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McIntyre, D; McKee, M; Balabanova, D; Atim, C; Reddy, KS; Patcharanarumol, W; 250 signatories, a full list of signatories is available in the; (2016) Open letter on the SDGs: a robust measure for universal health coverage is essential. Lancet. ISSN 0140-6736 DOI: [https://doi.org/10.1016/S0140-6736\(16\)32189-4](https://doi.org/10.1016/S0140-6736(16)32189-4)

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DOI: [https://doi.org/10.1016/S0140-6736\(16\)32189-4](https://doi.org/10.1016/S0140-6736(16)32189-4)

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United Nations Statistical Division,
UN Department of Economic and Social Affairs,
United Nations Headquarters,
New York 10017,
United States

14 November 2016

Dear members of the Inter-Agency Expert Group on the Sustainable Development Goals (IAEG-SDGs),

We write as members of the health academic and research community to urge you to agree a refinement of SDG Indicator 3.8.2 on financial risk protection for universal health coverage when you meet this week at the IAEG-SDGs meeting in Geneva.

Universal health coverage (UHC) has the potential to transform the lives of millions of people by bringing life-saving health care to those who need it most. Worldwide, every year, one billion people are denied medical care because they cannot afford to pay, while 100 million are pushed into poverty by health care costs. The need for UHC couldn't be more urgent, and the inclusion of a target to achieve UHC in the SDGs is a triumph of global decision-making.

Universal health coverage means that everyone can access the quality health services they need without being pushed, or pushed further, into poverty. There are two clear indicators required to measure universal health coverage – one for coverage (Indicator 3.8.1) and one that can measure effective financial risk protection (Indicator 3.8.2). We are pleased to see both aspects of UHC reflected in the framework and we congratulate you on agreeing a robust indicator for health coverage (3.8.1).

We are, however, very concerned that indicator 3.8.2 for financial risk protection as it stands – *Coverage by health insurance or a public health system per 1,000 population* – will fail to measure the impoverishing effect of health spending meaningfully, and could undermine real progress towards UHC. Having a public health system or an insurance mechanism is, in itself, not a measure or guarantee of financial risk protection. Moreover, this indicator will not produce data that can be disaggregated by income or gender.

We endorse the World Health Organisation (WHO) and World Bank supported refinement to indicator 3.8.2 – *Proportion of the population with large household expenditures on health, as a total share of household expenditure or consumption*. Data on household expenditure on health can be collected from existing household surveys and this indicator allows for disaggregation, including by measures such as income and gender.

As members of the academic and research community, we want to see an indicator of financial risk protection that is scientifically robust and neutral with regard to alternative health financing mechanisms. A methodologically sound measure of the financial burden of healthcare costs on household budgets will help academics, researchers, and health policy makers to better understand the effectiveness of different policy instruments, and can best support evidence-based policy making.

We are grateful for the opportunity to convey this message to you, and we hope that, on consideration, you will agree an indicator for financial risk protection that supports our global ambition for quality, affordable, and equitable health care coverage that leaves no-one behind.

Yours sincerely,

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