



FEDERATION OF ASSOCIATIONS OF FORMER INTERNATIONAL CIVIL SERVANTS
FÉDÉRATION DES ASSOCIATIONS DES ANCIENS FONCTIONNAIRES INTERNATIONAUX
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**FAFICS Standing Committee on
After-Service-Health-Insurance and Long-Term Care (ASHIL)**

By Jay Karia, Chair of the Standing Committee on ASHIL, and Giovanni Quaglia, Vice-Chair of the Standing Committee on ASHIL, supported by the members in alphabetic order: Hamidou Bague (AFICS-Burkina Faso), Carol Chatterton (AFICS-Chile), Richard Dictus (AFICS-Netherlands), Shahida Fazil (AFICS-Pakistan), and Ann Van Hulle (AAFI-AFICS Geneva)

Note: Regretfully, Shahida Fazil passed away on 13 June 2025.

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A. Introduction - Follow-up to the 54th Council meeting

1. At the 54th FAFICS Council meeting which took place in hybrid format in Bangkok from 21 to 25 July 2024, several recommendations on After-Service Health Insurance and Long-Term Care (ASHIL), were adopted as documented in the Council's Report dated 24 October 2024. These recommendations guided the work of the Standing Committee on ASHIL (hereinafter referred to as Committee) during the 12-month period under review. The Committee worked tirelessly to implement all recommendations. However, due to time constraints and limited access to external information, it prioritized certain recommendations over others. Section B of this report outlines the implementation status of each recommendation, indicating which have been completed and which remain in progress. Section C presents recommendations for consideration by the 55th FAFICS Council for the 2025–2026 reporting period.
2. The Committee placed particular emphasis on reviewing Long-Term Care (hereinafter referred to as LTC), a matter of significant concern to many retired staff. Details are provided under Section B, Recommendation 4 and Annex 1.
3. The Committee also underscored the importance of ensuring that retired staff have adequate and appropriate representation on health insurance governance bodies, with full decision-making rights. Related actions are outlined in Section B, Recommendation 2.
4. In support of retired staff residing in specific countries—especially in Africa—where healthcare infrastructure is inadequate, the Committee addressed the issue of emergency medical evacuation to facilities capable of providing necessary care. Additionally, it examined the lack of reliable communication and internet services in these regions, which hinders emergency response and claim processing. These issues are addressed in Section B, Recommendation 5.
5. To strengthen FAFICS's advocacy role in matters related to ASHIL, the Committee actively engaged with other federations, associations and entities. These efforts are detailed under Section B, Recommendation 8 below.

B. Status of implementation of Recommendations

Recommendation 1: FAFICS should continue engaging in matters related to health insurance, which according to most member Associations is a priority for FAFICS on par with pension issues. For this purpose, the Standing Committee on ASHIL should continue to be supported by a core group of knowledgeable experts selected from the expert pool. For most UN retirees, ASHI remains the most important health insurance scheme. In most countries former UN staff do not have access to national health insurance plans and/or, to the extent that they do have access, these national schemes most often do not offer services to the same extent and with the same quality as ASHI plans.

6. Over the past two years, the following members joined the Committee:
 - Ann Van Hulle (November 2023)
 - Richard Dictus (June 2024)
 - Hamidou Bague (July 2024)

These appointments replaced earlier members—Georges Kutukdjian, Lucien Back and Kadri Tankari—who were unable to continue serving due to other engagements.

7. It was with deep sadness that the Committee learnt of the demise on 13 June 2025 of Shahida Fazil (Pakistan) who has been a devoted member of the Committee over the past few years. She showed strong commitment to playing her part in efforts to improve the UN system health insurance services, especially for locally recruited former staff members. Shahida will be missed.
8. In order to advance its agenda on Recommendation 1, the Committee has taken the following actions:
 - The Committee has continued to address individual issues brought to its attention from Associations by communicating with various UN system organizational health insurance committees or health insurance units for appropriate actions.
 - On 22 January 2025, a summary letter outlining the Committee's progress and proposed next steps on key issues was sent to the President of FAFICS and, after editorial review, the letter was sent to the Secretary-General in his capacity as Chair of the CEB on ASHIL matters. The issues addressed are described further under Recommendations 2 and 7 below. (Annex 2)

Recommendation 2: FAFICS should continue advocating more harmonization and transparency in the various ASHI schemes. Active staff and retirees, especially those residing in locations away from headquarters, including those under the Medical Insurance Plan (hereinafter referred to as MIP), should be better represented in health insurance advisory committees with full voting rights. This has also been recommended by the JIU in its study. Participation in such committees by virtual means of communication should be assessed.

9. To advance this recommendation, the Chair of the Committee drafted key points for a formal letter to the UN Secretary-General, emphasizing retired staff's entitlement to full committee voting rights rather than mere observer status. On 22 January 2025, the FAFICS President sent the letter to the Secretary-General, in his capacity as Chair of the Chief Executive Board (CEB), requesting the establishment—or reactivation—of mechanisms to secure retired staff's full membership on their former organizations' internal health-insurance committees and not as Observers.

Recommendation 3: Procedures related to coverage, prior approval and direct payment should become more flexible. FAFICS should advocate more adequate coverage of optical care; hearing aids and preventive treatments that would support healthy independent living. These are treatments that are more and more required as people grow older. On-line processing of claims should be expanded, but paper submissions should be maintained especially for the elderly and other participants who cannot avail of internet services.

10. Work on this recommendation is ongoing. Obtaining precise and detailed information for optical services, hearing aids, and preventive care across UN organizations remains challenging. The Committee continues to review the various claims-submission and processing methods in use, to identify best practices and proposing practical, harmonized procedures. Concerns regarding prior-approval processes and direct-payment arrangements have been raised to UN

Secretariat Health Insurance Section (HLIS) which is continuing efforts to improve the service delivery by the third-party provider, CIGNA. Similar concerns on these and related issues have been raised with the Secretariats of other UN agencies' health insurance schemes.

Recommendation 4: Long-term care should continue to be a focus area for FAFICS. The FAFICS SC on ASHIL should, to the best of its ability and resources, undertake a study into the feasibility of providing long-term care insurance to retirees, either as part of existing ASHI schemes or as a stand-alone but related arrangement. Aspects to be covered by the study should be a common definition of long-term care, short, medium and long-term financial viability of such insurance taking into account the willingness and ability of organizations and staff unions to contribute to such insurance and the willingness and ability of active staff and retirees to partially support the respective cost through increased or additional premiums. The study should take into account long-term factors such as rising life expectancy and expected increases worldwide in the cost of long-term care.

11. A key finding of the Committee's survey, conducted between June 2023 and July 2024, was that many Associations support FAFICS's continued focus on LTC, recognizing it as a critical need for retired staff. However, several responses emphasized the importance of clearly defining LTC, understanding associated insurance costs, and assessing the availability of services across different countries. Despite the complexity of LTC and the absence of simple solutions, there was broad consensus that it must remain a priority for the Committee.
12. During the reporting period 2024/25, the Committee dedicated significant time and effort to LTC. It reviewed extensive literature, analyzed global demographic trends, and examined LTC policies within UN system organizations, including UNIDO. The JIU in its report on health insurance in 2023 (JIU/ REP/2023/9) suggested that the feasibility of establishing a separate insurance scheme covering these types of risks and care in a coordinated and affordable manner be explored. The Committee produced an internal report on its analysis of the problem which led it to conclude that it was neither realistic nor feasible to envisage a UN-wide LTC plan in the short-term. It also acknowledged that preparation for old age with good quality of life is the responsibility of staff, retired staff and their families themselves. This analysis laid the foundation for the subsequent guidance document—***Planning for Long-Term Care: A Guide for FAFICS Association Members***—included as Annex 1 to this report. Its introduction states:

Retired international civil servants are living longer—often into their eighties and nineties—and the global population aged 60 and older is projected to double by 2050. Actuarial estimates show that those retiring at 65 can expect, on average, an additional 20 years of life for women and 17 years for men. While many retirees enjoy extended good health thanks to medical advances and healthier lifestyles, advanced age increases the likelihood of needing assistance with daily activities. Chronic conditions, reduced mobility, and a higher risk of falls underscore the importance of planning for long-term care in advance. This guide recognizes that national care systems and cultural expectations differ—some countries or families provide robust support, while others expect retirees to arrange their own solutions—and encourages associations to adapt these recommendations to their local context.

13. The guidelines emphasize the need for advance planning. Key areas considered are:

- Health and LTC insurance
 - Social Security support at the national level
 - LTC options: retirement community, home care, nursing home care
 - Financial planning
 - Healthy living and preventive care
 - Importance of family and community support
 - Oversight of LTC and financial matters
- 14.** The Committee recommends that FAFICS associations share these guidelines with their members as a general guide. It should however be recognized that local situations will most likely require further guidance to be prepared for different countries or regions. The Committee stands ready to coordinate future changes to the guidelines based on inputs received from associations. However, adaptation to suit individual countries should be left to the associations themselves.

Recommendation 5: ASHI schemes should increasingly take into account specific challenges that exist for retirees in African countries and in countries in other regions with similar issues. In the interest of equity in distribution of services and benefits, it should be ensured that for certain designated countries with weak technical platforms, transport expenses are covered in the case of life-threatening situations of medical evacuation from countries. This could be done based on precise criteria and agreed procedures. There is also a need to take into consideration specific constraints in African countries (e.g. unstable access to the internet) when deciding on which are the best ways and means of communication).

- 15. Medical Evacuation Support:** Currently, there is no financial provision for the medical evacuation of retired UN staff—whether international or locally recruited. This exclusion is explicit in UN system policy and uniformly applies across all entities.
- 16.** The impact of such exclusion is particularly severe in the region of Africa, where retired staff facing medical emergencies must arrange and fund evacuations independently. Without insurance coverage or local institutional support, the financial burden—often involving air transport, accommodation for outpatient treatment, and upfront payments of 20% or more—pose serious hardship, especially for retired staff with limited pensions.
- 17.** By contrast, medical evacuation is available to active staff, including locally recruited staff under MIP, under established criteria and following due process when local medical capacity offers insufficient clinical care. Each case is assessed based on clinical urgency, severity, availability of adequate care and logistic feasibility. Evacuation is typically to the nearest recognized medical center capable of providing the appropriate care. Costs vary considerably depending on the destination, mode of transport and necessity or not for an escort. Evacuation is generally approved within the region. Evacuation to centres outside the region is exceptional given the cost and logistics’ implications. The Committee recommends that the same criteria be used on an exceptional basis to authorize lifesaving medical evacuation for retired staff.
- 18.** This issue was also raised in the President of FAFICS 22 January letter to the Secretary-General, in his capacity as Chair of the CEB. The letter highlighted gaps in MIP coverage including the absence of provisions for emergency medical transport to countries with adequate healthcare. Furthermore, the President recommended a comprehensive review of the MIP to be

undertaken to ensure affordable and adequate health insurance for both retired and future retired staff.

19. To address this urgent and growing issue, the following actions may be considered:

- **Engage Insurance Providers**

Initiate discussions with organizations to explore the inclusion of medical evacuation support and/or coverage for retired staff facing life-threatening emergencies, particularly in regions with limited healthcare infrastructure such as Africa. If this is deemed to be a viable option, it is important to note that a separate insurance scheme from the current ASHI schemes would have to be established. The issue of financing will form part of further study of this option.

- **Explore Solidarity-Based Support Models**

Assess the feasibility of voluntary solidarity funds through which retired staff may collectively support peers during medical emergencies. Although such mechanisms do not currently exist, they may offer a practical interim solution.

- **Review Existing Hardship Mechanisms**

Consider whether existing mechanisms, such as the UNJSPF emergency fund, could be expanded to include hardship assistance for medical evacuation cases, based on strict criteria, excluding any part of the cost of medical treatment which is covered by ASHI schemes.

Recommendation 6. The ASHIL SC of FAFICS should continue pursuing the matter of improving the provisions of the Medical Insurance Plan (MIP) for active staff and retirees of several UN organizations. Proposed actions include advocating for higher ceilings, since local staff of many Organizations using the MIP, are (or were in the past) on the front line of the work of the UN System in difficult and often dangerous field situations and deserve better treatment. The inter-agency working group that has recently been created should be further strengthened so that MIP provisions will be more appropriate for all ASHI active staff and retirees.

20. The UN MIP provides health-insurance coverage to locally recruited active and former staff members—and their eligible dependents—who serve or reside at designated duty stations outside of UN Headquarters. Participating organizations include the UN Secretariat, UNEP, UN-Habitat, UNODC, and others. UNDP, UNOPS, UNICEF and UNHCR have similar but separate MIPs for their locally recruited staff. Staff of specialized agencies in field locations are covered under separate schemes that typically offer broader benefits than the MIP.

21. Enrollment in the MIP is automatic for locally recruited staff with appointments of three months or longer; it is voluntary for their eligible dependents. Retired staff who qualify for ASHI, along with their eligible family members, may also opt in. Based on prior information received, about 20% of the total ASHI participants and their eligible dependents are covered under MIP.

22. The 54th FAFICS Council Report issued in October 2024, highlights the difficulties faced by MIP participants. On 20 February 2025, the Chair of the Committee submitted recommendations to

the UNHLIS working group which included:

- Consider adopting 2 levels of cover for MIP, namely BMIP (Basic Medical Insurance Plan) and MMBP (Major Medical Benefits Plan) as successfully used in the UN World Wide Plan (UN WWP).
 - Consider modifying the present maximum benefit of six times the reference salary per duty station or country of residence to an overall maximum annual coverage of US\$ 50,000 worldwide (excluding USA). This will be approximately 1/5 of what specialized agencies like FAO, UNESCO, ITU, WHO and the UNWFP etc., offer to their locally recruited staff, independent of their duty station. Many colleagues, especially in Africa and in conflict zones, have to travel to other countries to get quality medical care and the present MIP low coverage is a constraint.
- 23.** As at the time of this report's drafting, the UNHLIS has acknowledged receipt of the reform proposals submitted by the Committee for the potential enhancement of the MIP. Furthermore, the Committee's Chair has been informed that the working group had not yet finalized its comprehensive financial and operational review of the MIP which inter alia includes the review of benefit provisions; the recommendations proposed by the Committee for the potential enhancement of the MIP will be considered as a part of this review within existing financial parameters.
- 24.** While MIP issues have been brought to the attention of the UN Secretariat, as mentioned in paragraph 18 above, FAFICS has also recommended to the CEB that a comprehensive review of MIP be carried out involving other UN system organizations as well.

Recommendation 7: The FAFICS SC should continue monitoring meetings on ASHI and Long-Term-Care in the General Assembly and in other legislative bodies of UN organizations. It should maintain lobbying for ASHI with Executive Heads of UN organizations through the Chief Executives Board (CEB), the High-Level Committee on Management (HLCM) and the International Civil Service Commission (ICSC). FAFICS may write to the Secretary General and/or the heads of other above-mentioned institutions to advocate for ASHI issues and challenges, as appropriate.

- 25.** While no formal report was sent by the UN Secretariat to the General Assembly on the subject of ASHI in 2024, as mentioned in paragraph 8, the President of FAFICS sent a letter dated 22 January 2025 to the Secretary-General in his capacity as Chair of the CEB on various ASHI matters. This letter addressed the following issues related to recommendation 7:
- Representation of retired staff on health insurance governing boards/committees with full voting rights;
 - Financing of the actuarial liability for after-service health insurance. The urgent need to strengthen ASHI funding was highlighted. The JIU Report on Health Insurance (JIU/REP/2023/9) noted that, as of 31 December 2021, total ASHI liabilities exceeded USD 20 billion but only about 31 percent was funded. FAFICS fully supports the JIU recommendation that all funding sources—both assessed and voluntary contributions—be structured to cover the ASHI liability attributable to the staff they finance.

26. The FAFICS President urged the CEB's High-Level Committee on Management (HLCM) to endorse and implement these practices without delay.

Recommendation 8: The FAFICS SC should continue to maintain contacts with staff unions, notably with CCISCUA, FICSA and UNISERV, to explore and develop areas of common interest on health insurance matters.

27. The Committee actively engaged with the Coordinating Committee of International Staff Unions and Associations of the United Nations System (CCISCUA), the Federation of International Civil Servants' Associations (FICSA), the United Nations Staff Federation (UNISERV), and, where relevant, local staff associations and the UN Staff Council. These efforts aimed at identifying and promoting collaborative approaches to health-insurance issues affecting both active and retired staff.
28. At the FICSA Council meeting held at UNESCO in Paris from 3 to 7 February 2025, our FAFICS President emphasized FAFICS and FICSA's commitment to working together focusing on two key issues: pensions and health insurance. He indicated that efforts in these areas and others would benefit from a shared approach that leveraged the experience, expertise and influence of FAFICS and FICSA. At the same meeting, a member of the FAFICS Standing Committee on ASHIL attended the FICSA Council session on Social Security/Occupational Health and Safety. During discussions over several days, it was agreed that FICSA and FAFICS should work closely together to review the findings of the JIU report in order to identify priority areas for joint advocacy and coordinated action. The ASHIL Standing Committee representative shared the key findings of the initial analysis carried out by that Committee since issuance of the JIU report. This is a concrete example of an area where both Federations can work effectively together. The Committee will continue further discussions and collaboration with these organizations.

C. Recommendations to the 55th Council – Priority issues for the work plan of the ASHI Standing Committee 2025-2026

29. The FAFICS Standing Committee on ASHIL makes six recommendations to the Council as outlined below. The first two recommendations relate to the on-going work conducted by FAFICS on a regular basis. The remaining four recommendations relate to priority areas on which the Committee will focus its attention during the next reporting period as a continuation of the work already undertaken by the Committee in these areas:

Recommendation 1:

FAFICS should continue monitoring meetings on ASHI and Long-term Care in the UN General Assembly and in other legislative bodies of UN system organizations. It should maintain lobbying for ASHI with Executive Heads of UN organizations through the Chief Executive Board (CEB), the High-level Committee on Management (HLCM) and the International Civil Service Commission (ICSC)

Recommendation 2:

FAFICS should continue to sustain and deepen its engagement with staff unions—particularly CCISCUA, FICSA and UNISERV—to identify shared priorities and develop joint initiatives on

health-insurance issues. Regular dialogue, data-sharing and collaborative advocacy will help align approaches and strengthen collective influence across the UN system.

Recommendation 3:

The FAFICS Council should continue to pursue improvements in the Medical Insurance Plan (MIP) provisions, for both locally recruited active staff and retired staff. In particular:

- **Adopt 2 levels of cover:** Consider adopting 2 levels of cover for MIP, namely BMIP (Basic Medical Insurance Plan) and MMBP (Major Medical Benefits Plan).
- **Adequate Coverage Limits:** Advocate for adequate benefit ceilings and coverage thresholds. Locally recruited personnel serving in high-risk, resource-constrained field locations in some of the most challenging UN duty stations around the world, have often experienced disproportionate hardship, and both active staff and retired staff deserve commensurate support.

Recommendation 4:

ASHI schemes must more effectively address the unique challenges faced by retired staff in African countries—and in any region with comparable constraints. To ensure equity of services and benefits:

- **Medical Evacuation Support:** For designated countries with limited medical infrastructure, cover transport costs for life-threatening medical evacuations. Eligibility should rest on clearly defined criteria and standardized procedures.
- **Specific constraints in African countries** should be taken into consideration when deciding on the best ways and means of communication.

Recommendation 5:

FAFICS should advocate for greater flexibility in coverage, prior-approval processes, and direct-payment arrangements. In particular, optical care, hearing aids, and preventive treatments—services that become increasingly essential as people age—deserve more comprehensive benefits. At the same time, online claims processing should be expanded to improve efficiency, while preserving paper-based submission options for elderly participants and others without reliable internet access.

Recommendation 6:

Long-term Care should continue to be a focus area for FAFICS. The Committee will actively monitor the use of the guidelines, solicit feedback and support associations in their actions.

D. CONCLUSIONS

30. Throughout the course of its work, the Committee has remained acutely aware of the importance of setting realistic expectations regarding what can feasibly be achieved. In formulating its recommendations and further actions in implementing them, the current financial constraints facing most UN system organizations will need to be taken into account. Whilst FAFICS is committed to securing the best possible outcomes for retired staff, it must also demonstrate a clear understanding of the current realities.
31. The Committee will continue to actively engage with other federations, associations and entities on health insurance and LTC issues. The Committee welcomes feedback and

information on important developments in health insurance from member associations in various countries.

- 32.** The Committee will continue to bring to the attention of the FAFICS President key developments arising from its work so that timely communications and recommendations may be made to the appropriate authority.
- 33.** Finally, the Committee will establish its workplan for the reporting period 2025/26, based on the recommendations adopted by the Council during its July 2025 session