

Thematic Reference Indicators (TRIs)	
HLT_TRI_2 Out-of-pocket payment for health services and care	
Proportion of total current expenditure on health paid by households out-of-pocket	
Contribution to sub-objective of M21-24	<i>Sub-objective 7: Strengthening equitable access to quality basic services</i>
Contribution to 2030 Agenda: SDG target	SDG target 3.8: Achieve UHC, 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
Definition (description, specification, qualification)	<p>Health financing is a core function of health systems that can enable progress towards universal health coverage by improving effective service coverage and financial protection. Today, millions of people do not access services due to the cost. Many others receive poor quality of services even when they pay out-of-pocket.</p> <p>Out of pocket payment (OOPs) are defined as direct payments made by individuals to health care providers at the time of service use. This excludes any prepayment for health services, for example in the form of taxes or specific insurance premiums or contributions and, where possible, net of any reimbursements to the individual who made the payments.</p> <p>Out of Pocket payment of expenditure is expressed as a proportion of total current expenditure on health.</p> <p>For more details: WHO webpage on Health Financing: https://www.who.int/health_financing/topics/financial-protection/out-of-pocket-payments/en/</p>
Measuring units	<p>a) Out-of-pocket expenditure on health per capita.</p> <p>b) Domestic general government health expenditure per capita</p>
Disaggregation dimension (sex, age group, ethnicity or other identity criteria of LNOB)	<ol style="list-style-type: none"> 1. Gender 2. One targeted left behind/vulnerable population group (to be prioritised according to the context)
Data source	<p>Primary source: implementing project partners (for regional or districts specific data).</p> <p>Secondary source: National statistics (when available).</p> <p>Third source: WHO/World Bank http://apps.who.int/gho/data/view.main.GHE-DOOPSCHESHA2011REGv?lang=en</p>
Rationale	<p>If out of pocket expenditure is low or zero then financial hardships associated with paying for health care can be reduced because higher public expenditures and better risk-pooling mechanisms are in place.</p> <p>Out-of-pocket payments by patients or their families are a key healthcare financing mechanism that leads to economic burdens for households. Sudden and high health expenditure very often open a poverty trap. Out-of-pockets payments for health services gives an indication of the level of health protection. Worldwide, 32% of all health expenditures were Out-of-pocket in 2015. Social health protection, including health insurance coverage, remain low in many LMICs. Most existing scheme cover civil servants and/or the formal sector only.</p>

Possible messages of aggregation, synthesis and contribution	The Swiss international health cooperation programmes have contributed to greater health protection in country X.
Thematic responsibility	Focal Point Health