

Financial protection monitoring in Pacific Island Countries

15 October 2026



28 countries

10 areas

**More than one quarter of the
world's population**

**Very diverse: e.g. home to largest
and smallest countries in the world**

21 Pacific countries and areas (PICs)

Span thousands of islands

Home to 3.4 million people

The WHO Western Pacific Region



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Why financial protection matters for Pacific Island Countries?

It matters for universal health coverage, equity, and resilient health systems

Low recorded out-of-pocket spending does not automatically mean that everyone is protected



PICs need a Pacific-specific lens

Small population, dispersed geography and remoteness shape how care is organized, financed, and reached

Distance has a price

- Travel, accommodation and referral costs may fall outside routine health-spending measures

Small systems face volatility

- A few high-cost referrals, medicines or shocks can quickly strain public budgets and households

A dual burden is intensifying

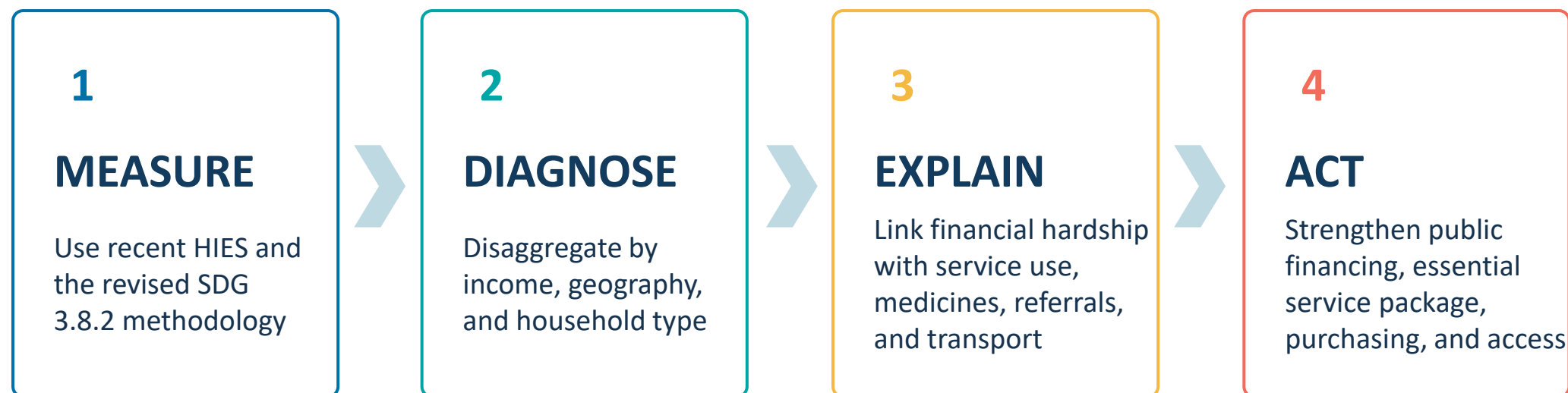
- NCDs, ageing, outbreaks, and climate-related emergencies create recurring needs for care

Thin data can hide inequity

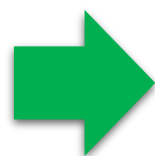
- Older or infrequent household surveys make it hard to see recent hardship and unmet need

Why this matters now: Measurement must lead to action

The value of monitoring is the policy decisions it enables



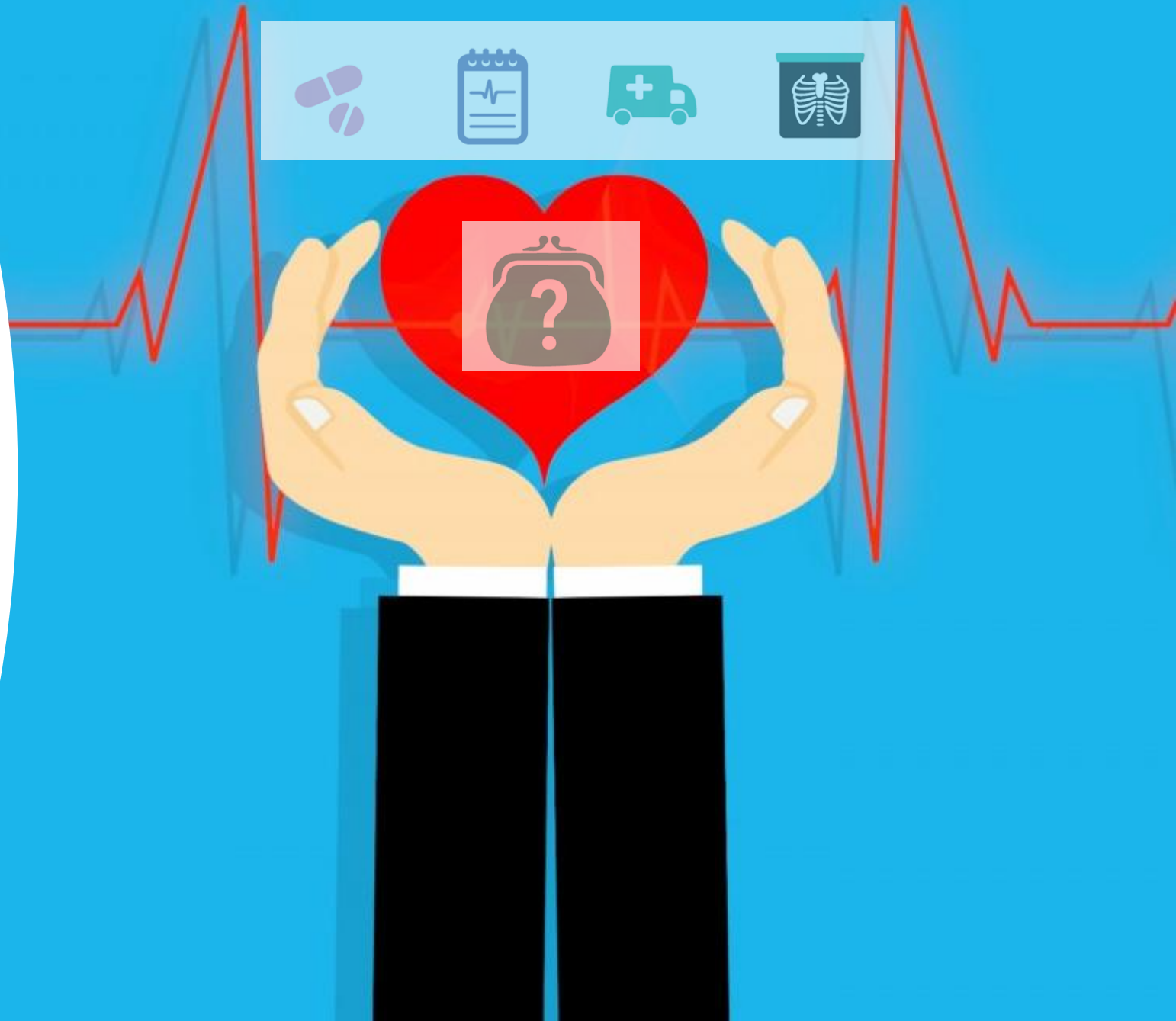
**Protecting people financially is not a by-product of UHC
It must be measured, designed, and financed deliberately**



Pacific opportunity
Build a regular cycle that connects national statistics offices, ministries of health and finance, and development partners

Monitoring Financial Protection in Health

Concepts,
data requirements and
data availability in PICs



What does financial protection in health mean?

(i) The absence of **financial barriers** to accessing necessary health care

(ii) The absence of **financial hardship** due to out-of-pocket health care expenses

SDG 3.8.2



Financial hardship in health definition

- occurs when **out-of-pocket health spending** substantially reduces people's **ability to meet basic needs** or substantially reduces their **ability to afford other goods and services**.



Financial hardship components:

a) impoverishing OOP health spending

Reduces people's ability to meet basic needs*

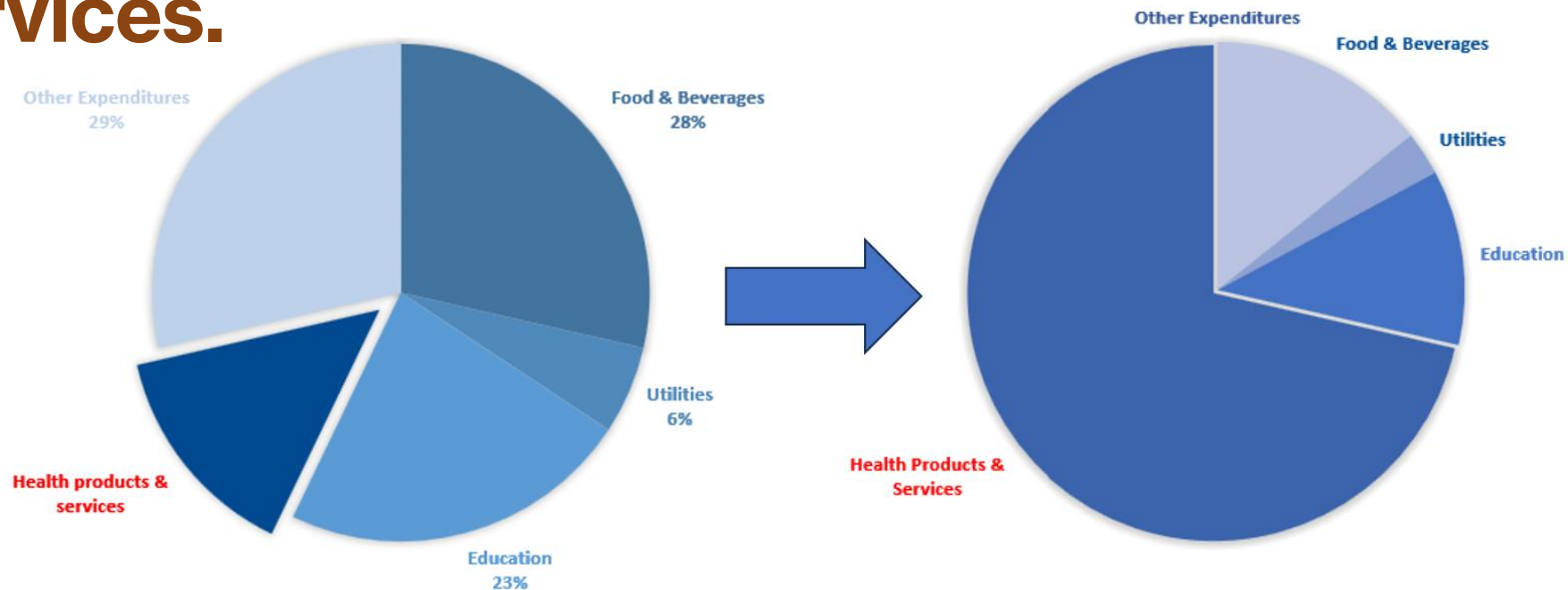
**Sufficient consumption to meet a minimum energy requirement based on food consumption patterns within each country plus a small allowance for nonfood expenditures.*

Poverty lines can represent the cost of meeting basic needs.



Financial hardship components:

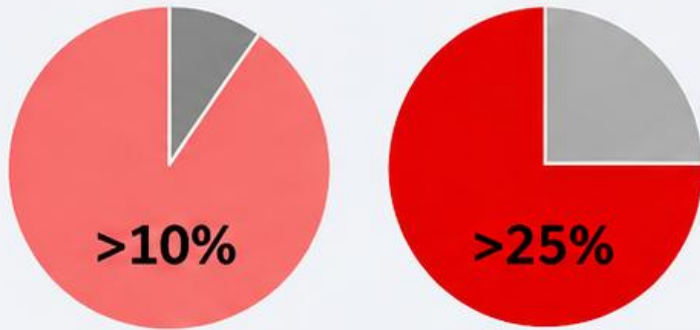
**b) large non-impoverishing OOP health spending
does not impact ability to meet basic needs but
substantially reduces ability to consume other goods
and services.**



Financial hardship monitoring framework **before 2025**

SDG MONITORING

SDG 3.8.2 initial definition:
2 indicators of
catastrophic OOP health spending



Of household total budget



COMPLEMENTARY MONITORING (NOT IN SDG MONITORING FRAMEWORK)



Impoverishing OOP health spending:

People pushed into poverty
or further impoverished
by OOP health spending

Poverty thresholds used:



Relative poverty line

(60% of median consumption)



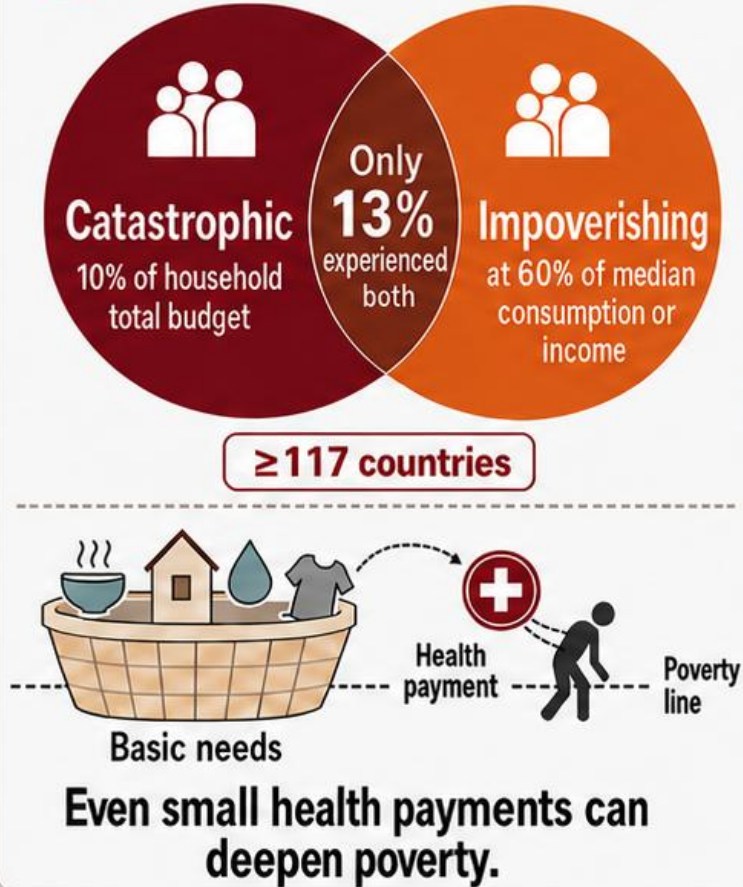
Absolute poverty line

International poverty line for extreme poverty
(\$2.15 per person per day, 2017 PPP)

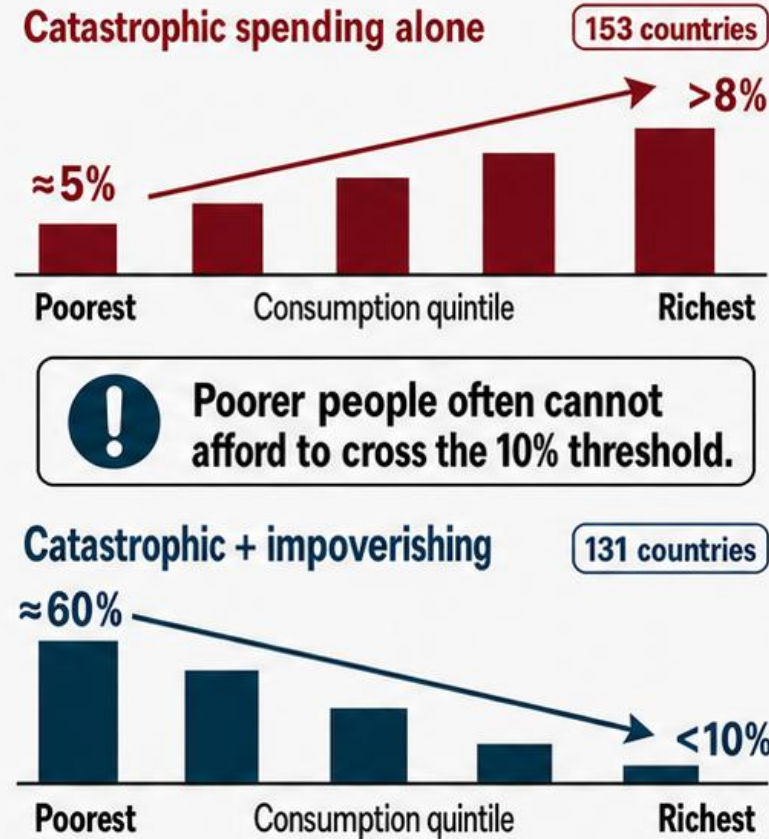
SDG 3.8.2 measurement unit: proportion
of the population

Why SDG indicator 3.8.2 needed to change

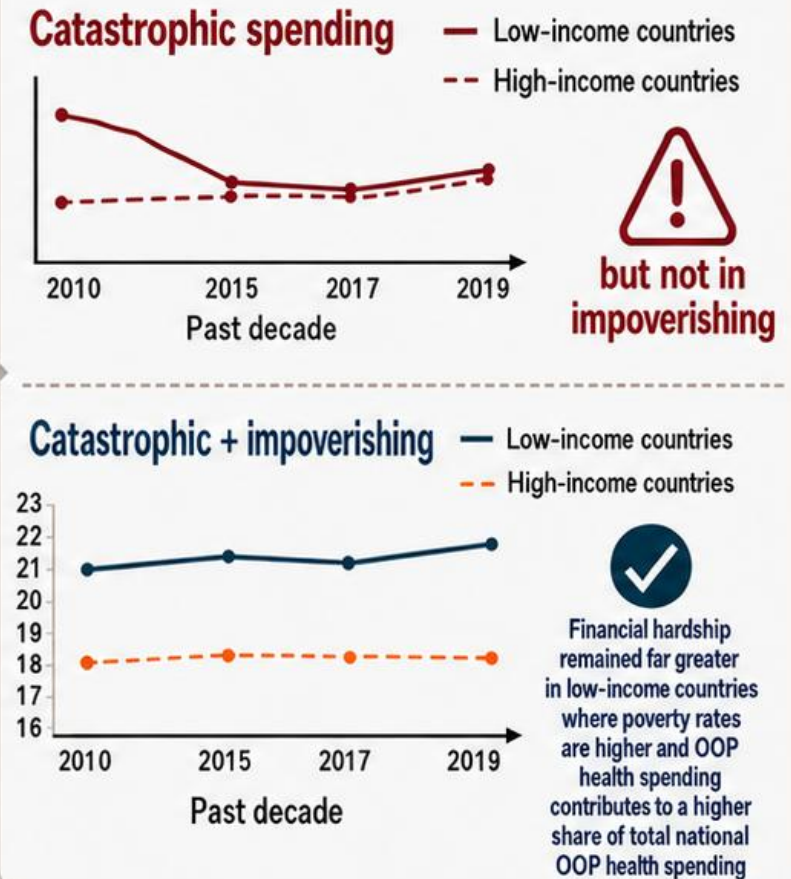
1 Most hardship was missed



2 The distributional picture reversed



3 Convergence in catastrophic spending



The previous indicator overlooked much of the hardship experienced by people living in poverty.

The SDG 3.8.2 2025 definition measures large and impoverishing out-of-pocket health spending together

Financial hardship SDG 3.8.2, 2025 concepts

FINANCIAL HARDSHIP IN HEALTH

Out-of-pocket (OOP) health spending reduces ability to meet basic needs or substantially reduces ability to afford other goods and services



IMPOVERISHING OOP

OOP health spending that reduces ability to meet basic needs

LARGE OOP

Non-impoverishing, but disproportionately large OOP health spending



PUSHED INTO POVERTY

by OOP health spending

**FURTHER
IMPOVERISHED**
by OOP health spending

LARGE OOP

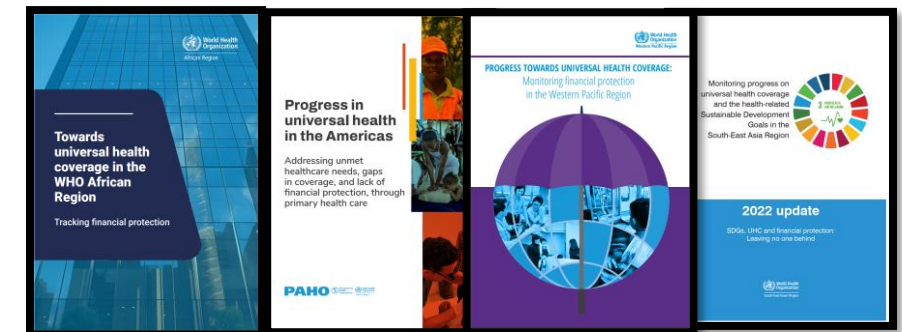
Institutional mandate

■ The **United Nations** recognizes:

- **WHO** as the **lead agency** for **SDG indicators 3.8.1 and 3.8.2** used to track progress towards **Universal Health Coverage (target 3.8)**;
- the **World Bank** as the **co-lead agency** for **SDG indicator 3.8.2**.

■ Normative basis

WHO's support for monitoring financial protection and service coverage is based on several World Health Assembly resolutions on sustainable health financing, universal health coverage, and social health insurance.



Revised definition of SDG 3.8.2 (March 2025)

The proportion of the population whose household out-of-pocket health expenditure exceeds **40%** of **the household discretionary budget**

$$\sum_i \frac{m_i \omega_i}{\sum_i m_i \omega_i} * 1\left(dd_i^{health} > \mathbf{0.4} * (y_i - \mathbf{SPL}) \cap dd_i^{health} > 0 \right)$$

- m_i corresponds to the number of household members in household i
- ω_i corresponds to the household sampling weight for household i
- $1()$ is the indicator function, which takes the value 1 if the expression inside the brackets is true, and 0 otherwise
- dd_i^{health} corresponds to household out-of-pocket health expenditure per person per day
- y_i corresponds to total household consumption or income per person per day
- **SPL** is the **only new component** and corresponds to the societal poverty line

Data requirements for SDG 3.8.2 monitoring

● Information at household level on

household **OUT-OF-POCKET**
health expenditure

AND

- 1) Household **CONSUMPTION expenditure**
- 2) OR Household EXPENDITURE
if (1) is not available
- 3) OR Household INCOME
if (1) & (2) are not available

- ❑ For the definition of household OOP health spending, SHA 2011 should be consulted, in particular the ICHA-HF classification (Chapter 7), [see link here](#). For the classification of the components of household OOP health spending, please refer to division 06 of the UN Classification of Individual Consumption According to Purpose ([COICOP](#)). Please refer to Division 06 of the [2018 version](#).
- ❑ For cross-country comparability, [Deaton & Zaidi \(2002\)](#) and [Mancini & Giovanni \(2022\)](#) guidelines on constructing consumption aggregates should be followed.

Out-Of-Pocket (OOP) health spending definition

Paid at the time of use



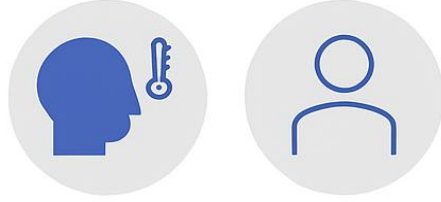
- Formal or informal
- In-kind or in cash
- For all health products and services

Paid FROM income or savings



No formal pooling

Reflects SEVERITY, WILLINGNES and ABILITY to pay



- The sicker pay more
- Based on individual or household capacity

Exclude: indirect costs (e.g. transportation, lost income) and non-medical expenses such as gym memberships or nutritional supplements.

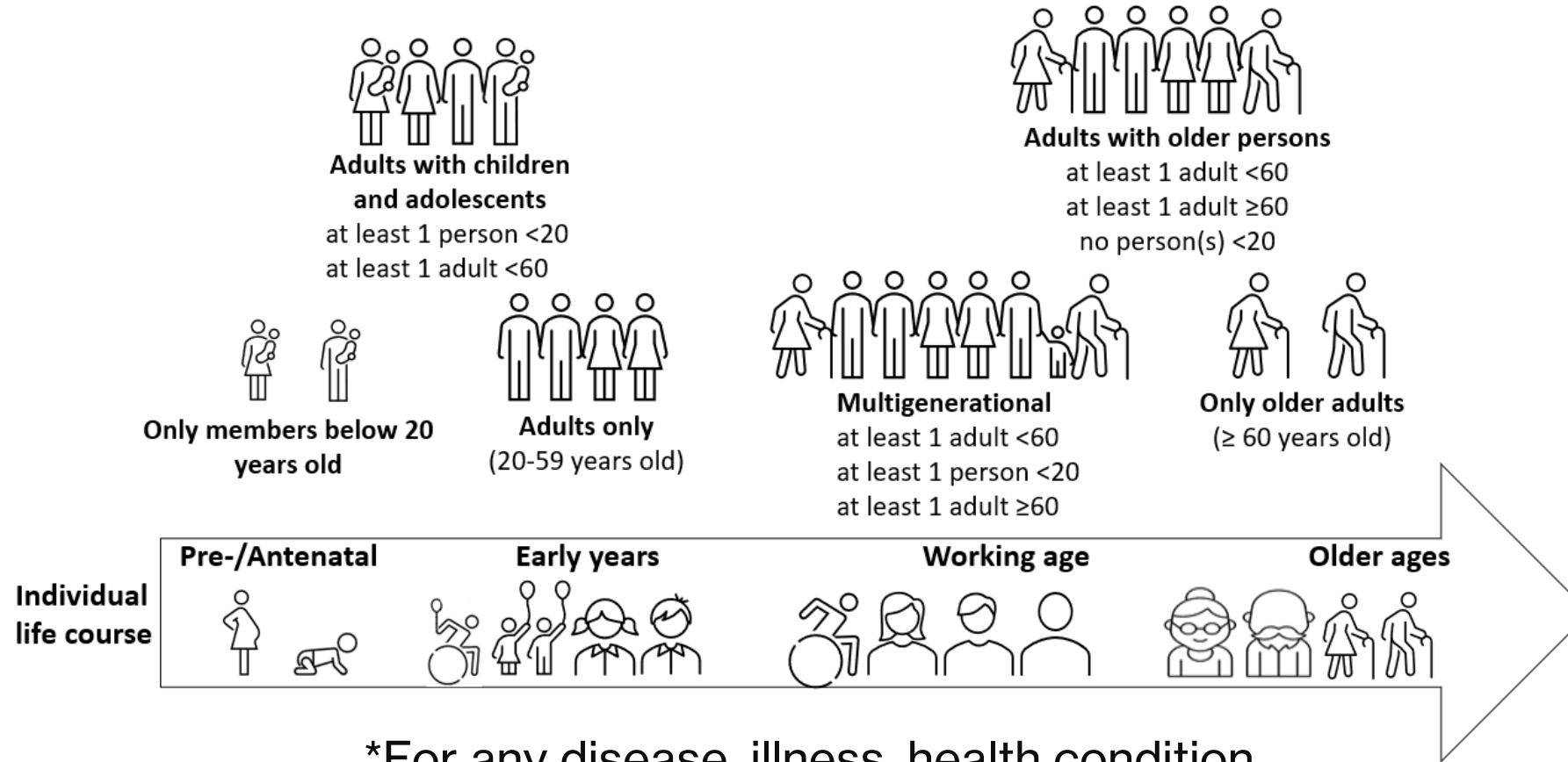
Components of OOP health spending based on COICOP 2018

Classification of Individual Consumption by Purpose (COICOP 2018)

06	HEALTH
06.1	MEDICINES AND HEALTH PRODUCTS
06.1.1	Medicines (ND)
06.1.1.1	Medicines, vaccines and other pharmaceutical preparations (ND)
06.1.1.2	Herbal medicines and homeopathic products (ND)
06.1.2	Medical products (ND)
06.1.2.1	Medical diagnostic products (ND)
06.1.2.2	Prevention and protective devices (ND)
06.1.2.3	Treatment devices for personal use (ND)
06.1.3	Assistive products (D)
06.1.3.1	Assistive products for vision (D)
06.1.3.2	Assistive products for hearing and communication (D)
06.1.3.3	Assistive products for mobility and daily living (D)
06.1.4	Repair, rental and maintenance of medical and assistive products (S)
06.1.4.0	Repair, rental and maintenance of medical and assistive products (S)

06.2	OUTPATIENT CARE SERVICES
06.2.1	Preventive care services (S)
06.2.1.1	Immunization services (S)
06.2.1.9	Other preventive services (S)
06.2.2	Outpatient dental services (S)
06.2.2.1	Dental preventive services (S)
06.2.2.9	Other outpatient dental services (S)
06.2.3	Other outpatient care services (S)
06.2.3.1	Outpatient curative and rehabilitative services (S)
06.2.3.2	Outpatient long-term care services (S)
06.3	INPATIENT CARE SERVICES
06.3.1	Inpatient curative and rehabilitative services (S)
06.3.1.0	Inpatient curative and rehabilitative services (S)
06.3.2	Inpatient long-term care services (S)
06.3.2.0	Inpatient long-term care services (S)
06.4	OTHER HEALTH SERVICES
06.4.1	Diagnostic imaging services and medical laboratory services (S)
06.4.1.0	Diagnostic imaging services and medical laboratory services (S)
06.4.2	Patient emergency transportation services and emergency rescue (S)
06.4.2.0	Patient emergency transportation services and emergency rescue (S)

OOP health spending for all household members



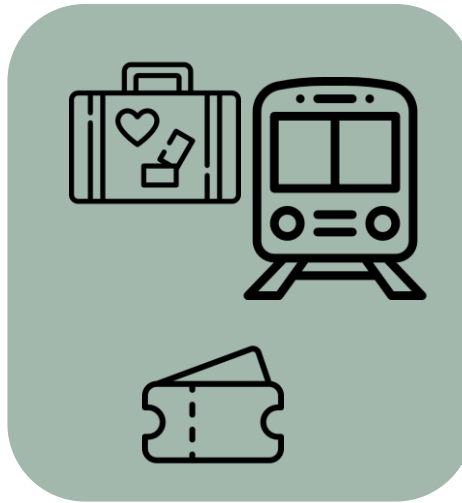
*For any disease, illness, health condition, health problem as well prevention



Household Consumption Expenditure



Food and beverages



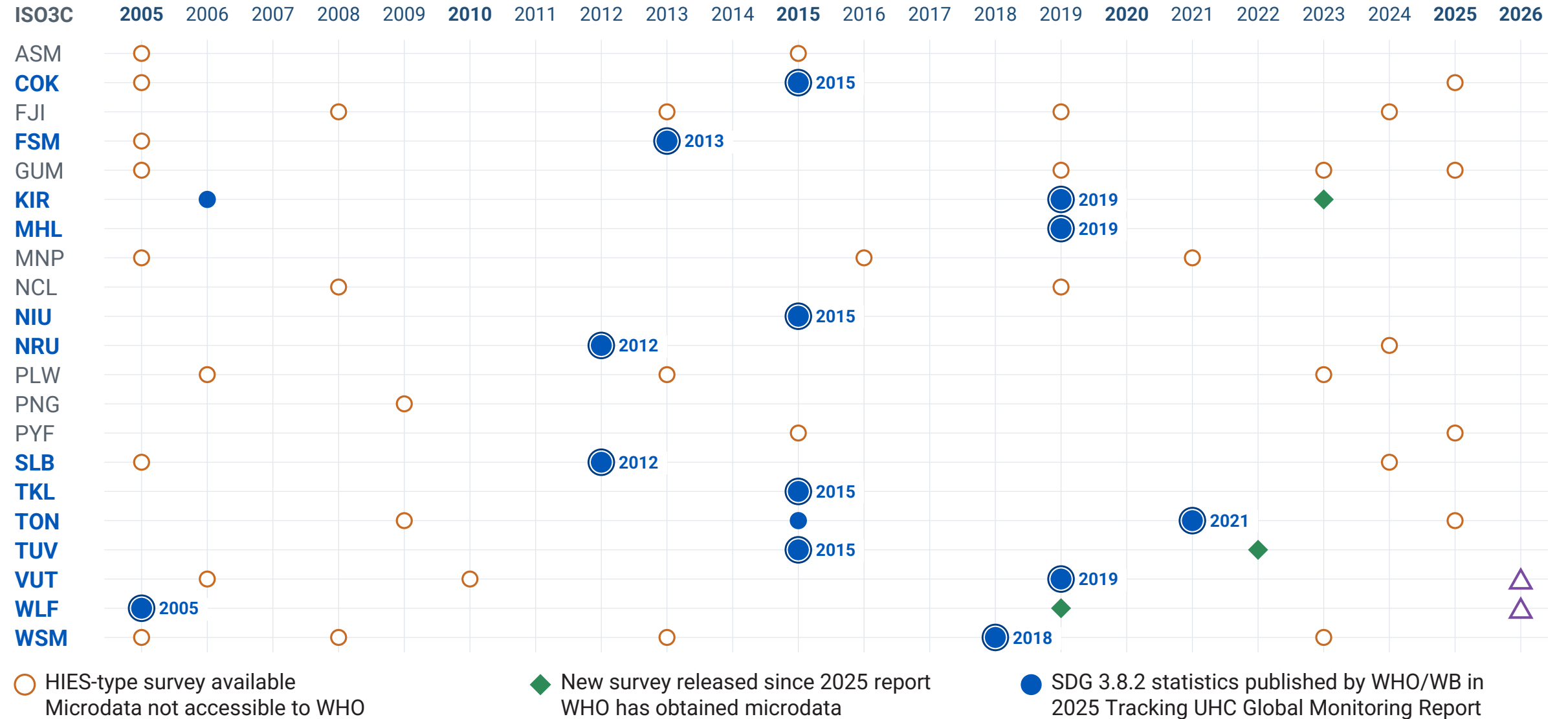
Non-food and non-
health products and
services



Health products
& services

Snapshot of data and indicator availability for PICS

Survey and SDG 3.8.2 indicator availability, PICS 2005–2026



Monitoring Financial Protection in Health
Update on the Revision to SDG3.8.2



WHO – SPC Webinar
15th of October 2026

HIES Standard Questionnaire for the Pacific Health module



1. HIES Main Objectives: household final consumption

13 COICOP DIVISIONS

01	Food & Non alcoholic beverages
02	Alcohol, kava & tobacco
03	Clothing & footwear
04	Housing, water, electricity, gas & other fuels
05	Furnishings, household equipment & routine maintenance
06	Health
07	Transport
08	Information & communication
09	Recreation, sport & culture
10	Education services
11	Restaurants & accomodation
12	Insurance & financial services
13	Personal care, social protection & miscellaneous goods & services

Computation of
Consumption/Expenditure
aggregates by COICOP

1. Consumer Price Index
Rebase of Consumption Basket

2. National Account
Update of household sector

3. Poverty assessment
Basic need poverty line

1. HIES Main Objectives: SDG reporting



4

+



2

+



3

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2

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2

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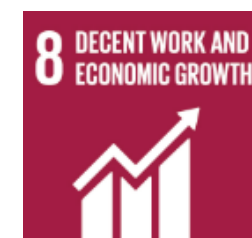
1

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5

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2

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1

+



1

=26 SDGs estimates

1. HIES Main Objectives: SDGs



1.1.1	Proportion of population living below the international poverty line
1.2.1	Proportion of population living below the National poverty line
1.3.1	Proportion of population covered by a social security system
1.4.1	Proportion of population living in households with access to basic services



2.1.1	Prevalence of undernourishment
2.1.2	Prevalence of moderate or severe food insecurity



3.5.2	Alcohol per capita consumption
3.a.1	Age standardised prevalence of of current tobacco use among persons aged 15+
3.8.2	Proportion of population with positive out of pocket household expenditures exceeding 40% of household discretionary budget

1. HIES Main Objective: SDGs



4.1.2	Completion rate
4.3.1	Participation rate in formal & non formal education and training for population 15 to 64



5.5.2	Proportion of women in managerial positions
5.b.1	Proportion of individuals who own a mobile phone

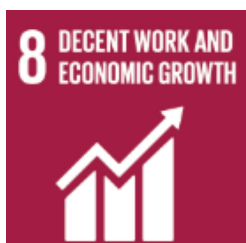


6.2.1	Proportion of population practising open defecation
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1. HIES Main Objective: SDGs



7.1.1	Proportion of population with access to electricity
7.1.2	Proportion of population with primary reliance on clean fuels & technology



8.3.1	Proportion of informal employment
8.5.1	Average hourly earnings of employees
8.5.2	Unemployment rate
8.6.1	Proportion of youth not in education not in employment (NEET)
8.10.2	Proportion of adults 15+ with a bank account



9.2.2	Manufacturing employment as a proportion of total employment
-------	--

1. HIES Main Objective: SDGs

10 REDUCED
INEQUALITIES



10.1.1	Growth rate of household consumption per capita among the poorest 40% of the population compared to the entire population
--------	---

10.2.1	Proportion of people living below 50% of median income
--------	--

16 PEACE, JUSTICE
AND STRONG
INSTITUTIONS



16.7.1	Proportion of positions in national & local institutions compared to National distribution
--------	--

17 PARTNERSHIPS
FOR THE GOALS



17.8.1	Proportion of individuals using internet
--------	--

2. HIES Standard Questionnaire - Structure

➤ Individual Record

- ✓ Demographic profile
- ✓ Education
- ✓ Health
- ✓ Functional difficulties
- ✓ Communication
- ✓ Labor force
- ✓ Alcohol & tobacco consumption
- ✓ Other individual expenditure
 - ✓ (clothing, public transport..)

➤ Food Record

- ✓ Food away from home
- ✓ Food recall 7 days
- ✓ Partakers

➤ Household record

- ✓ Dwelling
 - Energy
 - Water, sanitation
 - Maintenance
 - Rents
- ✓ Assets
- ✓ Vehicles
- ✓ Private travels
- ✓ Financial support
- ✓ Ceremonies

➤ Household income & activities

- ✓ Agriculture
- ✓ Fisheries
- ✓ Livestock's
- ✓ Handicraft
- ✓ Other household business
- ✓ Remittances

2. HIES Standard Questionnaire – Health section

Report the cash expenditure on the following HEALTH goods & services

In the last 12 months	In the last 6 months	In the last 30 days
DID YOU SPEND ON ?		
In-patient care services (hospitalisation)	Preventive services such as immunization/vaccinations services	Medicine (prescribed, non prescribed)
Emergency transportation and rescue services	Diagnostic & laboratory test, blood test, x-rays	Outpatient medical
	Assistive health products for vision (spec, glass), hearing aid & mobility (wheel chair..)	Dental services
	Medical products (antigen test, m	
	Traditional healers & medicines	

3. Health Share in the total Consumption

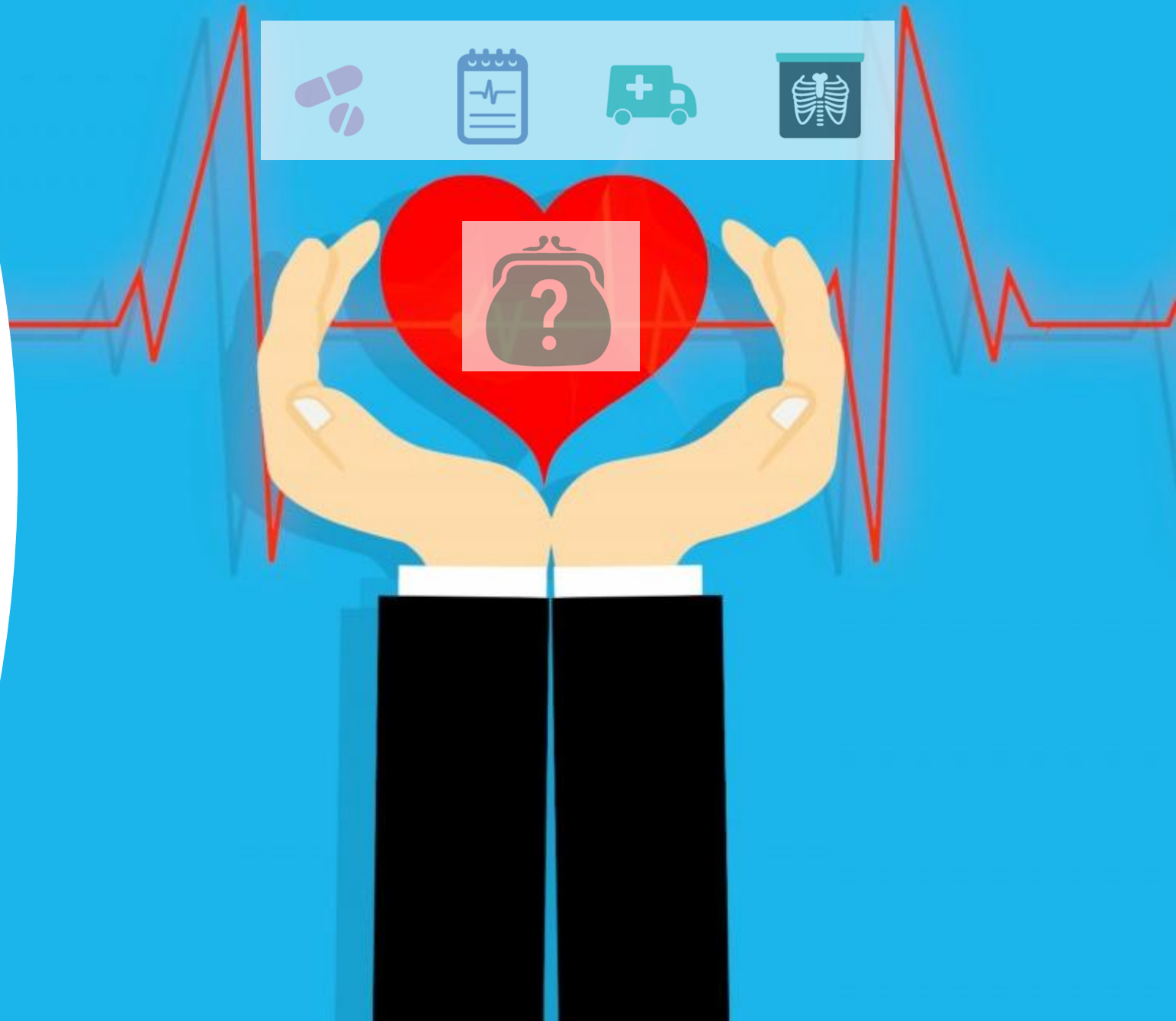
13 COICOP DIVISIONS		Vanuatu 2020	Marshall islands 2020	Wallis Futuna 2020	Sam oa 2022	Kiribati 2020	New Caledonia 2019	Tuvalu 2023	Nauru 2023	Palau 2023
01	Food	47.0%	29,3%	21,2%	34,3%	40,4%	23,8%	34,9%	22,7%	23,4%
02	Alcohol, kava & tobacco	9.2%	3,8%	7,5%	4,1%	10,5%	3,9%	5,3%	5,5%	6,5%
03	Clothing	2.4%	2,9%	4,5%	3,7%	2,2%	2,6%	3,3%	1,4%	2,4%
04	Housing	13.4%	33,8%	12,4%	15,8%	14,1%	14,8%	26,0%	36,9%	25,8%
05	Furnishings, maintenance	2.8%	4,1%	4,9%	3,6%	4,1%	5,0%	6,5%	2,3%	7,5%
06	Health	0.2%	0,2%	0,1%	0,6%	0,1%	0,9%	0,0%	0,1%	0,7%
07	Transport	9.9%	6,6%	19,7%	12,9%	6,2%	18,3%	4,7%	4,9%	6,0%
08	Information & communication	3.0%	2,2%	8,1%	3,3%	2,8%	4,3%	4,7%	5,1%	3,4%
09	Recreation & culture	1.0%	1,5%	8,4%	1,9%	4,8%	7,2%	3,8%	3,9%	2,5%
10	Education services	2.6%	0.8%	0,1%	1,6%	0,8%	0,4%	0,2%	0,0%	0,6%
11	Restaurants & accommodation	4.9%	10.9%	4,6%	14,3%	9,6%	6,4%	7,0%	14,1%	12,2%
12	Personal care & Insurance	3.5%	3.8%	2,9%	3,9%	4,4%	12,4%	3,6%	2,9%	9,0%



Thank you!

Constructing the financial hardship indicator

SDG 3.8.2 and components



Revised definition of SDG 3.8.2 (March 2025)

The proportion of the population whose household out-of-pocket health expenditure exceeds **40%** of **the household discretionary budget**

$$\sum_i \frac{m_i \omega_i}{\sum_i m_i \omega_i} * 1\left(dd_i^{health} > \mathbf{0.4} * (y_i - \mathbf{SPL}) \cap dd_i^{health} > 0 \right)$$

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Revised definition of SDG 3.8.2 (March 2025)

The proportion of the population whose household out-of-pocket health expenditure exceeds **40%** of **the household discretionary budget**

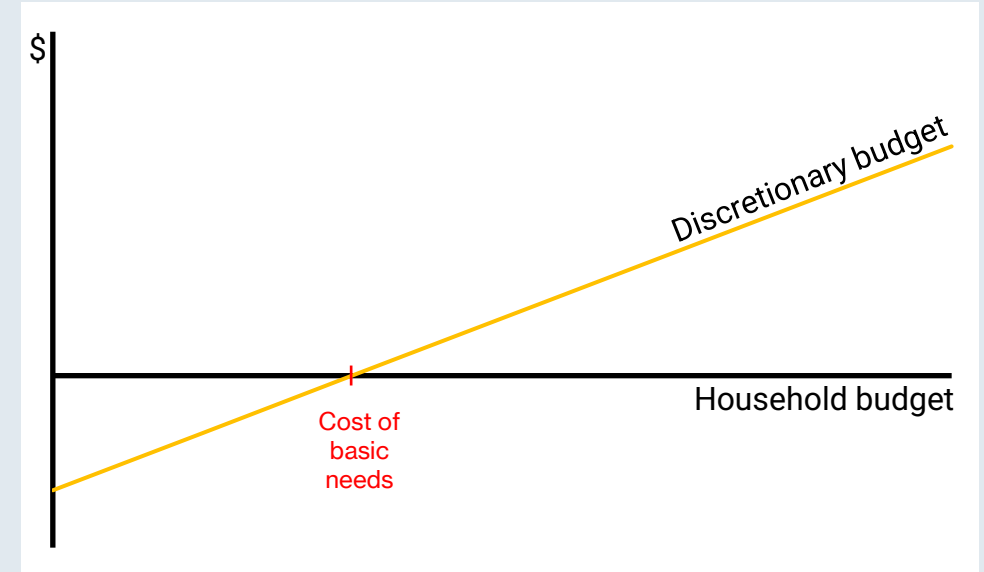
Let's build this up step by step

Concept: discretionary budget

The discretionary budget is the household's total budget net of the cost of basic needs.

People living in poverty have no discretionary budget, as their level of consumption or income is below what is required to meet basic needs.

$$\text{Discretionary Budget} = \text{Total Budget} - \text{Cost of Basic Needs}$$



Concept: cost of basic needs

The cost of basic needs is a monetary value of a consumption bundle deemed adequate for minimum subsistence. It has two components:

- Food allowance
- Non-food allowance: other minimum expenditures necessary for participation in society

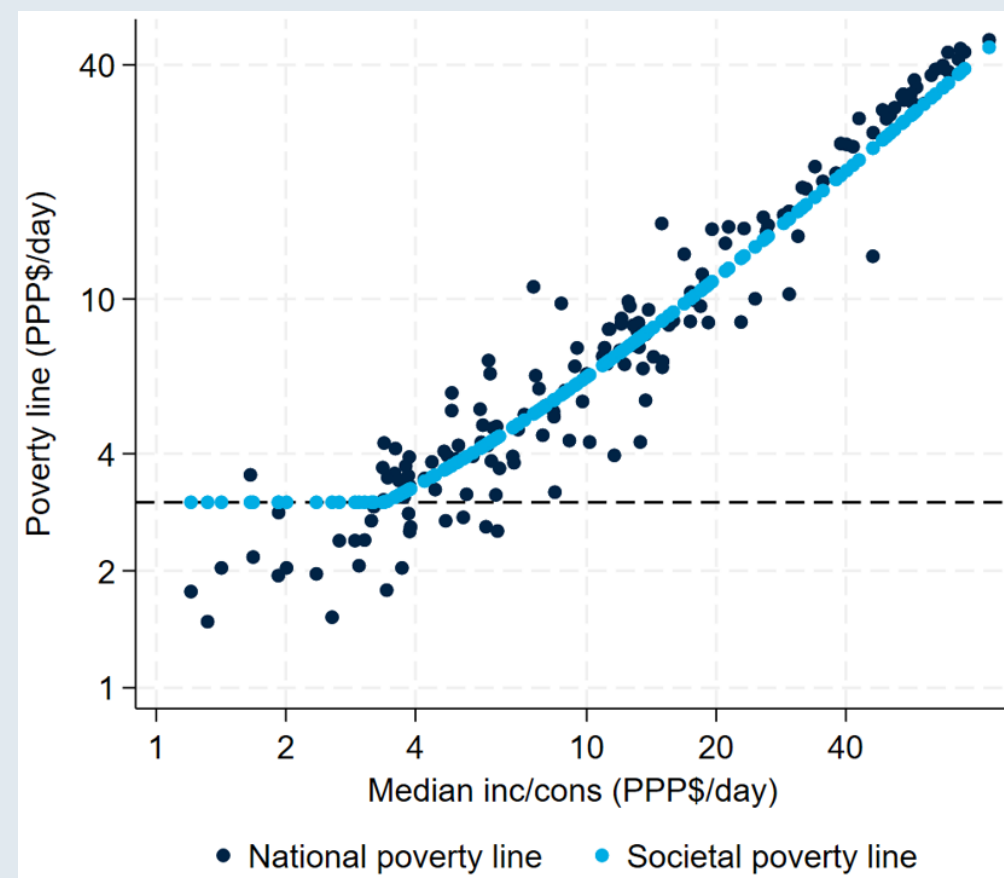
Most countries define poverty as an inability to meet basic needs

The cost of basic needs vary across countries, and over time as countries develop.



Cost of Basic Needs and Societal poverty line (SPL)

- Since global monitoring requires cross-country comparability, the global tracking of financial hardship relies on the **societal poverty line** as a measure for the costs of basic needs.
- A poverty line reflecting that the costs of basic needs vary across countries and over time with the economic development of societies
- The calculation of the SPL combines an absolute level of need with a relative component.
$$SPL = \max[3.00, 1.30 + 0.5 * median]$$



- The SPL is empirically aligned with national poverty lines globally.
- It reflects both absolute and relative needs.

Societal poverty line calculation for financial protection monitoring

The **median** household consumption or income net of OOP health spending is calculated directly from each household survey.

To derive the **per capita, per day value in local currency**:

- The total household consumption (net of OOP) is **divided by household size**
- The values are **weighted using household sampling weights multiplied by the household size**
- The median of this weighted distribution is then calculated

Societal poverty line fixed values calculation in local currency units

$$SPL_{2021PPP} = \text{Max}\{\$3.00; \$1.30 + 0.5 * \text{Med}\{Y_{ct}\}\} \text{ in 2021 PPPs}$$

To convert **PPP\$3.00** or **PPP\$1.30** into local currency units (LCU) for a given year:

1. Convert to 2021 local currency using the **2021 PPP conversion factor**. Example:

- If PPP factor for private consumption in 2021 is 2.5, $\text{PPP\$3.00} = 2.5 \times 3.00 = 7.50$ LCU/day in 2021

2. Adjust for inflation/deflation to match the **year of the household survey** using the

Consumer Price Index (CPI):

- Use the formula: $(\text{CPI}_{\text{survey_year}} / \text{CPI}_{2021})$ to rebase values to the survey year.
- Example: $\text{CPI}_{2022} = 105$, $\text{CPI}_{2021} = 100$
→ Price increase = $105/100 = 1.05$
Final value of $\text{PPP\$3.00} = 7.50 \times 1.05 \approx 7.88$ LCU/day for 2022.

- **Main source is the World Bank Poverty and Inequality Platform:**
<https://pip.worldbank.org/poverty-calculator>
(provides PPPs and CPI data needed for conversions)
- WHO and World Bank teams have compiled a **derived PPP conversion factor** in a single **database, available in Excel or Stata format**
 - Multiply this factor by **3.00** or **1.30** to get the **local currency value** for each amount to calculate the SPL for the desired year.
- **Please use the data compiled by WHO and the World Bank**
 - Note on French territories in PICS: CFP franc is fixed directly to the Euro (1 Euro = 119.3 CFP, as of Oct 2026), take the conversion factor for the Euro and multiply it by 119.3 to obtain the PPP conversion factor.

Societal poverty line changes in empirical definition

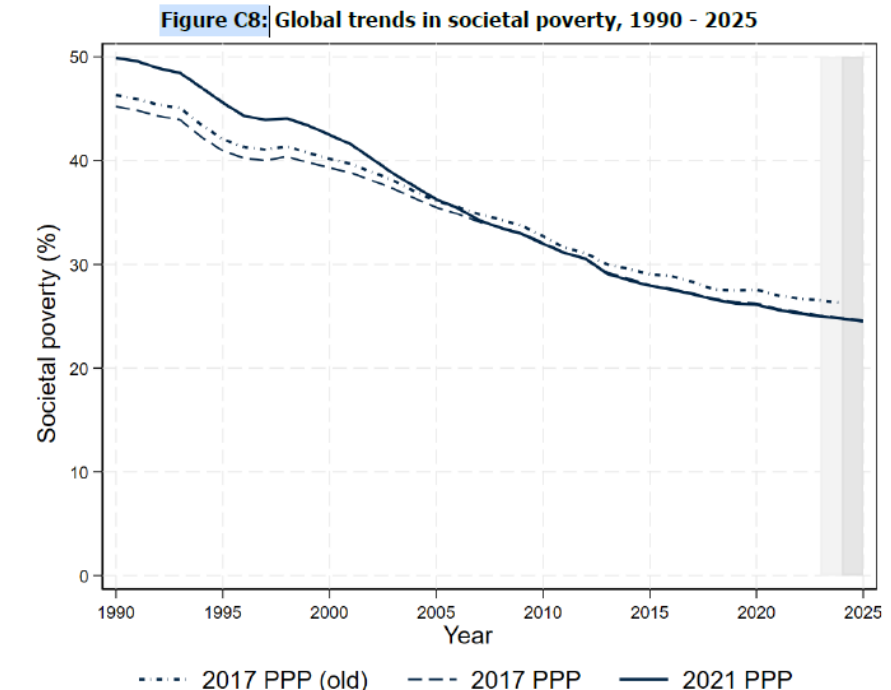
$$SPL_{2017PPP} = \text{Max}\{\$2.15; \$1.15 + 0.5 * \text{Med}\{Y_{ct}\}\} \text{ in 2017 PPPs}$$

$$SPL_{2021PPP} = \text{Max}\{\$3.00; \$1.30 + 0.5 * \text{Med}\{Y_{ct}\}\} \text{ in 2021 PPPs}$$

Implications of the PPP revision for global poverty monitoring:

- estimates increased in earlier years but declined over the last two decades.
- Recent revisions reflect updated data and inequality more than PPP changes

Implications for financial hardship monitoring to be assessed but likely to be similar

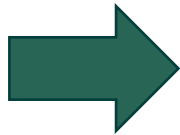


Note: The societal poverty line is given as $\max(2.15, 1.15 + 0.5 * \text{Median})$ in 2017 PPP dollars or $\max(3.00, 1.30 + 0.5 * \text{Median})$ in 2021 PPP dollars. This figure uses two vintages of PIP data, the old September 2024 vintage and the current June 2025 vintage. Poverty is estimated from both data vintages using the 2017 PPPs. Poverty is also estimated from current vintage of PIP data using the 2021 PPPs. With the old September 2024 PIP data, poverty estimates for 2023 and 2024 are nowcasts, which are indicated in the chart with light grey color. With the June 2025 PIP data, poverty estimates for 2024 and 2025 are nowcasts, which are indicated in the chart with a darker grey color.

Going back to the financial hardship indicator

Proportion of the population with positive OOP household expenditure on health exceeding **40%** of household **discretionary budget**.

People living in poverty don't have a discretionary budget



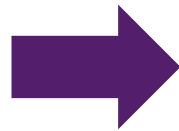
Any spending by people living in poverty is classified as financial hardship
Any OOP health spending further impoverishes or reduces ability to meet basic needs

OOP $\geq$ 100% discretionary budget $>$ 40%

Going back to the financial hardship indicator

Proportion of the population with positive OOP household expenditure on health exceeding **40%** of household **discretionary budget**.

People living above the poverty line have a positive discretionary budget



Whether a level of OOP health spending is classified as financial hardship depends on its size relative to the discretionary budget

OOP > 40% discretionary budget but <100%

LARGE OOP

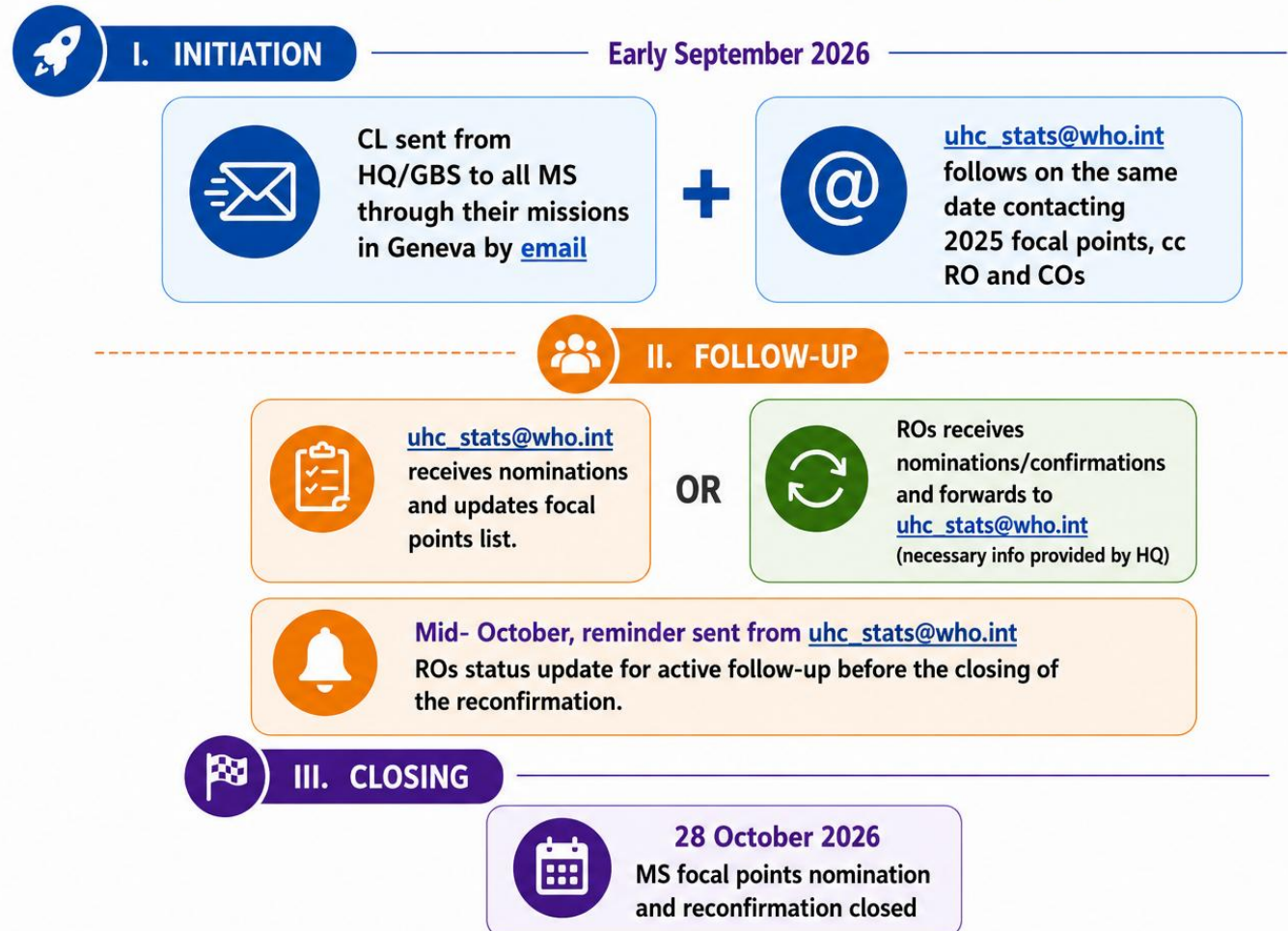
OOP health spending that is non-impoverishing but is disproportionately large

Resources available

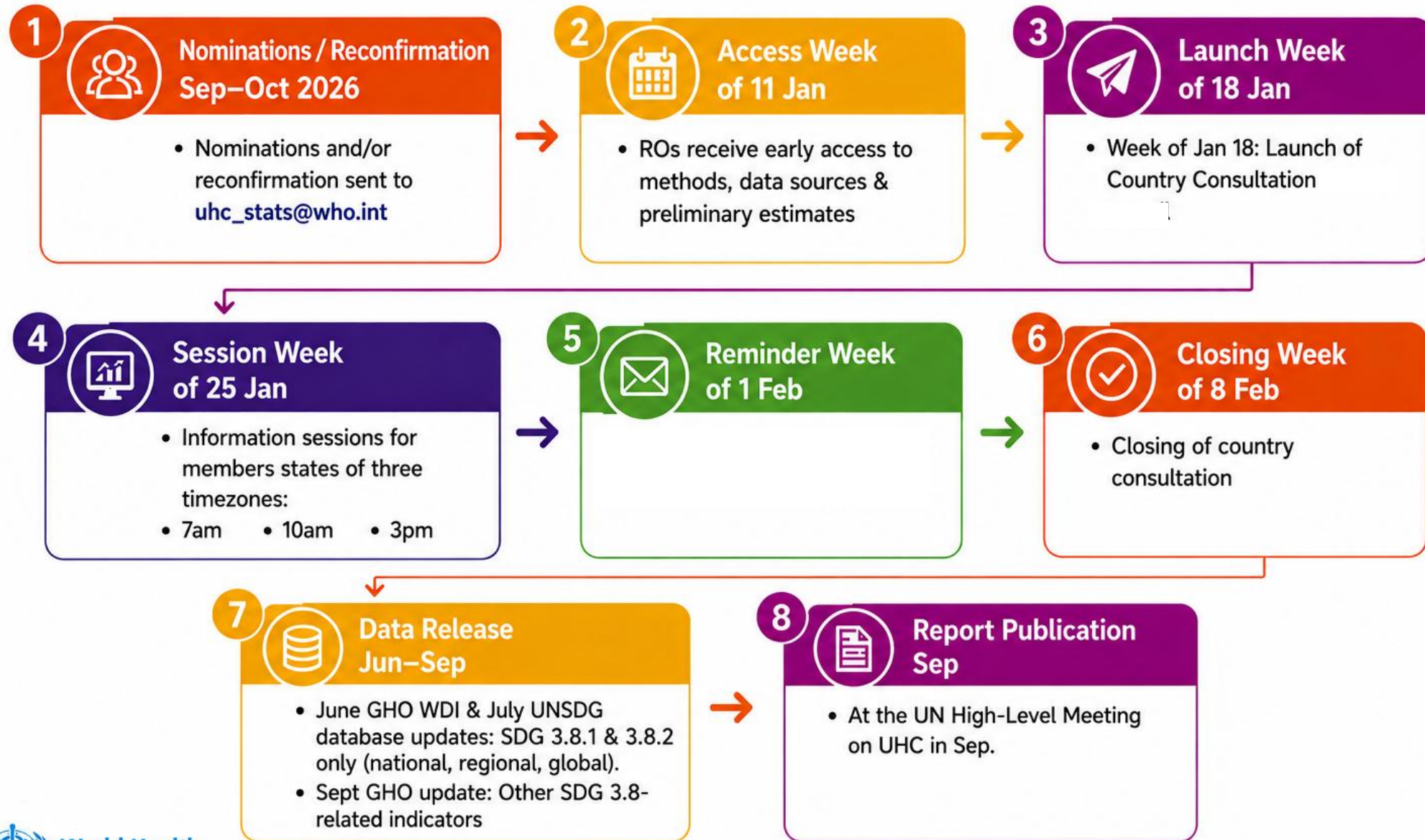
1. **Data requirements document:** list of variables and format required to use the FP-STATS calculation tools
2. **Metadata form** to clarify the nature of the survey used for analysis and how the out-of-pocket (OOP) health expenditure and household consumption/expenditure/income aggregates are constructed
3. **OOP variable mapping** to assess which subcategories of OOP health spending are distinguishable in the survey data
4. **Stata do files** for data preparation and **STATA package** for indicator computation

Link with country consultation process

Focal Points Nomination and Reconfirmation Process: September – October 2026

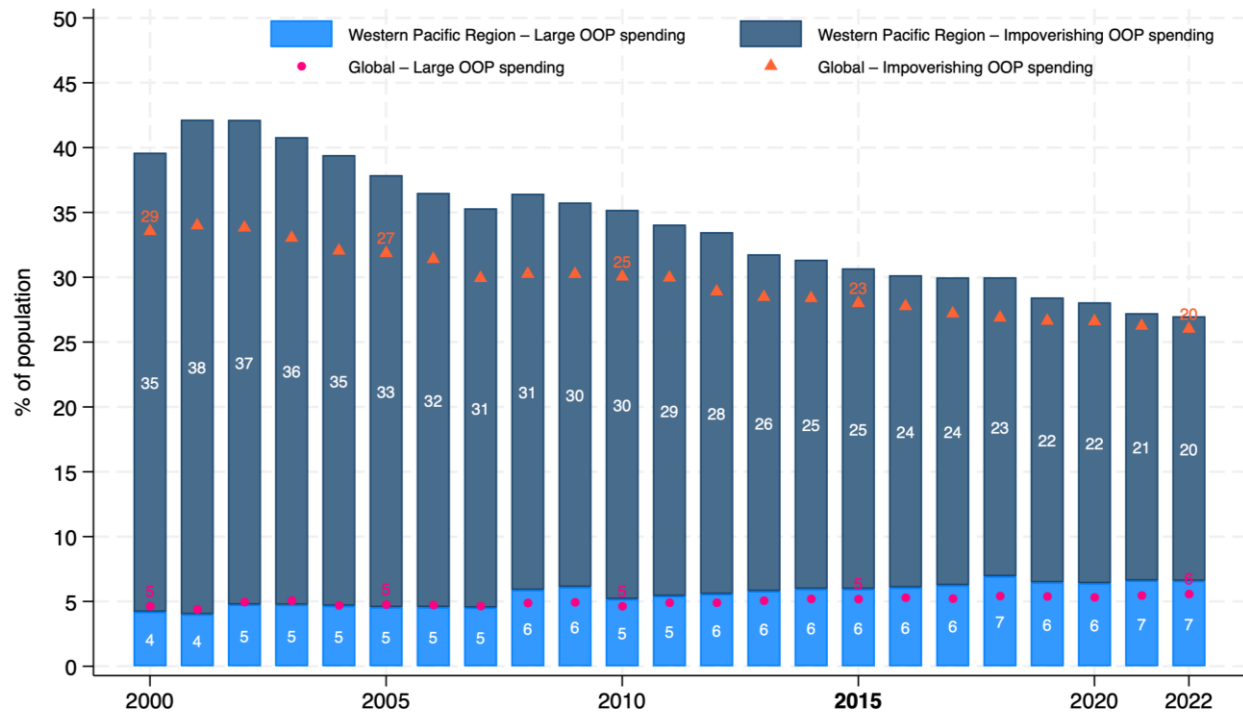


2027 Country Consultation Key Dates

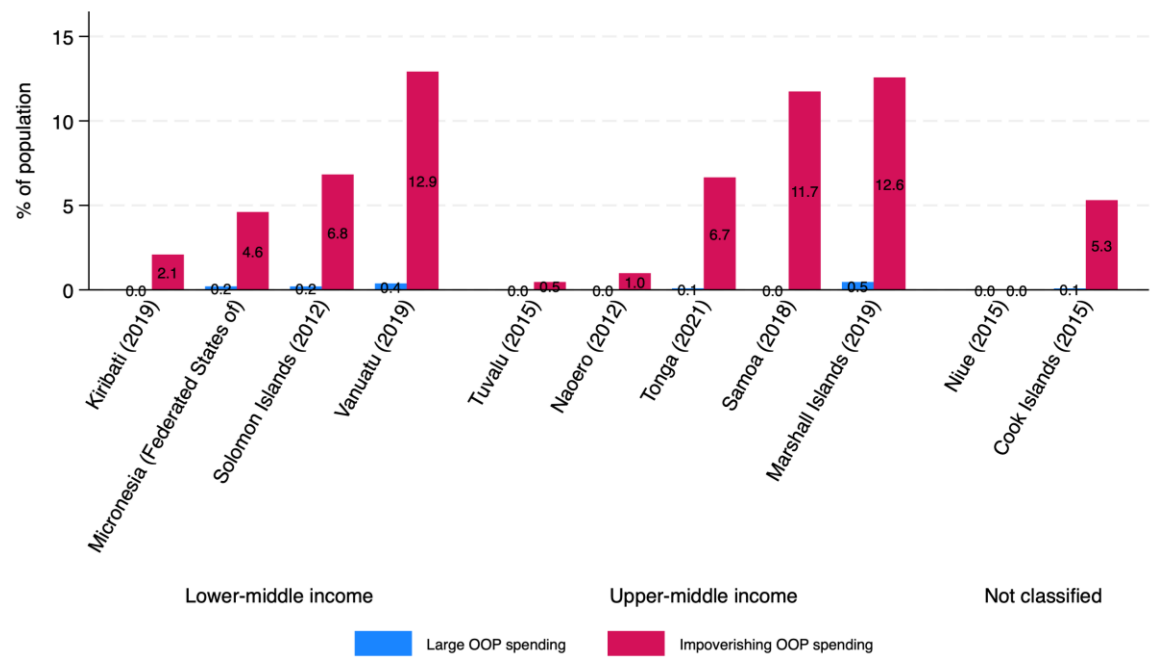


Findings from the current SDG 3.8.2 monitoring for PICs: impoverishing health spending is a challenge

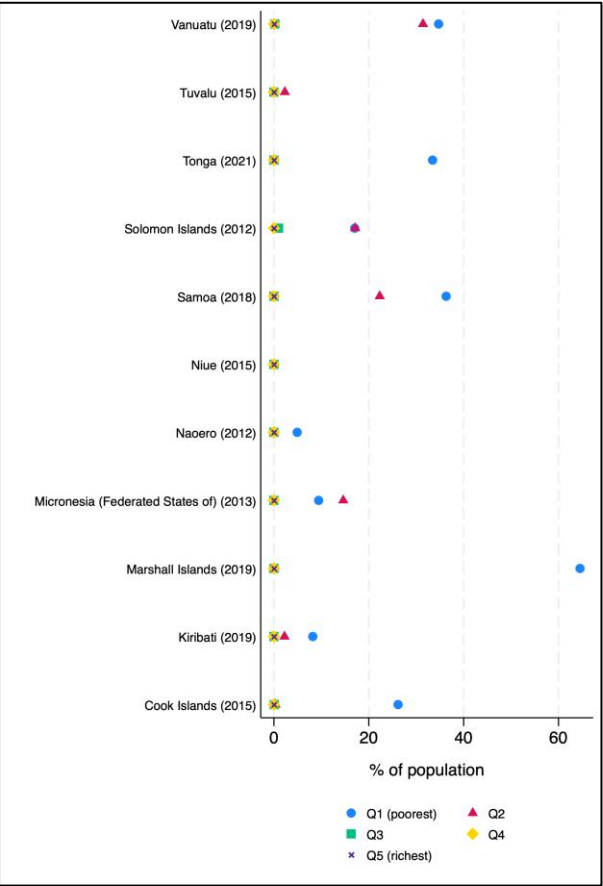
Impoverishing OOP decreased, large OOP increased in the region



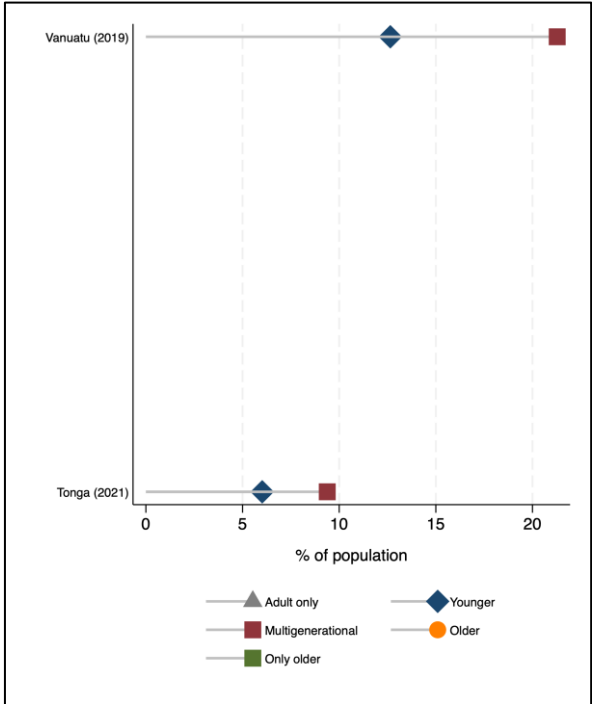
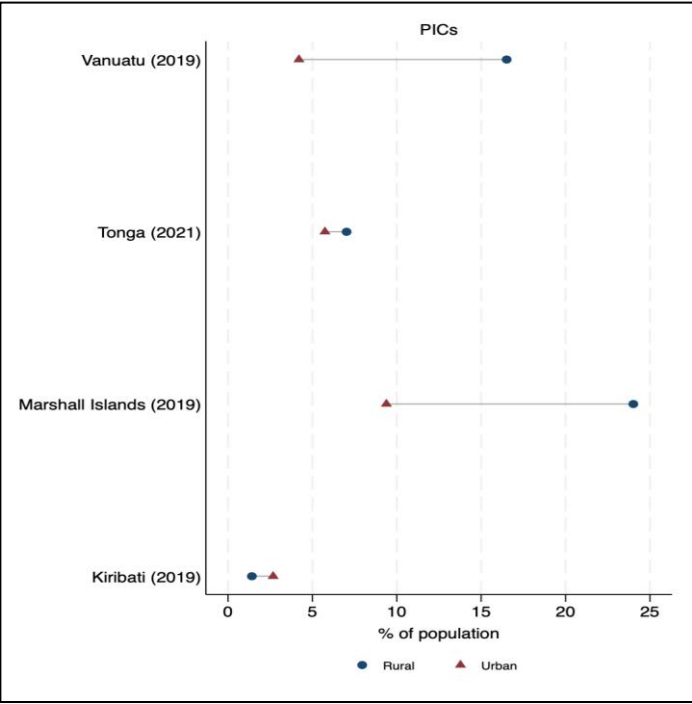
For PICs, impoverishing health spending is the key issue



Findings from the current SDG 3.8.2 monitoring for PICs: understanding the populations likely to be facing financial hardship

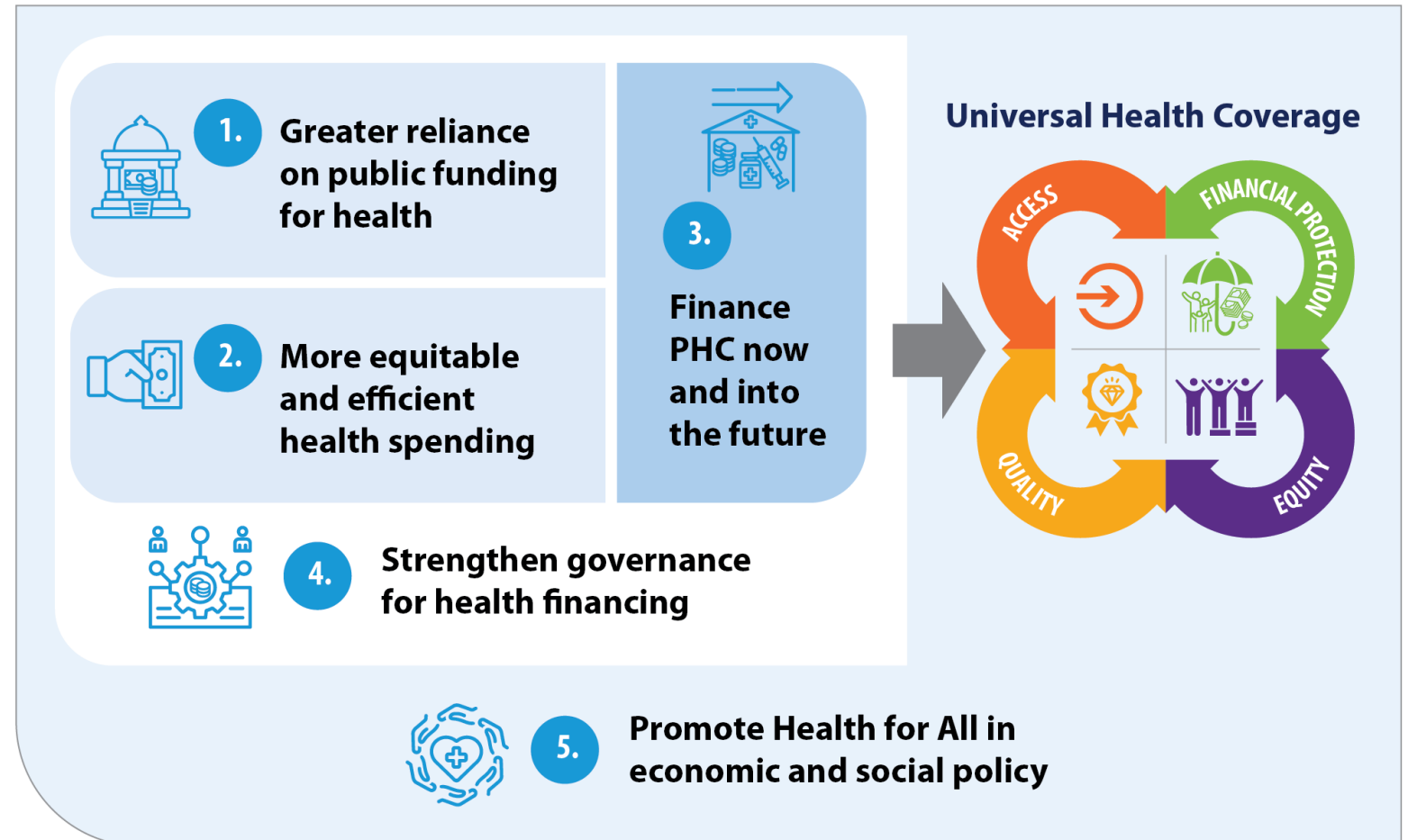


The burden of this hardship remains **concentrated among the most vulnerable: poorer, rural, and multigenerational households**



A regional framework on health financing: reflecting the challenges in the PICs

- Take stock of past developments
- Shape the future health financing agenda
- Propose strategic actions



Each domain includes several strategic actions

Greater reliance on public funding

1

- Increase per capita public spending on health.
- Steer private funding towards playing a supplementary role (OOPs to be minimized).
- Improve the effectiveness and predictability of development assistance.

More equitable and efficient spending

2

- Reduce fragmentation of funding.
- Allocate funds to providers in ways that incentivize equity, quality and efficiency.
- Design service packages to promote access and financial protection.
- Improve efficiency in procurement, logistics and asset management.

Finance PHC now and into the future

3

- Prioritize individual and population-based PHC services within budgets.
- Incentivize the reorientation of service delivery towards integrated, people-centred PHC.
- Direct PHC funding to interventions that address current and emerging needs.

Strengthen governance for health financing

4

- Strengthen governance capacity to promote transparent, accountable and inclusive health financing.
- Improve public financial management.
- Generate better quality and more timely data.

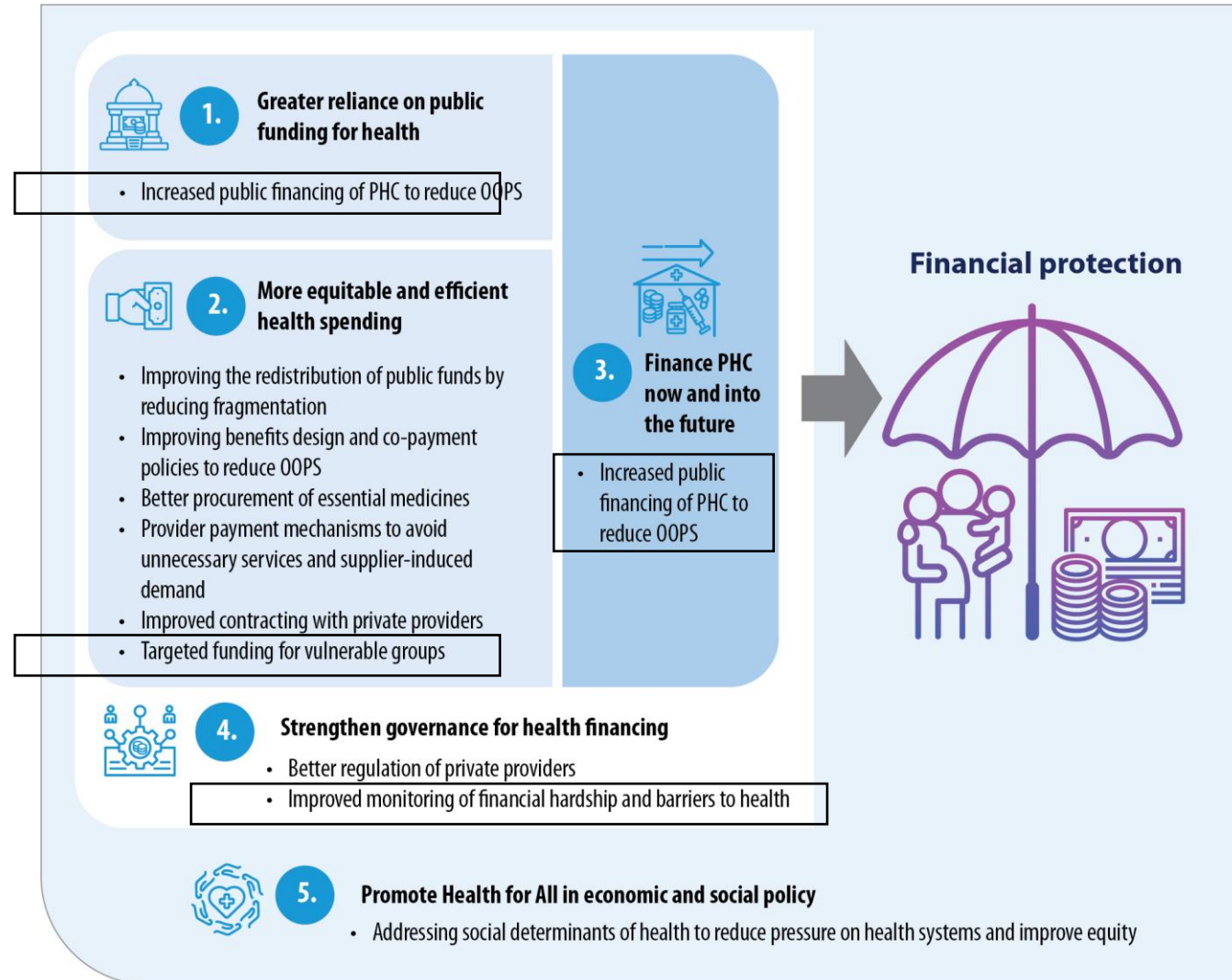
Health for All in economic & social policy

5

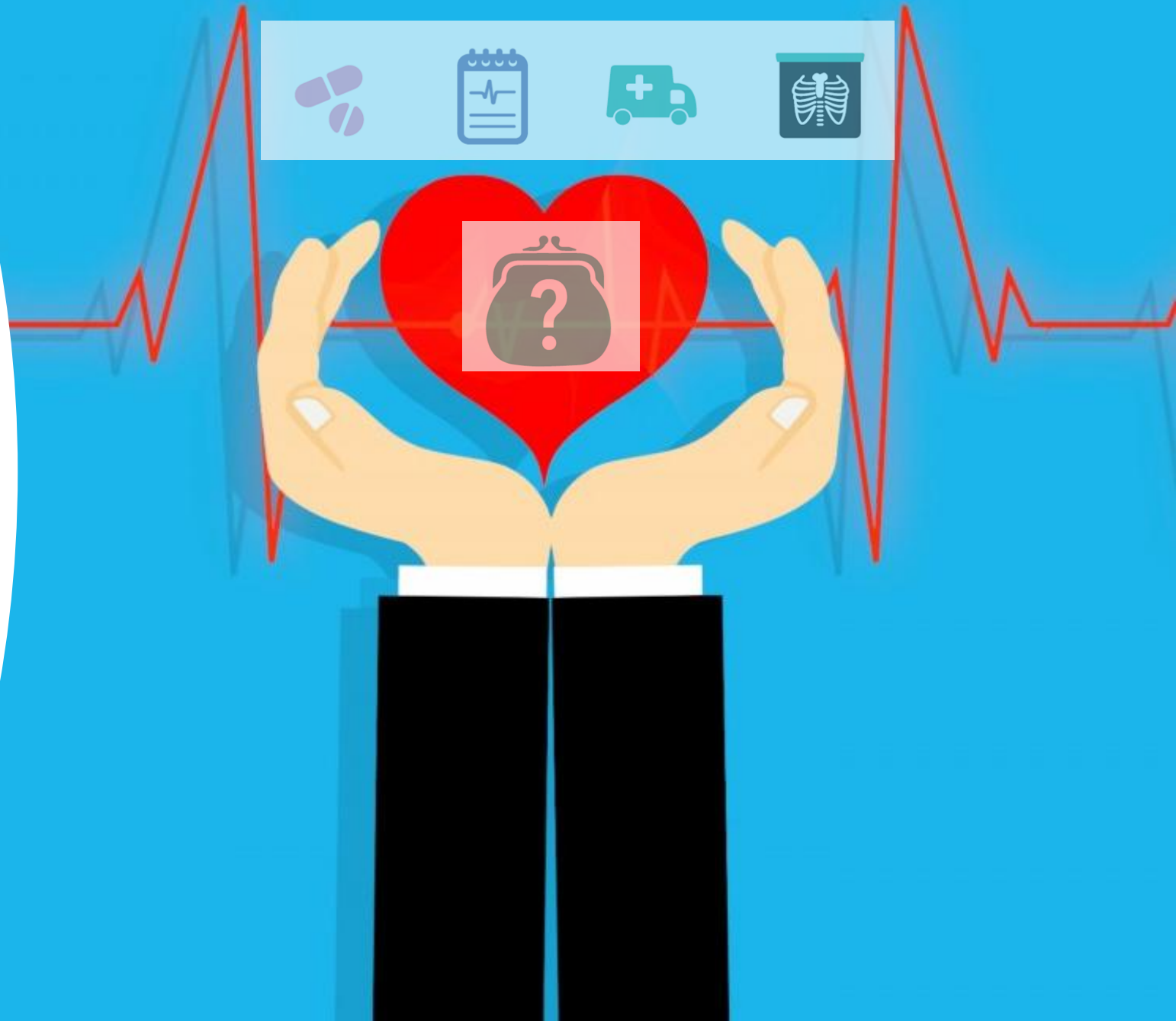
- Adopt a whole-of-government approach to financing health and well-being.
- Use financial instruments to address social and commercial determinants of health.
- Invest in climate resilience and mitigation in the health sector.

Many problems require action across all five domains

Improving financial protection requires comprehensive health financing action



Preparing for a next session



WHO FP-STATS (beta version)

Financial Protection - SDG 3.8.2 Tracking Assessment Tool

<https://whofpstats.shinyapps.io/FP-STATS/>

- The app is based on standardised definitions of financial hardship indicators (SDG 3.8.2, 2025 definition) used for global monitoring
- It does NOT store your data/keep it in memory.
- Please do NOT forget to download the results (to be shown during the session).

Note: Once you close your session and browser, you will not be able to download your results again. You will have to redo the analysis.

Pre-training assignment's objective

To better understand the information included in country dataset

- Share the **data dictionary** of this dataset
- **Template will be provided**

1) Data dictionary



- **Prepare a presentation** about current and future rounds of the household budget survey or household income and expenditure survey
- To be presented and discussed during the workshop
- **Template will be provided**

2) Presentation of survey



Please send this information
to fprotectionstats@who.int (deadline to be informed later)

1) Data dictionary



TO DO

- ☐ Prepare the data dictionary of the survey data you will use during the workshop
 - check the « Data requirements » document
- ☐ Please specify
 - Period covered
 - Currency
- ☐ If not, please share the survey questionnaire

Example of data dictionary

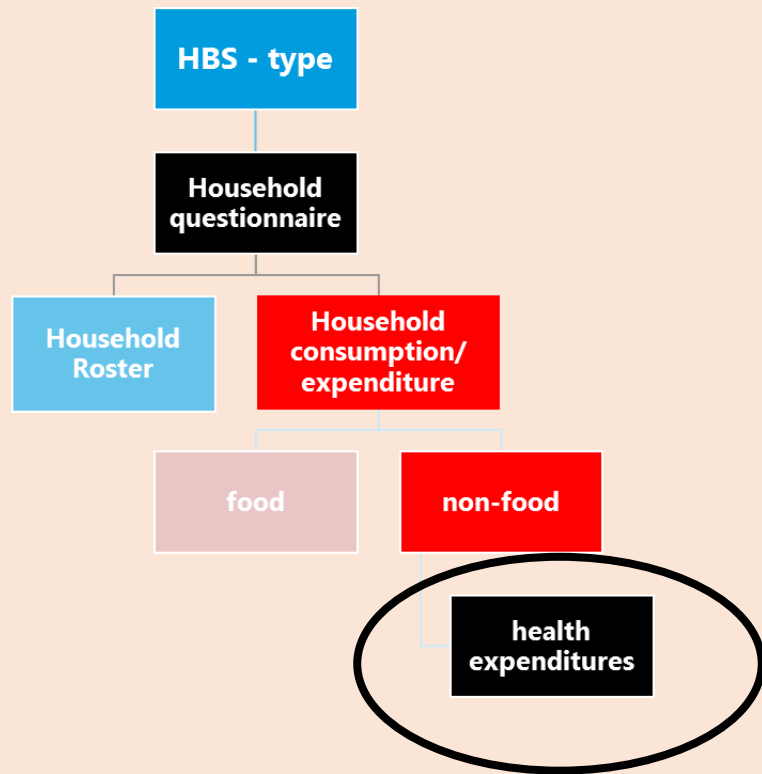
Variable name	Variables	COICOP code
HHID	Household code/ID	
REGION	Region/strata	
URBAN	Urban (=1) / rural (=0)	
HH_SIZE	Household size	
CHILD_13	Children who are less than 13 years old	
AGE_HHH	Age of the head of the household	
SEX_HHH	Sex of the head of the household	
HH_C_EXP	Household total consumption expenditure (monthly, LCU)	
CC01	Household food consumption at home (monthly, LCU)	01
CC111	Household food consumption outside the home (monthly, LCU)	011.1
CC041	Household rent expenditure (monthly, LCU)	04.1
CC06	Household total health expenditure (monthly, LCU)	06
CC0611	Household outpatient medicine expenditure (monthly, LCU)	06.1.1
CC0612_3	Household other medical products and equipment expenditure (monthly, LCU)	06.1.2 & 06.1.3
...	...	...

[Household Survey Name]
[Country]
[Date, Name of Participant]

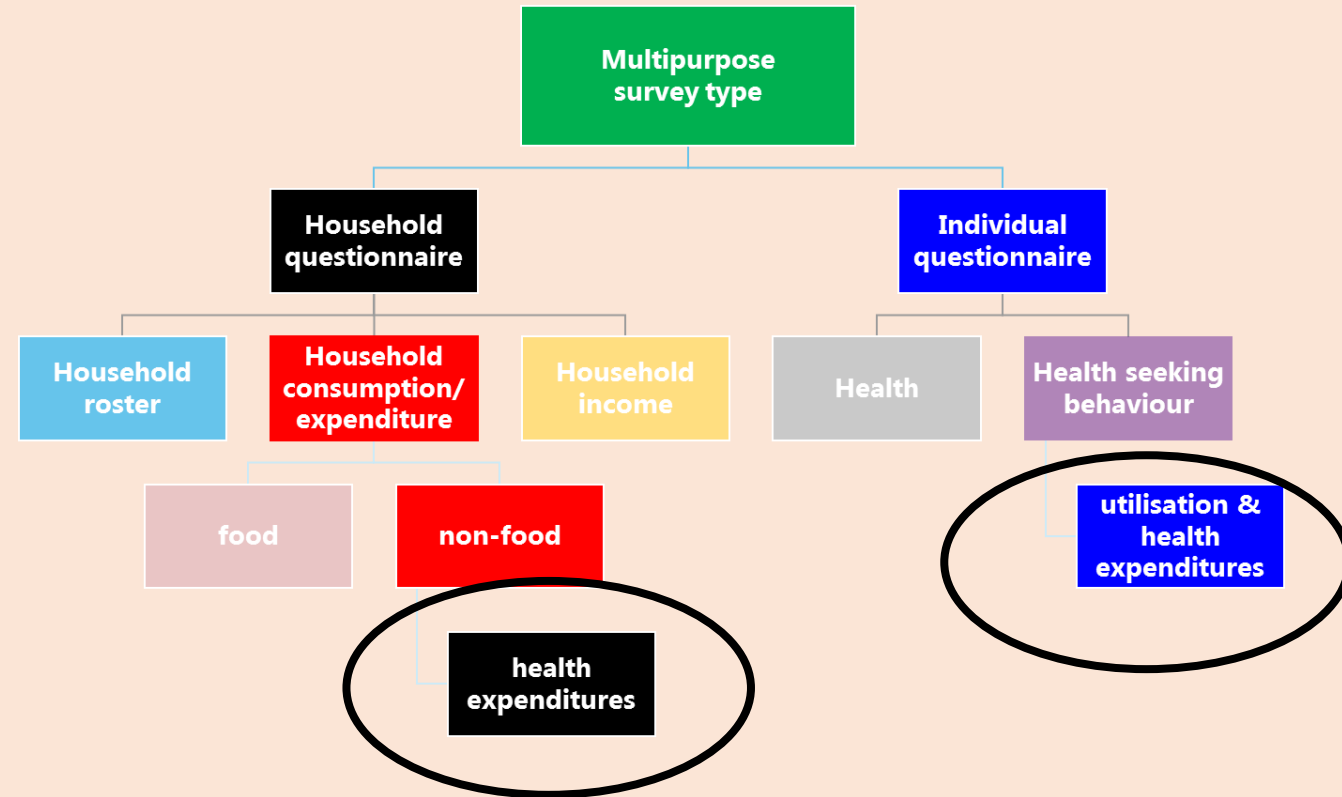
[name of the survey]

- Past, current and future rounds of survey:
 - [Frequency]
 - Data were collected in: [Past Years data were collected]
 - Data are to be collected in: [Any ongoing and Future Years planned]
 - Data to be analysed during the worksop: [survey acronym and year]
- Objectives of the survey (primary purpose):
 - [e.g. monitoring poverty; estimate price index; etc.]
- Survey design:
 - Survey collection tools: [Diary, Questionnaires, CAPI, ?]
 - Sample design: [Sampling strategy; Sample size]
- Changes over time
 - [list changes in objectives and or in survey design with years]

- Identify the figure that is the most relevant for your country to indicate where the information about health expenditure is



What is the data
collection method?



What are the recall periods?

Information about health expenditure (1/2)

Insert relevant figure
from previous slide

- Data collection method: (recall / diary)
- Data collection tools: (paper/capi)
- Recall period for each type of health expenditure:
 - Inpatient related expenditure: [e.g. 12 months]
 - Outpatient related expenditure: [e.g. 30 days]
 - Medicines and health products: [e.g. collected through diary]

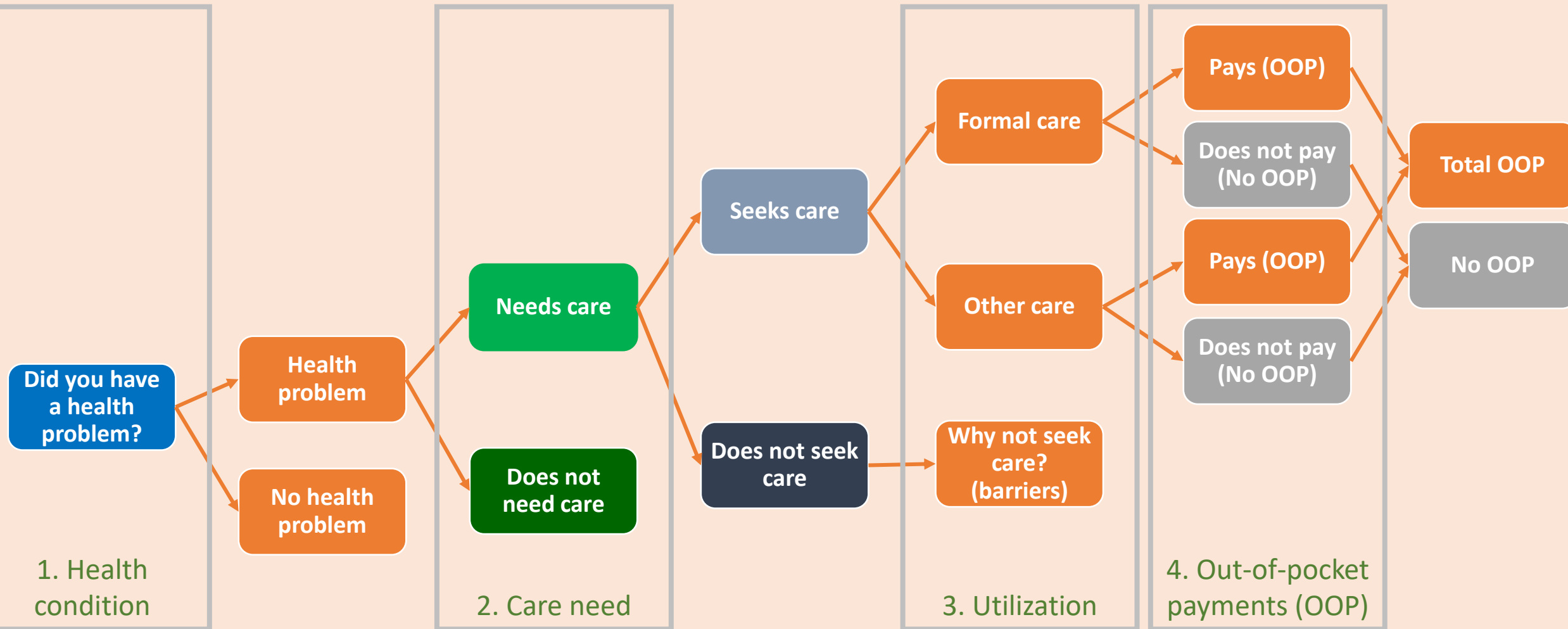
Information about health expenditure (2/2)

In the case health expenditure information come (partly or fully) from a health care utilization module,

- Please provide a diagram as in the following slide, indicating the process of questions from the « health care issue » to the « health expenditure ».
- Please indicate as well whether there are questions on barriers in case of unmet need in health care utilisation.

Decision tree from the moment a health problem emerges

Generic case – at the individual level



Information about total consumption expenditure

- Total consumption expenditure
 - Is/is not computed in the survey
 - Includes/does not include imputed rent
 - Includes/does not include health expenditure
- Data collection method: (recall / diary)
- Data collection tools: (paper/capi)
- Recall period: [define recall period(s)]

Financial protection monitoring in Pacific Island Countries

15 October 2026

