**Paper 1: Assessing financial risk protection in the context of UHC**

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One of the dimensions of UHC is to achieve financial risk protection (FRP) for all. Currently, FRP is understood as protection from financial hardships, *including possible* impoverishment, resulting from direct out-of-pocket payments for health services. To date, two broad traditional measures are used in the literature to assess FRP – impoverishment and financial catastrophe. Briefly, financial catastrophe results from a situation where a household spends more than a certain proportion of their total consumption directly out-of-pocket on health services while impoverishment occurs when direct out-of-pocket spending on health services pushes a monetarily non-poor individual into poverty. There are debates around the choice of poverty line or catastrophic payment thresholds, for example. While these debates continue, there are other conceptual issues that have been overlooked in terms of how FRP is understood within the framework of UHC. This relates mainly to the population upon which FRP is assessed.

Using the traditional ways of assessing FRP, it is the case that (i) households or families that did not use any health service and (ii) those that use ‘minimal’ cost health services thus paying little or nothing for such services are considered *financially protected.* Regarding the latter, if some households had utilised high cost services, they may be re-categorised as lacking FRP.

There is no doubt that the traditional measures of FRP have implicit benefits. Indeed they capture the extent to which current health service users are impoverished or face financial catastrophe due to direct out-of-pocket payments. However, we argue and seek to debate that if there is substantial interest in UHC (and universal FRP), these measures need to account for everyone beyond only the current health service users that pay significant amounts out-of-pocket in such instance to either impoverish them or lead to financial catastrophe.

Thus this paper aims to debate and bring to the fore some conceptual issues with the FRP dimension of UHC that have been overlooked especially within the framework for monitoring UHC. It also seeks to explore how FRP should be assessed within the context of universal FRP. We argue that universal FRP should be able to answer the key question of whether everyone within a given geographic location, if the need arises, will not face financial hardships from using such health services. We believe that UHC is for all and as such everyone should count in the assessment of progress towards UHC.