in Libya changed the nature of both the perpetrators and the types of medicines involved in the trafficking. The critical governance challenges inherited by Tunisia's public and private operators after the revolution may have contributed to the increase. Since the revolutions there has been a shift from tolerated levels of smuggling to a large-scale transnational organised criminal network that is causing structural damage to health system governance and security on both sides.

This type of illicit activity is not a result of the events of 2011, it was integral to the broader phenomenon of illicit trade even before the fall of the regimes of Ben Ali and Kadhafi

In March 2018, when there was an unprecedented shortage of drugs in Tunisia, health authorities often put the problem down to illicit trade. While this might have been true it is only a part of a bigger picture. Analysis of findings from interviews indicates that contraband or the illegal export of medicines involves not only illicit traders but a range of key actors throughout the country's medicine supply chain.

Governance challenges

The medicine supply chain and pharmaceutical sector in Tunisia have long been considered advanced compared to those in neighbouring countries in

particular and in African countries in general. Tunisia, which hosts domestic pharmaceutical laboratories of an international standard, appeared to benefit from a high-quality medicine supply chain. In reality, this chain has been compromised at every stage. A 2014 study conducted by the Tunisian Association of Public Auditors estimated that 91% of Tunisians believed the health sector was being undermined by corruption.[28]

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The research findings suggest that lack of controls, mismanagement and alleged corruption allowed – and continue to allow – the theft or irregular supply of medicines. Before explaining how the illegal market for medicine trafficking operates it is important to provide an overview of the way the legal supply chain works.

Only two public institutions, the Institut Pasteur de Tunis (IPT) and the PCT, both based in Tunis, are legally allowed to import pharmaceutical products. The IPT is authorised to import serums, vaccines, allergens and other biological products and does not appear to experience the challenges that are addressed in this paper, possibly due to the limitation of its mandate and to a more transparent governance structure (annual reports and strategic documents are available to the public and it shares a charter with other Instituts Pasteurs in the Maghreb). The PCT has a monopoly on importing medicines for the public health sector and private pharmacies, veterinary medicines and medical devices, among other things. These must have obtained the required 'entry-to-market authorisation' from the Ministry of Health.

The PCT supplies medicines through 12 regional bureaus and public hospitals, which, in turn, supply local facilities such as dispensaries and family planning centres. It is also in charge of supplying wholesalers who distribute medicines to private pharmacies. In specific cases the PCT supplies private pharmacies directly. When it comes to the public sector the role of the PCT with regard to locally produced medicines is not very different from that for imports. It procures medicines from local pharmaceutical laboratories to supply regional public hospitals. However, it is quite different in the private sector, where wholesalers are allowed to source medicines directly from local pharmaceutical laboratories and sell them to private pharmacies.

These medicines, which are diverted into alternative channels used in the illegal export to Libya, have several 'points of entry' into the organised crime trading value chain. Various steps and individuals are involved in this transnational trade.

Public authorities point to those involved in the theft of medicines from stocks to explain the shortage, while the public criticises the PCT for its opacity and permeability. Allocating responsibility for the shortages is more complex than simply apportioning blame. Investigations[29] have revealed that the Tunisian medicine supply chain is highly vulnerable to theft, mainly because of the lack of effective controls at various levels. An unpublished risk assessment report reveals three key areas of risk:

- Storage by the PCT: The step in the chain during which the PCT stores imported medicines before distributing them to public hospitals, wholesale suppliers or private pharmacies is characterised by a high risk of theft and diversion of medicines due to a lack of effective control;
- Storage at regional hospitals: Medicines distributed to regional public hospitals by the PCT are stored in the hospitals.[30] Typically, the storage areas are poorly secured and controlled,[31] increasing opportunities for theft and misappropriation; and
- Sales to individuals: Pharmacies place orders with the PCT or wholesalers/distributors and also sell medicines to individuals. In both cases the number of orders placed and the quantities of medicines sold are easily manipulated. This allows for 'untracked', or 'unreported' medicines to enter the illicit trade value chain.

The regional field work revealed a health care system described by observers as being on the verge of collapse. Doctors and interns have, in the past three to four years, posted many videos on social media highlighting the dire working conditions in public institutions. These culminated in 2019 with the social media group #balancetonhospital (a play on words on the #metoo hashtag – #myhospitaltoo). Low levels of security in hospitals are attributed to staff shortages and resource constraints in the public health sector.

Ben Guerdane hospital on the south-east coast of Tunisia is the closest hospital to the Libyan border. Although storage units at the hospital are characterised

by broken or lockless doors, stolen surveillance cameras and garbage left to pile up, the authorities dismissed the idea that these factors contributed to theft and illegal resale. They believe that theft from hospitals is mostly carried out by individuals and reject the possibility that these individuals are part of an organised criminal syndicate.

Pharmacies appear to manage large stocks of medicines carelessly, giving dealers and traffickers the opportunity to steal medicines or bribe employees to supply them

Hospital officials overwhelmingly blamed private pharmacies, which they consider to be an essential part of trafficking. Pharmacies appear to manage large stocks of medicines carelessly, giving dealers and traffickers the opportunity to steal medicines or bribe employees to supply them illegally. This indicates vulnerabilities in governance systems at several levels of the medicine supply chain.

Border control

The Tunisia-Libya border has only two legal crossing points: the main one at Ras Jdir on the coast, near Ben Guerdane, the second at Dhiba, 150 km to the south-west in the desert. While the two countries certainly do not face the same security challenges, given that Libya is a conflict zone, both have problems along their shared border. As stated above the inhabitants of the border regions rely heavily on illicit trade as a source of income in a situation where[32] alternative jobs or sources of legal income are scarce.[33]

This last element is important to any analysis of the state of border control. Although it is a desert region there are busy small and middle-sized towns close to the border, their inhabitants include illicit traders. The actors involved in the logistics of the trade are well known to the authorities. Customs and police officers who come to know them personally may be less than thorough in controlling the supply of medicines for 'Libyan brothers'.[34]

On the Tunisian side, border areas are in a state of 'organised anarchy'[35] and the authorities are indifferent to the trade in illegal goods such as medicines. Traffickers and smugglers are part of the system.[36] There are three explanations for this weakness in border control.

First, the state tolerates outgoing flows of legal goods, even when these do not follow the prescribed customs protocols; the 'informality' is tolerated to maintain stability in an underdeveloped region.

Second, law enforcement and customs authorities are more focused on controlling inflows from Libya that are considered a potential security risk, and officials receive more training in detecting such risks than in preventing the trade in medicines.[37]

Third, the fact that human, technical and financial resources to ensure control of both incoming and outgoing goods are constrained means that a focus on outgoing legal goods does not appear to be a priority. This is particularly so since a series of terrorist attacks in Tunisia in 2015[38] that led to the diversion of law enforcement resources. The attacks prompted an overhaul of controls on illegal incursions between (not at) the crossings at Ben Guerdane and Dhiba, which included the construction by the military of a sand wall and a trench hundreds of kilometres long.[39]

Medicines are of particular interest to militias engaged in armed combat, who need medical treatment, with each group relying on its own supplier

On the other side of the border, in Libya, political instability and the absence of a state authority militate against a response to trafficking and a collaborative cross-border response is not possible in the current circumstances. This problem extends to all Libya's other neighbours: Algeria, Chad, Egypt, Niger and Sudan. The perverse beneficiaries of this are local armed groups, which are alternately loyal to the Government of National Accord[40] in Tripoli and the House of Representatives in the port city of Tobruk.

A complex array of local tribes, clans and ethnic groups has traditionally dominated illicit trade and organised crime.[41]

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Sanctions and profits

Together with counterfeiting, the theft of medicines is emerging as the new frontier of pharmaceutical crime.[44] In Tunisia none of the actions along the value chain that enables the trafficking of medicines – theft, irregular purchase or sale and illegal export – constitutes a specific criminal offence. As no dedicated legislation exists, these infrigements fall under the general provisions of the Penal Code or may even simply be sanctioned administratively.

> Member pharmacists are reluctant to sanction their peers and consequently very few are prosecuted

For example, taking medicines from hospital stocks without permission from the PCT would only constitute a theft under Article 258 of the penal code. If pharmacists order or sell large quantities of medicines without justification 1973 Law No. 73-55 authorises the CNOPT to impose an administrative sanction such as an obligation to close the pharmacy for a certain period. Informal discussions with pharmacists highlighted CNOPT's problems with protecting itself from influence from within the profession despite the fact that it is reported that those taking part in trafficking are well known.[45] Member pharmacists are reluctant to sanction their peers and consequently very few are prosecuted.

The illegal export of medicines is also not considered a specific offence. The regulations do not distinguish medicines from any other goods sold illicitly and sanctions are mild, ranging from 10 to 300 Tunisian dinars (US$3.90 to US$111.50) and are accompanied by prison sentences ranging from six days to six months. According to a senior customs official in Ben Guerdane, illicit traders of medicines do not fear such trivial sanctions.[46] General provisions applicable to illicit trading are contained in competition and price laws, customs codes and so on. Infractions are therefore prosecuted under legal frameworks governing trade competition and customs. Given the profits the activity generates, sanctions are a scant deterrent, with any risk far outweighed by the profits.

Modus Operandi: The illicit supply chain

Big cars and big cash

The trafficking of medicines involves various well-organised actors who divert medicines from the legal medicine supply chain in Tunisia to Libya. Private pharmacists may order from wholesalers or the PCT then sell the medicines illegally without prescriptions and in large quantities.[47] Most of those involved in these practices are Tunisians. But there have also been cases where Libyan nationals have obtained large quantities of medicines in governorates on the Tunisia-Libya border, using a single prescription multiple times in different pharmacies.[48]

Medicines are illegally exported along traditional smuggling routes, passing into the hands of Libyan smuggling groups or militias, and local pharmacists,[49] for whom they are a stable source of income in a war-torn society.[50] Public servants, private pharmacists, smugglers and law enforcement agents are involved throughout this process and the absence of effective control mechanisms at the various stages of the legal drugs supply chain allows for these activities to be repeated to meet demand at scale.[51] While interviewees from the public sector were willing to talk about the involvement of officials in other institutions they all consistently denied the involvement of anyone from their own sector.[52]

Stolen or illegally purchased medicines are transported and stored in various locations along the Tunis-Sfax-Ben Guerdane corridor. Routes used for the contraband do not differ much from those used to smuggle legal goods. Medicines are transported in convoys of all-terrain vehicles, following contraband routes across the Sahara.[53] This activity is aided by the use of large sums of cash (banks routinely accept deposits of tens of thousands of dinars without question) in the two countries, allowing actors to carry out transactions at all stages without being traced.[54] While the Tunisian

Figure 1: Tunis-Sfax-Ben Guerdane corridor

customs agents interviewed indicated that the only flow was of medicines leaving Tunisia,[55] illicit traders in Ben Guerdane suggested that the flow, in fact, goes both ways. Traffickers create and maintain close ties with political actors, enabling them to dispose of significant amounts of cash generated by currency trafficking and to benefit from a network of individuals who have gained positions in the administration since the fall of the old regime.[56]

Medicines in demand

According to UNOCHA, 70% of Libyans suffering from chronic diseases struggle to obtain adequate treatment.[57] As a consequence, medicines for high blood pressure, diabetes and chemotherapy are a stable and a constant source of income for those involved in trafficking.[58] Anaesthetics and surgical materials, which also constitute an important part of the trade,[59] sell for very high prices. Since 2014 enormous quantities of painkillers and sleeping tablets have been brought into Libya[60] and there have been multiple seizures of huge quantities of the opioid painkiller, Tramadol,[61] allegedly linked to terrorist groups.

Counterfeits on the rise?

Most of the medicines trafficked between Tunisia and Libya are legal. However, according to those exporting counterfeits and despite denials from private and public operators of Tunisia's legal supply chain, counterfeits are on the increase.[62]

Counterfeit medicines transported through Libya from India and China are being sold in Tunisia[63] and it has been reported that Chinese printing machines have been imported to reproduce the packaging of Tunisian brands.[64] However, while illicit traders seem to be aware of the potential profits to be made on counterfeit medicines many apparently refuse to engage in a practice they consider *haram* (forbidden, proscribed by Islamic law). Indeed, some justify the trafficking of legal medicines as a social duty, helping those who cannot rely on the official supply chain, and will not countenance supplying potentially dangerous counterfeits to people they consider to be their brothers.[65]

Government officials deny allegations of counterfeiting, believing that the Maghreb, and particularly Tunisia, have been insulated from counterfeit medicines by the widespread availability of essential medicines

and working control mechanisms. However, recent pharmaceutical laboratory declarations suggest that the region is likely to be 'invaded' in the near future by counterfeit products.[66] In addition, the proximity of Libya, which seems to be turning into a hub for the trade in counterfeit drugs,[67] means shortages of medicines in Tunisia may create a market for counterfeits.[68] In May 2019 the Tunisian Ministry of Health announced the seizure of nine counterfeit medicines, but provided no details of the location, amounts or origins.[69]

Impact and implications of the illicit trade in medicines

Health security and risks

Some medicines trafficked from Tunisia to Libya have been seized and held by law enforcements officials for years. Here authorities have been criticised for having no clear plan for disposing of them. Smugglers interviewed agreed that stolen medicines were held in customs warehouses for lengthy periods.[70] Unlike narcotic drugs, medicines are not destroyed. According to customs officials, seized medicines are redistributed to local hospitals,[71] but senior management at one regional hospital could not confirm that that was the case.[72] This alleged mismanagement of stocks of confiscated medicines points to limited oversight of the supply chain and controls. This in turn undermines the required transparency and accountability.

Whether held by law enforcement officials or traffickers, medicines are often stored without stock management mechanisms before finding their way onto the black market.[73] This leads to large quantities of expired medicines being provided to customers. Ultimately, even traffickers who refuse to trade in counterfeit medicines may distribute legal medicines that are out of date.[74]

Fragile networks: groups, goods, location

Because the traders in Tunisia are operating illegally they have to build connections with groups that control territory in border regions to avoid interception and ensure their own security. These groups may be organised criminal groups, militias or terrorist groups or a combination of these. It should be noted that not all armed groups are organised criminal actors. In the face of the political turmoil in Libya some are armed branches of tribal organisations trying to seize territory. However, reports indicate that most of them are long-time traffickers who have used the collapse of the state as an opportunity to take up arms and militarise their operations.[75]

The situation in Tunisia is very different. There, the possession of weapons by traffickers and smugglers has been limited by the presence of the military and law enforcement agencies, which have maintained control in the area, despite the conflict in Libya. This means that although not all types of trade are prevented, the Tunisian authorities work to stop the trafficking of weapons, narcotic drugs and people.

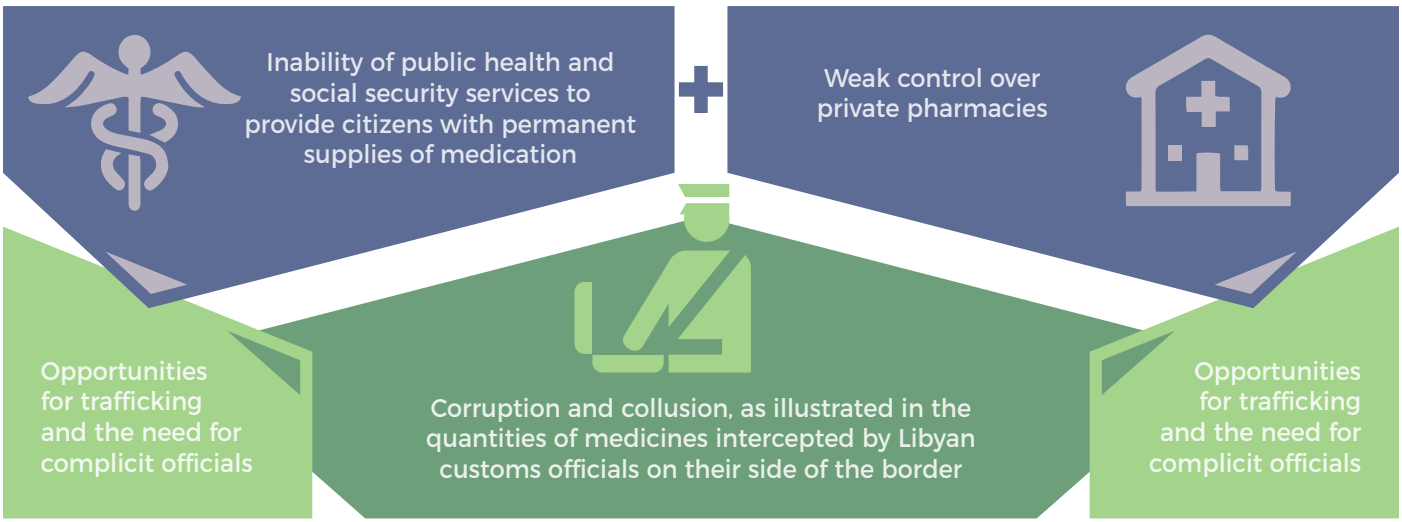
However, the Tunisian security forces were seriously challenged in early March 2016 during the so-called Battle of Ben Guerdane when the border city was invaded and briefly controlled by members of the Islamic State of Iraq and the Levant (ISIL) in Libya. The Tunisian military drove the attackers out, but the incident marked a turning point in the perception of illicit trade, trafficking and smuggling in the minds of Tunisians, the international community and those involved in the trade.

It became clear that a city that had always been notorious for cross-border trafficking had been targeted by a coordinated ISIL attack involving a significant number of local people. For those traffickers who had never involved themselves in activities that might threaten their families and communities, the targeted attacks on contraband warehouses, pharmacies and dispensaries opened a rift with those who had knowingly engaged with terrorists and even helped coordinate the attack. The long-standing interactions that created networks for the distribution of all kinds of goods were threatened by mistrust. Many smugglers started checking the contents of their trucks, which they had never done before, and asking questions. Others openly refused to traffic arms or alcohol. However, the ban did not include medicines – they failed to associate that type of smuggling with a potential source of income for terrorist groups.[76]

Corruption lubtricating illicit trade

Corruption among law enforcement officials is said to have been rampant on the Libya-Algeria border long before the Tunisian revolution.[77] This was evident in an informal system of bribes and intermediaries to allow almost any kind of merchandise to cross the border undetected.[78]

Figure 2: Corruption and collusion



The reason the medicine smuggling network between Tunisia and Libya is flourishing is the presence of 'selective' border controls. It is likely that complicity of law enforcement officials in the smuggling of counterfeit medicines is just the tip of the iceberg and might indicate entrenched corruption.

The reason the medicine smuggling network between Tunisia and Libya is flourishing is the presence of 'selective' border controls

According to all interviewees, the authorities are well aware of the situation, but financial interests are preventing a concerted effort to stop, dismantle or slow down the illicit trafficking of medicines. While the extent of the corruption is difficult to quantify, informants believe corruption facilitates the illegal trade in medicines. The existence of such corruption and collusion is illustrated in the quantities of medicines intercepted by Libyan customs officials on their side of the border. This is aided by the weak control over private pharmacies, and together with the inability of public health and social security services to provide citizens with permanent supplies of medication creates opportunities for trafficking and the need for complicit officials.

Recommendations

This paper draws together a complicated and shifting set of activities that highlight vulnerabilities in the medicine supply chain in Tunisia that enable the illicit trade in medicines internally and in Libya. Given the limitations of access to data, and the hiden nature of trafficking, this research is indicative rather than comprehensive.

Longer-term quantitative data collation using addition and international sources will bolster information on the scale of the problem. While deeper qualitative research would provide to gain a more comprehensive understanding of the drivers and and the impact of this trade. Consideration should be given to:

- Investigating the ways trade, law enforcement, and economic growth impact on the private/ public elements of the trafficking of medicines. This may include drawing on international examples of collaboration between private pharmaceutical laboratories and the public authorities that support a drug supply chain.
- Conducting further research into the extent of trafficking, the links between trafficking and the shortage of medicines in Tunisia, the impact of the shortages on the health of patients and the exact nature of the nexus with armed groups in Libya.
- Researching modelling and logistics technology to improve the traceability of medicines. Such technology should include identification numbers unique to each supplier and pharmacy, public hospital or health care facility at distribution level.

- Understanding and adjusting to the international standards for improving the control of stocks of medicines at different levels of the supply chain.
- Investigating the nexus of private-public and local and imported pharmaceuticals in greater depth to identify particular areas of vulnerability of the total system to trafficking.
- Assessing the the political and security context, including reviewing current policies for border control, the illicit trade in pharmaceuticals and investment in local development.
- Assessing the barriers to cooperation among states in the region to eliminate the transnational elements of this crime.

Conclusion

Research into medicine trafficking is complex and must take into account the vital aspect of the need for access to medicines in conflict situations. Those directly involved in trafficking – the smugglers and distributors – were adamant that they were responding to what they felt was a legitimate need, often within their own communities living on the two sides of the borders. The interviews revealed that although there has always been smuggling in the desert region along the border between the two countries, the current volatile situation in Libya has aggravated the trafficking.

The security crisis has also led to the emergence of new patterns, actors and schemes that add to the complexity of the illicit economy in the region. In tandem, the violence resulting from the conflict in Libya has left thousands injured and in need of constant medical care, creating a demand for medicines to alleviate what some have described as generalised post-traumatic stress disorder.

Into this mix comes a variety of armed groups, either traditional smuggling groups empowered by the disruption of the state security apparatus or tribal and political militias that cannot overlook trafficking and related opportunities taking place in their areas of influence. Finally, troubling links with ISIL have changed centuries of smuggling practices and coloured what smugglers often like to describe as a 'social' trafficking ecosystem.

The demand in Libya could not have been met by any other country in the sub-region. Tunisia is not just another country importing medicine from abroad, locally produced drugs account for more than 50% of total medicine sales.[79] Higher levels of local production, in terms of both quality and quantity and locally established international pharmaceutical companies and the development of local pharmaceutical laboratories have helped Tunisia meet an important proportion of the sub-regional demand. But the seemingly solid institutional network of actors involved in the drug supply chain in the country has been crippled by weak institutional arrangements and practices that give criminal organisations the opportunity to make a profit.

Research into medicine trafficking is complex and must take into account the vital aspect of the need for access to medicines in conflict situations

Tunisian society at almost every level is undergoing an important transition. The 2011 revolution triggered a shift towards democracy, which, in turn, led to the slow transformation of the administration. Although there are robust structures controlling the health sector, structural deficiencies have allowed criminal organisations to exploit the system.

The combination of extraordinary demand fostered by the crisis in Libya and a lack of good governance of the medicine supply chain in Tunisia has led to the current state of trafficking between the two countries and to a particularly steady and concentrated flow that the Tunisian authorities appear to be ignoring.

This paper has highlighted a clear need to rethink measures of tracing legal medicines, controlling stocks and prescriptions and instituting policies to allow the prosecution of all actors involved in the illicit trade and channels used to export and distribute medicines in Libya.

Notes

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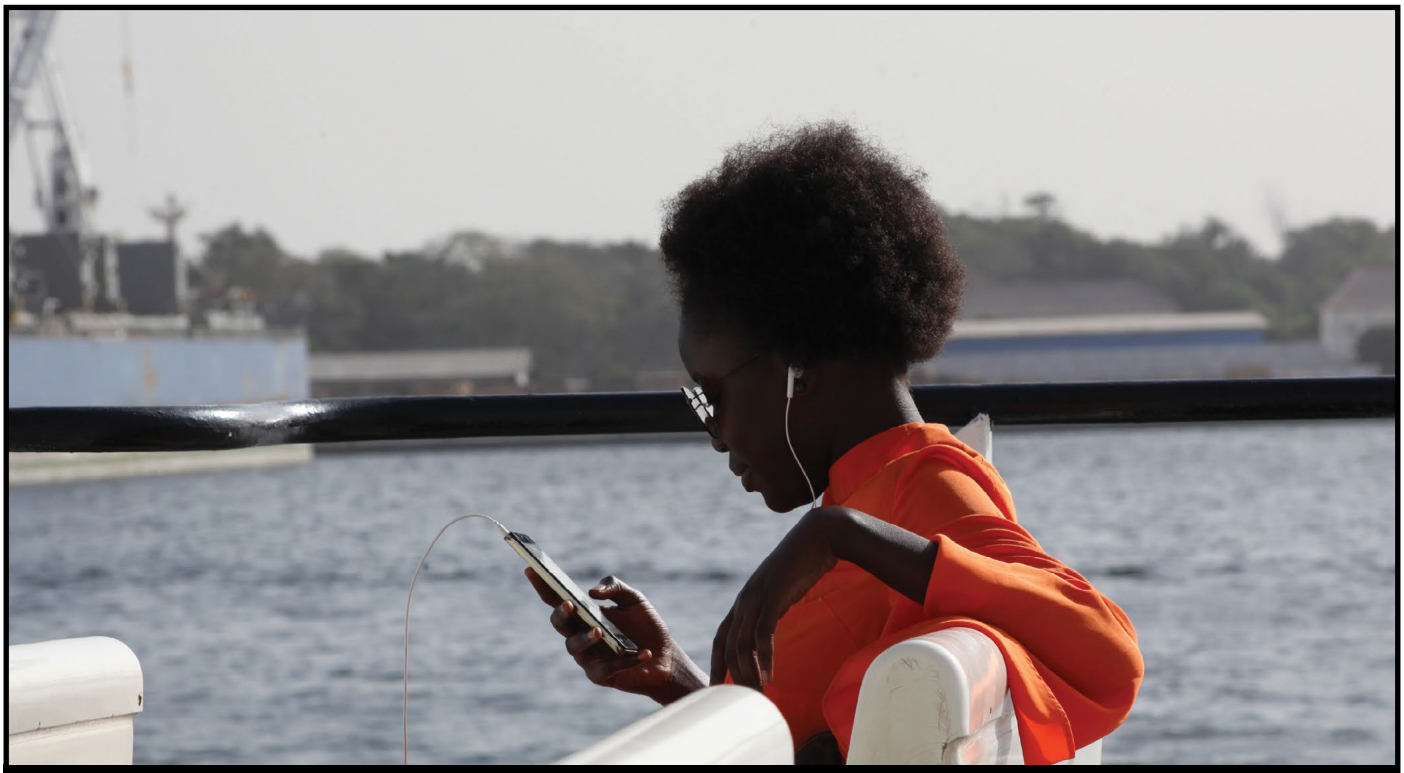

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POLICY BRIEF

Tackling heroin trafficking on the East African coast

Simone Haysom, Peter Gastrow and Mark Shaw

Summary

In recent years, the volume of heroin shipped from Afghanistan along a network of maritime routes in East and Southern Africa appears to have increased considerably. An integrated regional criminal market has developed; shaping and shaped by political developments. Africa is now experiencing the sharpest increase in heroin use worldwide, and a spectrum of criminal networks and political elites in East and Southern Africa are substantially enmeshed in the trade. New policy approaches are urgently needed.

Key points

- Responses should address the challenge as a cross-border criminal system.
- Progressive action should be targeted in major drug hubs along the southern route, focusing on vulnerable areas and potential sources of regional instability, such as northern Mozambique.
- The relationship between politics, business and organised crime must be adequately researched and addressed.
- Vetted private sector actors should be engaged to prevent or reverse the criminalisation of key ports.
- Support must be increased for community-based initiatives that mitigate the effects of drug use.
- Programming interventions to reduce violence in the most vulnerable communities affected by the heroin trade in Southern and East Africa should be considered.

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RESEARCH PAPER

The heroin coast

A political economy along the eastern African seaboard

Simone Haysom, Peter Gastrow and Mark Shaw

Summary

In recent years, the volume of heroin shipped from Afghanistan along a network of maritime routes in East and southern Africa appears to have increased considerably. Most of this heroin is destined for Western markets, but there is a spin-off trade for local consumption. An integrated regional criminal market has developed, both shaping and shaped by political developments in the region. Africa is now experiencing the sharpest increase in heroin use worldwide and a spectrum of criminal networks and political elites in East and southern Africa are substantially enmeshed in the trade. This report focuses on the characteristics of the heroin trade in the region and how it has become embedded in the societies along this route. It also highlights the features of the criminal-governance systems that facilitate drug trafficking along this coastal route.

Recommendations

- The East African heroin market forms an integrated regional criminal economy based on the transit of heroin from Afghanistan to the West.
- The transit economy relies on international ports and other infrastructure, and high levels of political protection.
- There is a rapidly growing consumer drug market in the region – one that is much larger than is commonly acknowledged.
- Despite some positive trends in drug users' ability to access health services in several locations in the region, there are nevertheless gaps in appropriate drug treatment interventions.

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POLICY BRIEF

The rise of counterfeit pharmaceuticals in Africa

Robin Cartwright and Ana Baric

Summary

Sustainable Development Goal 3 (SDG 3) places significant emphasis on populations' health, and sub-target 3.8 specifies access 'to safe, effective, quality and affordable essential medicines and vaccines for all'. Yet, remarkably missing from the discourse around achieving this goal is the need to address the growing phenomenon of counterfeit medicines, which disproportionately affects developing countries. Counterfeit medicines put people's lives at risk, finance criminal groups and cause profound public health challenges. The full scale of the challenge in Africa is not fully understood, but research suggests that the problem and its impact are severe. If the continent is to make headway in achieving SDG 3, the issue of counterfeit medicines must move higher up on policy agendas. Experience elsewhere suggests that there would be scope for significant positive results.

Key points

- Addressing counterfeit medicines in Africa may help prevent widespread loss of life, including an estimated 64 000-158 000 avoidable deaths from malaria alone, as well as mitigating other public health and public safety risks.
- Much greater prioritisation of the issue by African states and continental or regional bodies is needed. The response should include a substantial overhaul of the analytical, legal, educational, regulatory and enforcement systems around medical supply chains. The legal and regulatory frameworks for combating medicine fraud will need strengthening.
- These responses would need to be coordinated within a global effort, including setting up a database of intelligence on counterfeits, and improved awareness-raising and training campaigns. National medicines regulation authorities should investigate mass serialisation forms of track-and-trace.

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RESEARCH PAPER

Analysing drug trafficking in East Africa

A media-monitoring approach

Ciara Aucoin

Summary

By analysing drug-related incidents reported in the media in three key East African nations over the past decade, this paper provides insights into drug trafficking in the region. This includes the different drug types in circulation across Kenya, Tanzania and Uganda; the quantities and trafficking methods used; as well as the origin, transit, and destination hubs. The report also suggests patterns in the actors involved, the nature of state responses and the reporting styles of the African and foreign press. The potential for improved sourcing using this methodology, and for greater public awareness of drug trafficking-related harms, lies in the development of stronger and more capable journalism in the region.

Key points

- East Africa plays an increasing role in the continent's illicit drug trade, particularly as a corridor for flows of heroin and cocaine.
- Media monitoring is an innovative way of gathering data to help illustrate trends in transnational organised crime, including drug trafficking trends.
- Findings show interesting patterns in reporting on major harmful drugs in the region, and the many challenges faced by journalists in investigating and publishing drug trafficking stories.
- The paper calls for greater press freedom and increased training and financial support for investigative journalism in East Africa, and across the continent more generally.

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About ENACT

ENACT builds knowledge and skills to enhance Africa's response to transnational organised crime. ENACT analyses how organised crime affects stability, governance, the rule of law and development in Africa, and works to mitigate its impact.

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