



20 YEARS OF THE OECD ANTI-BRIBERY CONVENTION

*Impact on
anti-corruption compliance*

**Global MedTech Compliance
Conference**
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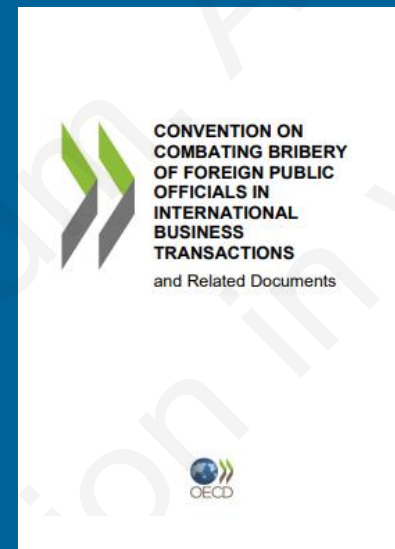
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The views expressed in this presentation do not necessarily represent those of the OECD member countries or States Parties to the OECD Anti-Bribery Convention.



Impact of the Anti-Bribery Convention on Anti-Corruption Compliance

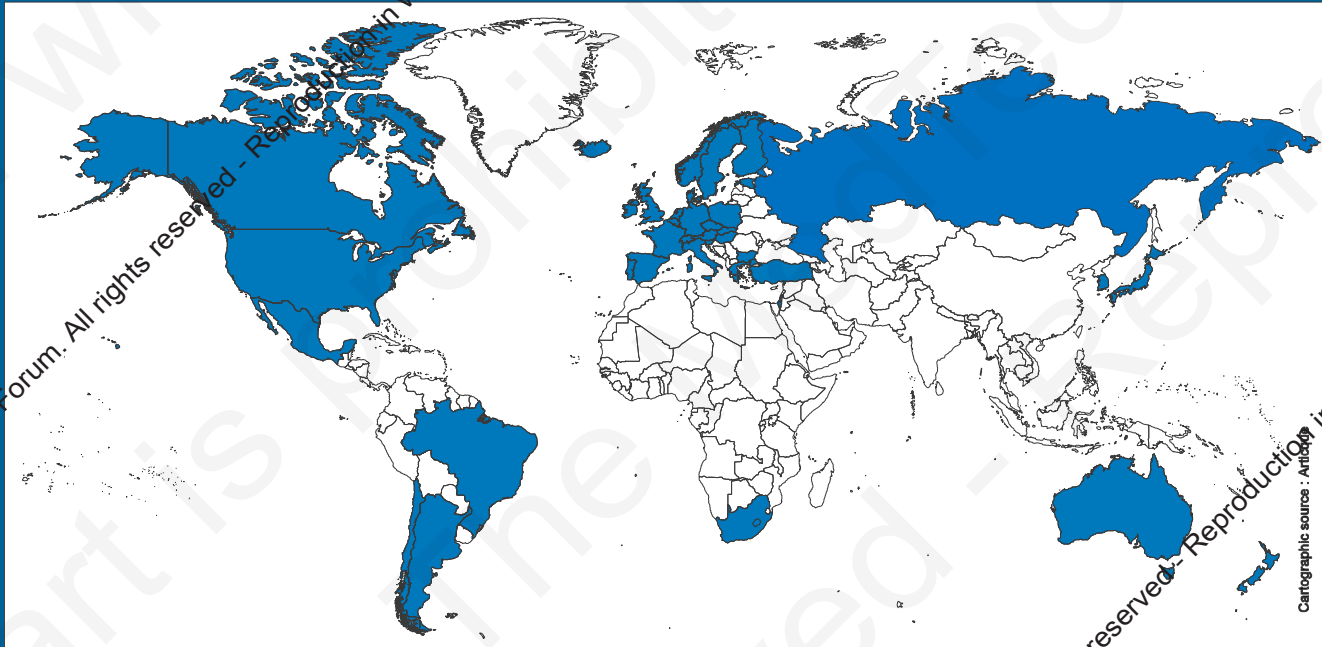
1. The Anti-Bribery Convention and the OECD Working Group on Bribery
2. Foreign bribery cases in the healthcare sector





The OECD Anti-Bribery Convention

Who?

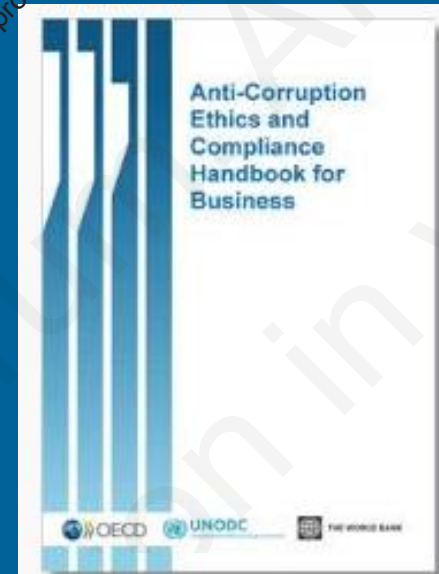


- The Working Group on Bribery: 36 + 8
 - Non-OECD: Argentina, Brazil, Bulgaria, Colombia, Costa Rica, Peru, Russian Federation, South Africa
 - Includes emerging economies (Argentina, Brazil, Chile, Israel, South Africa, Turkey)
- All G20 members except China, India, Indonesia, Saudi Arabia



The Anti-Bribery Convention and the Working Group on Bribery

- Anti-Bribery Convention and Country monitoring
- The 2009 Anti-Bribery Recommendation
- Annex II: Good Practice Guidance
+ Handbook





Foreign bribery in the healthcare sector: Compliance as a problem or a solution?

- 8% of bribery cases in Health Sector
- Large majority of cases in the US (over 21); of 21 US cases, 13 concern US companies and 8 non-US
- Very high sanctions for some companies (from \$25 million to \$646 million)

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Foreign bribery in the healthcare sector: What offence?

- Purpose of the bribery: increase products sales and prescriptions
- False recording of corrupt payments in books and records
- Failure to devise and maintain an adequate system of internal accounting controls
- Failure to apply their compliance and due diligence policies to detect and prevent bribery schemes
- Lack / deficiencies in their compliance programs
- Failure to monitor third party payments
- Inadequate position of compliance officer and/or compliance department
- No monitoring of improper payments
- No remediation in compliance gaps



Thank you



To find out more

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