SDG Goal 3	**Good health and well-being**
SDG 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**
SDG Indicator 3.8.2	**Proportion of population with large household expenditures on health as a share of total household expenditure or income**
Time series	**GKV-households with large expenditures on health in relation to total household expenditure**

1. General information on the time series

- Date of national metadata: 20 July 2023
- National data: http://sdg-indicators.de/3-8-2/
- Definition: The time series measures the proportion of private households whose expenditures on health exceed the threshold of 10% or 25% of total household expenditures.
- Disaggregation: proportion of household expenditures on health

2. Comparability with the global metadata

- Date of global metadata: May 2023
- Global metadata: https://unstats.un.org/sdgs/metadata/files/Metadata-03-08-02.pdf
- The time series is compliant with the global metadata. In the case of persons with private health insurance, however, subsequent reimbursements by insurance companies are included in the data and cannot be excluded due to the structure of the variables. For this reason, all households with private health insurance are excluded from the calculations, so that statements can only be made about GKV households. The representativeness is acceptable due to the exclusion of only about 10% privately insured persons, especially since government regulation regarding direct health care expenditures (co-payments and self-pay benefits with no prospect of reimbursement) is practically limited to statutory health insurance.

3. Data description

- The data is derived from the Income and Consumption Survey (EVS) of the Federal Statistical Office, which is surveyed every five years in around 40,000 private households. The data is calculated by the Technical University of Berlin (Department of Empirical Health Economics).

  GKV-households with large health expenditures are defined as those households whose health care expenditure accounts for more than 10% or 25% respectively of their total household expenditure, meaning financial resources (measured as total consumption expenditure) minus a standardized amount to cover basic needs. The standardized amount to cover basic needs includes expenditures on food, rent, and energy and is adjusted for household size. Also included are those households with health care expenses whose financial resources are insufficient to meet this subsistence level.
  Only privately made self-payments ("out-of-pocket") are included, i.e. payments at the time of claiming the benefit that are not covered by the health insurance (for example co-payments). Also excluded is long-term care services.
  In addition, the EVS refers only to private households, so that people living in communal facilities or homeless people are not taken into account.
  Furthermore, the EVS data probably represent an underestimation of health care expenditures, as the survey regularly undercounts the upper end of the income distribution and undercounts especially discontinuous/rare expenditures, which include a large proportion of health care expenditures. Rich households are underrepresented in the sample because they are usually unwilling to participate in household budget surveys, which are very laborious and contain many sensitive variables.

4. Access to data source

- Not available.

5. Metadata on source data

- Not available.

6. Timeliness and frequency

- Timeliness: Not applicable.
- Frequency: Every 5 years

7. Calculation method

- Unit of measurement: Percentage
- Calculation:

$$\textbf{Households with large expenditures on health} = \frac{\text{Persons living in GKV-households, that spend more than i of the total household expenditure on health [number]}}{\text{Population living in GKV-households [number]}} \cdot 100\ [\%]$$

With i = 10 %; 25 %