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PURSUING BEST PRACTICE

Designing global health strategies that improve workforce resilience



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Reshaping the identity of the reward and benefits function



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Flexible, multinational health support is key to resolving the tension between expectations and operational reality

Reward and benefits leaders are operating in a time when the expectations placed on their roles are expanding faster than the business structures around them.

Across REBA's community, we hear about a constant tension. Organisations want greater global consistency, less workforce disruption and more resilient employees to weather the changes coming down the line. Yet the systems, data and cultural conditions needed to deliver this are still catching up.

From admin and annual cycles to organisational resilience

This tension, which should absolutely be seen as an opportunity, is reshaping the identity of the reward and benefits function. What was once a role centred on procurement, administration and annual cycles is now expected to influence workforce capability, organisational resilience and long-term sustainability.

Reward and benefits professionals are navigating this at a moment when costs keep climbing, healthcare access varies sharply by market, and employees are far more direct about what they need from their employer.

This creates a new kind of strategic pressure. Employers are trying to build coherent multinational health support while navigating fragmented data, legacy processes and regional variation that makes global consistency difficult to achieve.

Overcoming restraints to support employees

They are also responding to employees who expect support to be easy, personalised and available when they need it, even when local systems or cultural norms make that challenging.

Reward and benefits leaders are often the first to spot emerging patterns, the first to feel the impact when access delays affect productivity, and the first to hear when employees struggle to navigate support. They are also the ones designing frameworks that allow global strategy to flex locally without losing clarity or purpose.

The insights in the following report sit within that wider context and reflect a function in transition. As this shift continues, the priority will be designing flexible multinational health support that works in real life, not just in a business strategy.

Moving beyond automation to support a proactive and connected global health journey



Dr Luke James

Partner and workforce health leader, Europe
Marsh Health and Benefits

A single global model simply doesn't work. What does work is a clear set of principles

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AI isn't here to replace judgement, but it can help organisations to spot previously hidden patterns

Across global workforces, the conversation about artificial intelligence (AI) in health has shifted from theory to lived experience. Employers are already testing tools that ease pressure, simplify access to care and give them a clearer view of emerging risks.

But the insight shared in the following report reveals something deeper. AI's fundamental value lies in how employers use these tools to make sense of rising costs, uneven access to care and the increasingly complex health needs of their people. Reward and benefits teams are used to working under pressure, but climbing medical trend and legacy systems built for reactive spend are stretching that pressure in new ways.

Making sure more isn't less

On the employee side, people are trying to navigate fragmented care pathways, long waits and a growing collection of apps that promise help but often add more friction. Employers want to make things easier, but they also need confidence that any new tools won't overwhelm, confuse or create new risks.

This is where AI is starting to make a real difference in the workforce. Reward and benefits teams are already using automation to cut through manual processes that can eat up their time and cause consistency issues. For employees, it means simpler, friendlier tools that take the headache out of finding support when they need it most. Behind the scenes, predictive analytics are getting smarter, helping organisations spot patterns in claims, absence and engagement that were previously hidden in silos.

That said, we aren't completely in the future just yet. Many tools marketed as AI triage are still decision trees with a chatbot front end. They improve user experience, but they're not yet capable of the hyper-personalised guidance employees might expect. This raises questions around their reliability: if a navigation tool misdirects an employee, particularly in sensitive areas like mental health, where does responsibility sit?

Adaptable models

The global picture adds another layer. Some markets are accelerating quickly, exploring synthetic data and advanced analytics. Others are still focused on building trust, reducing stigma or improving basic access.
A single global model simply doesn't work. What does work is a clear set of principles, grounded in organisational purpose, that allow each region to adapt support to its cultural and system realities.

AI isn't here to replace the judgement that employers rely on every day. What it can do is quietly support the way organisations manage people risk, shape health benefits and strengthen resilience. The employers benefiting most tend to see it as a helpful extra layer and part of a wider shift towards a more proactive and connected workforce health journey.

CHAPTER 1: REWRITING WORKFORCE HEALTH

The move towards shared responsibility for health

Employers, employees and public health systems all have a role to play

Global organisations are moving away from a healthcare model built around reactive spend on claims, life and disability cover, and towards one that prioritises prevention and early detection. This is largely being driven by high global medical trend rates – it is now at 11.1%, according to Marsh's *Health Trends 2026* report.

In some regions, long waiting times and limited primary care capacity are pushing employees towards a mix of employer-paid and employee-funded solutions offered through the workplace, increasing both cost and complexity for reward and benefits teams.

This is accelerating the shift from reactive spend to proactive health management. Insurers report growing employer investment in early detection, digital health tools and targeted prevention programmes, reflecting a broader move towards shared responsibility between employers, employees and public health systems.

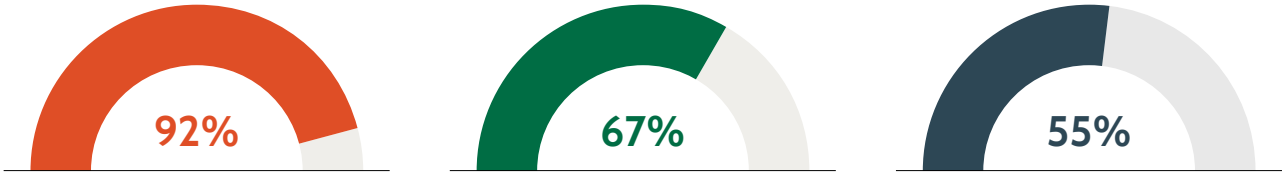
REBA's *Health and Wellbeing Research 2026* reinforces this direction of travel, with 84% of respondents already offering integrated health journeys, saying that digital services are key to success. This highlights how essential connected digital pathways have become in making prevention work in practice.

Added challenge

But multinational organisations face an extra layer of complexity. Health system maturity, cultural norms and care pathways vary widely, meaning that prevention strategies that work in one region may be impractical or ineffective in another. This variation makes it harder to deliver consistent global standards while still meeting local needs.

Against this backdrop of rising costs, uneven access and constant workplace change, the pressure on employers to build resilient workforces has never been greater. This global picture is what makes AI's growing role in workforce health both practical and increasingly important for employers.

Top conditions that employers believe will strain long-term workforce sustainability



Source: REBA's *Health and Wellbeing Research 2026*

Uneven impact as organisations work through challenges

AI is accelerating the pace of change in workforce health. Employers increasingly report that it is improving how employees reach support, how organisations understand risk, and how leaders build benefits that sustain productivity.

Marsh's *Employee Benefits and Technology Trends* research (2026) found that half of employers (50%) are already using AI for benefits purposes, and a further 48% plan to in the next one to three years.

Yet its impact remains uneven as employers work through the typical teething challenges associated with adopting a technology of this scale. Across multinational organisations, three distinct applications are emerging:

1. AI that supports HR teams
2. AI that guides employees to the right care
3. AI that is beginning to influence healthcare pathways.

These shifts are unfolding against a complex backdrop, which is what makes AI's efficiency gains so important. They free up capacity for reward and benefits teams that are juggling growing demands and are supporting employees through a wider range of health needs than ever before.

A higher purpose

AI is already stripping out unnecessary admin and enabling teams to focus on higher-value work. Reward and benefits leaders are increasingly using automation to cut manual work, streamline benefits delivery and improve the speed and accuracy of routine tasks.

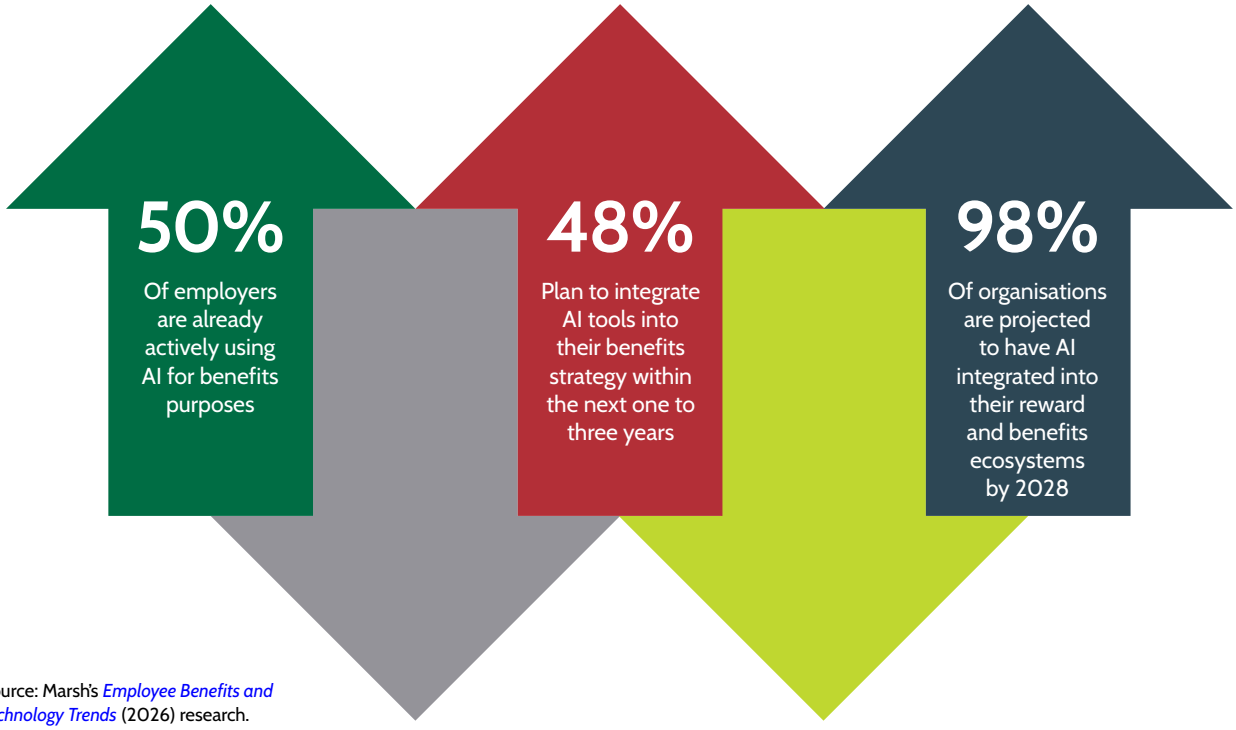
These tools are not transformative in themselves, but as capabilities grow, AI opens the door to more globally consistent, prevention-focused approaches to workforce health.



Healthcare and benefits require shared responsibility across three pillars — employers that provide benefit coverage and supportive workplace initiatives; employees who are encouraged to actively engage and take ownership of their health; and government/public healthcare support systems that shape what's possible in each market. With major differences across public and private systems, the right approach has to be tailored to local realities.

Melody Kwan
Partner and senior international consultant
Marsh Health and Benefits

AI's rapid uptake in reward and benefits



Source: Marsh's *Employee Benefits and Technology Trends* (2026) research.

Levelling up workforce health in multinational organisations

The real work begins with designing relevant, respectful and genuinely helpful support

Workforce health is not evolving evenly across the world, and this unevenness is now one of the biggest strategic challenges facing multinational employers. Even as AI and digital health tools open up new possibilities, the reality of employee health on the ground looks very different from one region to the next.

Range of pressures

Marsh's *Health Trends 2026* report highlights this variation, noting that medical inflation and increased utilisation – arising from a higher incidence of health conditions – are the biggest determinant of 2026 cost increases. It is a clear reminder that the pressures shaping workforce health differ widely across markets.

What feels like progress in one market can seem irrelevant or out of reach in another, which makes it far harder for global reward and benefits leaders to build a strategy that works everywhere. For many, this is where the real work begins – understanding employees' lived experiences in each market and designing support that feels relevant, respectful and genuinely helpful.

Digital health maturity varies across markets

When it comes to digital health adoption, the playing field is far from level. In places like Singapore, India and the UK, employers are already exploring predictive analytics, AI-powered triage and more joined-up health journeys. These markets tend to have strong digital foundations and health systems under strain, creating the conditions for faster innovation.

Yet in many other regions, employers are still laying the groundwork. Barriers like mental health stigma, limited early-stage support and complex public systems mean that digital tools take longer to embed and need more trust-building before they can make a real difference. The global health picture varies widely, and what can hold back progress in one country may be far less of a barrier in another.

As a result, reward and benefits teams in some markets are still focused on building confidence, improving basic access and removing cultural or system-level barriers before more advanced digital tools can really take hold. And while the pace varies, the direction is clear. Digital health is becoming part of the picture everywhere, just at different speeds.

The five phases of digital health security across the globe

Digital health maturity describes how well a country or organisation has developed, connected and embedded its digital health capabilities. According to the World Health Organization's *Global Digital Health Monitor* (2026), only a small fraction of the world has a fully mature, integrated digital health ecosystem.

Phase 1-2 (early maturity): a significant share of countries, including those that do not report, remain here, with most low-income countries clustered in these phases.

Phase 3 (mid-level maturity): nearly half (46%) of reporting countries are here – the largest group globally.

Phase 4 (advanced): just under one-quarter (23%) of countries are at this point in their digital health development.

Phase 5 (most advanced): fewer than one in 20 countries (4%) – specifically Portugal and Saudi Arabia – have reached the highest maturity level.

Digital tools are becoming the first stop for support, offering faster access to care

For employees, local differences directly affect how fast they can get help and how straightforward it is to navigate support.

When diagnosis or treatment is delayed, the risk of long-term sickness absence rises sharply. The OECD's *Integrated Care: Health at a Glance: OECD Indicators* (2025) report found that when care is more co-ordinated and easier to access, people recover sooner and are less likely to fall out of work altogether.

Integration is the goal

This macro-trend is actively playing out in the workplace. REBA's *Health and Wellbeing Research 2026* shows that as many as seven in 10 (70%) employers are working on, or planning, better integration of health, wellbeing and prevention offerings. But in markets still building the basics, employees often face longer waits, lower awareness of available support and more barriers to early intervention.

This structural bottleneck is echoed in the CIPD's *Health and Wellbeing at Work* (2025) report, which highlights that NHS delays are increasingly shaping workforce health.

The report finds that rising waiting times and pressure on primary care are contributing directly to higher long-term sickness absence. Mental ill-health is now the leading cause of long-term absence, and overall absence levels are at a 15-year high.

Early intervention

With better integration and wider use of digital health tools, employers can help to mitigate the impact of NHS delays by ensuring that employees reach early intervention and specialised support sooner, helping to prevent conditions from escalating into long-term absence.

To shorten the critical referral-to-treatment window, organisations in some regions are turning to digital tools that make it easier for employees to get help when they need it. Online GP services, mental health apps and digital employee assistance programmes are becoming the first stop for support, giving employees a quicker route to care rather than leaving them to navigate the public healthcare system alone.

REBA's *Health and Wellbeing Research 2026* shows just how quickly this shift is accelerating. Nearly half (43%) of organisations now use digital triage to guide people to the right support faster, with another 15% planning to adopt it in the next two years as they build a more responsive, future-ready health ecosystem.

But as employers lean more heavily on digital pathways, a new challenge is starting to surface. Even in markets where digital adoption is strong, many employees are feeling overwhelmed by juggling multiple apps and portals. And for employees with more complex needs, such as those managing chronic conditions or mental health issues, that fragmentation can make getting help feel harder than it should be.

Removing friction

This is why in-country digital health maturity matters on a very human level. It's less about the number of tools an employer has and more about whether the whole system is integrated enough to make those tools genuinely useful for people when they need them.

In some countries, that means smooth, integrated health journeys that guide employees to the right care pathway without friction. In others, it still means navigating a patchwork of services that don't quite connect, leaving people to do the heavy lifting themselves.



Even if you don't have enough of your own claims data — especially due to data privacy constraints or have a smaller headcount — you can still build a representative view, using external sources such as survey insights, population health data and portfolio benchmarks. Medical is starting to look like the new defined benefit pension — a promised level of care with costs rising quickly, and the impact shows up not only in premiums but also in productivity and absence. That's why there's no single fix (or AI 'magic wand') — it takes a mix of smarter plan design and cost-sharing, more efficient programme delivery, and a stronger focus on prevention, outcomes and employee communication.

Melody Kwan
Partner and senior international consultant
Marsh Health and Benefits

A global framework that meets local needs has resulted in multiple benefits for Fidelity



Reiko Kubota

Head of global benefits
Fidelity International

The platform transformed how employees accessed and engaged with benefits

'Our greatest success was employee engagement'

When I joined Fidelity International, I was tasked with an ambitious challenge – modernising the group's global benefits across 27 countries for 10,000 employees. Its HR operations relied on a system that was transactional, confused users, and left my lean reward team hand-holding employees through routine selections. There was no central benefits portal.

Many global organisations fall into the trap of implementing a platform in the UK first, only to scramble later with fragmented systems across international offices. I wanted to avoid this by designing a global framework before selecting a platform provider, so no country would be left behind.

Following an extensive benefits redesign, we launched My Fidelity Benefits, first in the UK and then across other locations. To scale efficiently, we segmented our countries into cohorts. For our seven largest countries, including India and the UK, we deployed the full system – a comprehensive, automated, end-to-end portal featuring flexible benefits, such as private medical insurance and life insurance, and integrated payroll delivery. For our smaller locations, we introduced a streamlined version that maintained an identical look, feel and brand cohesion, but functioned as an informational, one-stop engagement tool rather than a personalised enrolment engine.

Overcoming obstacles

Our journey was a marathon, taking five years instead of the planned four as a result of Covid-19 delays. Switching to entirely virtual implementation workshops was an immense obstacle. However, we adapted, eventually flying our core project team to regional hubs for intense, one-week workshops.

Today, the transformation is complete. Our greatest success was employee engagement. Participation reached 75% during the UK launch and generated overwhelming internal enthusiasm when rolled out to our largest employee base in India. My Fidelity Benefits also generated exceptionally strong employee interest and positive feedback in China, recording a 99% engagement rate at every renewal. The platform transformed how employees accessed and engaged with their benefits, creating a more personalised and user-friendly experience.

The financial outcomes were equally important. By leveraging the launch of the platform to conduct comprehensive benefits reviews, we redesigned our offerings to include high-value schemes such as salary-sacrifice pensions, car and cycle schemes. Rather than imposing a global benefits standard, we focused on delivering benefits that were most relevant and valued in each local market. The UK National Insurance savings on pension and salary-sacrifice benefits effectively covered 1.5 times the cost of the entire global rollout, achieving immediate cost-neutrality for the business case.

By establishing a clear global framework from day one, we turned a complex technology implementation into a unified, cost-saving and deeply engaging global success story.

Deep structural differences shape 'good' workforce health

A flexible framework allows regions to shape what works best locally

What employers can offer – and employees expect – is shaped by deep structural differences that vary widely from one country to the next. These differences influence everything from how employees seek help to what support employers can realistically provide.

Cultural norms play a major role in how comfortable employees feel in asking for help, especially around mental health, reproductive health and gender-related conditions. In some regions, stigma still acts as a powerful barrier, meaning employees may delay seeking support until issues become more severe.

Regulation also shapes the landscape. Rules on data-sharing, AI use and what benefits employers are allowed to fund can open the door to innovation or limit what is possible – even for well-intentioned employers.

Mission impossible?

These differences mean that 'good' workforce health doesn't look the same everywhere. In one country, it might mean seamless digital pathways and quick access to specialists. In another, it might mean building trust, raising awareness or helping employees navigate a fragmented system. For reward and benefits leaders with multinational responsibility, this creates a real tension. It may feel impossible to offer something globally consistent while still recognising that employees' realities look very different from one place to the next.

The answer is not a single global model but a framework that sets the tone and the principles, while giving each region the space to shape what works locally. When employers get that balance right, support feels relevant, respectful and genuinely helpful to the people who rely on it.

Using data to make global decisions

This is where strong data foundations are essential. Dashboards and global averages alone can't show whether people are struggling to access care or simply not finding the support available to them.

Claims data highlights rising risks, but, without absence patterns, digital engagement or employee experience insights, employers miss the reasons behind trends. REBA's *Benefits Design Research 2026* found that one-quarter (25%) of employers do not measure take-up of benefits, and almost one-third (30%) do not track engagement – often because data sits in silos. Occupational health teams, benefits providers, EAPs and insurers each hold part of the picture, and global organisations also need local system data to understand how cultural norms and regulation shape access in different markets.

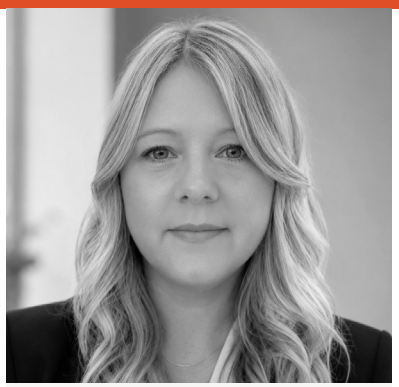
Bringing together these data-sets gives employers a clearer sense of what is really going on. It shows where people are struggling and where support is missing, helping teams invest in the health areas and regions that will make the biggest difference.



We're seeing sophisticated multinationals move beyond reactive medical claims to connect the dots across absenteeism and return-to-work metrics, insured benefit spend and – where available – aggregate health screening insights to understand population risk. When you combine these data-sets, the story becomes clearer, but it also has to be interpreted through local culture, demographics, industry and plan design.

Melody Kwan
Partner and senior international consultant
Marsh Health and Benefits

How HomeServe is building an accurate picture of workforce health risks



Helen Moore

Director of reward and benefits
HomeServe

We had to move away from blanket solutions towards a proactive, data-driven strategy

Matching data-sets helps us to spot critical trends

HomeServe is a home assistance and emergency company with some 1,700 employees across three core segments: a national network of field engineers, frontline contact-centre staff and corporate support functions.

Post-Covid, we have observed escalating mental health challenges across the business. Within our field workforce, musculoskeletal (MSK) issues remain our primary concern. Employees are facing delays in traditional healthcare pathways like GPs, meaning that often they are in work but not entirely fit to perform their full duties. To address this, we had to move away from blanket solutions and shift towards a proactive, data-driven strategy.

Integrating data-sets

Historically, valuable health insights were trapped in silos with various benefits and insurance providers. To build an accurate picture of workforce health risks, we are integrating multiple data-sets and now analyse short- and long-term absence trends by department and region.

We aggregate data from our employee relations team regarding requests for reasonable adjustments and vehicle modification, which helps us to spot underlying physical trends that absence logs may miss. We also monitor our ageing engineer workforce to forecast recruitment and future healthcare liabilities. We are transitioning to an external occupational health model to incorporate aggregated data from healthcare tests such as lung and vibration testing, which are necessary given the nature of some of our roles.

Matching these data-sets helps us to spot critical trends. For example, analysing death-in-service cases highlighted cancer and cardiac conditions as our highest risks, which directly prompted us to introduce targeted cancer screenings into our benefits package.

Overcoming app fatigue

Costs for private medical insurance rocketed by over 50% this year, and broad affordability means we cannot offer it universally. To bridge this gap for lower-paid contact-centre and field teams, we introduced virtual GP and physio services, alongside salary-sacrifice gym benefits and employee-funded insurance via salary deductions.

However, our field-engineer workforce is predominantly male and highly remote – a demographic that is culturally less likely to access health benefits. To overcome app fatigue and benefits engagement issues, we consolidated all benefits into a single platform app. Our IT and benefits teams attend engineer inductions on-site to sit side-by-side with new starters and get them logged in.

Moving forward, we are exploring an AI agent within our benefits platform to make navigating healthcare documents even easier. Our focus is simple – use integrated data to remain proactive, support our frontline staff, and prevent health absences before they start.

Recommended actions

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1

Shift the dial from reactive to proactive health investment

Stop managing workforce health purely through reactive benefit spend. Repurpose your benefits budget deliberately – audit your portfolio for wastage and duplication, and redirect that spend towards evidence-based prevention. Consider introducing preventative health screenings — eg, vaccinations, mammograms, bowel checks – to improve health outcomes and reduce the cost of late-stage diagnosis. Build an internal business case that goes beyond just paying out medical claims to include managing sickness absence, return-to-work rates, and the cost of losing key talent. This broader framing resonates far more effectively with chief finance officers.

2

Unite health, absence and engagement data to target threats to sustainable benefits

Dashboards and global averages aren't enough — AI is moving the needle on health data, but it needs to be deployed strategically in a robust governance framework. Build a data foundation that links claims with workforce health risks, short- and long-term absence, digital engagement, occupational health insights and employee feedback to reveal why costs and productivity risks are rising. Target interventions around the key health risks that employers expect to strain productivity most (eg, mental wellbeing, musculoskeletal conditions and cancer) and prioritise a strategic one- to two-year action plan by market to 'make it real'. Consider predictive analytics to identify hotspots early, and make informed decisions to manage benefit spend and mitigate future health risks. Underpin AI-driven decisions with a governed, human-validated data framework and human-led intelligence that brings together claims, absence and health outcomes, validating insights with real-world experience.

3

Build a principles-based global strategy with local flexibility

Create a global framework that defines core minimums (protection benefits, baseline preventative care and standards for access and employee experience) to reduce disparities. Establish global minimum standards rooted in your company's values, expressed as principles rather than uniform benefit specifications. Structure delivery across three layers – global minimums; local competitive and cultural relevance; and employee choice. Embed a shared-responsibility model that clearly sets out what the employer provides, what employees own, and how public healthcare infrastructure fits alongside both. Where proprietary data is unavailable — in new markets or small headcount locations — consider drawing on population health statistics and portfolio benchmarking. Put governance around the 'global principles/local execution' model – country playbooks, decision rights and a simple scorecard that shows where employees are falling through the cracks.

About Marsh

Marsh Health and Benefits is a specialist in employee benefits, health insurance and workplace wellness for SMEs, domestic employers and large multinational firms. A Marsh business, it is part of the world's leading professional services firm, helping clients navigate complexity and seize opportunities with market-leading, specialised capabilities across risk, reinsurance and capital, people and investments, and management consulting.

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About REBA



The Reward & Employee Benefits Association (REBA) is a thriving community of HR professionals dedicated to pursuing best practice in reward and benefits. Synonymous with excellence, REBA informs and empowers its members to grow their networks, advance their knowledge, source and connect with market-leading vendors, and be prepared for what's coming over the horizon.

REBA's research taps into its diverse network of 4,900+ members and 25,000+ HR contacts to provide objective insights into the reward, benefits and people risk strategies that a broad range of organisations are implementing throughout the UK and internationally. As a result, REBA produces independent reports featuring data-led benchmarking, fresh insights, emerging trends and case studies to identify change and inform better decisions in reward and benefits strategies.

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