

# HEALTH & PROTECTION

## MUNICH ROUNDTABLE REPORT

June 2025  
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## INTERNATIONAL PMI: GLOBAL FAIRNESS AND EQUITABLE BENEFITS

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# NAVIGATING EQUITABLE BENEFITS WITH ETHICAL VALUES

It is sometimes easy to look across the great range of multinational workplaces and industries and compare how and why they employ the benefits schemes they have.

Whether manufacturing or finance, travel or energy, there is typically great competition and significant demands on companies to be among the best benefits provision in their sectors.

But there are other industries driven by ethical values and a greater mission, where despite more limited resources the duty of care is felt no less – indeed it is often felt more keenly.

These organisations are aiming to make a difference to the world through every action they take, including when considering the benefits programmes for their global populations.

It was thus a great pleasure to welcome senior representatives for organisations spanning the governmental, intergovernmental (IGO) and non-governmental (NGO) sector to Munich for an insightful day.

The Health & Protection roundtable, Global fairness: Navigating equitable benefits in international organisations, in association with Allianz Partners gave the opportunity to share experiences, build connections and learn from peers facing similar challenges.

The underlying ethos from all participants though was how powerfully the overarching mission of their organisations drives all decision making, with the health, wellbeing and overall welfare of their employees at the forefront.

The commitment to helping their communities was clear and there is determination to make the best outcomes possible whatever the world may throw at them.

Given the current global geopolitical situation that is a highly commendable and unenviable task.

**Owain Thomas, editor of Health & Protection**

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**Nicolas Hubé**, head of compensation and benefits at Aga Khan Development Network

**Bertil Postema**, international insurance advisor at Médecins Sans Frontières

**Aziz Sinan**, head of insurance department at the Ministry of Foreign Affairs Iraq

**Günther Stalenberg**, director human capital specialties and IPM EMEA leader at Aon

**Hendrik Boelens**, head of IGO, NGO, governmental segments, international health at Allianz Partners

**David Myers**, global head of sales and key account management – health at Allianz Partners

**Michael Scheu**, head of product and solutions, EB, health and benefits at Allianz Partners

**Jeremy Vedel**, senior sales manager for IGO, NGO and governmental at Allianz Partners Health



# BANKING ON INSURANCE TO SECURE ACCESS TO CARE

For IGO, NGO and governmental organisations securing treatment and paying for it is the ultimate goal, hears **Owain Thomas**

**F**or many commercial organisations or globally mobile populations the ability to access healthcare treatment is rarely a significant question when planning international assignments.

However for those in the governmental, intergovernmental (IGO) and non-governmental (NGO) sector the luxury of well-equipped and well-developed locations is not always possible. As the Health & Protection Roundtable in association with Allianz Partners heard, for many organisations in these sectors and their people, limited availability is more likely to be the norm.

As a result their needs for international private medical insurance (IPMI) and healthcare support are sometimes more direct – simply being able to secure basic care and paying for it.

Accessing healthcare providers and paying for that care is “the most important thing”, according to Aziz Sinan, head of insurance department at the Ministry of Foreign Affairs Iraq.

While it is easy to imagine diplomats and ambassadors sitting at the United Nations

in New York or the European Union parliament in Brussels, Sinan explained that foreign office staff are often in far smaller and less developed locations.

This can mean just accessing suitable care at all can be difficult and sometimes even requires travelling significant distances, even to other countries.

When tying that in to insurance plans there can be further complications around paying for it.

“It’s all about the financial process,” Sinan continued.

“There are some countries that still don’t have a bank system and insurers, like other companies, often don’t trust cash; I don’t trust cash either.

“But in areas like Syria, Sudan, Libya and Iraq even, they still don’t have a bank system.

“So when members go to a medical facility and pay thousands of dollars in cash and submit a handwritten invoice to the insurer, as an accountant for an insurer when they see this, of course they ask themselves ‘Who says that’s true?’

“But how do we solve this conflict?”

## CURRENCIES AND PHONES

Sinan also highlighted another important issue around currency recognition which can further disrupt the payment or reimbursement for insured people, as the Iraqi government operates in US dollars.

“This is a big challenge as dollars are banned in some particular countries - that’s the daily challenge we face from our staff in Russia or Iran or Syria or even Libya,” he continued.

“How could they get their reimbursement in US dollars? They can’t do a wire transfer.

“So what I recommend to my people is just to open a US dollars account in other countries, but again, it’s not an ideal



situation for them, they want to see the money in their bank in real life.”

Tied in with this restriction on access to bank accounts is that in many locations mobile phones are used as the main source of holding cash and making payments for all sorts of goods and services, including insurance and healthcare.

For these locations it was noted that insurers would need to find administrators to work with who could understand and process the use of mobile phone payments.

This can be tricky and lead to unexpected situations, but Jeremy Vedel, senior sales manager for IGO, NGO and governmental at Allianz Partners, Health highlighted that it was possible.

“The technology is there but then the difficulties are to implement that into processes and to grow it from one pilot to one country to a more global solution,” he said.

“I would say the cashless experience is not the same, or the means to access care





in a cashless way is not the same from one country to another.

"So in some countries it would be through mobile payments, some countries it would be through a closed network.

"For other countries it could also be a concierge type of service with someone who's going to actively make a payment directly on behalf of a member, but I don't think we can look at it saying there's one solution that will resolve everything."

### PAY UP FRONT

For some locations the situation is amplified because healthcare providers refuse to begin treatment or let patients enter their facilities before they have paid at least something up front.

Attendees highlighted this can even be extended to emergency treatment in life and death situations where doctors and hospitals demand guarantees of payment, which can add to stressful situations and lead to high pressure and urgent phone

calls to insurers.

It is this immediate access to funds to pay for care which is another of the critical issues particularly for this sector.

"Considering the countries we're in, the type of local workforce we have and the levels of income they have, the more the experience can be cashless for them, the better we can ensure they will get access to care," explained Nicolas Hubé, head of compensation and benefits at the Aga Khan Development Network.

"Otherwise, we know that some will not get access because they can't afford to even pay for a phone, even if the reimbursement is as efficient as possible and quick and accurate.

"So for us the fact is to pay first particularly for local staff.

"For local staff, the major deterrent of access to care is not having the facility and not being able to go there - that's another reason in remote places.

"But for many they cannot pay the couple

of thousand dollars upfront because it's that or putting food on the table for the family, so you don't get access to care and then you deal with a more serious issue later on.

"So in all contexts in the countries with the workforce we have, cashless is vital."

However this experience is not restricted to developing countries as delegates pointed out that even in the Western world they had seen a huge increase of people going to emergency rather than their doctors to avoid paying upfront for basic treatment.

One example was given of France where patients were avoiding going to their family doctor for basic care as they have to pay €30 up front before getting it reimbursed from the social security system.

### LOCAL RECOGNITION

As a result, attendees emphasised it was critical to roll out the insurance coverage on a local level to be recognised in facilities that are available in those more isolated or less connected locations.

There was also an appeal for major insurers to elevate their capabilities, because local insurers in some countries were not up to the standard of effectively administering their plans.

These problems could prevent people from seeking access to care because members believed they would never get their money back.

Hendrik Boelens, head of IGO, NGO, governmental segments, international health at Allianz Partners recognised the importance in these issues and revealed the insurer was working on solutions to address them.

"When I listen to some of our NGO staff in very remote places, the problem is similar in that they cannot basically use the cover or they cannot afford the out of pocket cost of \$5 for other extreme concerns and financial burdens," he said.

"We have started looking around to see how we can move to the next level, which is instead of having the members pay first and get reimbursed, that the providers are pre-paid by Allianz, and then the burden lies with us and the medical provider.

"Which means technology, which means card access, which means prepayment, which needs fraud abuse checks and medical provider checks which are much more stringent.

"That is one topic that we see as a provider as a priority - digital payments," he added. ■



**C**ombining knowledge and insight by working with service providers is often a key approach for organisations with employees placed around the world.

However in the inter-governmental (IGO), non-governmental (NGO) and governmental sector where resources can be more limited, working with similar bodies is potentially even more important and beneficial.

As the Health & Protection roundtable in association with Allianz Partners heard, where organisations have similar missions, finding common ground and working together is a welcome situation.

Given their funding arrangements, IGO and NGO organisations can have highly volatile income streams which places pressure on management and continued operations.

For example, the significant cuts to USAID being made this year are one illustration of how funding sources can disappear almost overnight, leaving critical decisions to be made.

"In the NGO world we know we have to deal with whatever the geopolitical environment is," said Nicolas Hubé, head of compensation and benefits at the Aga Khan Development Network.

"There is nothing we can do, we are impacted, or the beneficiaries are impacted, or our staff are impacted; we do the best we can.

"For some NGOs it's been dramatic, so we just adapt, there's nothing we can really do."

As attendees pointed out, when this happens it is the core mission tasks which are understandably given priority and things such as improving or equalising healthcare benefits are left behind.

This can be disruptive in many ways because making significant changes can take many years of planning, only for them to be shelved quickly.

And this can have knock-on effects to supporting providers, potentially slowing down their activities along with the sector itself.

As David Myers, global head of sales and key account management – health at Allianz Partners noted: "It won't automatically revert as soon as the four years is done, because that's not really the way the world works.

"But the longer-term direction of travel doesn't really change, we just end up a bit reset because the period might finish, but I suspect we've moved a bit."

## COLLABORATION AND ECONOMIES OF SCALE

However there was a desire to bring like-minded organisations together and lean on each other, rather than just on service providers.

And this collaboration could bring economies of scale and better coverage along with knowledge and expertise sharing.

"So far we put a lot on the insurance industry's shoulders, but there is probably more we could do ourselves as an NGO community," Hubé continued.

"If we are 20 staff in one country, you're

100 in the same country, and we find a couple of other organisations there, we can quickly come up with a base of maybe 1,000 staff locally.

"But that means we would need to move away from a client to an insurer mindset, because who's responsible if the claims experience is bad? It doesn't mean it can't be looked at, but it's all changed that mindset of how we manage insurance cover and benefit plans.

"If you start having common cover and common responsibility across organisations that have different governance mechanisms and different funding mechanisms, how do



Hendrik Boelens  
(centre)

# COLLABORATION BRINGS BENEFITS TO HEALTHCARE AND ORGANISATIONS

Sharing data and experiences is even more important for organisations when resources are tight, writes **Owain Thomas**

you maintain some protection as well for that?"

Attendees noted there were smaller scale collaborative bodies but there could be an opportunity for these to be expanded and deepened to start exploring the possibilities of working together.

And Hendrik Boelens, head of IGO, NGO, governmental segments, international health at Allianz Partners agreed this was something the insurer could work with.

"Technically as insurers, if our underwriters are shown a membership of 1,000 instead of 20 in that country and the vehicle sits behind and basically recognises the risk pool, I don't think there would be a particularly negative view on engaging or committing on an insurance view," he said.

## STOP REINVENTING THE WHEEL

It was appreciated that for some organisations and sectors, potentially national governmental ones, pooling with other bodies or nations may not be feasible or legally possible, but there was recognition of the opportunity this brought elsewhere.

Furthermore, the amount of work duplicated across the sector in finding solutions to healthcare problems for staff was also acknowledged and the value of information sharing here was recognised.

"I got a big complaint from our staff in Libya that we did not have hospitals for them to use there," said Aziz Sinan, head of insurance department at the Ministry of Foreign Affairs Iraq.

"I told them it wasn't the insurer's fault, they can't build hospitals, but I was able to find a solution.

"I opened-up Tunisia for them and told them to just go to Tunisia, but this is just one case I faced. Imagine in the whole world, there's lots of countries, they don't have medical facilities available."

This was a common theme and problem, as Bertil Postema, international insurance advisor at Médecins Sans Frontières agreed.

"And we did the same, and we all reinvent the wheel again, for your country, for our organisation, your organisation," he said.

As Allianz Partners' Myers noted, there could be hurdles around competition law but there was merit in working towards common goals.

"Some of those discussion points are quite tricky," he said.

"But what I do agree with is ultimately in some of these areas, be it the NGOs working together to pool or the partnership



Bertil Postema  
(left) & Günther  
Stalenberg

approach and collaboration between them, that is probably the future.

"Everyone's still somewhat operating in their little world rather than coming together at the moment."

## DATA EXPERTISE

However, there was one use case where attendees were keen to rely on the expertise and detachment of insurers and advice firms – data sharing and analysis.

This was partly driven by a need for practical expertise in the area, but mostly to avoid data protection issues and ensure any insight was correctly applied to their organisations.

"I would like someone on our behalf, because of privacy reasons, to have access to everything relating to the healthcare of our staff globally," said Hubé.

"Someone using technology and their

expertise who would be able to feed into us and say we need to know about that and we should do that because of this.

"It would be difficult as an employer to manage those data ourselves for privacy reasons, and in the past the amount of data you could manage was also a constraint. But today with technology the amount of data is not an issue anymore, so let's have somebody manage that for us. Brokers and administrators have a critical role to play because they are really in between and so they can protect privacy. They can really spot issues or trends or risk that need to be addressed; they can just manage that balanced approach and make sure the issues surfacing are not hidden because it will serve one side or the other."

The potential of then having anonymised organisation data was welcomed but there was a request for more sharing where potential fraud or other malpractice was concerned.

As employers the attendees wanted identifiable information when there were questions about whether claims being made were accurate to enable disciplinary processes where necessary.

But there was also an acknowledgement that some medical practitioners and facilities could be complicit in fraudulent activity and information about those would be appreciated.

When asked if an information sharing facility for these organisations to understand what regions, or particular facilities, or doctors were less trustworthy or questionable, the answer was a unanimous "yes". ■



David  
Myers

# SEARCHING FOR HEALTH EQUALITY IN DIVERSE GLOBAL CULTURES

Matching equality with organisational values in global health benefits is not as easy as it seems, hears **Owain Thomas**

**E**quality and equity of benefits is one of the pressing demands for multinational employers, particularly in regard to health insurance benefits.

Organisations have been seeking ways to even up their benefits while their workforces are frequently undergoing notable changes.

However, as the Health & Protection roundtable in association with Allianz Partners heard, what equality means and the range of benefits covered can vary greatly between organisations – particularly so in the governmental, intergovernmental (IGO) and non-governmental (NGO) sector.

As attendees agreed, with salaries often below those found in the private sector, organisations and their employees are more driven by their mission goals and that feeds in to their workplace benefits as well.



For governmental departments those benefits and strategic aims can come in the form of legislation and legal requirements mandating what can and cannot be done or offered.

As Aziz Sinan, head of insurance department at the Ministry of Foreign Affairs Iraq explained, that can be particularly tricky when supporting employees in widely different locations such as New York or North Africa.

"That's the hardest thing to manage; how do we convince them of the fairness between the two of them?" he said.

## ON AN EQUAL FOOTING

Transparency and openness in communication is critical here and while employees may not like their new posting, they are at least on equal footing in many regards, with salaries no different in any locations.

"We'll tell them they got posted to Libya and have the same salary as the counterpart in the UK, but the lifestyle of course is different," Sinan continued.

"In Libya, you're saving half of your salary while the one who works in the UK is not saving anything, so it's a balance."

That equal treatment continues into the healthcare provision with the coverage plans being very similar throughout the department.

"The plans are all similar from the minister himself and all of us have the same plan with the same level of benefits depending where they are," Sinan explained.

"That's why we seek an international insurer, because for example if our people

in Mauritania can't find a place in an emergency or for critical medical issues, they can travel elsewhere for surgery. If we use local insurance companies that ability to travel doesn't exist, so that's why we always use international providers.

"But it's not only about the surgeries, there are also daily medical needs and it's hard for them to drive five or six hours or take a flight in that case because it's going to be on their own cost," he added.

## CULTURAL STANDARDS

For Médecins Sans Frontières (MSF) the organisation has spent considerable time and energy creating its overall benefits and reward strategy and is now rolling it out.

The aim is to be transparent on salary structures and benefits to share information and make as much detail available as possible – although there is an acknowledgement that not everyone will be happy.

In terms of pay, MSF wants to apply the same principles under the foundation of its structure and when conducting benchmarks, does so against the relevant particular sector that it is comparing with.

This focus on the process of how to judge pay makes quite defined boundaries to begin with for the organisation.

The approach to benefits has involved long discussions about whether to have minimum standards which can have freedom to be adapted, or a standard for





everyone.

Eventually the organisation's leaders agreed that culturally it would be difficult to have people on different levels of benefits, so arrived at the minimum standard for everybody across the board in all countries – a process which took several years.

As attendees pointed out, while updating benefit levels to recognise new treatments and new expectations can prove tricky, it is typically fitting the range of employees that causes the greatest headaches.

Employees at head offices often have different expectations and legal requirements compared to those on international placements and these can then vary greatly with locally employed and regulated people in host countries.

A commonly cited factor was wanting to do the right thing by their employees but also recognising that employees' individual circumstances might not fit that desire or cultural approach.

## ETHICAL APPROACH

Nicolas Hubé, head of compensation and benefits at the Aga Khan Development Network explained, for that organisation everything has to be aligned with its cultural norms and values.

With the range of sectors and locations the network is involved in it creates a vastly different and more localised benefits design, but which is led by the ethical approach.



Hubé, like the team at MSF, therefore puts more focus “on the how, rather than the what”.

“The content of the plan, whether they put more focus on life or medical or retirement, is up to the local network organisation to decide and if they want to split the cost between the employer and employee, because it has to be aligned with their market, with their values,” he said.

“My role is to make sure they follow the thought process and they're looking at their important things and they don't lose track.

“For instance, we made a policy decision worldwide that death in service is not a risk people should self-insure for, so our network firms have to buy insurance for the local staff.

“Our policy is if somebody dies, we give 12 months of pay as a minimum, but if they want to put 12 months, 16 months or four years of salary, that's for them to decide.”

As part of this Hubé has conducted an inventory of all local benefit programmes from the network organisations and shared that back to all of them, building the mindset of sharing and being transparent among the network.

“I found in many countries they were having benefits for executives, benefits for middle management, benefits for blue collar workers.

“So I said they needed to work on those benefits. I mean, the health of an employee doesn't depend on their salary level.

“We do update that inventory every two

years so if nothing moves, I will remind them it has to be on the agenda, they need to get rid of those categories of employee benefits and other things.”

## WORKER WELLBEING

But perhaps more deeply connected to this ethical stance is the wellbeing of their people, away from the theatre of insured health benefits.

For an organisation that is dedicated to improving the quality of life of those in need, mainly in Asia and Africa, the tools and actions it takes are different from wellbeing in the Western world.

“When Pakistan went through that peak in inflation, when there was the flood and access to food became scarce, to support the wellbeing of staff in Pakistan the Aga Khan University in Karachi, provided its 14,000 employees with three meals per day and allowed people to take one meal back home,” Hubé said.

There is also a heavily subsidised grocery store on site, free loans to buy motorcycles were made available and an app for commuting to reduce fuel expense of employees.

“Promoting wellbeing is the overarching thing but you need to find the right tools that are relevant to the context and the population. If you're dealing with chefs and cooks and cleaning ladies in a hospital in Nairobi, you need to find other ways to support wellbeing, it's a different thing,” he concluded. ■



Nicolas Hubé (right)



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# WHY TREATING PEOPLE RIGHT MATTERS

**Hendrik Boelens**, head of IGO, NGO, governmental segments, health, Allianz Partners



**C**ompanies across the world strive for sustainable, and responsible treatment of people through a variety of approaches that integrate ethical considerations into all aspects of their operations.

These can include a strong diversity, equality and inclusion culture, prioritising staff wellbeing and development, upholding ethical business practices and embracing corporate social responsibility (CSR) and sustainability. Equality of treatment considering cultural and social backgrounds is a reality that such organisations must consider.

Allianz Partners has proudly served a dedicated base of long-standing clients, with some partnerships stretching back as far as the 1960s. The government sector, encompassing IGOs, NGOs, and governmental bodies including Ministries of Foreign Affairs (MOFAs) is a key focus for us.

The mission for these organisations is very specific and not within a corporate agenda. They sometimes operate in perilous environments where the need for tailored cover can be very specific.

## EVER-INCREASING DEMANDS

Over many years we've developed robust structures and extensive networks designed to seamlessly support our clients whether their operations are global or local, such as clinic agreements in war torn locations.

Years of practical experience has allowed us to refine our service delivery, ensuring efficiency and reliability. The service we provide to our clients is continuously evolving, driven by the ever-changing needs of our clients. This evolution addresses diverse geographical locations along with a variety of specific needs such as type and

extent of policy coverage.

There can be a need for customised and bespoke arrangements including specialised coverage applications such as the sensitive management of hardship cases or dealing with some of the demanding and challenging environments that clients may operate in. For example psychological pre- and post-support for NGO workers is often required to safeguard the mental health of employees.

Allianz Partners works with clients continuously to ensure the delivery of their specific needs and the ability to tailor them as necessary.

## FUNDAMENTAL DUTY OF CARE

Today's organisations are increasingly defined by their commitment to tailored and bespoke policies, with a focus on the person first, recognising individual needs and wellbeing. Treating people properly is not just a best practice but a fundamental duty of care. It is a conscious choice.

Allianz supports clients with unique requests, offering tailored assistance, such as ensuring NGOs and IGOs have the different levels of cover required.

For staff, this might involve programmes addressing the specific needs of diverse groups, like support in adjusting to a new environment or recognising the crucial role of custodial staff through professional development.

However, organisations face unprecedented challenges, including far-reaching sustainability goals and ever-increasing budget constraints. This means companies require innovative approaches to uphold these people-centric values when resources may be limited.

The market holds immense potential for future development by focusing on global sustainability and delivering localised

solutions. This involves a future-thinking approach, anticipating the evolving needs of communities and the planet.

Investment will be crucial in areas like cashless access, enhancing convenience and financial inclusion, and in fostering health and wellbeing through initiatives such as a 360° approach to the health cycle, integrating prevention, treatment, and aftercare.

Ongoing digitalisation will underpin these advancements, creating more efficient and accessible services.

## COLLABORATION AND INNOVATION

Many organisations are recognising the urgency of the situation and coming together to ensure the future health of the world. Thanks to the long-standing nature of the relationships with clients, this collaborative spirit will drive innovation and the implementation of sustainable practices on a global scale.

For Allianz, a key objective is to strategically define, in partnership with key clients, changes in their service proposition to suit their evolving needs. This client-centric approach ensures relevance and value in a rapidly changing world.

We'll contemplate future service proposition investments that align with these global trends and client needs such as enhanced digital platforms for seamless service delivery, personalised health and wellbeing solutions leveraging technology, and financial products that promote and support sustainable practices. By proactively addressing these areas, we aim to contribute to a healthier, more sustainable future while meeting the evolving demands of its clients. ■



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