

Fiscal Impact Analysis of Multiple Myeloma in Hungary

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Health · Finance · Social budgets

Where fiscal analysis fits

Fiscal impact analysis: what a disease costs the state across all ministries

CEA

Cost-effectiveness analysis

HTA agencies

“Should we reimburse this medicine?”

BIA

Budget impact analysis

Payers

“What will it cost the payer?”

COI

Cost of illness

Analysts

“What is the total economic burden?”

FIA

Fiscal impact analysis

Ministries of finance, health and labour

“What does the disease cost the state?”

THIS STUDY

It complements cost-effectiveness analysis – it does not replace it.

Typology: authors' summary. Government-perspective framework: Connolly MP, Kotsopoulos N, Postma MJ, Bhatt A. Value Health 2017;20(2):273–277.

Three channels, three budgets

About 4 in 10 euros of Hungary's 2024 myeloma burden were not healthcare costs



Healthcare spending

NEAK-reimbursed
treatment, mainly medicines

€36.9m

60.4% of the total
Health budget (NEAK)



Lost taxes and contributions

Patients and carers working
less; premature deaths

€24.1m

39.4% of the total
Tax and contribution revenue



Social benefits

Extra sick-leave and
disability payments

€0.12m

0.2% of the total
Cash benefits

Source: Babela R, Krcmery S. Hungary myeloma fiscal report (PHC, 2025), Table 3.3; framework: Connolly et al., Value Health 2017.

Myeloma in Central Europe

Economist Impact (2024): rising burden, care gap – and little evidence on costs

+37.5%

Age-standardised incidence, Central Europe
1990–2019

≈+32%

Age-standardised death rate, Central & Eastern Europe
1990–2019

61.5

Quality-of-care index in the region
Western Europe: 83.2 (2019)

+21%

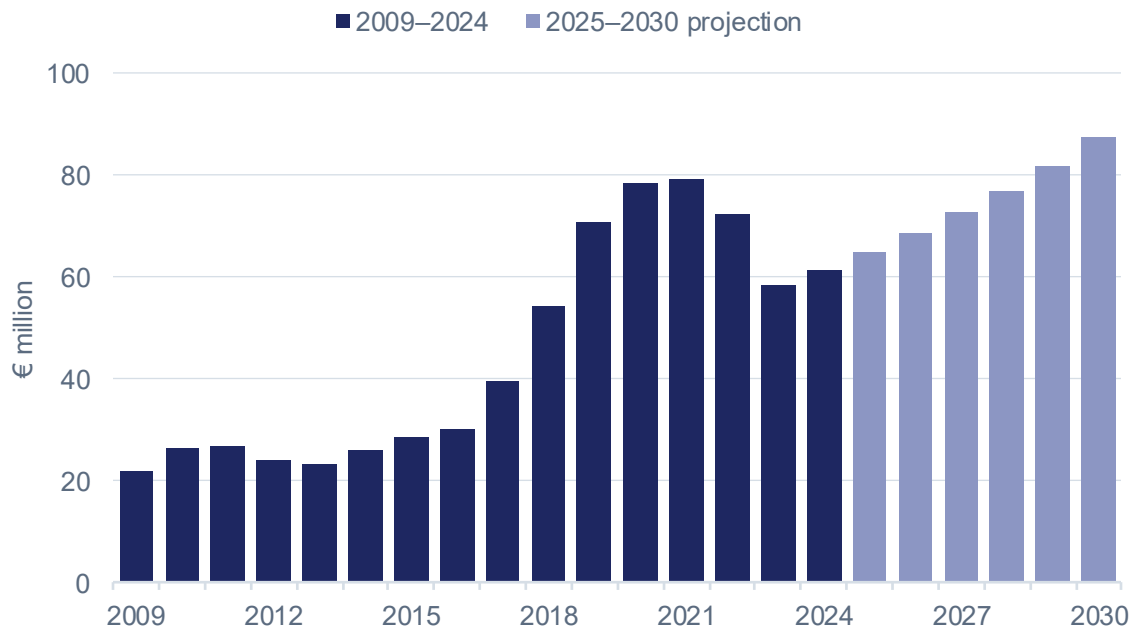
Hungary: new cases aged 60–85
2022–2050 (IARC);
deaths +26%

Five calls to action

- 1 Earlier diagnosis and specialist referral
- 2 Stronger, multidisciplinary care pathways
- 3 Better access to innovation
- 4 Better burden estimates, incl. indirect costs
– **our contribution**
- 5 Closer collaboration of all stakeholders

Hungary, 2009–2030

€61.2m in 2024 (+182% since 2009), projected to reach €87.1m by 2030



€78.9m

2021 peak, after novel therapies were adopted in 2017–2021

–35%

Healthcare costs 2021–2024, likely renegotiation and biosimilars

€87.1m

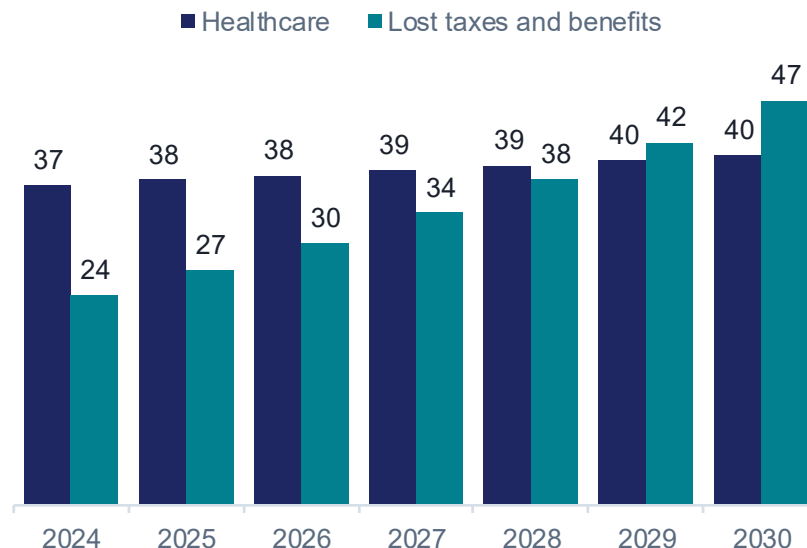
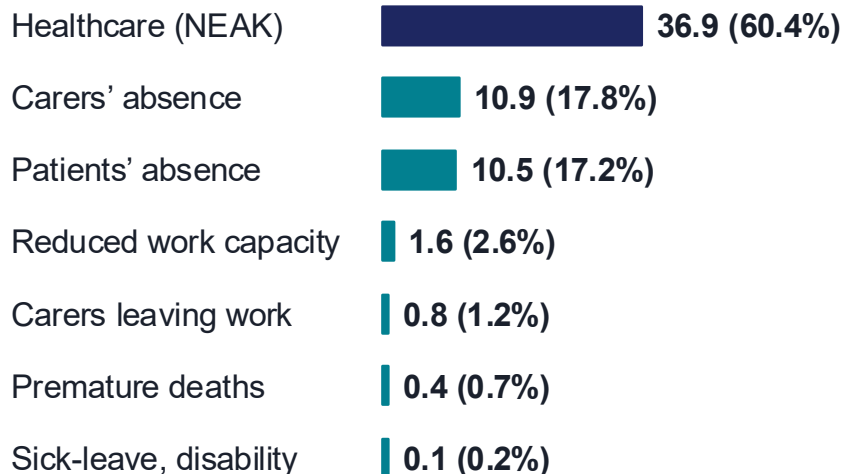
2030 projection (+42%), mostly from lost taxes and benefits

Source: Babela & Krcmery (PHC, 2025), Tables 3.2, 4.1–4.3. Healthcare = gross NEAK spending before rebates; 2024 uses forecast incident cases and deaths; 2025–2030 mean forecast.

Where the burden falls

Lost taxes and benefits grow 11.5% a year and overtake healthcare costs in 2029

2024 burden by component, € million (% of total)



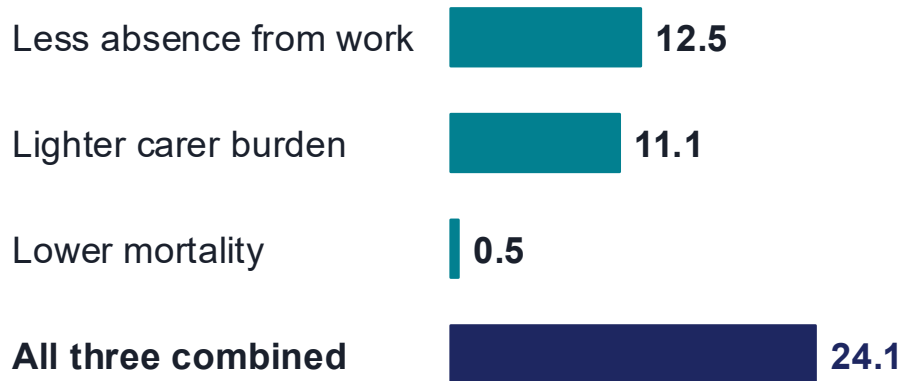
Of the four countries, only Hungary is projected to see this crossover by 2030.

Source: Babela & Krcmery (PHC, 2025), Tables 3.3, 4.2; shares rounded. Healthcare share of the 2030 burden: HU 46%, CZ 56%, SK 81%, HR 84% (PHC country reports, 2025).

What better outcomes return

10% improvements would save **€24.1m** over 2024-2030, **98%** via work and care

What-if savings 2024–2030, 10% improvement (€ million)



= 4.7% of the €512.3m burden 2024–2030; **98% from keeping patients and carers in work**

Hidden vs visible cost

Every €1 spent on myeloma care is **recovered** in public finances as indirect fiscal value of:

€0.80 over 5 years
2024–2028

€1.05 over 10 years
2024–2033

in taxes, contributions and benefits.

Source: Babela & Krcmery (PHC, 2025), Tables 5.1–5.2. What-if savings, before programme costs; indirect components only. Ratio = cumulative lost taxes and benefits ÷ healthcare spending (gross NEAK); 2031–33 extrapolated.

Fit with the new health policy

Hungary's new health agenda and the Draghi report point the same way

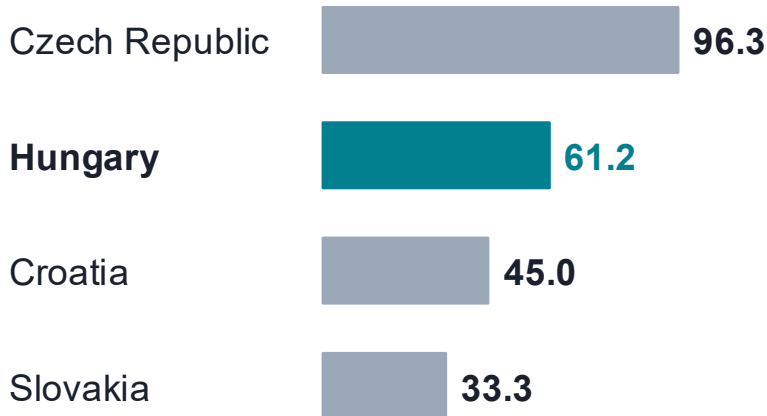
	Hungarian evidence	Government agenda (2026)	Draghi report (2024)
Workforce & carers	Lost taxes and benefits grow 11.5% a year; above care costs from 2029	Flexible work, 'caring workplaces'; home-care allowance +50%	Workforce shrinking by ~2 million a year by 2040
Access & value	W.A.I.T. 2024 oncology: 18/56 medicines (EU 28); 504 days (EU 586)	Value-based reimbursement tied to proven health gain; outcome-based deals	Faster market access for novel medicines
Investment	Each €1 of care: another €0.80–1.05 lost in taxes and benefits	≥HUF 500bn more a year; 7% of GDP by 2030; 2026 bill: high-value drugs +25%	Higher productivity is needed to finance Europe's social model
Data	Yearly tracking with linked NEAK, KSH and employment data	NEAK as active insurer; NEAK data linked with EESZT	Faster digitisation of health systems; the EHDS

Sources: TISZA programme (2026) pp. 50, 144, 150; Minister Zs. Hegedűs, 18 Jul and 17 Sep 2026; Pharmindex, 2 Sep 2026; EFPIA W.A.I.T. 2024, pp. 22, 26; Draghi report Part A (2024) pp. 1, 19, 31.

Hungary in the region

Second-largest myeloma burden of the four countries: €61.2m of €235.8m

Fiscal burden 2024 (€ million)



Four countries: €235.8m
+127.1% since 2014

Country	Since 2014	Per new case	Outside healthcare
Czech Republic	+115.0%	€126,114	41.9%
Hungary	+137.0%	€92,447	39.6%
Croatia	+295.7%	€136,334	11.4%
Slovakia	+52.3%	€102,941	19.7%
Four countries	+127.1%	€113,412	32.3%

Per new case = total burden ÷ newly diagnosed cases (a normalisation, not a cost per patient). Outside healthcare = lost taxes, contributions and benefits.

Source: four-country dataset as presented at Brijuni 2026, based on the PHC country reports (2025).

There is no small disease

Invest smartly, now more than ever - fiscal analysis shows where it pays off



No small disease

~660 new cases and €61.2m in 2024; €87.1m by 2030



Cost moves beyond health

Lost taxes and benefits set to top care costs in 2029; Europe's workforce set to shrink



Invest where it returns

10% gains for carers, work and survival: €24.1m what-if saving, 2024–2030



A good tool to start with

Fiscal impact analysis can guide where the extra HUF 500bn goes

Health is “one of the best investments in the country’s future.”

TISZA programme, 2026 (our translation)

Sources: Babela & Krcmery (PHC, 2025); TISZA programme (2026) pp. 139, 144 – quotation in our translation; Draghi report, Part A (2024) pp. 1, 19.

Thank you

“Without data, we are just another person with an opinion.”

prof. Robert Babela, FISAC

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