

Future of Health and Protection Research 2026

82

Participants, including
Bloomberg, Ericsson,
Mars, Meta, Siemens,
Rio Tinto, Unilever

2 million

Employees represented

8

Regions of the
world represented

27,279

Average number of
employees globally
that each participant
is responsible for

Poised to pivot

Innovation in health benefits will equip employers to tackle challenges that can feel insurmountable

Shifts in health and protection benefits appear to come slowly, but read this research carefully and it is clear that wider global, societal, digital and consumer influences are reshaping workplace health strategies.

The catalyst in recent years has been rising medical trend, pushing up the cost of treatments and premiums. From medical advances and growth in the use of expensive cancer and weight loss medication, through to increasing use of artificial intelligence (be it robotics in surgical theatres or data analysis of medical records), the cost of treatment is shifting.

Poor lifestyles, a global rise in cancer rates and the huge problem of musculoskeletal issues in all countries can feel like insurmountable challenges for employers trying to forecast future health risks to workforces and put in place solutions to intervene early.

Fortunately, the health and protection market is changing. Innovation, data insights and new products tailored to meet the needs of even the lowest-paid are providing employers with better options to meet their HR and business needs.

Getting employees the care they need quickly works for everyone – a well employee is a productive employee. The rise in the use of digital care pathways, integrated health journeys and early prevention and rehabilitation is what both employers and their brokers and suppliers are working towards.

In a world of increasing mental health claims and expensive cancer treatments, the challenge is set to think differently about the future of health and protection in the workplace.



More on the future of
health from REBA



Global health claims reflect same three leading issues

The volume of MSK problems outweighs costly cancer claims, followed by mental health

Musculoskeletal (MSK) conditions, cancer and mental health problems arising from stress, anxiety or burnout continue to drive the majority of medical claims across multinational workforces.

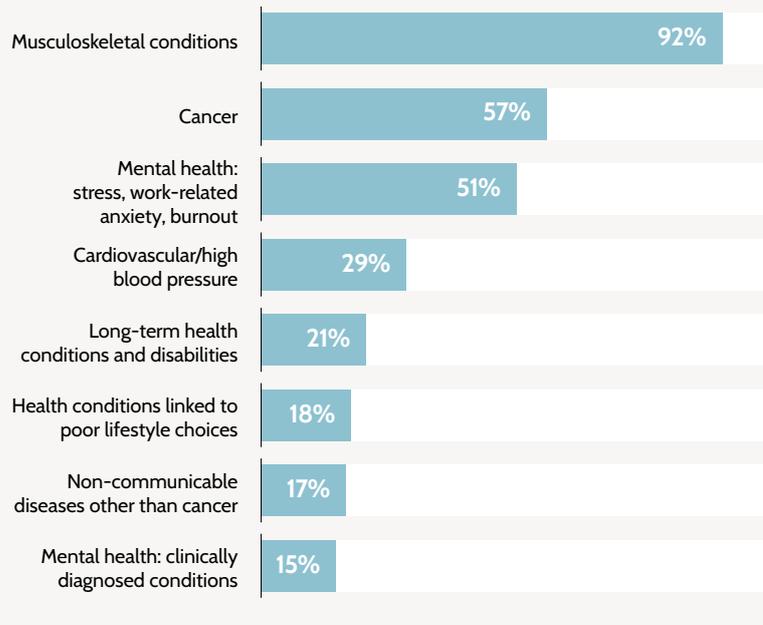
This reflects wider global health data. According to 2022 data from the World Health Organization, MSK is the most common cause of disability worldwide, with lower-back pain being the single leading cause of disability in 160 countries. Meanwhile, the *BMJ* reported in 2025 that annual cancer diagnoses will rise to 30.5 million and deaths will increase to 18.6 million pa globally by 2050.

While typical claims for MSK conditions are significantly lower than claims linked to cancer (which can get to £100,000 if not capped), the sheer volume of MSK claims ultimately cost employers more.

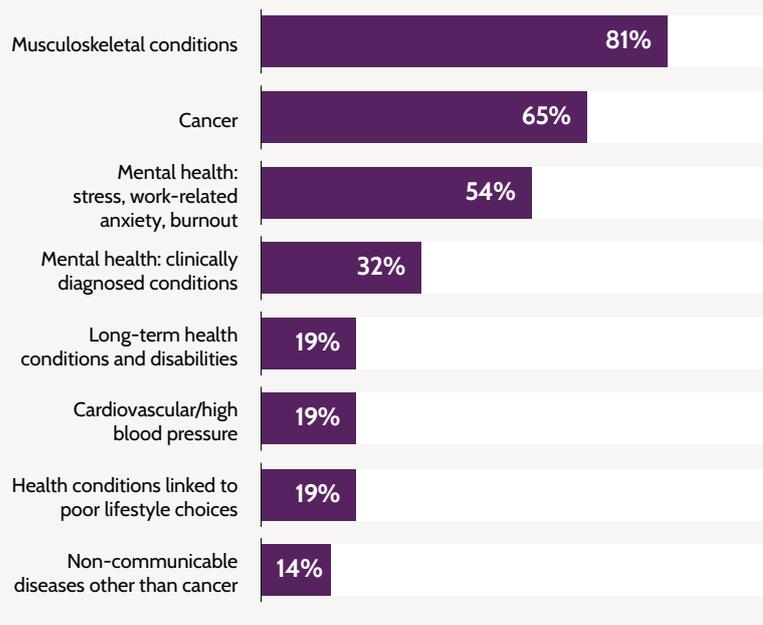
This research shows that more employers expect cancer to drive higher levels of claims over the next five years. More than half (57%) are already experiencing this, while nearly two-thirds (65%) project this for the coming years.

The most notable shift in this research is the expectation that claims linked to clinically diagnosed mental health issues (as opposed to stress, work-related anxiety and burnout) will affect twice as many employers as they did over the past 12-18 months. While slightly fewer than one in six (15%) employers said that clinically diagnosed mental health issues already drove high levels of claims, this more than doubles to one in three (32%) expecting this to be the case over the next five years.

Health conditions that have driven the most claims over the past 12-18 months



Health conditions that will drive the most claims over the next five years



Services and support that could mitigate future claims are key for employers

Prevention initiatives and use of digital care pathways rank highly among the actions that employers find have the most positive impact on workforce health. This reflects a shift in the provider market, where the emphasis is increasingly on services and support that could mitigate future medical claims.

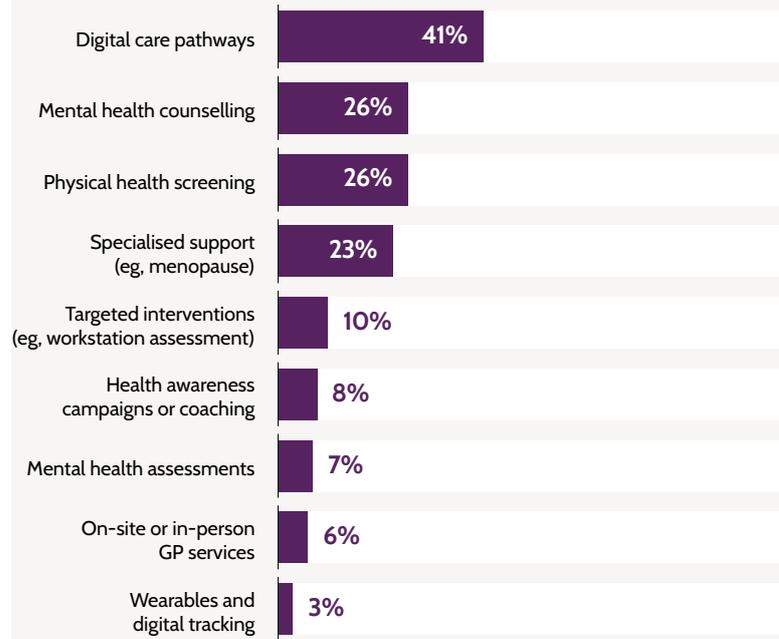
REBA's research has consistently shown that employers want employees to access healthcare as quickly as possible. After all, well employees are productive employees. This sentiment is similar to the aims of the Keep Britain Working report and the resulting vanguard phase coming into play in 2026 [see box below].

REBA's [Health and Wellbeing Research 2025](#), conducted in partnership with Axa Health, found that digital services were key to speeding up access to the right care at the right time for employees. This research builds on those findings, with almost all (97%) indicating that digital care pathways deliver medium to high positive impact on workforce health.

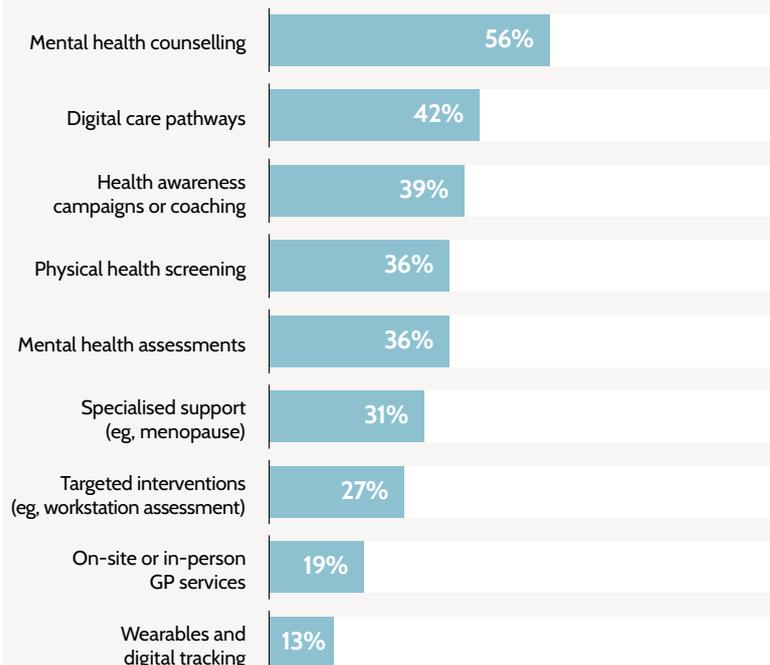
Aims of the UK's Keep Britain Working vanguard phase

- **Tackle economic inactivity:** reverse a rising trend since 2019 of people leaving work because of ill health.
- **Employer-led action:** shift responsibility to employers to provide better workplace health support.
- **Preventative approach:** promote early intervention and improve workplace health services.
- **Support vulnerable workers:** create inclusive environments for older and disabled people to keep them in work.
- **Economic productivity:** reduce the c£212bn annual cost of health-related inactivity on the economy.

Actions that deliver positive high impact on workforce health



Actions that deliver positive medium impact on workforce health



Insurance leads multitude of funding models

Healthcare savings being used to back up PMI

Organisations across all regions and of all sizes are most likely to fund risk and medical benefits via insurance rather than other funding vehicles, such as a captive. It is also clear that because of the wide geographic spread, and different regulatory regimes of the territories in which they operate, many use a multitude of funding arrangements.

Local practice, cultural nuances and differing employee expectations, as well as benchmarking and managing spend, often means that equalisation of health and risk benefits offerings globally is not workable, even if the organisation has a global cohesive philosophy they are working to

The depth of data insights available from many insurers can be hard to match by those in pooling and captive vehicles (although this varies). While captives, trusts and pooling vehicles can offer structural, funding and tax advantages, these benefits often come with more limited analytics capability.

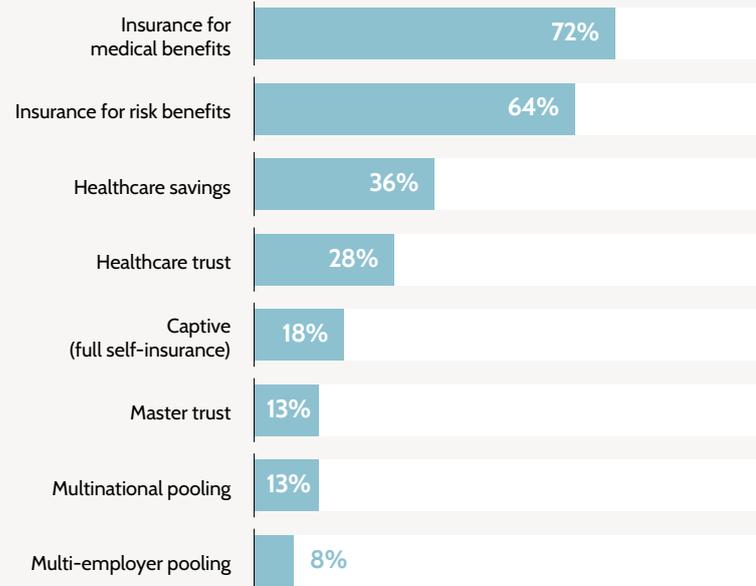
Healthcare savings benefits, such as health cash plans in the UK, appear to be back in vogue. They are increasingly being used alongside private medical insurance (PMI) to cover excess amounts or pay for conditions not covered by insurances.

A quarter of respondents plan to switch funding model

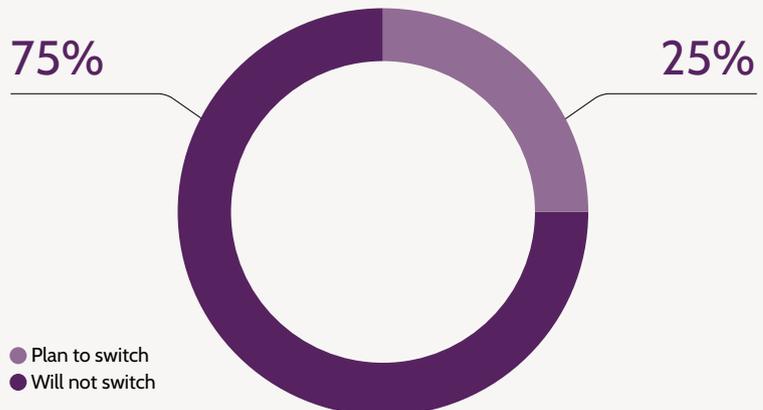
Of the 19 respondents (25% of the total sample) that are planning to switch funding model, eight are looking to move to a trust, six to a captive and three to a pooling arrangement. None indicate that they are moving to insurance from another funding model (although this can happen too).

Even these moves are not wholesale. Most are still weighing up the options, while for others it is a partial move that is territory-specific or resulting from an acquisition.

How organisations fund health and risk benefits



Proportion planning to switch funding mechanisms in any region in the next two years



Organisations seek to ensure that more employees have access to health benefits

Increasing costs as a result of medical trend (rising claims, worsening health conditions, medical advances and consumer inflation) is not a new phenomenon, but the level of percentage increases in the past few years has been. This has focused employer minds on what needs to change to mitigate costs now and over the coming years and decades.

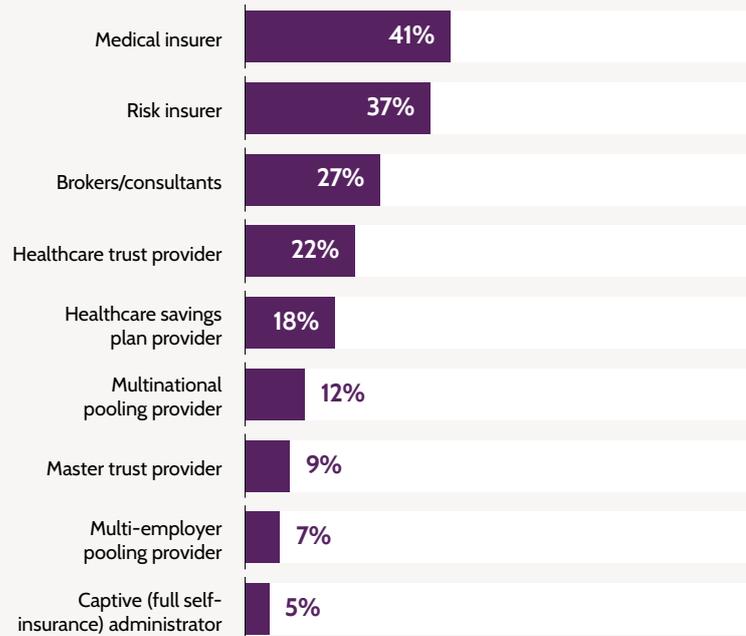
Organisations across the entire supply chain – from clinical suppliers and insurers, through to brokers and consultants – have been rethinking their own offerings and services to move the dial on costs too. Meanwhile, the rise of innovations such as weight-loss medication and artificial intelligence robotics within medical treatments are also shifting outcomes and spend.

Despite the cost pressures, many employers have moved to whole-of-workforce policies to ensure that more of their employees have access to some form of health benefits. This runs parallel to more types of health benefits being on offer to cater for different cohorts at different price points, ranging from pay-as-you-go and savings plans through to health checks and insurances.

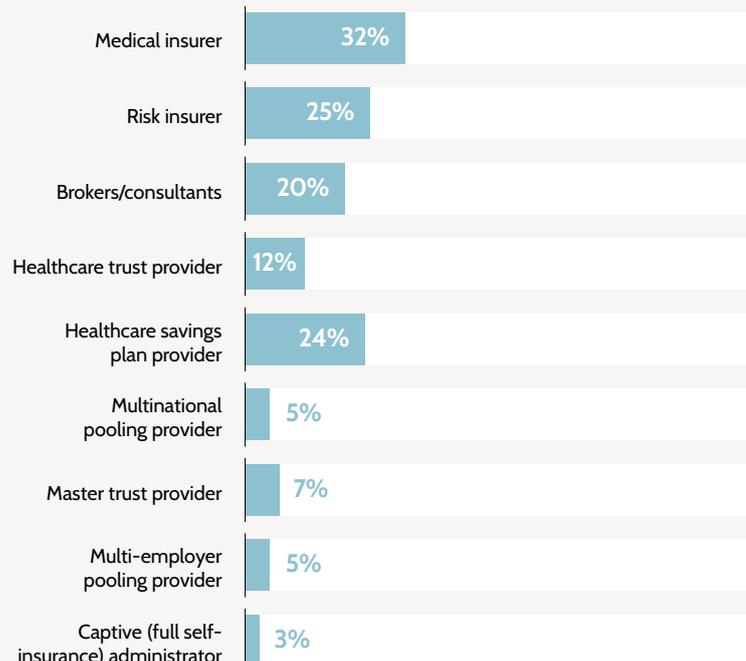
The upshot of these changes is that leading employers want to work with vendors that can offer the acumen needed to make the right choices for different workforces. They also require insight into which innovations are most likely to work, and which will fade away quickly.

Reviewing vendors does not mean changing them (reviewing medical insurers regularly is very normal practice), but it does mean keeping on top of which are best-fit.

Proportion of respondents reviewing, or planning to review, vendors in any country in 2026



Proportion of respondents reviewing, or planning to review, vendors in any country in 2027-28



Productivity tops business drivers shaping health strategy

Employers back link between health and business success

Respondents were asked to rank in order the business drivers shaping their healthcare strategies. While all six priorities listed are likely to apply to the majority of organisations across countries, this ranking pushes productivity and workforce health to the top. This means that the majority of respondents selected these two as either their first or second priority.

As mentioned on page three, the link between a well employee, and them being productive at work is obvious. A healthy, well workforce is good for business and good for that country's economy.

The only industry sectors not to prioritise improving or maintaining workforce productivity were retail, leisure, travel and hospitality. Collectively, they were more likely to prioritise reducing spend linked to employee health.

Engineering, construction, pharmaceuticals, biotech and healthcare were the sectors putting the greatest emphasis on increasing prevention to reduce future people risk.

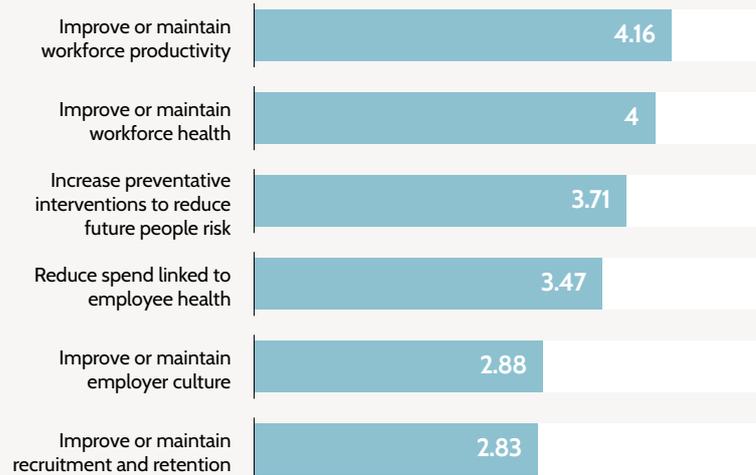
What was not evident from the data was whether employer culture ranked lower down because it was already good, or because it was seen as less important. Across other REBA research, culture usually scores highly for importance.

Regular reviews used to ensure up-to-date strategies

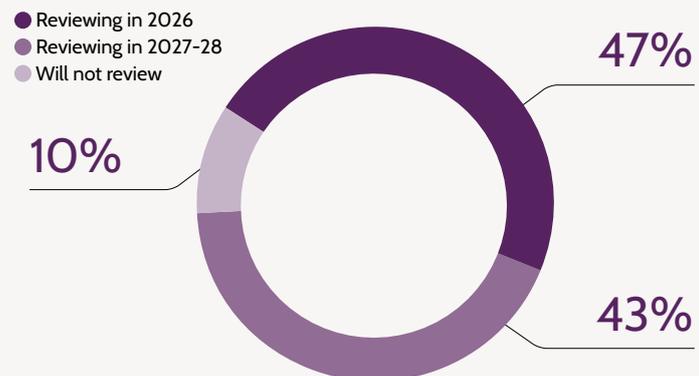
The work of a multinational benefits director is never done, as this research shows. A mere one in 10 respondents (10%) have no plans to review any aspect of their health and protection strategy. The vast majority plan to keep a careful eye on the shifts that are occurring – from pressures on costs, workforce health trends, regulatory changes and vendor market movements – to ensure that they do not fall behind with their strategies.

Highest priority business drivers shaping multinational employers' healthcare strategies over the next two years

● Ranked 1 (lowest) to 5 (highest)



Proportion of respondents reviewing any aspect of their health or protection strategy



A rising interest in wellbeing is becoming evident in the workplace too

From news reports and social media through to sales levels of supplements and digital gadgets, the trend towards cohorts of consumers taking a greater interest in their health and wellbeing is well reported.

This research shows that increased interest and engagement is spilling over into the workplace for more than three-quarters (68%) of employers.

The question now is how can organisations capitalise on this healthy trend?

Change in engagement with health and wellbeing benefits reflecting increased consumer interest in wellbeing

- Increased engagement
- No change



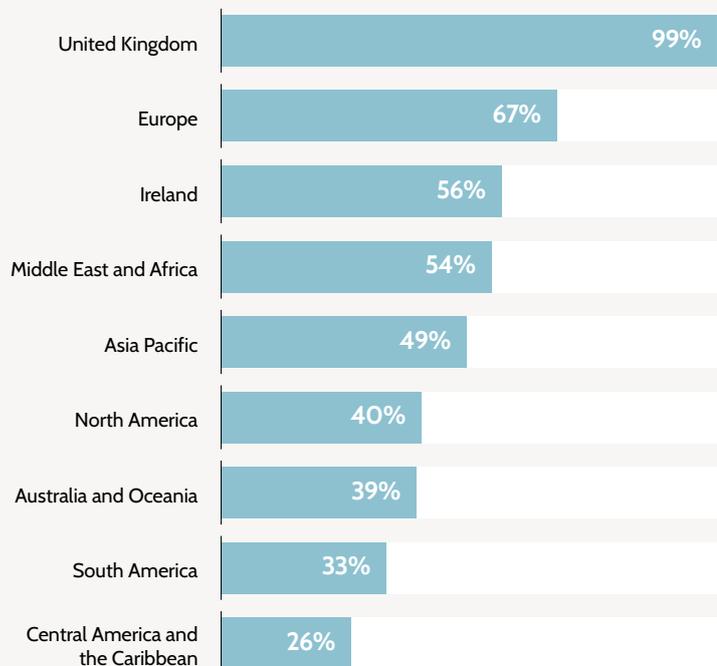
Survey findings drawn from employers with multinational responsibility for benefits

This research is based on an online survey that was conducted between December 2025 and February 2026 among delegates for REBA's Future of Health and Protection Summit 2026. The data is based on the 82 responses received by mid-February.

The delegates are employers with multinational responsibility for health and protection benefits. The vast majority have responsibility for the UK and Europe. These are also the two regions where delegates have the largest workforces, averaging more than 10,000 per employer.

Those responsible for Asia Pacific also have larger workforces, with an average of 5,438 employees, followed closely by those overseeing North America (4,445 employees on average).

Regions for which respondents are responsible





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About REBA

The Reward & Employee Benefits Association (REBA) is a thriving community of HR professionals dedicated to pursuing the best 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 more than 4,900 members and over 21,500 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 and case studies to identify change and inform better decisions in reward and benefits strategies.

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About the research

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