

WHO briefing for Member States in Europe and Central Asia

Monitoring financial protection (affordable access to health care) in the European Region in the context of universal health coverage and the Sustainable Development Goals

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This briefing was produced jointly by the Department of Health Systems Financing and Economics (WHO headquarters) and the WHO Barcelona Office for Health Systems Financing (part of the Division of Health Systems at the WHO Regional Office for Europe) for a country consultation held in 2025

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1 What is the purpose of this briefing?

This briefing sets out how the World Health Organization (WHO) provides support to Member States of the European Region to monitor financial protection (affordable access to health care) in the context of universal health coverage (UHC) and the Sustainable Development Goals (SDGs).

Regional monitoring is carried out by the WHO Barcelona Office for Health Systems Financing, part of the Division of Country Health Policies and Systems in the WHO Regional Office for Europe.

Global monitoring is carried out by the Department of Health Financing and Economics, WHO headquarters.

To produce regional and global estimates – and keep them up to date – requires access to anonymized microdata, usually from household budget surveys.

WHO is available to work more closely with your health ministry and national statistics office (NSO) in data analysis.

If WHO is granted direct access to microdata, we can produce regional and global indicators on your behalf. If it is impossible to give WHO direct access to microdata but you can share a small sample of the data with us, we will prepare Stata or R codes that you can then apply to the full dataset to produce indicators to be shared with us. If WHO is not permitted any access to microdata, we can provide you with generic Stata or R codes that you can tailor to the dataset to produce indicators to be shared with us.

We can also support capacity development by training national experts where relevant. Please let us know if this is of interest to you.

See the accompanying document (description of methods) for a more detailed description of the methods underpinning regional and global indicators of financial hardship.

Find out more about WHO's work on financial protection in the European Region through [UHC watch](#) – a digital platform tracking progress on affordable access to health care in Europe and central Asia.

Find out more about [WHO's work on financial protection at a global level](#).

For more information, contact us through [the country portal](#).

For the regional indicators, you can also contact us through euhsf@who.int.

2 Note on the key terms used in this document

Household spending on health (out-of-pocket payments): Household spending on health is also known as out-of-pocket payments. Out-of-pocket payments are formal and informal payments made by people at the time of using any health service provided by any type of provider. They do not include reimbursement by a third party such as the government, a health insurance fund or a private insurance company. For further information, see the classification of health care financing schemes in the [International Classification for Health Accounts](#), a collaboration between the OECD, Eurostat and WHO.

Financial hardship (catastrophic or impoverishing health spending): Out-of-pocket payments result in financial hardship for people when they exceed a pre-defined threshold of a household's budget or capacity to pay for health care. At regional level, out-of-pocket payments leading to financial hardship are characterized as 'catastrophic health spending' or 'impoverishing health spending'. In the context of the SDGs, financial hardship is referred to as 'large and impoverishing out-of-pocket health spending'.

Household capacity to pay for health care: This refers to household consumption or income minus an amount to cover basic needs such as food, housing and utilities. Basic needs can be defined in different ways.

Poverty line: A poverty line is a level of personal or household income or consumption below which one is classified as poor. Poverty lines can be defined in different ways.

3 What is financial protection (affordable access to health care)?

WHO defines UHC as all people being able to use quality health care¹ without experiencing financial hardship. UHC is included in the SDGs as target 3.8 under goal 3:

- SDG 3: Ensure healthy lives and promote well-being for all at all ages
- Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- Target 3.8 has two sub-targets: 3.8.1 is focused on the coverage of essential health services while 3.8.2 aims to capture the financial protection dimension of UHC

Financial protection (affordable access to health care) is central to UHC and a core dimension of health system performance assessment. Out-of-pocket payments can create a financial barrier to access, resulting in *unmet need*, and lead to *financial hardship* for people using health care. This briefing focuses on financial hardship but it is important to monitor financial hardship and unmet need together. See [UHC watch](#) for EU-SILC and EHIS data on unmet need for health care, dental care and prescribed medicines.

Where financial protection is weak, people may not have enough money to pay for health care or meet other basic needs such as food and shelter. Weak financial protection undermines access to health care and may lead to further ill health and deprivation.

Financial hardship is an outcome of having to pay for health care at the point of use, resulting in household expenditures (out-of-pocket payments) that may adversely affect living standards and capacity to pay for basic needs. Out-of-pocket payments may not be a problem if they are small and paid by people who are well off, but even small out-of-pocket payments can cause financial hardship for poor people and those who need to pay on an ongoing basis – for example, to cover the cost of medicines for chronic conditions.

Monitoring financial hardship involves using household survey data to estimate:

- **how much a household spends on health out of pocket in relation to its ability to pay;** out-of-pocket payments that exceed a pre-defined threshold of a household's capacity to pay for health care are considered to be 'catastrophic'; and
- **a household's position in relation to a pre-defined poverty line before and after spending out of pocket on health;** out-of-pocket payments that push households below (or further below) the poverty line are considered to be 'impoverishing'.

¹ Health care includes any good or service delivered in the health system, including medicines, medical products and diagnostic tests.

4 What is the basis for WHO support for monitoring financial protection?

Regional monitoring

At a regional level, WHO support is underpinned by the [European Programme of Work 2020-2025](#) (“United Action for Better Health in Europe”), which includes moving towards universal health coverage as the first of three core priorities for the WHO European Region. It is also underpinned by the [Tallinn Charter](#) and resolution [EUR/RC65/13](#) on priorities for health systems strengthening in the WHO European Region 2015–2020, both of which include a commitment to work towards a Europe free of impoverishing payments for health.

The WHO Regional Office for Europe is working closely with national experts to prepare estimates that are embedded in country-level policy analysis. This work aims to support policy development through context-specific analysis and carefully tailored policy recommendations at the country and regional level.

Global monitoring

At a global level, WHO support for monitoring financial protection is underpinned by a World Health Assembly [resolution](#) (2015) on sustainable health financing, universal coverage and social health insurance, the UN General Assembly [resolution](#) (2019) on universal health coverage and reaffirmed at the high-level meeting of the United Nations General Assembly on universal health coverage ([2023](#)). WHO and the World Bank are working together on global monitoring of financial protection for the SDGs. The United Nations (UN) recognizes WHO as the custodian agency for SDG indicator 3.8.2 and the World Bank as the co-custodian agency.

5 What indicators is WHO using to monitor financial hardship?

In the European Region, WHO uses the indicators set out in Table 1. The methods underpinning these indicators are set out in more detail in the accompanying document (WHO description of methods).

Table 1 Combined set of regional and global indicator for monitoring financial hardship in Europe and central Asia

Regional indicators (R1 & R2)	+ The global indicator and its components (revised 3.8.2)
Catastrophic health spending Indicator R1: The proportion of households with out-of-pocket payments greater than 40% of household capacity to pay for health care. Capacity to pay for health care is defined as household total consumption or income net of household spending to meet basic needs for food, housing and utilities.	Large and impoverishing out-of-pocket payments Proportion of the population with positive out-of-pocket household expenditure on health exceeding 40% of household discretionary budget. A household's discretionary budget is defined as household total consumption expenditure or income net of the societal poverty line (SPL). For more information, see the accompanying methods document. In the context of the SDGs, capacity to pay corresponds to household discretionary budget defined as household total consumption or income net of a poverty line developed for global monitoring and capturing the minimum cost of needs and social participation conditional on the overall level of economic development. Using 2017 purchasing power parities (PPPs), the SPL corresponds to whichever is greater: \$2.15 (the international poverty line) or \$1.15 + 50% of median household consumption expenditure or income. The median is computed using the consumption or income distribution excluding out-of-pocket payments. The global indicator can be used to identify two sub-populations: a) individuals with large out-of-pocket health expenditure exceeding 40% of the household discretionary budget, but who are neither pushed nor further pushed into poverty despite large out-of-pocket health expenditure and b) individuals with large and impoverishing health spending. For these individuals, out-of-pocket health expenditure always exceeds their discretionary budget. For those with a discretionary budget of zero or less – meaning they live in poverty – any out-of-pocket health expenditure worsens their financial situation. Those with a positive discretionary budget are not considered to be living in poverty but they still become impoverished when out-of-pocket payments exceed 100% of their discretionary budget.
Impoverishing health spending Indicator R2: The proportion of households with impoverishing health spending (households that are further impoverished or impoverished after out-of-pocket payments) using a country-specific line based on household spending to meet basic needs (food, housing and utilities)	

6 How do regional and global measures of financial hardship differ?

Selection of regional and global indicators

Regional indicators R1 and R2 reflect a commitment to the needs of European Member States. They were developed by WHO Europe, at the request of the Regional Director, to meet demand from Member States for performance measures more suited to high- and middle-income countries and with a stronger focus on pro-poor policies, in line with Regional Committee resolutions.

The indicators are adapted from the approach set out in Xu K, Evans D, Kawabata K, Zeramdini R, Klavus J and Murray C (2003) Household catastrophic health expenditure: a multicountry analysis. *Lancet* 362: 111–17 and Xu K, Evans D, Carrin G, Aguilar-Rivera A, Musgrove P and Evans T (2007) Protecting households from catastrophic health spending. *Health Affairs* 26(4):972-983. They also draw on elements of the approach set out in Wagstaff A and P Eozenou (2014), *CATA Meets IMPOV: a unified approach to measuring financial protection in health*, Washington DC: World Bank.

For further information, see:

Cylus J, Thomson S, Al Tayara L, Cerezo-Cerezo J, Gallardo-Martínez M, García-Ramírez JA et al. (2024). Assessing the equity and coverage policy sensitivity of financial protection indicators in Europe. *Health Policy*. 147:105136 (<https://doi.org/10.1016/j.healthpol.2024.105136>).

Thomson S, Cylus J, Al Tayara L, Gallardo-Martínez M, García-Ramírez JA, Serrano-Gregori M, Cerezo-Cerezo J, Karanikolos M, Evetovits T (2024). Monitoring progress towards universal health coverage in Europe: a descriptive analysis of financial protection in 40 countries. *The Lancet Regional Health–Europe*. 37(100826) (<https://doi.org/10.1016/j.lanepe.2023.100826>).

WHO Regional Office for Europe (2023). [Can people afford to pay for health care? Evidence on financial protection in 40 countries in Europe](#). Copenhagen: WHO Regional Office for Europe.

WHO Regional Office for Europe (2023). Can people afford to pay for health care? Evidence on financial protection in 40 countries in Europe. [Summary](#). Copenhagen: WHO Regional Office for Europe.

WHO Regional Office for Europe (2019). [Can people afford to pay for health care? New evidence on financial protection in Europe](#). Copenhagen: WHO Regional Office for Europe.

Cylus J, Thomson S, Evetovits T (2018). [Catastrophic health spending in Europe: equity and policy implications of different calculation methods](#). *Bull World Health Organ*, 96:599–609.

The global indicator reflects a commitment to the SDG global monitoring framework. It allows comparison of the performance of Member States in the European Region to the performance of Member States in the rest of the world.

The definition of the the global indicator (SDG indicator 3.8.2) was revised in March 2025 following a two-year consultative process led by the Inter-Agency Expert Group on SDG indicators and adoption of the revised indicator by the UN Statistical Commission. The revised definition is based on methods developed by the World Bank (in 2014) and the WHO Regional Office for Europe (in 2015), building on previous methods developed by WHO and the World Bank in collaboration with academics. See the Annex for details on the revision process.

For further information, see the revised SDG 3.8.2 metadata (in the Annex in the accompanying methods document) and:

WHO (2024). [Comprehensive Review Proposal Submission Form to revise SDG 3.8.2](#). Geneva: World Health organization.

Jolliffe D, Beer Prydz E (2021). [Societal Poverty: A Relative and Relevant Measure](#). *The World Bank Economic Review*. 35(1):180–206.

WHO and the World Bank (2023) [Tracking universal health coverage: 2023 global monitoring report](#). Geneva: World Health Organization and International Bank for Reconstruction and Development / The World Bank; 2023.

WHO (2024). [Tracking inequalities in financial hardship due to out-of-pocket health spending by age structure of a household: technical brief on measurement](#). Geneva: World Health Organization.

WHO (2025). [Global Monitoring Reports](#) (website). Geneva: World Heath Organization.

United Nations (2024). [The sustainable development goals report 2024](#). New York: United Nations.

The main differences between the regional and global indicators

The global indicator draws on the regional indicator of catastrophic health spending (R1) and methods proposed by the World Bank. Both indicators are based on a needs approach, which identifies out-of-pocket payments that exceed a pre-defined share of a household's consumption minus an amount to cover needs. Consumption minus the amount needed to cover basic needs is referred to as a household's *capacity to pay for health care* in the regional framework and consumption minus the minimum cost of needs as a household's *discretionary budget* in the global framework.

The regional and global frameworks differ in how they define basic needs – explicitly in the regional framework and implicitly through the societal poverty line (SPL) in the global

framework. WHO/Europe uses household spending on food, housing and utilities (water, gas, electricity and heating) as a proxy for basic needs. It captures spending on these items among relatively poor households in a given country. The global indicator uses the SPL (developed for global poverty monitoring with the objective of being closely aligned with national poverty lines) to capture the minimum cost of needs. The SPL has a fixed value for countries at the same income level and a relative component that increases with the level of economic development.

To measure impoverishing health spending, the regional indicator (R2) uses household spending on food, housing and utilities in households between the 25th and 35th percentiles of the household consumption distribution in a given country as the poverty line. In the global indicator, impoverishing health spending is a subcomponent rather than a separate indicator and uses the SPL.

The unit of analysis of the regional and global indicators also differs. The regional indicators are defined at the household level and all monetary values expressed in per adult equivalent using OECD scales. The global indicator and its components are defined at the population level and monetary values are expressed in per capita terms (as there is no global standard for equivalence scales).

For more information, see the accompanying methods document.

7 How does WHO obtain, analyse and use national data on financial hardship?

Data collection

WHO/Europe obtains household survey data from national statistical offices and via Eurostat. At global level, WHO and the World Bank obtain household survey data directly or indirectly from national statistics offices. The World Bank typically receives data directly from national statistics offices but also uses data received indirectly, such as data from Eurostat and the Luxembourg Income Study.

Data analysis

WHO/Europe analyses household budget survey data in collaboration with national experts using consumption aggregates at the household level supplied by national statistics offices and Eurostat. At global level, WHO and the World Bank are working together to review and select estimates jointly. The estimates prepared to date are based on data available to both organizations as of 15 March 2025.

Global and regional estimates are produced using standard categories, definitions and methods to ensure cross-national comparability. The estimates we present may differ from official national estimates for financial protection that use other methods.

Data use

WHO/Europe produces [country reports](#) on financial protection in a wide range of countries. Our 2019 [regional report](#) includes data from 24 countries and an analysis of policies that strengthen and undermine financial protection. Our 2023 [regional report](#) includes data from 40 countries and updated policy analysis. All our data and analysis are available through [UHC watch](#) – a digital platform tracking progress on affordable access to health care in Europe and central Asia.

Regional estimates are also included in the European Union's [State of Health country profiles](#); the OECD's [Health at a Glance](#) global and European reports; and the European Observatory's [HiT reports](#). They are available on [UHC watch](#) and from the [WHO global data portal](#) and are included in [global reports on financial protection and UHC](#) published by WHO and the World Bank.

Global, regional, and country estimates for global indicators are available from the [WHO global data portal](#), the [World Bank's data portal](#) and the UN Statistics Division's ([UNSD](#)) [SDG global data portal](#) and are featured in [global reports](#) prepared every two years by WHO and the World Bank. The next global report will be published in December 2025. Global, regional and country estimates are also included in [SDG progress reports](#).

Annex 1. Q&A on the revision of SDG UHC indicator 3.8.2 and the country consultation

SDG revision process

What was the SDG indicator revision process?

In accordance with United Nations General Assembly [Resolution 71/313](#), the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDGs) conducted a Comprehensive Review of the global indicator framework throughout 2024 to submit its proposed refinements, revisions, replacements, additions, and deletions to the 56th session of the United Nations Statistical Commission in March 2025 for its consideration.

On April 30 2024, WHO, in collaboration with the World Bank for SDG 3.8.2, submitted a request to revise both SDG UHC indicators. The proposals and revised metadata are available online: [UNSD SDG Comprehensive Review](#).

A total of 68 proposals were submitted during the call for proposals in April 2024. The IAEG-SDGs carefully reviewed all proposals and included 15 proposals in the global open consultation, including those outlined here for SDG 3.8.2.

During July-August 2024, an open consultation was held on a preliminary list of a proposal for indicator changes. Forty-six comments were received in relation to the SDG 3.8.2 revision, with 39 approvals. For more information, see [IAEG-SDGs — Indicators revision open consultation](#).

On August 21, 2024, WHO organized an information session for Member States on the revision. The presentation is available online in all UN languages: [WHO Universal Health Coverage Monitoring](#).

In November 2024, WHO was requested to provide additional information to the IAEG-SDG.

In January 2025, the Inter-Agency and Expert Group on Sustainable Development Goal Indicators (IAEG-SDG) recommended adopting the proposed revision. The recommendation is available online in [Arabic](#), [Chinese](#), [English](#), [Español](#), [Français](#), and [Russian](#). See point C and Annex II.

In February 2025, 16 [written comments](#) were posted online (see agenda item 3e – IAEG-SDG) with no objections.

On March 4-7, 2025, the final decision at the 56th session of the United Nations Statistical Commission was made; the revisions were adopted

How is SDG target 3.8 defined and monitored?

Target 3.8 is about UHC and is defined as "Achieve universal health coverage, including financial risk protection, access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all."

Two key SDG indicators track overall progress on UHC, indicators 3.8.1 and 3.8.2. Please consult the related metadata for more information about SDG UHC indicator 3.8.1. This annex is focused on SDG 3.8.2 and related indicators.

SDG indicator 3.8.2

Definitions, interpretations and limitations

How was SDG 3.8.2 defined, interpreted and developed?

SDG 3.8.2 was defined as the "proportion of the population with large household expenditure on health as a share of total household expenditure or income." Two thresholds are used to identify "large household expenditure on health": greater than 10% and greater than 25% of total household expenditure or income." In effect, there are two SDG 3.8.2 indicators as two different series are produced.

Those two series adopted for SDG 3.8.2 were respectively interpreted as the share of the population with relatively large household expenditure on health, also known in the field as catastrophic out-of-pocket (OOP) health spending, at 10% and 25% of a household budget.

They were proposed by WHO and the World Bank based on methodologies dating back to the 1990s, which were developed in collaboration with academics.

They were adopted in 2017 against a proposal to monitor the "Number of people covered by health insurance or a public health system, per 1,000 population". The population coverage indicator was not supported by WHO and the World Bank for the following reasons: it is a measure of affiliation or entitlement, not actual experience - people may be insured or entitled but still face financial hardship due to OOP health spending; "public health system coverage" is a vague concept, and health insurance programs vary widely, making comparisons hard to interpret; in addition to population coverage, cost coverage and the coverage of health services and products also determine the degree of financial protection.

How was the revised SDG 3.8.2 indicator defined, interpreted and developed?

The revision proposed by WHO and the World Bank in 2024 identifies the proportion of the population with positive out-of-pocket household expenditure on health exceeding 40% of the household discretionary budget. A household's discretionary budget is defined as the household's total consumption expenditure or income net of the societal poverty line (SPL).

The revised indicator is interpreted as the share of the population incurring financial hardship due to both large and impoverishing OOP health spending. The SPL is interpreted as a measure of the cost of basic needs. It is defined as the maximum between the international poverty line (as used by SDG indicator 1.1.1) and a formula that includes a fixed element and a relative gradient in consumption or income levels.

The revised indicator is based on methods developed by the World Bank in 2014 and the WHO Regional Office for Europe in 2015, building on previous methods developed by WHO and the World Bank in collaboration with academics to define a discretionary budget (sometimes called capacity to pay for health care). The societal poverty line was developed by the World Bank in 2017 following the recommendation of the Atkinson Commission on Global Poverty to introduce a "societal" headcount measure of global consumption poverty, combining fixed and relative elements.

Why was a revision proposed for SDG 3.8.2?

SDG indicator 3.8.2 aims to capture financial hardship due to OOP health spending. OOP health spending contributes to financing the health systems of all countries at all income levels.

Financial hardship occurs when OOP health spending threatens people's living standards or compromises access to other basic needs such as food, shelter, clothing, or education. It is a key consequence of inadequate financial risk protection mechanisms hindering progress towards the universal health coverage target 3.8.

When SDG indicator 3.8.2 was adopted in 2017, it was expected that the 10% threshold would capture the financial hardship experienced by poorer people better than the 25% threshold, given their more limited budgets compared to wealthier households. The evidence to date has demonstrated that this is not the case; 65.3% of the 344 million people pushed or further pushed into extreme poverty by OOP health spending in 2019, and 77.3% of the 1.3 billion people pushed or further pushed into relative poverty that same year spent less than 10% of their household budgets on health. These people are not captured by SDG 3.8.2 at either the 10% or the 25% threshold.

Failure to acknowledge that relatively small health spending by poorer households can lead to financial hardship has implications for both within and between-country analysis:

- Within countries, SDG 3.8.2 is concentrated among the better off in most countries.
- Across countries, omitting the role of small amounts spent on health out of pocket leads to estimated SDG 3.8.2 levels that are similar in low- and high-income countries, although out-of-pocket health spending contributes to finance a much larger share of the overall health expenditure in low-income countries, poverty rates are substantially higher, and service coverage is substantially lower.
- At global levels, the composition of those identified by SDG 3.8.2 is pro-rich. In 2019, less than a quarter of the 1 billion people spending more than 10% of their household budget on health out-of-pocket were living in poverty (relative or extreme).

For consistency with the overarching principle of the SDGs, which is to ensure that no one is left behind, WHO and the World Bank requested a revision of SDG 3.8.2 indicator to adopt a definition that better captures progress towards SDG target 3.8 on universal health coverage.

What are the conceptual differences between the revised and initial SDG 3.8.2 definitions?

The SDG indicator 3.8.2 adopted in 2017 only considered large OOP health spending as a cause of financial hardship. The revised definition takes into account that even relatively small spending can substantially impact the living standards of poor or near-poor households. It captures deteriorating living standards because of both large and impoverishing out-of-pocket health spending.

The revised indicator can be viewed as a combination of catastrophic and impoverishing health spending. Similar to the initial indicator, households are considered to incur financial hardship in health if their OOP spending on health is large but relative to the household discretionary budget (catastrophic health spending based on a capacity-to-pay approach).

Instead of using different thresholds of a household's total budget, like in the initial SDG 3.8.2 definition, the reliance on the discretionary budget in the revision acknowledges that poorer people tend to devote most of their resources to necessities through a definition based on the total budget net of a poverty line. Therefore, those living in poverty with any OOP health spending and those with a consumption (or income) net of OOP below the poverty line will also be considered to incur financial hardship (impoverishing health spending).

What are the main limitations of both the revised and original SDG 3.8.2 definitions?

Both the revised and initial SDG 3.8.2 definitions fail to distinguish between individuals who experience financial hardship by using their income to pay out-of-pocket for health or receive assistance from friends/relatives and those who rely on distress financing (selling or mortgaging household assets/lands, borrowing money from lenders/banks/friends/relatives) to cover their OOP health expenses. This distinction is not made because most data sources do not provide this level of detail.

Both the revised and initial SDG 3.8.2 definitions are focused on the impact of OOP health spending that occurs when paying for health services or health products. None of them identify people incurring neither financial nor other types of barriers to access. Specific indicators of barriers to access ought to be tracked to understand what precludes access to needed services.

Any definition of SDG 3.8.2 only captures one dimension of UHC. To track progress towards the SDG 3.8 target (UHC), any definition of SDG 3.8.2 is complemented with the SDG service coverage indicator 3.8.1. Both UHC dimensions are critical to understanding progress.

For other limitations related to the survey instruments used to collect information on OOP health spending, including retrospective reimbursements and the timelines of SDG 3.8.2, please consult the revised metadata.

Country consultation

What is the purpose of this country consultation on SDG 3.8.2 and related indicators?

Focal points are asked to review the draft primary estimates included in the Excel workbook or provide the data needed for production for all years for which the relevant data are available.

The consultation on countries, territories and areas data is based on WHO's quality standards for data publication, as adopted by the Executive Board members during its 111th session. The figures represent the best estimates available to start the country consultation. The source of the estimates is indicated in the Excel workbook.

Comments must be supported with evidence or by new data for which the source and method of collection are documented.

If no primary draft estimates are available, the excel workbook is available for inputs.

If more recent data or alternative data sources are available for your country, territory, or area, focal points are asked to inform WHO.

If WHO was able to identify a relevant data source but could not access it, the related information is included in a separate pdf file. WHO is available to support data analysis.

WHO is available to work closely with the Ministry of Health and National Statistics Office (NSO) on data analyses. If WHO is granted direct access to the microdata - usually from household budget surveys, household living standard surveys, income and expenditure surveys, socio-economic surveys - WHO can produce primary estimates on your behalf. If it is impossible to give WHO direct access to the microdata, please contact WHO to receive access to an online calculation tool and more information about the data requirements.

Any feedback received after the closing of the consultation will not be incorporated in the update of the database planned for this round, but WHO will continue to work with you to update the primary estimates next round.

What is included in the country consultation documentation package for SDG 3.8.2 and related indicators?

The documentation package includes this briefing and a methods document.

What is included in the country consultation Excel file for SDG 3.8.2 & related indicators?

Primary estimates for SDG 3.8.2 & related indicators are included in an Excel worksheet. The worksheet includes:

- **A cover page**
- **Indicators R1 & R2:** Estimates for regional indicators of financial hardship developed by WHO/Europe to meet demand from Member States for performance measures more suited to high- and middle-income countries and with a strong focus on pro-poor policies. R1 (catastrophic health spending) refers to the proportion of households with out-of-pocket payments greater than 40% of the household's capacity to pay for health care. R2 (impoverishing health spending) refers to the proportion of households with impoverishing health spending (households that are further impoverished or impoverished after out-of-pocket payments) using a country-specific line based on household spending to meet basic needs (food, housing and utilities). The regional indicators are disaggregated by quintile. For more information, please see the methods document.
- **Global indicator & components:** Estimates for global indicator (SDG 3.8.2) following the revised definition in 2025. The previous definition only considered large out-of-pocket payments as a source of financial hardship and WHO and the World Bank tracked impoverishing health spending as a complementary indicator to acknowledge that even relatively low out-of-pocket payments can substantially impact the living standards of poor or near-poor households. The revised definition of SDG 3.8.2 captures both aspects in a single indicator. The global indicator is disaggregated by quintile and, where possible, urbanicity, age group and stage of life of each household member and age and sex of the household head. For more information, please see the methods document.
- **Global ancillary statistics:** Additional statistics that are typically produced by National Statistical Offices and may be easier to review than the global indicator and its components. WHO and the World Bank use these statistics to help assess the quality of data used in the global indicator and its components. They are based on the same data source as the global indicator and its components and produced by the same provider. For more information, please see the documentation package.
- **Graph global indicator:** Graphs to visualize the time series for the global indicator and its components.

How is the country consultation conducted?

The consultation is conducted via the [WHO country portal](#). The portal supports data and information exchange between WHO, Partners and Member States, supporting country consultations. It allows Member States to review engagement details, connect with WHO focal points and follow their country's progress, all in their preferred language. Access details to the country portal are shared via e-mail through an invitation sent by noreply@countryportal.who.int. If there are issues accessing the portal, please contact countryportal-support@who.int and uhc_stats@who.int.