

# SHI NEWSLETTER

## Staff Health Insurance

November  
2020

### 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.

#### SHI benefits linked to Covid-19

The SHI Governance continues to monitor closely the evolving situation with regard to tests for Covid-19 and will make recommendations to the Director-General as appropriate.

Several meetings of the SHI Governance Committees have taken place since March to discuss SHI benefits relating to Covid-19. The decisions of the Director-General can be found in Annex 1 to Annex 3 of this Newsletter, specially concerning the following benefits:

##### 1. Covid tests:

- PCR-SARS-CoV-2;
- Antigen Rapid Detection for SARS-CoV-2;
- Serology SARS-CoV-2 and other Rapid tests.

##### 2. Masks

##### 3. Isolation / Quarantine Centers

#### Access to SHI-Online and in particular for former staff members and PAHO participants

During these Covid-19 times, former staff are encouraged more than ever to use SHI-Online, as claims are received by SHI immediately, without any delay.

Due to security reasons, ADS accounts have not been available since mid-April 2020 and were consequently migrated to external accounts. In order to activate an external account a validation process is required. This is achieved by clicking on an [activation link](#) sent to the email address SHI has on record for a participant.

To access [SHI-Online](#), type directly [shi-online.who.int](http://shi-online.who.int) in the browser address bar at the top of the page on your computer, smartphone or tablet. Reimbursement advices, attestations, virtual SHI cards and much more is available on a self-service basis.

Until self-registration is again possible, a request for an external account should be sent by email to [shi-online@who.int](mailto:shi-online@who.int) indicating your staff number



#### A tip on Hospitalization (room and board)

SHI reimbursement is based on the minimum cost of a private room (or semi-private room in Canada, Switzerland and USA), subject to a maximum regional daily rate. In order to avoid any unexpected out-of-pocket expenses when receiving your hospital bill, it is recommended you verify with the hospital whether your room is considered private or semi-private, unless you have specifically asked for a private room.

N.B. : Limitations as per SHI Rules, Para. C.6, Place of Treatment, may also apply.



#### Reminder of SHI Rule C.11

"Claims must be submitted for reimbursement within 12 months of the date of the bill for the services rendered"

We understand that it may currently be difficult for some of you to comply with the above rule and therefore below we offer some tips to help:

- **Bills of large amounts** – Contact the direct payment team, who will be happy to assist, at [shidirectpayment@who.int](mailto:shidirectpayment@who.int)
- **Claims locked in your office** – If you are unable to access your office and you believe you have left bills there, contact the health care provider to ask for a duplicate. If this is not possible, inform the SHI immediately so it can be noted in the event that you do not submit the bill on time. Such claims will be examined on a case-by-case basis.
- **Submit claims regularly** – participants are advised to submit bills as soon as they have been paid instead of waiting for them to accumulate, in order to avoid claims being submitted too late.



#### A tip on SHI Cards

Your new SHI cards will be sent before the end of the year. In the meantime, request now your virtual SHI card from [SHI-Online](#) and keep it in your smartphone: go to "Family Status" and then click on "Attestations/Cards" on the far right column in the row of the family member concerned; under "Request for Insurance Card", click on "Submit request" and "ok". You will receive an email with your virtual SHI card attached.



Stay safe

## Prevention Corner – Oral health is everybody’s business!

Oral health, which includes the health of your mouth, your teeth and your gums, is much more important than you may realize. Almost half of the world’s population is affected by some form of oral diseases, which makes them the most frequent of all health conditions in humans.

Oral health is a good reflection of your overall health. The mouth, comprising the teeth, masticatory muscles, tongue, mucosal soft tissues and salivary glands, is the body’s main portal for nutrition. Your mouth not only provides access to food and liquids, it is also the entry point of bacteria, viruses, fungi and other disease carriers. It is also the starting point of the body’s defence system and immunity. Some even say that your teeth are your body’s sentinels!

When oral health is compromised by disease or injury, general health suffers, with consequences that extend beyond the diseases themselves: the pain and discomfort associated with oral diseases make concentrating difficult, cause people to miss school and work, and can lead to social isolation and reduced income.

**The 3 most common oral diseases are: dental caries, gum (periodontal) diseases and oral cancers. Most are preventable or treatable if they are in their early stages.**



### Dental caries (also known as tooth decay)

#### What is it?

Every day, a sticky film containing a large quantity of bacteria forms on the surface of your teeth. It is called biofilm or dental plaque and should be removed regularly. If not, this biofilm will convert the sugar contained in food and drinks into an acid that dissolves the enamel and dentine of your teeth, resulting in cavities. This may cause sensitivity to hot or cold foods or drinks that will evolve into pain. Eventually, the infection will reach the pulp (the internal part of the tooth that contains blood vessels and nerve endings) and result in excruciating pain. If left untreated, the infection can spread to the jaw bones and can cause an abscess or other complications

#### Why do my teeth decay?

Every time you eat or drink anything containing sugars, acids attack the teeth and start to soften and dissolve the enamel. The attacks can last for an hour after eating or drinking. It is not just sugars that are harmful: other types of carbohydrates, such as the ‘hidden sugars’ in processed food and the natural sugars found in fruit and cooked starches, will also react with plaque to form acids.

Everyone is at risk of dental caries, but children and adolescents are most at risk.

In young children, frequent bottle feeding with sugary liquids can result in early childhood caries (“baby bottle syndrome”) starting soon after the first teeth appear. Exclusive breastfeeding is recommended by WHO for the first six months of life. At six months, solid foods, such as mashed fruits and vegetables, should be introduced to complement breastfeeding for up to two years or more. Between meals, babies and toddlers should be given water and not sugary drinks.

### Gum disease (also known as periodontal disease)

#### What is it?

A periodontal disease is any disease that affects the tissue supporting the tooth, including the gums. It often shows as bleeding or swollen gums (gingivitis) and sometimes as bad breath. In its more severe form, it may lead to the gum getting detached from the tooth and supporting bone and causes “pockets” . If the disease progresses, it may result in the loss of the tooth

#### How does one get this disease?

The major cause of gum disease is the presence of pathogenic bacteria in the oral biofilm or dental plaque. If the plaque is not removed through regular cleaning, it becomes hard and forms what we call calculus or tartar, which can only be removed by your dental hygienist or dentist. Gum diseases are also associated with systemic health problems such as diabetes. Tobacco use is a major risk factor for gum disease.

### Fluoride toothpaste – your teeth’s best friend!

**What is fluoride?** Fluoride is a natural mineral in your bones and teeth. It helps to prevent tooth decay. It can be found naturally in water, as well as soil and plants

Fluoride strengthens the tooth enamel, making it more resistant to tooth decay. It also reduces the amount of acid that the bacteria on your teeth produce. For all age groups, tooth brushing twice a day with fluoride toothpaste is the most effective measure to prevent tooth decay.

**What are the benefits of fluoride?** Most toothpastes now contain fluoride, and most people get their fluoride this way. The amount of fluoride in toothpaste is usually enough to reduce decay. All children up to three years old should use a toothpaste with at least 1000ppm (parts per million) of fluoride. After three years old, they should use a toothpaste that contains 1350ppm to 1500ppm. Parents should supervise their children’s brushing and use only a pea-sized smear of fluoride toothpaste until they are about seven years old. A toothpaste without fluoride is not effective against dental decay!

## Oral cancers

Cancers of the lip and mouth are among the top 15 most common cancers worldwide. Some regions in the world, like Melanesia and South Asia, are more affected.

### What is it?

The most common form of oral cancer appears initially as an ulceration (a lesion) or white or dark patch on the oral mucosa (the lining inside your mouth). Over time, this may cause pain, swelling, bleeding or difficulty in eating or speaking

### What can cause oral cancer?

The chance of developing oral cancer is greatly increased when the two main risk factors – any form of tobacco use and alcohol consumption – are present. Dietary factors, particularly the consumption of khat and cola nuts, exposure to other types of carcinogenic substances, low consumption of fruit and vegetables, and some types of viral infections have also been implicated as risk factors for oral cancer

### How can oral cancer be detected early?

Mouth cancer can often be spotted in its early stages by your dentist during a thorough mouth examination. If oral cancer is diagnosed early, then the chances of a cure are good. Many people with mouth cancer go to their dentist or doctor too late

### How to keep your mouth healthy?

#### **What should be used for cleaning teeth?**

- Toothbrush or a chewing stick.
- Fluoride toothpaste.
- Dental floss or toothpick for cleaning between the teeth.

#### **How should teeth cleaning be done?**

- Teeth should be cleaned twice a day – after breakfast and before going to bed – always using fluoride toothpaste.
- All surfaces including the tongue should be cleaned.
- Mouth should not be rinsed after brushing.
- Toothbrush should be looked after and replaced regularly.
- Hands should be washed with soap before tooth brushing.

#### **How else can we protect our teeth and mouths?**

- Use a mouth guard to protect teeth when playing sports.
- Wear a helmet that covers the mouth when riding a motorcycle.
- Use the seat-belt when travelling in an automobile.

#### **How can we help other people to have good oral hygiene?**

- Show parents, siblings and friends how to brush their teeth as well.
- Tell family members what you've learnt about why good oral health is important, and how to achieve it.

**Note:** SHI covers dental services at 80% up to US\$ 1,500 per year based on the date of treatment, plus any unused dental credit from prior 3 years (pro-rated for new participants) – see SHI Rule B.120



### *A tip on Dental credits in SHI-Online*

Go to the tab "Family Status" on SHI Online to check available dental credit for yourself and family members.



### Did you know that? Check your level of knowledge

- Children and adolescents that consume soft drinks more regularly have a higher rate of dental caries
- Breast milk is best for babies and is not associated with an increased risk of dental caries
- Brush your teeth twice a day with fluoride toothpaste, especially before bed
- Help your child with brushing at least once a day until he or she is seven years old
- Spit out after brushing and do not rinse, so that the fluoride stays on your teeth longer
- Dental checkups are especially important during pregnancy
- Along with a higher risk of caries, an increased consumption of sugar-sweetened beverages and snack foods has also been linked to obesity.
- Water is the best drink between meals and at bedtime
- High consumption of sugar is the number one risk factor for tooth decay and diabetes
- Smoking is a causative factor for periodontal disease and oral cancer and a risk factor for other oral mucosal lesions
- Reducing tobacco use and alcohol consumption and increasing fruit and vegetable consumption will contribute to the decrease in the incidence of oral cancer and precancer
- Gingivitis is an inflammation of the gum tissue, which can appear reddened and swollen and often bleeds easily
- Regular oral check-ups can help to detect early decay so that appropriate care can be provided. In certain conditions, removal of calculus by oral health professionals is indicated

*Dr Benoit Varenne*

*Dental Officer, Noncommunicable Diseases Department*

# EXECUTIVE SUMMARY OF THE SHI ANNUAL REPORT FOR 2019

SHI annual report available on [SHI-Online](#)

The SHI Fund generated a surplus of \$ 180.5 million in 2019, compared with \$ 16.8 million in 2018. The result is explained by the surplus of contributions over claims, together with an exceptional net investment return of \$ 115.9 million (compared to an investment loss of \$ 30.3 million in 2018).

The Fund balance (or Net Assets) as at 31 December 2019 stood at \$ 1,176.5m (up 18.1% from the \$ 996.0m balance as at 31 December 2018).

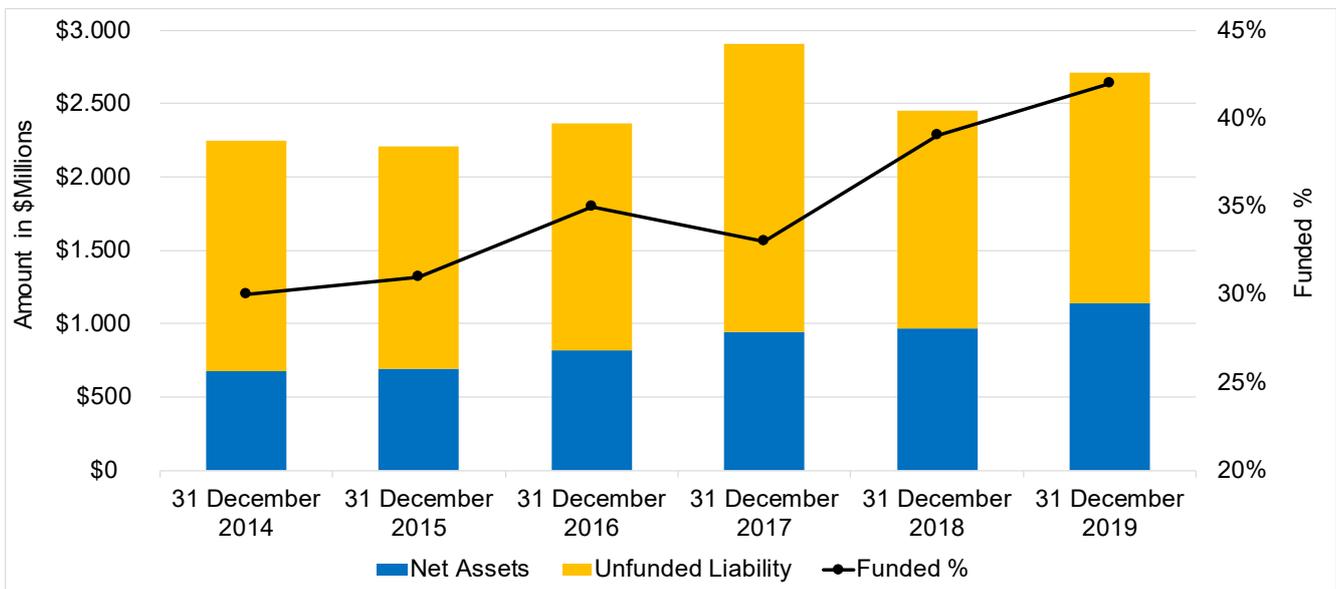
Contributions totalled \$ 164.2 million (\$ 143.8 million in 2018) reflecting continuation of the approved annual 4% rate increase. Although claims increased by 2.9% in 2019 to US\$ 93.7 million (\$ 91.1 million in 2018), the increase due to medical inflation (1.3%) was far less when compared with increases seen when reviewing relative market trends. This reflects significant global cost containment initiatives undertaken by the Secretariat, as noted by the Fund's independent actuary (AON). The increase in claims paid in 2019 also reflects higher participation in the Fund and an increase in the number of hospitalizations (particularly in HQ and PAHO)

## Funding the Gap

The long term After Service Health Insurance (ASHI) Liability was estimated by AON at \$ 2,708.0m as at 31 December 2019 (up 10.4% from the \$ 2,452.3m balance as at 31 December 2018). 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. After setting aside SHI Fund assets worth \$ 33.2m to pay four months of combined in-service and after-service claims (under SHI Rule F.8.1), an unfunded deficit of \$ 1,564.7m (or 58% of the ASHI Liability) remains.

SHI's funded ratio has therefore improved from 39% to 42% during 2019, and now sits at the highest level on record in recent years.

This is because the fund balance grew at a higher rate than the ASHI Liability in percentage terms which continues the trend over several years. It also demonstrates progress towards an eventual funding target of 100%, currently estimated to be achieved during 2035.

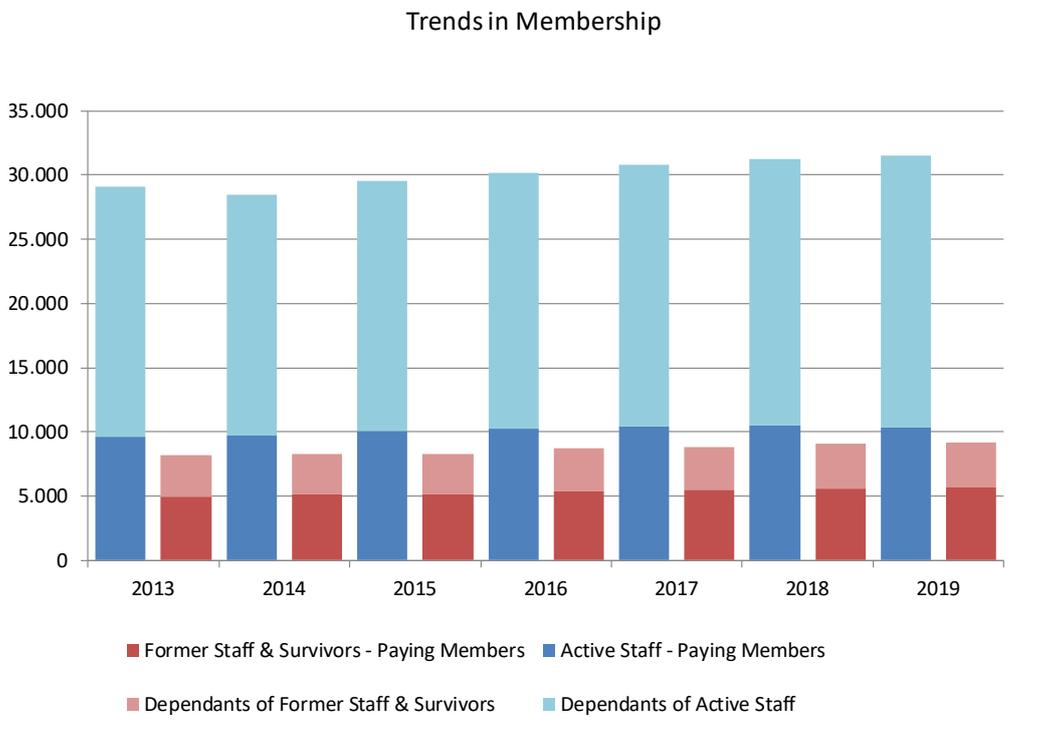


## Breaking News - Participant Contribution Rate Freeze

As a reminder, there are some fundamental reasons why the SHI Governance has recommended regular increases in contribution rates in recent years. These include higher-than-average medical inflation, the time value of money, and challenging demographics. Nevertheless, the Director-General has approved a recent Governance recommendation (following the GOC15 meeting) for future rate increases to be borne solely by participating organizations, rather than in conjunction with participants. Therefore, the good news for all participants is that contribution rates will be frozen at 2020 % levels from 1 January 2021 onwards.

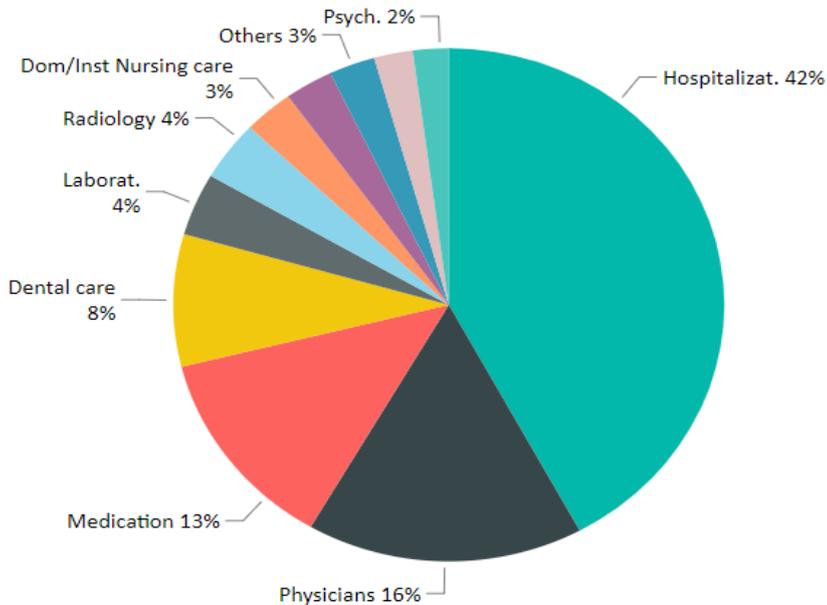
## Membership

The table below shows that, as at 31 December 2019, the SHI Fund had 317 more members than on the same date the previous year. This increase (0.8%) follows the increase observed in the previous year (693). The percentage of former staff and their dependants remained at 23% of the total insured population in 2019.



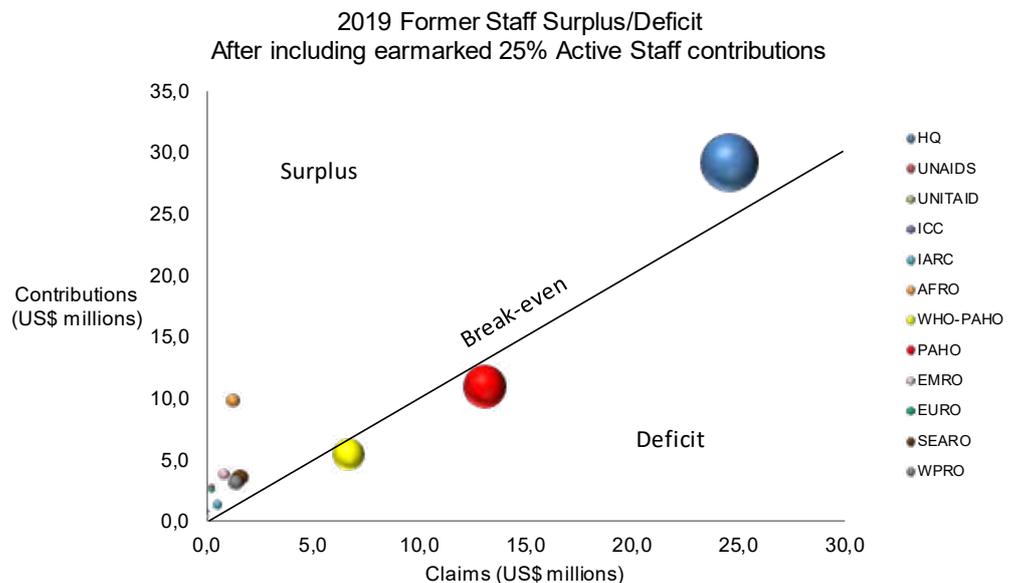
## Contributions and Claims

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. The surplus of contributions over claims has been growing for active staff following recent annual contribution rate increases and significant cost containment efforts.



Claims paid in respect of former staff exceeded contributions received by US\$ 4.7 million in 2019 (compared with US\$ 6.0 million in 2018). Whilst this category has been in deficit for several years, it should be noted that this former staff operational deficit is globally covered on an annual basis by the 25% of active staff contributions set aside in accordance with SHI Rule F.8.4.

The 2019 contributions/claims relationship for former staff (inclusive of the 25% of active staff contributions under SHI Rule F.8.4) is shown geographically in the following graph. This demonstrates that the Americas (i.e. both PAHO and WHO-PAHO) is the only region where the 25% provision is insufficient to cover the corresponding former staff operational deficit, noting that the bubble size is based on the value of claims. It should be noted that WHO-PAHO represents all Americas-based former staff employed under WHO contracts (including those who worked in regions other than HQ). Both PAHO and WHO-PAHO are therefore subsidized by the other regions, as in previous years.

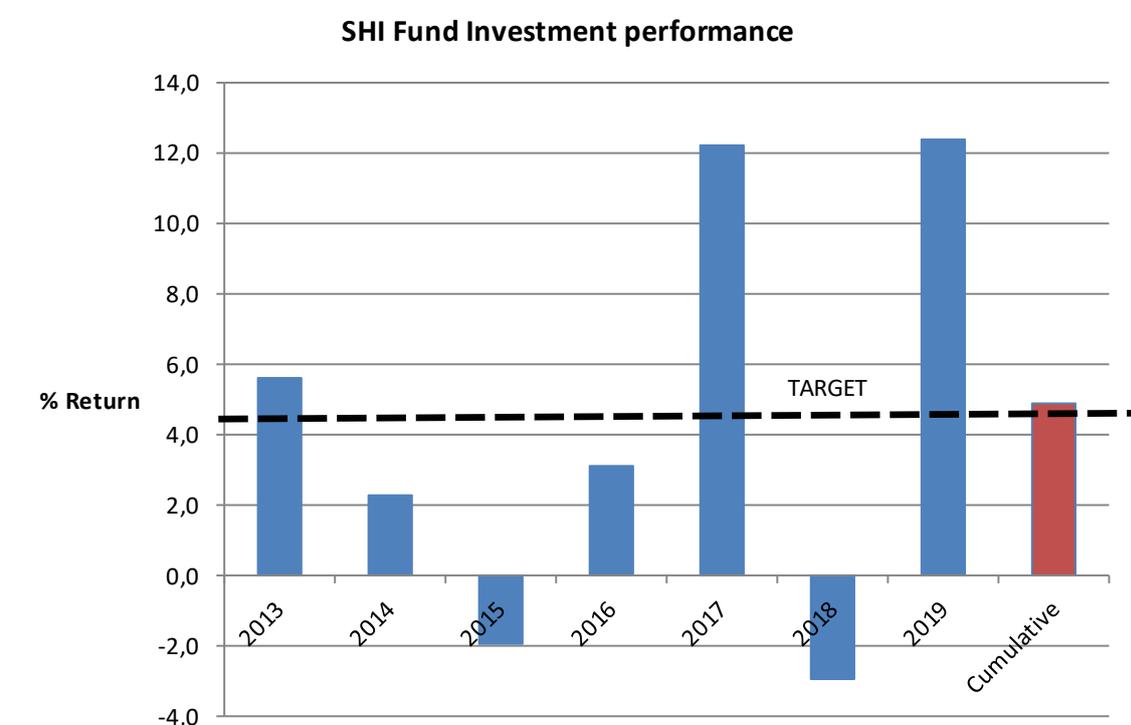


## Investments

Overall, SHI Fund investments yielded 12.4% in 2019 (-2.9% in 2018), which represented a net gain of US\$ 115.9 million (compared to a net loss of US\$ 30.3 million in 2018).

Global stocks generated the best returns in a decade, boosted by aggressive central bank stimulus measures and easing trade tensions towards the end of the year. The current economic expansion became the longest in US history and US stocks rose to record highs led by technology shares in December as the US and China scaled back their trade dispute.

Government and corporate bonds yielded strong returns as central banks around the world cut interest rates: After raising rates in 2018, the US Federal Reserve cut rates three times in 2019. Many other central banks followed suit, and the European Central Bank reduced rates further into negative territory.



# ANNEX 1 - Effective 02 October 2020

## INFORMATION NOTE ON REIMBURSEMENT OF BENEFITS LINKED TO COVID-19

The purpose of this information note is to inform all SHI participants of the decisions made by the Director-General with regards to benefits linked to Covid-19.

### Introduction

The following decisions were made by the Director-General in relation to benefits linked to Covid-19 and following the recommendations of the sixteenth Meeting of the SHI Global Oversight Committee in September 2020, specifically with regards to:

1. Tests (PCR-SARS-CoV-2, Serology SARS-CoV-2 and Rapid test SARS-CoV-2);<sup>1</sup>
2. Masks (fabric, medical disposable and N-95/FFP2); and
3. Isolation/quarantine centers.

### 1. PCR-SARS-CoV-2 TESTS<sup>1</sup>

PCR-SARS-CoV-2 tests are reimbursable at 80% under SHI Rule B.93.

A prescription would normally be required; however, exceptionally, a reimbursement could be approved without a prescription on a case by case basis in order to ease access to emergency testing and/or access to dedicated National Covid-19 centres, and when performed for medical reasons.

In cases where the cost of a PCR-SARS-CoV-2 test is clearly excessive, SHI Rule C.1 (excessive charges) will be applied. Please consult with SHI in case of doubt with regard to the cost of a PCR-SARS-CoV-2 test.

Serology SARS-CoV-2 and Rapid test SARS-CoV-2 are not reimbursed by SHI.

Participants are strongly encouraged to use free national or testing programmes where available.

**Please note that the SHI Governance is monitoring closely the evolving situation with regards to tests for Covid-19 and will make recommendations to the Director-General as appropriate.**

### 2. MASKS

SHI does not reimburse masks of any type (e.g. N-95/FFP2, disposable medical/surgical, fabric etc).

### 3. ISOLATION/QUARANTINE CENTRES

Covid-19 patients are reimbursed under SHI Rules B.30.1-B.30.3 subject to the maximum regional daily rate, for hospitalization costs in hospitals or centers under medical supervision that have been converted for this purpose (e.g. hotels, gyms, schools, churches), when in need of medical care and subject to the submission of a medical report accompanied with positive PCR-SARS-CoV-2 results and/or chest imagery or other appropriate medical evidence of infection with the Covid-19 virus, justifying the need for medical care.

Please provide the above-mentioned medical justification to the SHI Medical Adviser at [shimedicaladviser@who.int](mailto:shimedicaladviser@who.int), for review and prior approval by the SHI Officer on a case by case basis (in case of impossibility to request prior approval due to emergency, SHI must be notified of admission in the above referred hospitals or centers within two weeks thereof).

N.B.: Before seeking medical care, participants are encouraged to consult the SHI Rules and ascertain whether benefits are subject to conditions, limitations and/or exclusions. For maximum reimbursement ceilings and/or requirements for prior approval, please refer in particular 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 subject to maximum daily rates (please check with your SHI regional team) and that SHI Rule C.1 can be applied in case of excessive charges.

<sup>1</sup> For Covid-19 tests required for statutory travel and duty travel, an Administrator message will shortly be published.

## ANNEX 2 - Effective 29 September 2020

### INFORMATION NOTE ON INFLUENZA (FLU) VACCINATION STAFF HEALTH INSURANCE REIMBURSEMENT

The purpose of this information note is to inform all SHI participants of the approval of the Director-General to modify SHI Rule B.150 for the influenza vaccination as follows:

Para	Benefit	Requirement for consideration	Prior approval-required from	Rate of reimbursement	Supp. Benefit
Preventive Measures (reimbursed at 100% up to maximum reimbursement below, remaining balance reimbursed at 80%).					
B.150	Vaccines [...]				
	Influenza	Prescription or administered by a pharmacist licensed and authorised by the health authorities of his/her country of practice to administer the influenza vaccine to the participant concerned.	N/A	100%	No

#### Background

The Influenza vaccination is the best way to prevent disease, and the Staff Health and Wellbeing department encourages staff to get vaccinated against seasonal influenza in order to keep our community healthy. Additionally, WHO recommends five target groups for priority use of influenza vaccines, including older adults. For more information on seasonal influenza, please visit: [https://www.who.int/news-room/factsheets/detail/influenza-\(seasonal\)](https://www.who.int/news-room/factsheets/detail/influenza-(seasonal)).

## ANNEX 3 - Effective 27 November 2020

### INFORMATION NOTE ON STAFF HEALTH INSURANCE REIMBURSEMENT OF ANTIGEN RAPID DETECTION TESTS FOR SARS-COV-2 (AG RDTs)

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 Antigen Rapid Detection Tests for SARS-CoV-2 (Ag RDTs) as follows:

Antigen Rapid Detection Tests (Ag RDTs) for SARS-CoV-2 are reimbursed at 80% under SHI Rule B.93 upon a prescription.

**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.**

# Your SHI Teams around the globe...

... and their contact details



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Scan the QR code next to the picture of each office to save the contact details in your phone

# How to handrub with alcohol-based formulation

Duration of the entire procedure: 20–30 seconds

1a



Apply a palmful of the product in a cupped hand and cover all surfaces

1b



# How to handwash with soap and water

Duration of the entire procedure: 40–60 seconds

0



Wet hands with water

1



apply enough soap to cover all hand surfaces

2



Rub hands palm to palm

3



right palm over left dorsum with interlaced fingers and vice versa

4



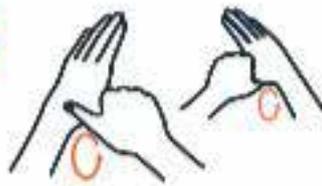
palm to palm with fingers interlaced

5



backs of fingers to opposing palms with fingers interlocking

6



rotational rubbing of left thumb clasped in right palm and vice versa

7



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

8



rinse hands with water

9



dry thoroughly with a single use towel

10



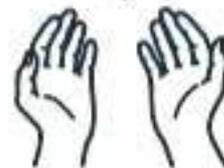
use towel to turn off faucet

8



... once dry, your hands are safe.

11



... and your hands are safe.

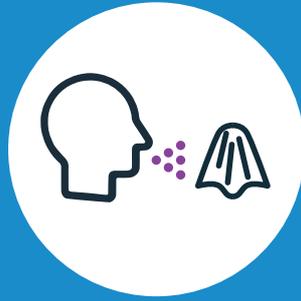


# Be **SURE**

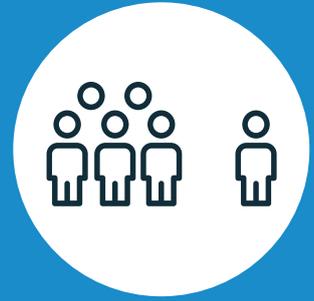
to protect yourself and others from COVID-19



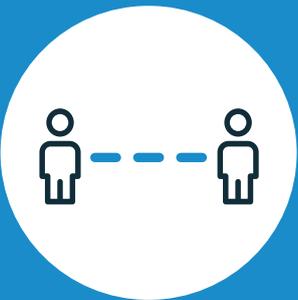
**Wash your hands** frequently with soap and water or an alcohol-based hand rub



**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**

