

# SHI NEWSLETTER

## Staff Health Insurance

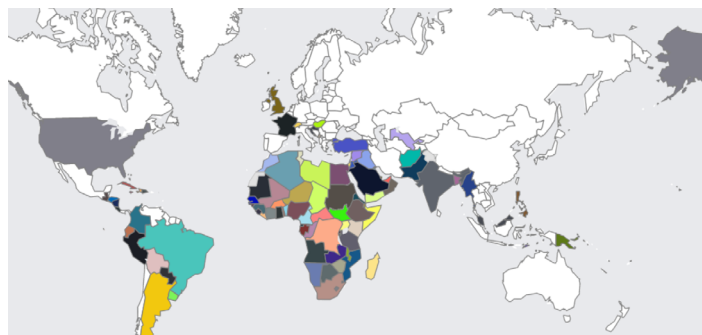
April  
2021

### Greetings from the SHI Secretariat!

We hope that you and your loved ones are safe and well during these challenging times. SHI remains fully operational, as it has since the beginning of the Covid-19 pandemic. Please refer to [Annex 2](#) of this newsletter for the latest on SHI coverage of Covid-19 costs.

### NEW SHI NETWORK OF HEALTHCARE PROVIDERS IN WHO AFRICAN AND EASTERN MEDITERRANEAN REGIONS.

SHI has established an agreement with an internationally-renowned company to provide facilitated access to an extensive network of health care providers in the AFRO and EMRO regions.



The new list of health care providers is accessible via [SHI-Online](#) under the tab "Conventions". To find a health care provider, you are now able to filter by country, city and health care provider name. The network is constantly expanding, so make sure you check regularly what is happening in your location.

If you have any difficulties with the new network or with health care providers in general, please contact your SHI focal point or write to us at [shihq@who.int](mailto:shihq@who.int). Unless you contact us, we cannot help find a solution!

Read more about the SHI networks under [ANNEX 4](#).

### SUPPLEMENTARY BENEFIT (CATASTROPHIC LIMIT)

*Many Participants are not aware of this rule.*

As per SHI Rules C.2 and C.3, an additional reimbursement will be paid by SHI when, during any 12-month mobile period (based on the date of reimbursement/direct payment), the amount at your charge (usually 20%) exceeds a "catastrophic limit" which represents 5% of your annual remuneration for the purposes of contributions.

The calculation of the amount at your charge is made automatically by the SHI system and includes all claims submitted for you and your insured family members, taking into account those benefits which are not included in the calculation (e.g. benefits subject to a ceiling such as dental and optical care, psychiatrist/psychologist, preventive measures, fertility treatment, etc. - see the "Supp. Benefit" column under Part B of the SHI Rules for the complete list)

Later in 2021, SHI participants will be able to see their "catastrophic limit" representing 5% of their annual remuneration in SHI Online (tab "Family Status")

### LATE SUBMISSION OF CLAIMS

***Don't be late: Claims MUST be submitted within 12 months of the DATE OF THE INVOICE!***

SHI Rule C.11 states that "claims must be submitted for reimbursement within 12 months of the date of the bill for services rendered".

**Each year, approximately 1,038 paying members (that is 7% of paying members!) have claims rejected due to late submission, for an average yearly total of US\$ 350.000!**

*Some examples:*

- Invoice dated 31 January 2019, paid and submitted via SHI-Online on 1 February 2020 – IS OUT OF DATE
- Invoice dated 31 January 2019, paid and submitted via SHI-Online on 31 January 2020 – IS OUT OF DATE
- Invoice dated 31 January 2019, paid and submitted via SHI-Online on or before 30 January 2020 – IS REIMBURSABLE

**Don't lose out! SHI can only reimburse claims that conform to the SHI Rules. Please submit your claims on time.**

## COVID-19 VACCINES

As we enter the second year of the Covid-19 pandemic, SHI is working closely with WHO Staff and Wellbeing Services, the Association of Former Staff Members (AFSM) and national authorities and will share information with you on developments as soon as they are available.

[ANNEX 2](#) contains further details on the SHI reimbursement of Covid-19 vaccines.

## INSURANCE CARDS

1. Don't leave home without your insurance card – if for no other reason calling the Emergency number on it outside of office hours will ensure letters of guarantee are issued in case of an emergency.
2. Go to SHI-Online and download your up-to-date SHI card onto your smart phone. It is a much more practical way to carry your card around with you.
3. Take a picture of your plastic insurance card and upload it onto your mobile phone if you do not wish to carry the plastic card with you.
4. Put your insurance card details in your ICE (In Case of Emergency) contact details on your mobile phone.



Amendments to SHI Rules effective 1 January 2021 can be found in [ANNEX 2](#)

## SHI SATISFACTION SURVEY FOR 2021

The last SHI Satisfaction Survey was in 2018. We want to know how we are doing and how we can improve our service, so a new Satisfaction Survey was sent out on 1 February 2021. We will report back to you in the next SHI Newsletter with the results.



## SHI RATES OF CONTRIBUTION

The Director-General took the decision not to increase the SHI rates of contribution for participants as from 1 January 2021 and therefore the rates of contribution effective 1 January 2020 remain in force until further notice. As a consequence, the applicable rates of contribution (rounded to 2 decimal places) remain as follows:

	Paying Member share (%)	WHO share (%)
For a staff member or a spouse	2.55	5.10
For dependent child (0-21)	0.35	0.70
For non-dependent child (18-28)	1.03	2.06
For secondary dependent (parent, brother or sister)	5.69	11.38
For temporary staff on contracts of less than 60 days	0.86	1.72

## WHAT IS NEW FOR FORMER STAFF?

### Submission of claims

Effective 1 January 2021, SHI Rule C.11.1 was amended to limit the submission of all claims including paper **to one currency and a maximum of five bills/invoices/receipts per claim** in order to harmonize with submissions made via SHI-Online. This is to encourage you to submit your claims as often as possible in order to avoid delays in reimbursement and also to limit claims being rejected due to late submission.

### SHI-Online virtual trainings

This year, Laure and Julien will be reaching out to former staff to provide training and briefing in English, French and Spanish on how to use SHI-Online. Make sure to check your emails and sign up for a Q&A session

### Reminder

There has never been a better time to provide us with an email address. 81.1% of you have already done so, but if you are one of the 18.9% who have not please provide us with one, since it is the fastest way to contact SHI and also receive the latest news about what is going on in SHI.

# Stay safe

## PREVENTION CORNER – TICK-BORNE DISEASES AND PREVENTIVE-MEASURES

As spring in the Northern Hemisphere is just around the corner, and Covid-19 lockdowns are hopefully eased, many staff members and their families may be taking the opportunity to go walking in the nature. While these walks are excellent for your health, we do want to highlight one risk: being bitten by ticks.



All over the world ticks can carry and transmit diseases. These include: Tick-Borne Encephalitis (TBE), a flavivirus; Lyme disease, caused by the bacterium *Borrelia*; Rocky Mountain spotted fever, caused by the bacterium *Rickettsia*, and more rarely: babesiosis caused by the parasite *Babesia*, and the highly fatal, though fortunately rare, Crimean Congo Hemorrhagic fever, caused by an orthonairovirus. The incidence and geographic spread of these diseases does appear to be growing, influenced by increasing temperatures and changes in human behavior.

The first measure to avoid catching these or other tick-borne diseases is to avoid getting bitten by ticks. This includes using both protective clothing (such as long trousers tucked into socks) and tick repellents, checking the entire body daily if at risk of exposure to ticks and promptly removing attached ticks. An attached tick should be removed using tweezers or forceps, grasping it as closely as possible to where it is attached to the skin and pulling it gently upwards, trying not to break off the mouth parts. A skin disinfectant should be applied after removal of the tick to prevent infection. Note that removing attached ticks may be too late to prevent some of the infections.



Tick-borne encephalitis is found in Central Europe (particularly Switzerland, Germany, Southern Sweden and Austria) most of Eastern Europe and all along Northern Asia, where 5-12000 cases are reported every year. While most people bitten by an infected tick will only experience mild symptoms such as fatigue or fever, a proportion, primarily adults, can develop encephalitis and meningitis causing long-term neurological sequela or even death. Immunization offers the most effective protection against TBE. There is an effective vaccine against TBE, and in many of the countries where TBE is endemic (such as Switzerland and Austria), the government recommends vaccination. The vaccine is reimbursed by SHI.



Lyme Disease is named after the town Old Lyme, in Connecticut, USA, where it was first identified, but it is found in most of the Northern Hemisphere, particularly USA and Europe, where it infects between 300-400,000 people per year. In Europe the geographical spread is broader than for TBE, being found in most European countries, but the highest rate is in places where TBE is also endemic. While it is thought that some ticks (eg species in USA) only transmit the *Borrelia burgdorferi* bacterium many hours after beginning their blood meal, other species are suspected to transmit the disease shortly after attaching to the host. So removing the tick shortly after it firmly attaches itself is not a guarantee that there will not be infection.

The first signs of *Borrelia* infection can present in the form of a concentric red circle around the bite site that increases in diameter over time (erythema migrans). Although this is common, it can go unnoticed, and in some cases does not occur. During this early infection stage a simple treatment with antibiotics is usually enough to clear the infection. If not treated at the early stage, Lyme disease can develop over days, weeks or months. This is characterized by a range of symptoms including fever and swollen lymph nodes, and can progress to severe arthritic and neurological conditions. Treatment of later-stage disease with a long antibiotic course is usually successful, however some patients do continue to have long-term sequelae even after treatment. There is no vaccine for Lyme disease – the first line of defense is to avoid getting bitten, and if you are bitten to remove the tick as quickly as possible and monitor for signs of early disease and seek treatment if they appear.

Rocky Mountain spotted fever is found throughout most of North America, but only about 5000 cases per year are reported (much less than Lyme). For most patients the disease is characterized by fever and centripetal rash. In the absence of antibiotics up to 10% of patients die, however treatment with antibiotics is usually successful. There is no vaccine.



*Dr Martin Friede*  
*Initiative for Vaccine Research*

# Your SHI Teams around the globe...

... and their contact details

## SHI Team Regional Office for South-East Asia

[seshi@who.int](mailto:seshi@who.int)  
☎ +91 11 4304 0200

## SHI Team Regional Office for Americas

[shi@paho.org](mailto:shi@paho.org)  
☎ + 1 202 974 3537

## SHI Team Regional Office for Western Pacific

[wproshi@who.int](mailto:wproshi@who.int)  
☎ +632 8 528 8001

## SHI Team Regional Office for Africa

[afrgoshi@who.int](mailto:afrgoshi@who.int)  
☎ + 47 24 139 299

## SHI Team Regional Office for Europe

[eushi@who.int](mailto:eushi@who.int)  
☎ +45 45 336 767

## SHI Team Regional Office for the Eastern Mediterranean

[shi-emro@who.int](mailto:shi-emro@who.int)  
☎ +202 227 650 00



**WE ARE STILL HERE FOR YOU**

## SHI Team Headquarters

General Inquiries (IARC, UNAIDS, UNICC, UNITAID) [shihq@who.int](mailto:shihq@who.int) ☎ +41 22 791 1818

Direct Payment team [shidirectpayment@who.int](mailto:shidirectpayment@who.int) ☎ +41 22 791 1818

SHI Medical Adviser [shimedicaladviser@who.int](mailto:shimedicaladviser@who.int) ☎ +41 22 791 5439

Extensions, Contributions, Leave Without Pay and Separations [shi\\_affiliations@who.int](mailto:shi_affiliations@who.int) ☎ +41 22 791 1818



**24/7 EMERGENCY NUMBER (OUTSIDE OFFICE HOURS)**

**+800 4141 2222 (TOLL FREE)**

**+41 22 8189 97 00**



## ANNEX 1

### MESSAGE FROM ELECTED RETIRED STAFF REPRESENTATIVES ON SHI GLOBAL COMMITTEES

Throughout the year 2020 which was an exceptional year for us all, we have been able to continue to participate in the work of our respective SHI Committees (Global Standing Committee (GSC) and Global Oversight Committee (GOC)). The meetings have been held virtually for the most part. The GSC has managed to deal with individual cases on a timely basis and has submitted a number of proposed rule changes to the GOC which have subsequently been approved by the DG and communicated to all participants. In view of the many issues to be considered related to Covid-19, both Committees met more frequently than usual. We are happy to say that our voice is heard on both Committees and we believe that all members work harmoniously together in the best interest of our Staff Health Insurance which is so precious to us all.

As you may have noted from the previous Newsletter, the financial situation of the SHI Fund is satisfactory in spite of the challenges faced to ensure that the cost of future benefits can be met as the number of retired staff in relation to active staff grows. It is for this reason that contributions have been increased over the past several years (both from the participating organizations and the participants). You will no doubt have been pleased to note that as from 2021 increases in contributions from participants have been frozen as the DG has agreed to the GOC recommendation that future increases to cover the actuarial liability be borne by the participating organizations. You will have noted that total assets of the Fund amounted to USD 1.1 billion at the end of 2019. Although this is a significant sum, it has to be compared with a net actuarial liability for after-service health insurance of USD 2.7 billion. Based on projected income and expenditure, it is anticipated that this liability can be funded by 2035. However, as fluctuations are likely, the situation is being constantly monitored by the GOC.

The GOC also regularly reviews investment performance and receives advice from professional actuaries on projections of income and expenditure. Based on the advice it receives, the GOC makes recommendations to the DG on the level of contributions as well as on adjustments to benefits. Regarding investment performance, the long-term cumulative return has exceeded the target since 2013.

The GSC met on at least a monthly basis to consider individual cases submitted to the Committee for review in the light of the Rules. Several of these cases concerned late submission of bills and place of treatment. The GSC strictly applies the Rule concerning late submission of bills, as well as the limits on reimbursement for treatment in high-cost areas (such as USA) for participants who are not resident in that area. In addition, the Committee held in-depth discussions concerning reimbursement of vaccines, which can now be reimbursed when administered by anyone permitted to do so by the national authorities. Guidelines for reimbursement of Covid-19 tests were also developed.

*Global Standing Committee: Marjory Dam, Jean-Paul Menu, Carol Collado, Françoise Héry-Persin*

*Global Oversight Committee: Ann Van Hulle-Colbert, Thierry Lambrechts*



## ANNEX 2 - Effective 21 December 2020

### INFORMATION NOTE ON STAFF HEALTH INSURANCE REIMBURSEMENT OF COVID-19 VACCINES

The purpose of this information note is to inform all SHI participants of the decision made by the Director-General with regards to the reimbursement of Covid-19 vaccines.

Please note that effective immediately, the Covid-19 vaccines will be reimbursed as follows:

- Reimbursement at 100% under SHI Rule B.150 (please note that this reimbursement is not limited to any USD ceiling, however SHI will apply SHI Rule C.1 on excessive charges if necessary);
- Reimbursement is limited to two (2) doses;
- Requirement of a prescription could be waived in cases where it is administered by a health care provider licensed and authorized to do so by the health authorities of his/her country of practice to the participant concerned.

Participants should ensure that they receive their vaccine through a government approved body (to avoid fraudulent vaccines) and avail of free national vaccination programmes when possible.

Important to note

WHO recommends target groups for priority use of the Covid-19 vaccine, e.g. elderly patients, care workers and patients with comorbidities. For more information on the Covid-19 vaccine, please visit:

[https://www.who.int/immunization/sage/sage\\_wg\\_covid-19/en/](https://www.who.int/immunization/sage/sage_wg_covid-19/en/)

The SHI Governance is monitoring closely the evolving situation with regards to Covid-19 and will make recommendations to the Director-General as appropriate.

**SHI can be contacted for any additional information  
by email [shihq@who.int](mailto:shihq@who.int) or by telephone +41.22.791.18.18.**



## ANNEX 3 - Effective 1 January 2021

### INFORMATION NOTE ON AMENDMENTS TO THE STAFF HEALTH INSURANCE RULES

The purpose of this Information Note is to inform all participants that the Staff Health Insurance (SHI) Rules will be amended as a result of the decisions made by the Director-General following the fifteenth, eighteenth and nineteenth meetings of the SHI Global Oversight Committee in June, October and December 2020. A summary description of these amendments effective 1 January 2021 can be found in the attached Annexes.

The amended SHI Rules, effective 1 January 2021, are available on [SHI Online](#).

We particularly draw your attention to new/amended SHI Rules:

#### **Part B - Benefits – SHI Rules:**

- B.150 – vaccines
- B.187 – vitamins and minerals
- B.188 – off-label use of medicines
- B.217 – wig
- B.225 – apnea machine
- B.228 and B.229 – medical appliances and accessories

#### **Part C – Claims Procedures and Reimbursement**

- C.6.1 (iv) – place of treatment
- C.11.1 – submission of claims in all countries except the USA

#### **Part G – Governance and Rules of Procedure**

New SHI Global Oversight Committee (SHI/GOC) composition and merging of the SHI Global Standing Committee (SHI/GSC) and Sub-Committee of the SHI/GSC for PAHO, with an updated composition of the SHI/GSC to include PAHO and a new rule to allow for decisions of the SHI/GOC to be made by email.

#### **Part H – Appeals and General Provisions**

Changes to SHI Rules H.7 and H.8 to explicitly address exclusion from SHI in the case of fraud committed or attempted by participating family members.

Participants are reminded that before seeking medical care, they should consult the SHI Rules and ascertain whether benefits are covered as the SHI benefits are subject to conditions, limitations and/or exclusions as contained in the SHI Rules. It is the responsibility of participants to inform themselves of the SHI Rules, including any amendments thereof.

If participants have any doubts with respect to reimbursable benefits, they should contact their SHI team (list of contacts can be found on [SHI-Online](#)).

For maximum reimbursement ceilings and/or requirements for prior approval, please refer to Part B (Benefits) and paragraph C.6 (Place of Treatment) of the SHI Rules. For examples of benefits limited to a maximum number of sessions, see paragraphs B.96 to B.109 and B.240 to B.241 of the SHI Rules. Also note that accommodation rates (including nursing care) during hospitalizations are limited to a maximum amount per day based on local prices (please check with your SHI regional team for the ceilings or look at [SHI-Online](#)).

# ANNEX 3.1 (a)

## AMENDED SHI RULES EFFECTIVE 1 JANUARY 2021 – SUMMARY DESCRIPTION

### Part B - Benefits

#### Rule B.150 “Vaccines”

Requirement for reimbursement changed to “Prescription or administration by a pharmacist licensed and authorised by the health authorities of his/her country of practice to administer the vaccine to the participant concerned.”

#### New Rule B.187 “Vitamins and minerals”

Reimbursement at 80% for specific medical conditions on the basis of a medical report

#### New Definition (see Appendix) “Off-label use of medicines”

“The use of medicines for indications that have not been approved by the national medicine’s regulatory authority in the country of the prescriber (i.e. used for an unapproved indication or in an unapproved age group, different dosage, duration or route of administration). They might be licensed in other jurisdictions, or not (yet) licensed anywhere. Off label medicines are reimbursable by SHI only under specific conditions (see SHI Rule B.188).”

#### New Rule B.188 “Off-label use of medicines”

See SHI Rule B.188 under Annex 2.1 (b) thereafter, for a trial period of 12 months.

#### Rule B.217 “Wig”

Increase of ceiling from US\$ 800 every 2 years to US\$ 800 per year, with a prescription.

#### Rule B.225 “Apnea Machine”

Removal of the requirement of a polysomnography test.

#### Rules B.228 and B.229 “Medical appliances and accessories”

New inclusive list of appliances reimbursed by SHI grouped under SHI rules B.50.1, B.111.1, B.212.1, B.225.1-3, B.226.2 and new B.228.

### Part C – Claims procedure and reimbursement

#### Rule C.6.1 (iv) “Place of treatment”

Ceiling increased from US\$ 500 to US\$ 1 000 per event.

#### Rule C.11 “submission of claims in all countries except the USA”

To limit both paper claims submissions to one currency and a maximum of five bills/invoices/receipts per claim in order to harmonize with submissions made on-line.

### Part G – Governance

#### Rules G.1 to G.8 “SHI Global Oversight Committee”

New SHI/GOC composition and corresponding changes to paragraphs G.1 to G.8, to allow for a greater participation from all the regions. See the new composition of the SHI/GOC:

Chair
ADG/BOS - Chair    Comptroller - Alternate Chair

Administration
Members Designated by DG in consultation with RDs:
1 AFRO
2 EMRO
3 EURO
4 SEARO
5 WPRO
6 PAHO
7 HQ

Participants
Members designated by the Staff Committees (rotational):
8 SA/ from a major office
9 SA/ from a major office
10 SA/ from a major office
11 SA/ from a major office
12 SA/ from a major office

Members elected by the former staff
13 Elected former staff
14 Elected former staff

Ressource Persons
External - appointed by DG
Adviser
Adviser
Internal
LEG
Internal - other ressource persons:
Director SHW
Director HRD
Director OS
Director IT

Observers
IARC
UNAIDS
Chair SHI/GSC

Secretary
Head SHI - Secretary
Members of the Secretariat may also be present and attend meetings with specific duties, and may be invited to speak and present during the meetings as appropriate



## ANNEX 3.1 (a)

### SHI Rules G.9 to G.18 and G.42 to G.48 “SHI Global Standing Committee (SHI/GSC) and Sub-Committee of the SHI/GSC”

Merging of the SHI Global Standing Committee (SHI/GSC) and Sub-Committee of the SHI/GSC for PAHO, while ensuring the appropriate PAHO participation in a new composition of the SHI/GSC as reflected below:

Members and alternate members designated by Administration		Members and alternate members designated by Participants	
1	HQ member and alternate member	1	Elected Former Staff member and alternate
2	HQ member and alternate member	2	Elected Former Staff member and alternate
3	AF member and alternate member	3	HQ member and alternate member
4	EM member and alternate member	4	HQ member and alternate member
5	EU member and alternate member	5	SA/RO* member and alternate member
6	<b>PA member and alternate member</b>	6	SA/RO* member and alternate member
7	SE member and alternate member	7	SA/RO* member and alternate member
8	WP member and alternate member	8	<b>SA/RO* member and alternate member</b>
9	UNAIDS member and alternate member	9	UNAIDS member and alternate member

\*RO: Regional Office

### New Rule G.27 “SHI/GOC Rules of procedure”

See new SHI Rule G.27 to allow for decisions of the SHI/GOC to be made by email:

“Notwithstanding the above paragraphs G.21 to G.26, in exceptional cases, when deemed necessary by the Chair, the Chair, through the Secretariat, may circulate proposals by email for the voting members’ approval by a set date. If any voting member objects to the adoption of any such proposal by the set date, that proposal will be considered as not having been adopted by the SHI/GOC and, if pursued by the Chair, it will be referred to an SHI/GOC meeting held virtually or in person under the above paragraphs for consideration or a subsequent revised version circulated email. In the absence of any objection by voting members received by email by the set date, the proposal will be considered to have been validly adopted by the SHI/GOC. The Chair, through the Secretariat, will inform the SHI/GOC members accordingly and that communication will be regarded as the date of the adoption of the proposal.”

## Part H – Appeals and General Provisions

### Rules H.7 and H.8 “Fraud”

~~Except as set out in paragraph H.7.1,~~ If it is established that fraud has been committed or attempted, the **participant paying member** concerned shall be automatically excluded from participation in the SHI. His/her dependants and other eligible family members participating in the SHI (“participating family members”) shall also be automatically excluded. The exclusion shall be effective from the date of notification thereof ~~to of~~ the **participant paying member** concerned or, in case of serving staff members who are dismissed or summarily dismissed for misconduct, from the effective date of the dismissal or summary dismissal of the staff member concerned.

H.7.1 [...]

**H.7.2 If it is established that fraud has been committed or attempted by a participating family member, he/she shall be excluded from participation in the SHI, regardless whether the paying staff member is excluded or not. The exclusion shall be effective from the date of notification thereof to the paying member.**

Any appeal of a decision referred to in paragraphs H.7-H.7.21 must be made in writing **by the paying member** to the SHI/GSC within two months of the date of notification thereof. The SHI/GSC shall report to the Director-General who shall make the final decision. The **participant paying member** concerned may refer the decision of the Director-General to the Administrative Tribunal of the International Labour Organization, in accordance with the provisions of the Statute of the Tribunal.

## ANNEX 3.1 (b)

### NEW RULE B.188 ON “OFF-LABEL USE OF MEDICINES”:

Para.	Benefit	M a x i m u m reimb. / ceiling	Requirement for consideration	P r i o r approval required from	Rate of reimb.	S u p p . Benefit
<b>B.188 Off-label use of medicines</b> N.B. The prior approval required for consideration of reimbursement of the use of off-label medicines may be exceptionally waived in case of emergency (see Appendix for the SHI definitions of “off-label use of medicines” and “emergency”).						
B.188.1	<b>High quality evidence use:</b> Inpatient or outpatient routine use of a treatment in accordance with high-quality evidencebased guidelines or treatment protocols.	Under 500 per year. Beyond 12 months, see B.188.3	US\$ Prescription. A medical report may be requested by SHI.	SHI Officer	80%	Yes
		Above 500 per year. Beyond 12 months, see B.188.3	US\$ Prescription and medical report from the treating physician with reference to high-quality clinical practice guidelines or standard protocols, including: <ul style="list-style-type: none"> <li>• Treatment plan, cost, and expected favourable relevant outcome;</li> <li>• Assessment plan;</li> <li>• Consequence for the patient if the disease is left untreated;</li> <li>• Confirmation that no other recognized treatment with favourable benefit-harm ratio for the patient is available.</li> </ul> A second medical report from a physician other than the one prescribing the treatment may be required by SHI.	SHI/GSC	80%	Yes
B.188.2	<b>Compassionate / experimental use</b> Use of a therapy, undergoing clinical trials or subject of an application for a marketing authorization, with the purpose to treat a group of patients with chronically or seriously debilitating disease or whose disease is considered to be life-threatening, and who cannot be treated satisfactorily by an authorized medicinal product. Compassionate use is characterized by very limited evidence supporting medicine use.		Normally not reimbursed. Exceptional consideration on a case by case basis. Requirements under B.188.1 apply.	SHI/GSC	80%	Yes
B.188.3	<b>Long-term or chronic use of off-label medicines</b> for paragraphs B.188.1 and B.188.2 above the maximum period of 1 year	Amount and period to be approved.	Requirements under B.188.1 apply.	SHI/GSC	80%	Yes

## ANNEX 4

### SHI NETWORKS

#### FOR OUTPATIENT, INPATIENT AND EMERGENCY CARE

Please see the “Conventions” tab on [SHI-Online](#) for a complete and updated list of Health Care Providers (HCP).

Not with standing the stated benefits of using HCP which have entered into an agreement with WHO, the use of any HCP is and remains your exclusive responsibility. WHO cannot guarantee that the services of any HCP will be satisfactory, and will not be responsible for any negligence, errors and/or malpractice on the part of this HCP.

#### Inpatient and Outpatient Care in Africa and the Eastern Mediterranean Regions

Participants seeking medical care from one of the health care providers that are part of the new network will have their SHI cards recognized and will benefit from **discounted rates**, when available:

1. For all **out patient care**, participants will show their SHI card, pay up front and benefit from **discounted rates**, when available. All invoices will need to be settled directly by the participant to the health care provider and then claims submitted to SHI for reimbursement as usual.



2. For all **non-emergency/planned hospitalizations** requiring an overnight stay, if participants wish to benefit from a direct payment, they should identify a provider from the list found on the SHI Online portal, and send a request for prior approval to: [shidirectpayment@who.int](mailto:shidirectpayment@who.int), which should include the name of patient, name of hospital, the scheduled date of hospitalization and the diagnosis. SHI will pay directly 100% of the bill and subsequently recover the amount at the participant's charge (normally 20% and any non-reimbursable expenses). In the absence of SHI's prior approval, the participant will be liable to settle the invoice(s) and subsequently submit them to SHI with proof of payment for reimbursement (see point 1 above).

All participants are strongly encouraged to request direct payments at least 15 days in advance, to allow sufficient time for review and processing.

3. For all **emergencies** outside of office hours in your location, please call the emergency number on your SHI card: +800 4141 2222 (Toll free) or +41 22 819 97 00 or contact TSM Assistance at [operations@tsm-assistance.com](mailto:operations@tsm-assistance.com). The emergency service can issue a letter of guarantee if necessary.

N.B.: Participants of SHI who are duty stationed/resident in the USA should call the emergency number on the back of their Cigna card for any emergency (Cigna being the Third-Party Administrator for claims in the USA).

**Note:** Participants are reminded that before seeking medical care, they should consult the SHI Rules and ascertain whether benefits are covered as the SHI benefits are subject to conditions, limitations and/or exclusions as contained in the SHI Rules.

#### Other SHI Networks

##### United States of America

For health care in the USA, WHO/PAHO/SHI has an agreement with separate third-party administrators for direct billing arrangements and re-pricing of invoices.

We kindly remind you, as per SHI Rule C.6.4, that if you are not duty stationed/resident in the USA and seek medical care in the USA, you must inform SHI in advance and we will ask our third-party administrators to intervene and negotiate discounts.

##### Switzerland

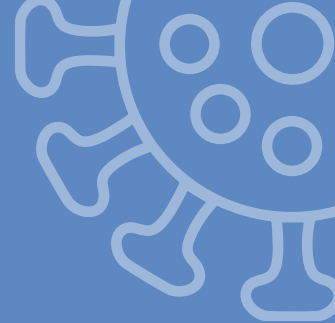
For health care in Switzerland, specifically in the Geneva area, SHI has developed a network of tariff agreements and direct pay agreements with hospitals and other health care providers. Please refer to the “Conventions” tab on SHI Online for the complete list of health care providers concerned.

##### Others

SHI has developed a network of tariff agreements and direct pay agreements with over 400 health care providers worldwide. Please refer to the “Conventions” tab on SHI Online for the complete list of health care providers concerned.

# Be **SURE**

to protect yourself and others from COVID-19



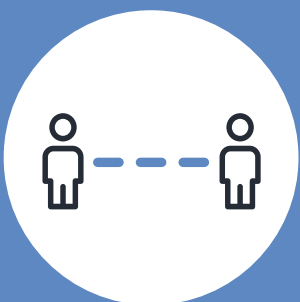
**Wash your hands** frequently with soap and water or an alcohol-based hand rub



**Cover your cough** with the bend of your elbow or tissue



**Avoid crowded** offices, hallways, elevators and bathrooms



**Follow the physical distancing** reminders in the hallways and when queuing



**Wear a mask** if you cannot maintain at least 1 metre distance between yourself and others



**Avoid touching** your face



**Stay home** if you feel unwell – even with a slight fever and cough



**Seek medical care early**, but call first



**Stay aware** of the latest information from WHO

## Be **WELL**

