

# SHI NEWSLETTER

## Staff Health Insurance

January  
2018

### Greetings from the Staff Health Insurance (SHI) Secretariat with our best wishes for a happy and healthy 2018!

2017 saw the launch of SHI-Online around the world, a **S**imple, **H**elpful and **I**ntuitive tool, which we hope has facilitated the life of many participants. We will be phasing out the use of the paper envelopes during the course of 2018 for active staff, so if you have not already been one of the 5500 participants who dived in to try it – there is no better time than now to do so!

#### Phase 2 of SHI-Online

The second half of 2018 will see the introduction of Phase 2 of SHI-Online.

#### KEY ELEMENTS

##### ● Self-service attestations

This will allow you to generate and download:

- a general attestation of coverage,
- an attestation for school or university,
- an attestation for tax declaration,
- an attestation of detailed coverage in case of hospitalization (used for visa application).

##### ● Submission of medical reports

- You will be able to attach a medical report which will remain confidential and accessible only by the SHI Medical Adviser

##### ● Self-service for former staff/survivors

- This will allow for the update of bank account information and mailing address by former staff members/survivors.



#### SHI User Guide to Hospitalization

In this issue we are also launching the “SHI User Guide to Hospitalization” which includes a list of signed agreements with hospitals and health care providers around the world. You can find this guide attached, together with the list of agreements in Annex 1.

This guide will normally be found on the SHI-Online site under “Hospitalization and list of hospital agreements” and will be updated on a regular basis. Access to treatment, especially in case of hospitalization is one of our priorities and we will be working more on improving our networks and list of hospitals that accept our letters of guarantee during the course of 2018.

#### Launch of Clinic for SHI-Online

SHI will launch an SHI-Online clinic in HQ in the coming weeks. You can book a 30 minute appointment on <https://workspace.who.int/sites/booking/shiclinic>.

This clinic will be open on Tuesday mornings between 9-12am and is available for both active and former staff. Our SHI team will explain to you how to submit a claim on-line and its specifications and answer any related questions. For support on technical matters

related to SHI-online we remind all participants to contact us on email [shi-online@who.int](mailto:shi-online@who.int).



Mrs Cécile Ruggeri and  
Mr Aymeric Long, Insurance Assistants



## Changes to SHI Rules effective 1 January 2018:

Below are listed some highlights of the rule changes endorsed by the SHI Global Oversight Committee (GOC) and approved by the Director-General.

Please look at SHI-Online if you wish to see the full set of the SHI Rules for 2018.

### Part A – Appendix

- ✓ Definitions are added for SHI purposes to this appendix for “Event”, “Participant”, “Paying Member” and “Child, adolescent and young person’s health”.
- ✓ Definitions are slightly amended for SHI purposes to this appendix to be clearer for; “medical report”, “non-dependent child” and “prescription”.

### Part B – Benefits

#### *Amended rules:*

- ✓ Hospitalization – SHI rules B.30.1 to 30.7 now require prior approval from the SHI Officer.
- ✓ Surgical and non-surgical treatment – Prior approval from the SHI Officer in HQ and medical report + cost estimate for treatment above and approval required from SHI/GSC if above US\$ 200 000 – B.10.3 and 10.4
- ✓ Colonoscopy reimbursed at 100% up to US\$ 1 200 every 10 years – B.155.1
- ✓ Hearing aids including maintenance – Reimbursed at 80% with prescription + audiogram, up to:
  - US\$ 2 500 per ear every 4 years if there is no audioprosthologist expertise provided; or
  - US\$ 2 500 per ear every 4 years with an additional US\$ 250 per ear every 4 years if audioprosthologist/audiologist expertise is provided; or
  - more frequently for medical reasons to be assessed by the SHI Medical Adviser – B.212

#### *New rules:*

- ✓ Bariatric Surgery – B.22
- ✓ Recognised therapies to be implemented early such as behaviour and communication approaches including ABA therapy; other recognized therapies to be assessed by the SHI Medical Adviser under specific conditions. – B.108.3
- ✓ Other eye surgeries – B.114
- ✓ Zoster/Shingles vaccine reimbursed at 100% from age 60 every 5 years – B.150
- ✓ Fecal immunochemical test for colon cancer reimbursed at 100% up to US\$ 30 every 2 years – B.155.2
- ✓ Ophthalmological test for children aged 10 months to 4 years reimbursed – B.159
- ✓ Incontinence appliances, 60 adult nappies/diapers per month reimbursed provided a medical report is given and subject to prior approval from the SHI Officer in HQ – B.227

### Part C – Claims procedures and reimbursement:

#### *Amended rules:*

- ✓ Place of Treatment - revised as follows: “The reimbursement limitation will not apply to:
  - (i) staff members whose duty station is within the WHO region of the Americas;
  - (ii) former staff members whose WHO-recognized place of residence is within the WHO region of the Americas;
  - (iii) benefits with a maximum US\$ amount reimbursement/ceiling under paragraphs B.60, B.110, B.111, B.120, B.165 and B.210 to B.226 of Part B; or
  - (iv) any medical care below US\$ 500 per event.”

**Important:** USA or Canada citizen staff members who are not duty stationed in the WHO Region of the Americas are no longer exempt from the limitations. - C.6.1

- ✓ Letter of Guarantee for hospitalization – Two weeks are now required in order for the SHI to prepare one – C.14

### Part E – Eligibility and contributions

- ✓ A non-dependent child may stay in the SHI up to the end of the month in which they turn 28.

## Things to watch out for when submitting SHI Claims

### Common errors made when submitting claims on-line:

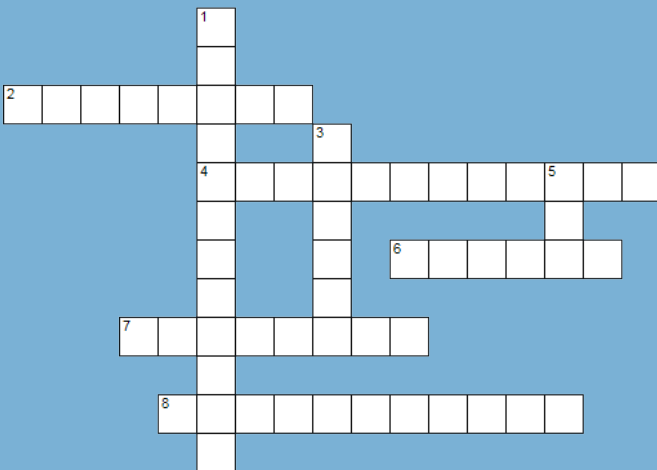
- PDFs upside down or do not show the full picture;
- Satisfactory proof of payment (credit card receipt, copy of bank statement or order executed by e-Banking) not provided. If the bill was paid in cash, it should be marked as "paid" and include doctor's stamp and signature;
- Prescription missing for each medication purchased;

### Common errors made when submitting an SHI envelope:

- Not signed or dated;
- Proof of payment is missing or if payment is made by e-banking the "executed order" advice is not provided;
- Original renewable prescription not attached at the end of a treatment period (where copy has been submitted previously);
- The total amount of the bills submitted does not add up to amount marked on the envelope;
- Illegible writing on the envelope;
- No staff number provided;
- Envelope is glued, stapled, taped, paper clipped.

**Please remember claims must be submitted within 12 months of the date of the invoice.**

## How well do you know your SHI Rules?



1. Which document is required for reimbursement of physiotherapy in addition to the bill and proof of payment?
2. What is a sudden event resulting in an injury for SHI purposes?
3. To which country other than USA does paragraph C.6 (place of treatment) of the SHI Rules currently apply?
4. What is the name of the supplementary benefit limit?
5. Which vaccine is reimbursed at 100% up to US\$500?
6. How many months do you have to submit a bill from its date of issue?
7. Which eye operation is reimbursed up to US\$3 500?
8. This screening test is reimbursed at 100% from age 50 up to US\$1 200 every 10 years.

Answers on page 11.

## SHI User Satisfaction Survey

In April 2017, representatives from each regional SHI team met for the first time to share best practices and work together to improve the level of service provided by the SHI. It was agreed that a survey to review the level of satisfaction of our participants should be conducted.

Our aim is to look at our Best Practices, obtain feedback from you, our users, and to make changes and improvements where resources allow. With this in mind we will be distributing a Satisfaction Survey to all participants during 2018. Please do take the time and effort to complete the survey, the greater the level of feedback the more likely we are to be able to improve the level of service of our participants.



# PREVENTION CORNER

SHI / SHW / HSW RECOMMENDATIONS TO EAT BETTER AND MOVE MORE!



SHI / SHW / HSW  
recommendations  
Eat better  
and move  
more!

## Eat better

In the 2016 SHW Staff Health Risk Survey, 85.7% of respondents reported willingness to improve their level of physical activity and 80% to eat a healthy diet.

### What are the benefits of a healthy diet for my family and I?

- A balanced, adequate and varied diet is an important step towards a happy and healthy lifestyle
- Vitamins and minerals in the diet are vital to boost immunity and healthy development
- A healthy diet can protect against noncommunicable diseases (NCDs), including diabetes, heart disease, stroke and cancer
- Healthy eating is an opportunity to enrich life for you and your family by experimenting with different foods from different cultures, origins, and with different ways to prepare food

### What does a healthy diet contain?

- Fruits, vegetables, legumes (e.g. lentils, beans), nuts and whole grains (e.g. unprocessed maize, millet, oats, wheat, brown rice)
- At least 400 g (5 portions) of fruits and vegetables a day
- Less than 10% of total energy intake from free sugars, which is equivalent to 50 g (or around 12 level teaspoons)
- Less than 30% of total energy intake from fats
- Less than 5 g of salt (equivalent to approximately 1 teaspoon) per day and use iodized salt.

### Advice on maintaining a healthy diet:

- Try healthy twists on favourite meals – try healthier versions by removing the fatty part of meat; using vegetable oil (not animal oil); boiling, steaming or baking rather than frying; and not adding salt, soy sauce or fish sauce during food preparation



### Less salt

- Decrease your salt intake by not having salt on the table – there is usually enough in your food!
- Read food labels to ascertain amount of salt in products



### Fresh fruits & vegetables

- Always include vegetables in your meals
- Eat fresh fruits and raw vegetables as snacks and desserts

WHO STAFF IN ACTION



## Move more

### What are the benefits of physical activity for my family and I?

- Regular physical activity improves muscular and cardiorespiratory fitness and reduces risk of hypertension, coronary heart disease, stroke, diabetes, various types of cancer, and depression
- Improves opportunities for cultural identity, socialization, networking, and cultural identity
- Especially among children and young people, sports and other physical activities contribute to empowerment and self-confidence
- Helps to prevent and control various risk behaviours, including, the use of alcohol, tobacco, and other substances and violence

### How much physical activity do my family and I need?

- **Adults aged 18–64 years:** Should do at least 150 minutes of moderate-intensity physical activity throughout the week

- **Children and adolescents aged 5-17 years:** Should do at least 60 minutes of moderate to vigorous-intensity physical activity daily

### How do I get and keep myself and my family active?

- Walk and talk, rather than emailing colleagues
- Sit less and practice active or stretching breaks
- Encourage physical activity part of your family's daily routine: Take family walks or playing active games together
- Make physical activity fun: Fun activities can be anything you and your family enjoys, including sports or recreational activities such as dancing, playing, walking, or gardening
- Be safe! Set an example by wearing and providing protective equipment such as helmets
- Take a walk, even 10 minutes counts



FAST FACTS

85.7%

Of the 2016 WHO Staff Health Risk Survey respondents reported willingness to increase their level of physical activity

80%

Of the 2016 WHO Staff Health Risk Survey respondents reported willingness to eat a healthy diet

FOR MORE INFORMATION

See SHW's 2016 Staff Health Risk Survey Report

Article by SHW, HSW HQ Committee, SHI.

# EXECUTIVE SUMMARY OF THE SHI ANNUAL REPORT FOR 2016

The SHI Fund generated a surplus of \$ 125.0 million in 2016, compared with \$ 16.9 million in 2015. The result was much improved, largely based on the 4% approved annual increase in contributions, and also a transfer of PAHO-administered assets worth \$ 64.6 million. The result was further enhanced by good investment income.

The Fund balance as at 31 December 2016 stood at \$ 848.9m (up 17.3% from the \$ 723.9m balance as at 31 December 2015).

Contributions totalled \$ 190.5 million (\$120.5 million in 2015), with claims of \$ 82.9 million (\$ 83.2 million in 2015). Claims were slightly lower in 2016 than in 2015, with lower hospitalization costs (particularly in HQ) and PAHO medication cost rebates received. These offset general cost increases in both medication and dental care for all regions. Despite a marginal increase in major claims (>US\$ 50,000) in 2016, these were lower in value. However, it is notable that the average length of hospital stay increased from 4 to 5 days in 2016.



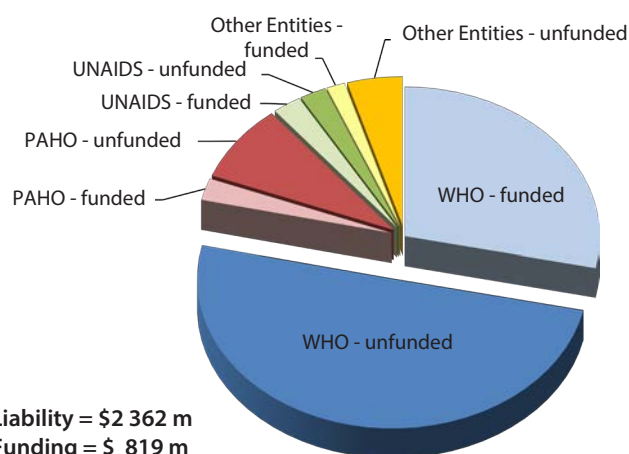
## Funding the Gap

Although the Fund balance is healthy, the SHI Fund's independent actuary (AON Hewitt) estimates that it has a Total Liability (over a long-term horizon) of \$ 2,361.9m as at 31 December 2016.

In other words, both current and future former staff will be entitled to after-service health insurance (ASHI) benefits of this magnitude based on their current/future service, under both SHI Rules F.8.2 and F.8.3.

After setting aside SHI Fund assets worth \$ 29.6m to pay four months of combined in-service and after-service claims (SHI Rule F.8.1), an unfunded deficit of \$1,542.6m (or 65% of the Total Liability) remains as follows:

**After Service Health Insurance (ASHI) Liability by entity as at 31 December 2016**



Total Liability = \$2 362 m  
 Total Funding = \$ 819 m  
 Total Deficit = \$1 543 m

There are some fundamental reasons for the size of this deficit, and therefore why the SHI Governance has been increasing contribution rates in recent years:



### 1) Medical inflation is much higher than normal inflation

According to AON Hewitt, in many countries the average percentage increase in medical costs is in fact forecast to be in double digits.



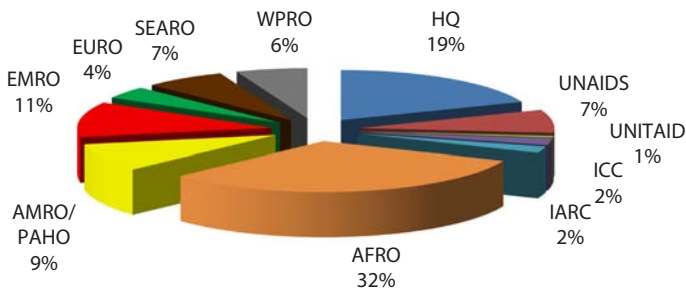
### 2) Time value of money

Given the recent period of very low interest/discount rates experienced estimated worldwide, the estimated cost of future ASHI benefits is higher. This factor has therefore increased the liability recognized for the future.

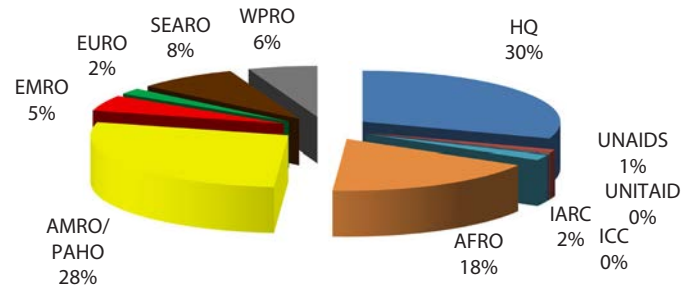
### 3) Challenging demographics of the insured population

As life expectancy increases worldwide over the long term, the SHI Fund is faced with an aging former staff population (who have a greater need for healthcare in later years, than whilst they are active staff). Also, many of the insured staff choose to retire in countries with high medical costs (such as USA and Switzerland). As at 31 December 2016, 44% of insured active staff were living in regions where the cost of health care is high e.g. Headquarters, UNAIDS, UNITAID, ICC, IARC, EURO, and AMRO/PAHO), and this is much higher (63%) for insured former staff, as can be seen in the following two pie-charts.

Active Staff (except Appendix C) - 2016



Former Staff - 2016



#### 4) Maintaining the level of benefits for future generations

The SHI Fund wishes to avoid pressure to reduce or eliminate benefits as a way to cover costs that have not been funded in advance. Therefore, in order to avoid the need to curtail benefits, it makes sense to have the after-service health insurance (ASHI) benefits earned by current generations paid for by those generations, instead of future ones. This is why the contributions have been increasing (based on actuarial recommendations) whilst participants are in service.

Of course, it is important to note that the SHI Governance is also exploring alternative ways to fund the Total Liability rather than merely increasing premiums. For example, both cost containment measures and SHI plan design changes may be considered.

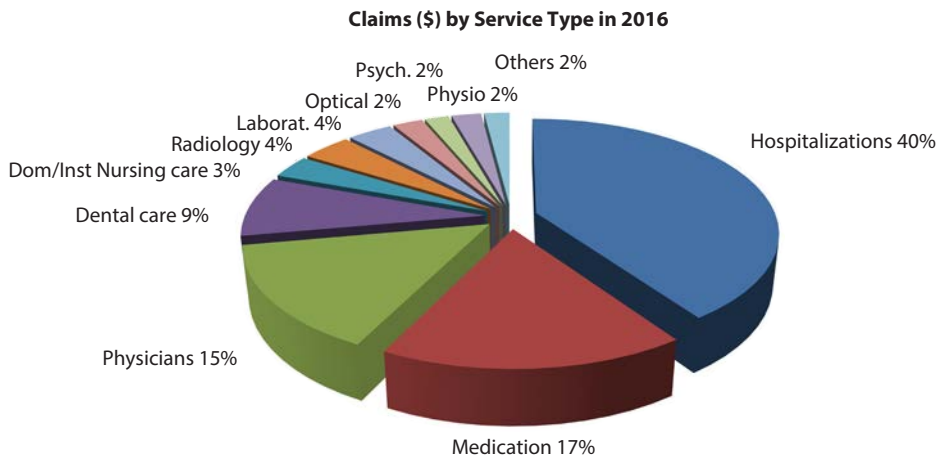
### Membership

The table below shows that, as at 31 December 2016, the SHI Fund had 1,029 more members than on the same date the previous year. This increase (2.7%) follows the increase observed in the previous year (1,177). The percentage of former staff and their dependants remains at 22% in 2016.

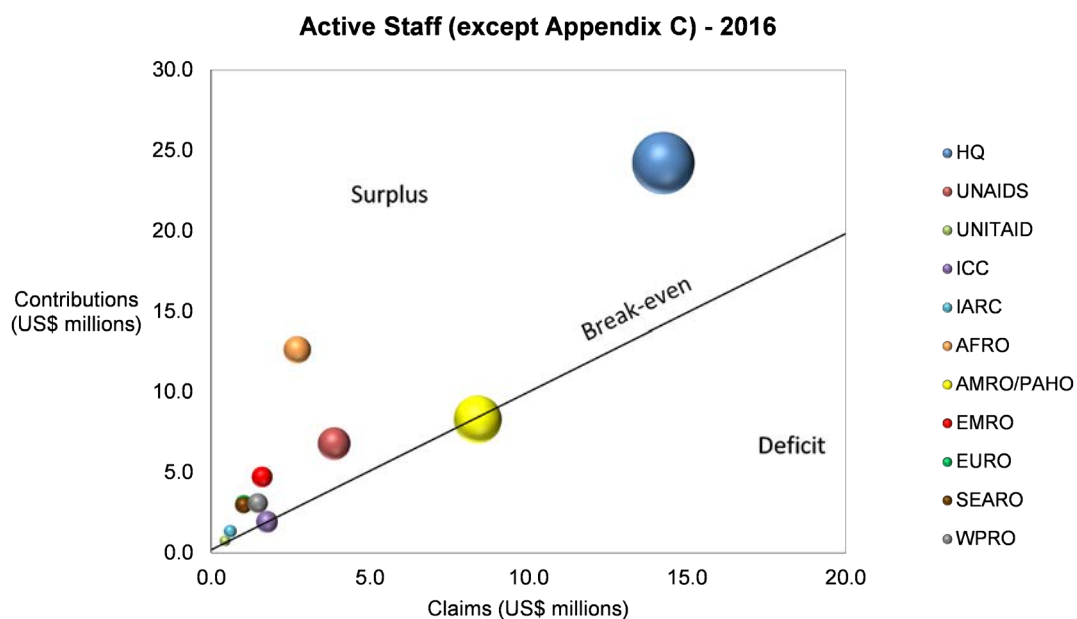
	2016		2015	
Active staff (excluding App C) and their dependants	30,180	78%	29,583	78%
Former staff and their dependants	8,752	22%	8,320	22%
<b>TOTAL</b>	<b>38,932</b>	<b>100%</b>	<b>37,903</b>	<b>100%</b>

### Contributions and Claims

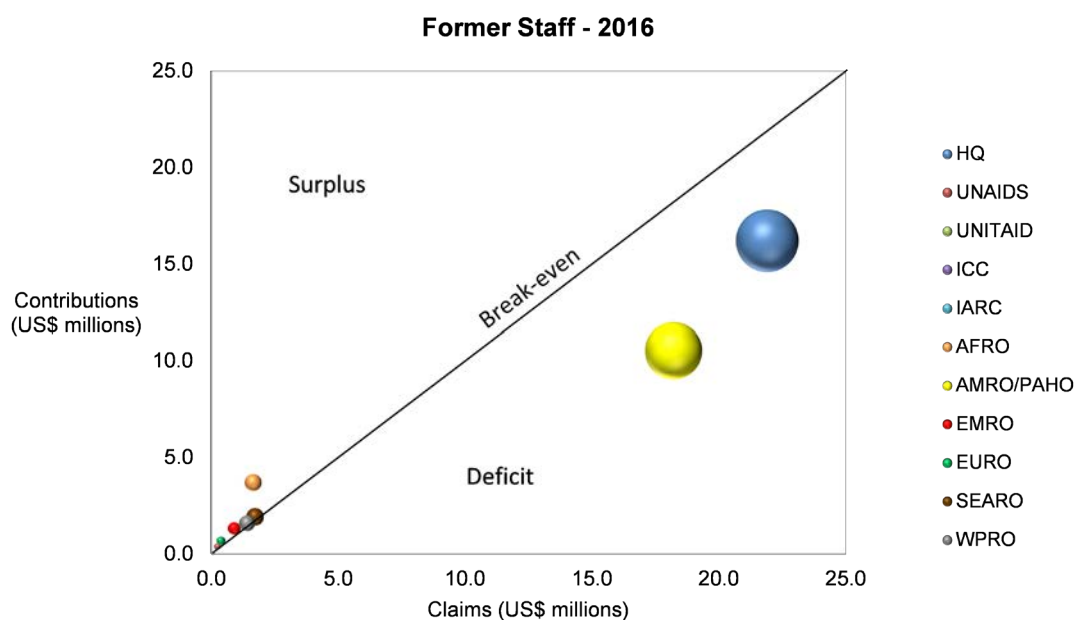
Hospitalization (accommodation + medical care) continues to represent the largest item of expenditure (for both active and former staff) as shown in the following pie-chart:



## Contributions/Claims relationships in 2016



As a reminder for active staff (except App C), no region, nor office administered by WHO, will experience a deficit. This is due to application of the second tier contribution mechanism.



The 2 graphs above demonstrate that:

- 1) the deficit for former staff continues to be mainly generated by both PAHO and HQ regions;
- 2) however, the mechanism to earmark 25% of active staff contributions for the former staff deficit is working.

## SHI contributions in 2018

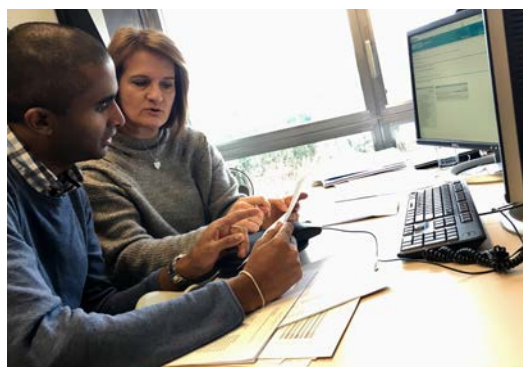
Following the April 2017 SHI Global Oversight Committee meeting, the Director-General endorsed the recommendation to continue to increase the SHI contributions in order to ensure long-term sustainability of the SHI Fund.

As a consequence, SHI rates of contributions will have increased by 4% as from 1 January 2018. As an example, staff member/retiree contributions previously 2.31% in 2017 becomes 2.40% in 2018.

For your information, the individual impact of the increase can be determined via use of the SHI rate calculator (available via SHI-Online):

	Staff Member Share	WHO Share
For a (former) staff member or spouse	2.40%	4.80%
For dependent child (0-21)	0.32%	0.64%
For non-dependent child (18-28)	0.97%	1.93%
For secondary dependant (parent, brother or sister)	5.37%	10.73%
For Temporary staff on contracts of 60 days or less	0.81%	1.62%

Rates of contributions rounded to 2 decimal places.



*Mrs Nathalie Garnier, Finance Assistant and  
Mr Sajjana Senanayake, Finance Officer*

## Investments

	US\$ millions	% Return	Weight	Recommendation effective 2013
Co-mingled cash	54.0	1.1%	7%	0% to 10%
Fixed income	492.4	1.8%	63%	55% to 75%
Equities	235.4	7.2%	30%	25% to 35%
<b>Total Investments</b>	<b>781.7</b>	<b>3.1%</b>	<b>100%</b>	<b>100%</b>
Other Net Assets (eg Receivables)	67.2	0.0%	0%	-
<b>Total Fund Balance</b>	<b>848.9</b>	<b>3.1%</b>	<b>100%</b>	<b>100%</b>

Overall, Staff Health Insurance investments yielded 3.1% in 2016, generating a gain of assets worth \$ 23.7 million to the SHI Fund.

Global government bond yields climbed in Q4 thanks to evidence of the advanced economies growing better than anticipated, and also a recovery in commodity prices such as oil.

The fixed income portfolio yielded a positive return of 1.8% for the year, despite a headwind of increasing US bond yields.

The improving global economic data contributed to better performance in the equity portfolios which yielded 7.2% overall in 2016, with the emerging markets allocation earning 10.6%, and the developed markets equities returning 7.0%.

## Note to former staff

1. SHI Statements of contribution for 2018 should be included in this mailing.
2. The SHI-Online Portal can be accessed by signing in using your WHO Application Directory Service (ADS) account. To learn more about creating and managing your ADS account, go to <https://extranet.who.int/ads/adswebinterface/help.aspx>. ADS accounts and passwords are managed solely by the global service desk (globalservicedesk@who.int).
3. Please provide us with your email address if you have not already done so – this really facilitates our contact with you. **Only 56% of former staff have provided us with their email address!**
4. There are no minimum hardware requirements to use the SHI-Online, however below is the list of supported internet browsers
  - a. IE10 and above
  - b. Google Chrome (latest version)
  - c. Mozilla Firefox (latest version)
  - d. Apple Safari (latest version)
5. Note that if you have benefited from a Direct Payment at 100%, your share to be paid to the SHI (normally 20% plus non-reimbursable expenses) will be indicated on your Payment Advice.
6. Please check the SHI Rules carefully, in particular benefits that have ceilings, before undertaking treatment to avoid being out-of-pocket. When in doubt, please contact your SHI focal point.

## Governance

**The Global Oversight Committee (GOC)** met in April and October and continue to review the operations and the financial status of the SHI. Dr Hans Troedsson, Assistant Director General, General Management and Chair of the GOC retired from the Organization in September 2017. The SHI would like to thank him for his support and dedication to the work of the Organization and wish him the very best in his new life! Dr Troedsson will be replaced as Chair on the GOC by Mr Stewart Simonson, newly appointed Assistant Director General for General Management.

**The Global Standing Committee (GSC)** met 12 times and dealt with a total of 48 cases from all regions. In addition, they also had several meetings to discuss proposed changes to the SHI rules which they submitted to the GOC for review.

### When and how to submit your case to the GSC

Several SHI rules require that a case be submitted to the GSC in order to be approved for treatment/reimbursement. However, a participant can also request that their case be submitted to the Committee if they are not happy with the decision of the SHI. In order to request that a case be submitted to the Committee, a participant must state in writing (by email or letter) their case, the reason why they wish the Committee to review it, provide background, medical report/and or detailed costing if necessary. The Committee meets once a month and all cases are presented anonymously. Cases need to be submitted to the Secretariat at least 2 weeks before the meeting and the participant will be informed in writing of the decision of the Committee within 2 weeks of its meeting.

As you may well imagine a large number of participants in SHI are former staff. We recognize that for many of you in this group electronic access to SHI (by e-mail and through our web address etc.) may not be possible.

We recognize that we still need to keep you up-to-date with developments, changes to the rules, and provide you with a neat and practical solution for your SHI affairs.

As previously mentioned, we do encourage you to provide us with an email address to facilitate this, but for those of you who cannot we will be looking for a solution to communicate, at least the SHI rules to you in an easier more cost-effective way for 2019.

## SHI cards

**SHI cards** are printed twice per month and dispatched to participants immediately. Please let the SHI Secretariat know if the information on the card is incorrect and we will ensure that a new card is sent to you. It should be noted however, that the data for the cards for active staff comes from GSM, so if your family name has changed, ensure that you take the relevant action in GSM (or contact SHI directly if you are a former staff).



**How to use the SHI Insurance card in case of an Emergency:** The SHI card has all of the regional office SHI contacts printed on it. In case of an emergency during office hours, you should first call the number of the Region where you are located. If the emergency happens outside of office hours, please call the emergency number on the card.

### EMERGENCY number:

**+0800 4141 2222 (Toll free)**

**+41 22 819 9700**

**N.B.:** US based participants should continue to use their AETNA cards unless they have an emergency outside of the USA (vacation/duty travel).

## Claims Trivia

Did you know that:

- 86,000 claims were processed in 2017, 34,600 were on-line and 51,400 were by envelope in 141 different currencies.
- The average number of claims per year per person is 2.1.
- 5500 participants submitted claims on line, 5000 of which were active staff and 500 former staff.

# CONTACTS

**SHI Team – Headquarters**  
(IARC, UNAIDS, UNICC and UNITAID)

[shihq@who.int](mailto:shihq@who.int)  
[shidirectpayment@who.int](mailto:shidirectpayment@who.int)  
[shimedicaladviser@who.int](mailto:shimedicaladviser@who.int)

**SHI Help Desk:** The Help Desk in HQ continues to be open every afternoon between 2-4pm, **except on Wednesdays**. Other information on how to contact your SHI focal points can be found in this Newsletter.

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**SHI Team – Regional Office for Africa**

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and Finance officer

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[wproshi@who.int](mailto:wproshi@who.int)

[wprogscshi@who.int](mailto:wprogscshi@who.int) (for Global Service Center)

☎ +632 528 8001



## Answers to crossword:

- |                  |                 |
|------------------|-----------------|
| 1 - Prescription | 5 - HPV         |
| 2 - Accident     | 6 - Twelve      |
| 3 - Canada       | 7 - Cataract    |
| 4 - Catastrophic | 8 - Colonoscopy |



Vincent Huguet – 1963-2017 –  
A dedicated WHO/SHI Staff Member –  
RIP.

## ANNEX 1

### Message from members elected by the former staff who are participating in the Staff Health Insurance under Eligibility tables N° 2 to 4 of the SHI Rules

The representatives of former staff on the Global Oversight Committee actively participated in both meetings of the Committee this year, as well as in various working groups.

The Committee thanked Clas Sandstrom, who has resigned, as the alternate to Ann van Hulle, and welcomed Hilary Wild as the new alternate.

Information on the financial situation of the SHI Fund is provided elsewhere in this report. We are confident that the Committee receives comprehensive advice from the experts (actuaries, investment managers, etc.) which enables it to advise the DG on measures to be taken in the best interest of the Fund for the medium to long-term. At the end of 2016 the Fund had significant assets, USD 848.9 million. However there is an unfunded actuarial liability of USD 1,542.6 million for active and retired staff which it is planned to fund over the next 20 years or so in order to ensure the long term financial stability of the SHI scheme. SHI being self-insured, it is a challenge to keep the balance between the rising price of health care and the benefits we have all come to enjoy. It is important therefore that we utilize our benefits mindfully, to maintain the contributions at reasonable levels.

A few years ago we requested a study on long-term care. The results of the study have recently been discussed and we are hopeful that measures can be taken which would help elderly and other participants with reduced autonomy to remain in their homes rather than being forced to move to a nursing home or similar institution. The Oversight Committee asked for more information on the financial impact of the recommended changes before it can make recommendations to the DG. We will closely monitor progress in this connection.

The Global Standing Committee is the point of entry for proposing revisions in the SHI Rules, based on real cases submitted to the Committee. Retiree representatives on the Committee (Marjory Dam, Jean-Paul Menu, Françoise Hery, and Carol Collado) took active part in the discussions. Several changes have been proposed which are of direct relevance to the elderly population.

The representatives of former staff strongly supported SHI in the introduction of SHI-Online. This was far less easy for retirees than for serving staff since many are not conversant in the use of electronic communications. We helped by providing individual advice and also obtained wonderful support both from the SHI Secretariat and from the information technology staff. The Secretariat has assured us that retiree participants who have started using SHI-Online would have the possibility of reverting to submission of paper claims in the event it was not possible to submit a claim using SHI-Online.

Some 300 retirees responded to our request to allow us to use their email addresses for direct contact. This represents only about 5% of the retiree and survivor population. Consequently, we requested the Secretariat to allow us to post information on the SHI site [<http://shi-online.who.int>], in an effort to provide a larger number of participants with current information. Detailed information on the discussions at the recent meeting of the Global Oversight Committee has been posted on the site.

In 2016 there had been a recommendation for changing the calculation of catastrophic benefits from a rolling 12 month basis to a calendar year basis. The DG approved this, and it should have been applied in July 2017. Upon further study, your representatives of former staff brought their concerns to the Secretariat, demonstrating that it could penalize some participants. The Secretariat requested several scenarios from the financial authorities and concluded that, indeed, in the great majority of cases, the change would be detrimental to the participant. This information was presented to the Oversight Committee and the decision was reversed. Catastrophic calculations will continue to be on a rolling 12 month basis.

We strongly advise you to pay close attention to documentation received from SHI, in particular regarding Rule changes. You should consult the Rules before undertaking treatment or before hospitalization so that you are aware of any reimbursement limitations or need to ask for prior approval.

We remind you that your representatives have created their own email address [shi.retrep@gmail.com](mailto:shi.retrep@gmail.com) through which you can contact us for assistance.

## ANNEX 2

### SHI GUIDE TO HOSPITALIZATION

(non-emergency)

This Annex is intended solely for the information of SHI participants. The information provided in the lists is not exhaustive and is subject to changes. It does not form part of the SHI Rules, which is the only document that contains the complete and updated text of the SHI Regulations (please refer to: <http://intranet.who.int/homes/shi/> or [shi-online.who.int](http://shi-online.who.int)).

#### Planned hospitalization (para. B.30 of the SHI Rules)

For planned hospitalizations (inpatient or day-care surgery), prior approval by SHI is required. The paying member should:

1. Request a **medical report and cost estimate** from the Health Care Provider (HCP), in particular if required by the SHI Rules<sup>1</sup>;
2. Submit both documents to the **SHI Medical Adviser** at [shimedicaladviser@who.int](mailto:shimedicaladviser@who.int);
3. If a medical report is not required, submit the cost estimate and diagnostic to **SHI Direct Payment** at [shidirectpayment@who.int](mailto:shidirectpayment@who.int);
4. Request a **letter of guarantee** to SHI Direct Payment, at least 2 weeks before the planned entry date.

After review and approval by SHI, a Letter of Guarantee will be issued directly to the HCP, who will send its invoice to SHI Direct Payment. The payment will be made at 100% for active staff members (recovery of the 20% by salary deduction) and at 80% for former staff members or active staff members whose contract expires within 3 months of the date of receipt of the bill (100% letter of guarantee may be provided upon request). The paying member will receive a copy for review and confirmation of the treatment received.

SHI reimbursement rates depend on the choice of HCP and the type of care (public, private or semi-private):

Health Care Provider	Type of rooms	Max. reimbursement rate	Maximum Out-of-pocket Expenses	Payment of invoice	Additional costs
Public hospital	Public (public ward)	100 %	None	By SHI	N/A
	Private or semi-private (2 beds)	80%	20% + amount above the max. regional daily rate (see para. B.30.2 of the SHI Rules)	By SHI	Contact SHI Direct Payment for private room rates.
Private hospital with convention	All				
Private hospital <b>without convention</b>	All	80%	20% + amount above the max. regional daily rate (see para. B.30.2 of the SHI Rules)	<b>By the paying member</b>	

**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).**

#### Prior approvals

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.

#### Outpatient care

A letter of guarantee may also be requested on a case by case basis.

#### Contacts

<b>AFRO:</b> <a href="mailto:afgoshi@who.int">afgoshi@who.int</a> ☎ + 472 41 392 99	<b>PAHO:</b> <a href="mailto:fmr_fn_shi@paho.org">fmr_fn_shi@paho.org</a> ☎ + 1 202 974 3751
<b>EMRO:</b> <a href="mailto:emrgobfu@who.int">emrgobfu@who.int</a> ☎ +202 227 650 00	<b>SEARO:</b> <a href="mailto:seshi@who.int">seshi@who.int</a> ☎ +91 11 233 708 04
<b>EURO:</b> <a href="mailto:eushi@who.int">eushi@who.int</a> ☎ +45 45 337 000	<b>WPRO:</b> <a href="mailto:wproshi@who.int">wproshi@who.int</a> ☎ +632 528 8001 ( <a href="mailto:wprogscshi@who.int">wprogscshi@who.int</a> For Global Service Center)
<b>HQ:</b> <a href="mailto:shidirectpayment@who.int">shidirectpayment@who.int</a> ☎ 11818 (internally) or ☎ +41 22 791 18 18 (option 1)	

<sup>1</sup> Even when not required under the SHI Rules, participants are encouraged to obtain a cost estimate before undergoing treatment (especially surgeries), and ask for a second medical opinion if they feel it is necessary.

This guide lists those Health Care Providers (HCPs - hospitals and clinics) with whom the SHI has signed conventions. For a planned hospitalization, the HCPs listed accept an SHI Letter of Guarantee, which should mean that no advanced payment will be charged in advance to the participant. Participants are reminded that, subject to the SHI Rules and limitations, only care provided by medical practitioners licensed and authorized by the health authorities of their country of practice can be reimbursed.

### Conventions with Hospitals in AFRO

Country	Town / Region	Name
ALGERIA	Algiers	Clinique Al Azhar Clinique Diar Saada Clinique medico diagnostic du val Clinique Ennahda Clinique medico-chirurgicale Chazhrazed
BENIN	Cotonou	Clinique Sainte Anne d'Afrique Clinique de l'Union Clinique neurochirurgicale Clinique Point E Hôpital d'instruction des armées Centre médical Apithy Centre national hospitalier universitaire Hubert Koutoukou Maga (CNHU-HKM) Clinique Dr Pierre Boni Clinique ophtalmologique la lumière Clinique Atinkanmey Clinique polyvalente Mahouna Polyclinique les cocotiers
CHAD	Njamena	Clinique medico-chirurgicale Providence Hôpital de la Renaissance Clinique le Sao
CÔTE D'IVOIRE	Abidjan Area	Polyclinique avicennes Polyclinique internationale Sainte Anne-Marie (SOGEMED-PISAM) Polyclinique deux plateaux Polyclinique Divine Grâces Centre médical Chenal Centre medico-chirurgical France-Ivoire Clinique médicale Saint Viateur Clinique Saint Gabriel Clinique médicale Danga Clinique médicale le grand centre Clinique médicale les oliviers Polyclinique hôtel dieu d'abidjan Polyclinique internationale de l'indenie Polyclinique centrale d'abobo
GABON	Libreville and area	Centre hospitalier universitaire de Libreville (CHUL) Centre hospitalier universitaire d'Angondjé-Libreville (CHUA) et Institut de cancérologie-Libreville Hôpital d'instruction des armées Omar Bongo Ondimba Libreville Polyclinique el Rapha Polyclinique Chambrier/Société de gestion des hôpitaux (SOGEHO) Centre médical inter-entreprises Cabinet de groupe clinique Montagne Sainte Libreville Polyclinique union médicale Polyclinique sos médecins Samu Libreville centre CHUL
KENYA	Nairobi	Gertrude's children's hospital The Kenya hospital association Aga Khan university hospital

LIBERIA	Several	Aspen medical
MADAGASCAR	Antananarivo	Polyclinique d'ilafy
NIGERIA	Abuja	Mizamiye hospital
SIERRA LEONE	Freetown	Aspen medical Choithram memorial hospital Ecomed laboratory
SOUTH AFRICA	Several	Netcare hospitals (which covers over 300 facilities) Arwyp medical centre
SOUTH SUDAN	Several	Aspen medical
UGANDA	Kampala	Kampala hospital ltd Nakasero hospital limited Paragon hospital Kampala ltd Uganda martyrs hospital Lubaga

### Conventions with Hospitals in WPRO

Country	Town / Region	Name
PHILIPPINES	Manila	Manila doctors hospital Makati medical center St Luke's medical center Asian hospital, inc. University of Santo Tomas hospital Dela Salle university hospital Medical center Paranaque
FIJI	Suva	Miot pacific hospitals Pacific specialist health care
MALAYSIA	Kuala Lumpur area	KPJ specialist hospitals Kuching specialist hospital Puteri specialist hospital Kedah medical centre Damai specialist hospital Sri Manjung specialist centre Kuantan specialist hospital Sibu specialist medical centre Pasir gudang specialist hospital Sunway medical centre Pantai hospitals Gleneagles Kuala Lumpur Gleneagles Penang Tropicana medical centre Sunfert international fertility centre Andorra women and children hospital

### Conventions with Hospitals in EMRO

Country	Town / Region	Name
EGYPT	Cairo	Wadi El Nile hospital
JORDAN	Amman	Jordan Hospital AlKhalidi Hospital and Medical Center
	Irbid	King Abdullah II hospital

LEBANON	Beirut	The American University of Beirut, medical center Hôtel Dieu de France hospital Trad hospital Saint Georges hospital Rizk hospital Clemenceau medical center
TUNISIA	Tunis	Polyclinique les jasmins Clinique Ennaser Clinic Carthagene International clinic Hannibal

### Conventions with Hospitals in EURO

Country	Town / Region	Name
TURKEY	Istanbul	ACIBADEM Healthcare Group : Maslak Hospital Fulya Hospital Kadıköy Hospital Atakent Hospital International Hospital Bakırköy Hospital
	Bursa, Kocaeli, Adana, Kayseri, Eskişehir, Bordum and Ankara	Taksim Hospital Kozyatağı Hospital Bursa Hospital Kocaeli Hospital Adana Hospital Kayseri Hospital Eskişehir Hospital Bodrum Hospital Ankara Hospital

### Conventions with Hospitals in SEARO

Country	Town / Region	Name
BANGLADESH	Dhaka	Apollo hospitals Square hospitals United hospital ltd
INDIA	New Delhi	Batra Hospital and Medical Research Centre MAX Health Care National Heart Institute Saroj Super Speciality Hospital Sitaram Bhartiya Institute of Science and Research Hospital Pushpawati Singhanian Hospital and Research Institute
	Gurgaon	Medanta – The Medicity
THAILAND	Bangkok	Bangkok Hospital Bumrungrad Hospital BNH Hospital Sirirajpiyamaharajkarun Hospital Samithivej Hospital Yanhee
	Hua Hin	Bangkok Hua Hin Hospital
	Udon Thani	Bangkok Hospital Udonthani
	Chiangmai	Chiangmai Ram Hospital

## Conventions with Public Hospitals in HQ Switzerland

Note: The list below is not exhaustive and lists only public hospitals in the local area. Please contact SHI to know the status of any hospital not in this list.

Region/State	Name	Website	Location(s)	Speciality
GENEVA	HUG - Hôpitaux Universitaires de Genève	<a href="http://hug-ge.ch">hug-ge.ch</a>	GENEVA	All
	Clinique de Joli-Mont	<a href="http://hug-ge.ch/joli-mont">hug-ge.ch/joli-mont</a>	GENEVA	Convalescence Medical or surgical treatment follow-up
VAUD	CHUV - Centre Hospitalier Universitaire Vaudois	<a href="http://chuv.ch">chuv.ch</a>	LAUSANNE, PRANGINS, PRILLY, YVERDON-les-BAINS	All
	GHOL - Groupement hospitalier de l'ouest Lémanique (Hôpital de Nyon & Hôpital de Rolle)	<a href="http://ghol.ch">ghol.ch</a>	NYON, ROLLE	General healthcare services Surgery Intensive care Dialysis center Maternity unit Paediatrics Orthopaedic surgery Pneumology (Rolle)
	Hopital ophtalmique Jules-Gonin (CHUV)	<a href="http://ophtalmique.ch">ophtalmique.ch</a>	LAUSANNE	All ophthalmologic care, including emergencies Refractive surgery
VALAIS	Clinique Genevoise de Montana (HUG)	<a href="http://cgm.ch">cgm.ch</a>	CRANS-MONTANA	Internal medicine Psychosomatic medicine Rehabilitation Pain treatment

## Conventions with Public Hospitals in HQ Europe

Note: The list below is not exhaustive and lists only public hospitals in the local area. Please contact SHI to know the status of any hospital not in this list.

Country/State	Name	Website	Location(s)	Speciality
FRANCE/ HAUTE-SAVOIE (74)	Centre Hospitalier Alpes-Léman (CHAL)	ch-alpes-leman.fr	CONTAMINE- sur-ARVE	General healthcare services Surgery Intensive care Maternity and paediatrics
	Centre Hospitalier Anncy Genevois (CHANGE)	ch-annecygenevois.fr	ANNECY	General healthcare services Surgery Intensive care Maternity and paediatrics Psychiatry Hospitalisation at home
	Hôpital intercommunal Sud Léman Valserine	ch-annecygenevois.fr	SAINT-JULIEN EN-GENEVOIS	General healthcare services Surgery Maternity and paediatrics Hospitalisation at home
	Hôpitaux du Léman (Georges Pianta)	hopitauxduleman.fr	THONON- LES-BAINS	General medicine Surgery Geriatrics Maternity and paediatrics Psychiatry Hospitalisation at home
FRANCE/ AIN (01)	Centre hospitalier de Bourg-en-Bresse	ch-bourg-en-bresse.fr	BOURG- EN-BRESSE	General healthcare services Surgery Oncology Intensive care Maternity and paediatrics Geriatrics
	Centre hospitalier d'Hauteville	chph.org	HAUTEVILLE- LOMPNES	Rehabilitation Convalescence Geriatrics Addictions
	Centre hospitalier du Haut Bugey	ch-hautbugey.fr	OYONNAX	General medicine Surgery Maternity unit
FRANCE/ RHÔNE(69)	Hospices Civils de Lyon	chu-lyon.fr	LYON	All
HUNGARY	Honved Korhaz Military Hospital	honvedkorhaz.hu	BUDAPEST	
	Uzsoki Hospital	uzsoki.hu	BUDAPEST	

## Conventions with Private Hospitals in HQ Switzerland

Note: The list below is not exhaustive and lists only private hospitals in the local area. Please contact SHI to know the status of any hospital not in this list.

Region/State	Name	Website	Location(s)	Speciality
GENEVA	Clinique GENERALE BEAULIEU	beaulieu.ch	CHAMPEL	General healthcare services Surgery Maternity
	Clinique des GRANGETTES	grangettes.ch	CHÊNE-BOUGERIES	General healthcare services Surgery Maternity
	Clinique LA COLLINE	lacolline.ch	GENEVA	Surgery Dermatology Gastroenterology Gynaecology Orthopaedics Urology Psychiatry
	LA TOUR Réseau de Soins <sup>2</sup>	la-tour.ch	MEYRIN & CAROUGE	General healthcare services Surgery Maternity Gynaecology Cardiology Sports medicine
VAUD	Clinique BOIS-BOUGY	bois-bougy.ch	NYON	Functional rehabilitation Convalescence Geriatrics
	Clinique LA LIGNIERE	la-ligniere.ch	GLAND	Cardiovascular rehabilitation Functional rehabilitation Psychiatry Internal medicine
	Clinique LA METAIRIE	lametairie.ch	NYON	Psychiatry Psychotherapy Addictions
Multiple locations	GENOLIER Swiss Medical Network (GSMN) <sup>3</sup>	genolier.net	GENOLIER, FRIBOURG, NEUCHÂTEL, SION and others	Various, depending on location

<sup>2</sup> La Tour Réseau de Soins : Hôpital de la Tour, Clinique de Carouge, Centre Médical de Meyrin (out-patient treatments).

<sup>3</sup> Clinics of the GSMN : Clinique de Genolier (VD), Clinique de Montchoisi (VD), Clinique de Privatlinik Valmont (VD), Clinique Générale St-Anne (FR), Clinique de Valère (VS), Hôpital de la Providence (NE), Obach (SO), Privatlinik Villa Im Park (AG), Privatlinik Bethanien (ZH), Privatlinik Lindberg (ZH), Clinica Sant'Anna (TI), Clinica Ars Medica (TI).

## Preferential rates with Private Hospitals in France

(local area only)

Note: In France, most private hospitals have preferential rates with the national security scheme and apply similar rates to SHI members. The list below is therefore not exhaustive and lists only some private hospitals in the local area. Please contact SHI to know the status of any hospital not in this list.

Region/State	Name	Website	Location(s)	Speciality
HAUTE-SAVOIE (74)	Clinique Générale d'Annecy	clinique-generale.net	ANNECY	General healthcare services, Surgery Maternity and paediatrics Oncology, Radiology
	Clinique d'Argonay	generale-de-sante.fr	PRINGY	Surgery Medicine
	Hôpital Privé Pays de Savoie	generale-de-sante.fr	ANNEMASSE	General healthcare services, Surgery Intensive care Maternity and paediatrics Ophthalmology Gastroenterology
	Clinique des Vallées	cdv-inicea.fr	VILLE-LA-GRAND	Psychiatry
AIN (01)	Clinique Dr. Convert	clinique-convert.fr	BOURG-EN-BRESSE	General healthcare services Surgery
RHÔNE (69)	Clinique Natecia	natecia.fr	LYON	Maternity

## Outpatient care providers with negotiated rates in France and Switzerland

Note: SHI members benefit from preferential rates

Region/State	Name	Website	Location(s)	Speciality
GE	Clinique de l'Œil - Onex	monoeil.ch	ONEX	Ophthalmology, including outpatient surgery
VD	Hôpital ophtalmique Jules-Gonin (CHUV)	ophtalmique.ch	LAUSANNE	All ophthalmologic care, including emergency service Refractive surgery
GE	Centre Médical de Meyrin (La Tour Réseau de Soins)	la-tour.ch	MEYRIN	Health care services, including emergency consultations
GE, VD, and nearby France	SITEX	sitexsa.ch	PLAN-LES-OUATES, LAUSANNE	Nursing services at home, Hospitalisation at home
VD	Fondation Vaudoise pour le Dépistage du Cancer du Sein	brust-screening.ch	LAUSANNE	Breast cancer screening
GE	Fondation Genevoise pour le Dépistage du Cancer du Sein	brust-screening.ch	GENEVA	Breast cancer screening
GE	Pharmacie de Budé		GENEVA	Medicaments
	<b>Other pharmacies on a case by case basis</b>			