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Item 21 of the provisional agenda

**FUNDING OF THE AFTER-SERVICE HEALTH INSURANCE (ASHI)**

**ADDENDUM**

**COMMENTS BY THE UNESCO STAFF UNION (STU)**

**SUMMARY**

Pursuant to Item 9.2.E.7 of the UNESCO Human Resources Manual, the UNESCO Staff Union (STU) submits its comments on the report by the Director-General.

1. STU is pleased to note that no change was proposed to the vesting period and that the transfer of some active and retired staff to the French national insurance scheme is no longer considered an option, and trusts that the continued exploration of the removal of the AP-HP surcharge will soon be successful.
2. It is interesting to note that only a passing reference is made to the key driver of the liability of the ratio between active and retired staff in both 214 EX/16 and 216 EX/21. At the present time, with more than 50% of “active staff” on temporary contracts (affiliates), the number of staff eventually eligible for ASHI has been considerably reduced. Whether this is intentional or not, STU notes that the reduction in full-time staff is having a deleterious effect on working conditions, with staff suffering increased stress levels, putting programme implementation at serious risk.
3. STU is rather concerned about the conclusion in paragraph 7 to “*encourage those staff or retirees already holding the Carte Vitale in France, or similar public health system in their country of residence, to consider using that as primary insurance coverage, and then seek reimbursement from the MBF as a “top-up”*”. In this respect, STU would like to request that, before encouraging participants to do so, the Administration should:



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- Check whether such a use of the French Carte Vitale in France, or any similar public health system in their country of residence, is compliant to both the current MBF rules and the country's regulations, and what would be the cost that staff and retirees should support if they choose to integrate two schemes.
- Better explain the legal basis on which the MBF could be considered and used not only as primary provider of medical coverage, but also as a "top-up", of what would be already reimbursed by a primary scheme. STU's understanding of Article I of the MBF Rules is that the MBF is aimed at ensuring the principal medical coverage of beneficiaries and not complementing another one, and that public health schemes may not allow the use of two primary insurances, as is the case for example under European Union regulations.
- Analyse whether this possibility of dual use of public primary insurance and MBF coverage would not introduce inequalities between staff and retirees of a particular nationality or residing in countries where such a public health system would be available and those who can only rely on the MBF.

4. STU appreciates the proposal made in the Draft Resolution – Item 4 of 216 EX/21 (para. 16) that *"the General Conference approve the alignment of the After-Service Health Insurance (ASHI) charge with that of voluntary contributions, namely 4% on the cost of salaries of staff funded from all sources"* with the objective of reaching the target value of US \$409 million by 2053. However, STU is concerned about the fact that such decision would imply additional \$12 million to be charged on the biennial staff costs, and would like to draw the attention of the Member States on their responsibilities in this respect. Since the present draft document 42 C/5 does not integrate yet such an increase from 1% to 4% of the ASHI charge on the cost of salaries of staff and in order to avoid the risks of negative impact on staff employment of this decision, STU calls for appropriate stable financial resources to be identified to cover this ASHI liability.