

<b>SDG Goal 3</b>	<b>Good health and well-being</b>
<b>SDG Target 3.8</b>	<b>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</b>
<b>SDG Indicator 3.8.2</b>	<b>Proportion of population with large household expenditures on health as a share of total household expenditure or income</b>
<b>Time series</b>	<b>GKV-households with large expenditures on health in relation to total household expenditure</b>

### 1. General information on the time series

- Date of national metadata: 18 August 2023
- National data: <http://sdg-indicators.de/3-8-2/>
- Definition: The time series measures the proportion of private households whose expenditures on health are larger than 10 or larger than 25 % of total household expenditures.
- Disaggregation: proportion of household expenditures on health

### 2. Comparability with the UN metadata

- Date of UN metadata: May 2023
- UN metadata: <https://unstats.un.org/sdgs/metadata/files/Metadata-03-08-02.pdf>
- The time series is compliant with the UN metadata. In Germany, around 90 % of the population is covered by statutory health insurance (GKV) and around 10 % by private health insurance (PKV). In the following calculations, statements are made exclusively for GKV households. All households with persons with private health insurance were excluded.

### 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 high expenditures on health are defined as households whose expenditures on health are larger than 10 or larger than 25 % of their financial resources (measured as total consumption expenditures) 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 expenditures whose financial resources are insufficient to meet this subsistence level. Only privately made self-payments ("out-of-pocket") are taken into account, i.e. payments at the time of claiming the benefit that are not covered by the statutory health insurance (e.g. co-payments). Long-term care is also excluded. In addition, the EVS refers only to private households, so that people living in communal facilities or homeless people are not included. This probably results in an underestimation of health care expenditure in the older age groups.

### 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:

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

With  $i = 10 \%$ ;  $25 \%$