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	**Proportion of private households with high private expenditure on health in relation to total household expenditure or income**

1. General information on the time series

- Date of national metadata: 29 June 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 thresholds of 10% and 25% of total household expenditures.
- Disaggregation: 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 partly compliant with the global metadata. Due to methodological difficulties, only those households are included in which no persons with private octopus insurance live.

3. Data description

- The data basis for the time series is 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 are calculated by the Technical University of Berlin (Department of Empirical Health Economics).

  Private households with high health care expenditure are defined as those households whose health care expenditure accounts for more than 10% or 25% respectively of their 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 (e.g. co-payments). Also excluded is long-term care services. Since subsequent reimbursements from private health insurers are not deducted from health care expenditure when private health care expenditure is surveyed in the EVS, households with persons with private comprehensive health insurance are not taken into account in the available data. 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:

$$\textbf{Private households with high private expenditure on health} = \frac{\text{Persons living in households that spend more than } i \text{ of the disposable income on health [number]}}{\text{Total population [number]}} \cdot 100\ [\%]$$

With i = 10%; 25%