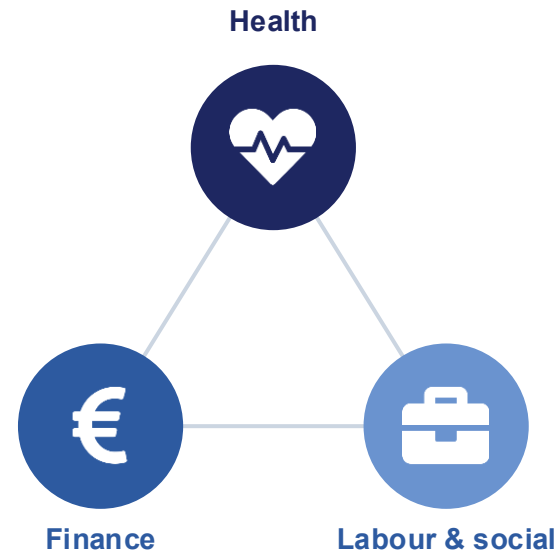


Counting the Whole Bill: The Fiscal Consequences of Disease

Evidence from multiple myeloma in Czechia, Slovakia, Hungary and Croatia

Robert Babela

Slovak Medical University & Project HealthCare, Bratislava, Slovakia



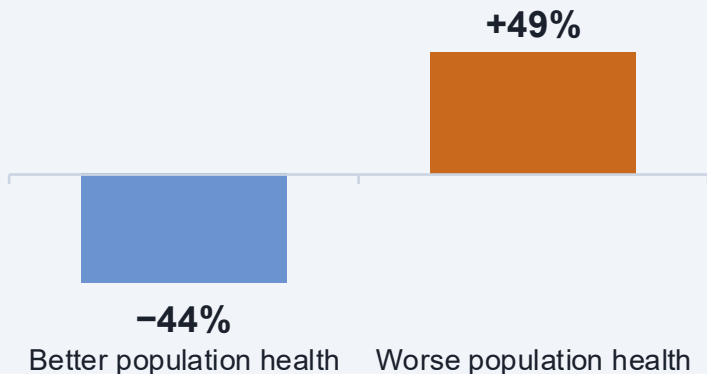
One disease, three budgets

Ill health is a fiscal risk

In UK projections, population health moves public debt by over 40% of GDP either way

UK public debt in 2073-74 vs baseline

% of GDP, OBR long-term health scenarios



Scenarios vary work-limiting ill health, life expectancy, healthy life expectancy and chronic-disease cost pressures.



“Health is not a fiscal drain, but a societal and fiscal stabilizer.”

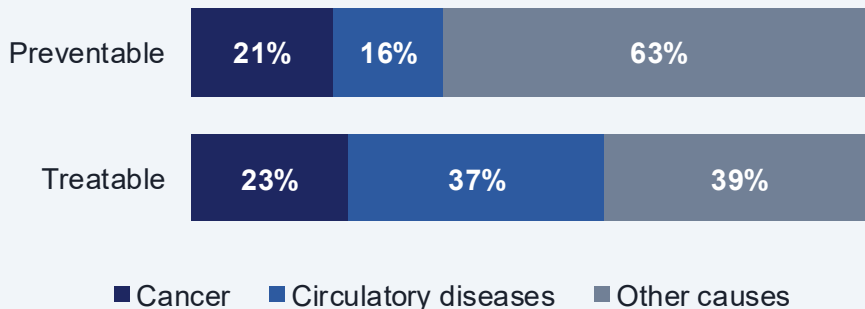
WifOR Institute (2025), Healthy Returns, p. 11

Cancer and CVD: deaths we could avoid

Cancer and circulatory disease cause a large share of avoidable deaths - and much of cancer's cost falls outside the health system

Share of avoidable premature deaths by cause

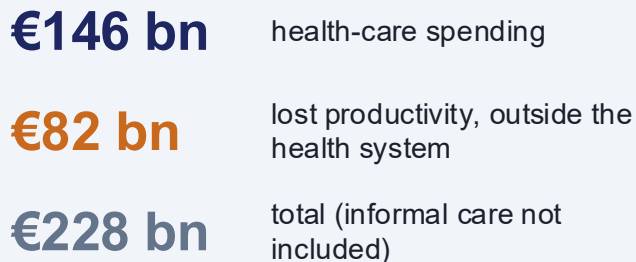
26 OECD countries, 2020/21: 2,077,973 preventable and 975,710 treatable premature deaths



**Cancer and circulatory diseases together:
37% of preventable and 60% of treatable premature deaths**

Cost of cancer in Europe, 2023

EU-27, Iceland, Norway, Switzerland, UK



*“...the economic benefits of increased health spending on cancer care have largely been realized outside the healthcare system itself.”
(IHE, p. 18)*

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.

Why multiple myeloma?

Incidence and mortality are rising in Central and Eastern Europe, and quality of care lags behind Western Europe

+37.5% | +42.1%

Age-standardised incidence,
1990–2019

Central Europe | Eastern Europe

≈ +32%

Age-standardised death rate,
1990–2019

Central and Eastern Europe; stable or
falling globally

61.5 vs 83.2

Myeloma Quality of Care Index,
2019

Central Europe & Baltics vs Western
Europe



A chronic cancer – not only of old age

Myeloma has moved from a rapidly lethal illness to multi-year disease control. Mean age at onset is 70–75 years, yet 37% of patients are younger than 65.



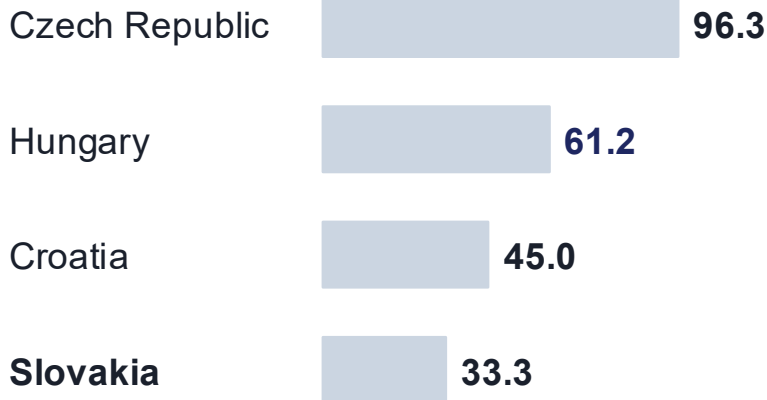
Two sides of the budget

“...where survival is improving and treatment is increasingly delivered in long sequences - the health and revenue sides of the budget respond in opposite directions.”

Four countries, one rising bill

The fiscal burden of multiple myeloma more than doubled between 2014 and 2024 (+127%) and is projected to reach €337 million by 2030

Fiscal burden 2024 (€ million)



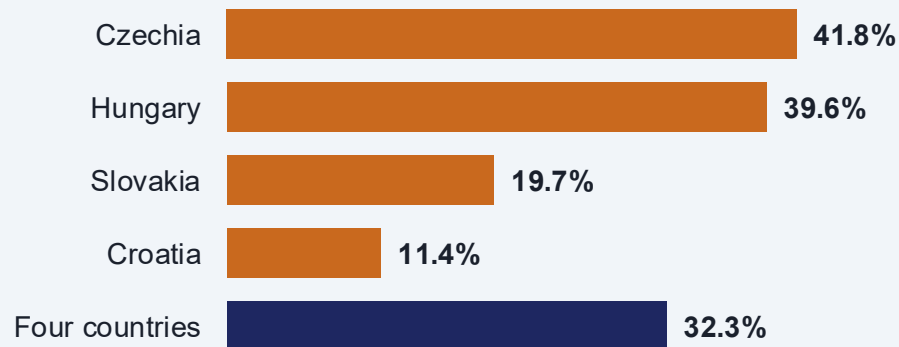
Four countries: €235.8m
+127.1% since 2014

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

Almost €1 in 3 is lost revenue, not health care

In 2024, €76.2 million of the €235.7 million burden was not health-care spending: it was revenue the State never collected, plus social transfers

Share of the 2024 burden outside health-care spending



Health care €159.6 m (67.7%) · lost taxes and contributions €75.9 m (32.2%) · sick-leave and disability transfers €0.3 m (0.1%)



Caregivers

€35.8 m

tax revenue lost in 2024 because family carers work less or are absent

- 15.2% of the total burden
- 47.2% of all lost tax revenue

What, if? Small improvements, measurable savings

5% improvements would save €35.3 million over 2024-2030, 97.5% of it from keeping patients and carers in work

Combined scenario



Caregiver burden -5%



Mortality -5%



Patient productivity +5%

€3.8 m

saved in 2024 (1.6% of the burden)

€35.3 m

saved 2024–2030, cumulative and undiscounted (1.8% of the burden)

Where the savings come from, 2024–2030

Patient productivity



51.9%

Caregivers



45.6%

Mortality



2.5%

Second-order effects (e.g. more survivors) are not modelled.

Take-home messages

Make fiscal impact analysis a routine input to HTA, budget and prevention decisions



1. Count the whole bill

Almost a third of myeloma's fiscal burden (€76.2 m in 2024) is lost revenue and transfers, not health care.



2. Decide across ministries

Health, finance and labour pay for the same disease; one fiscal model gives them one shared number.



3. Keep patients and carers in work

Carers account for 47% of the tax revenue lost; supporting them recovers revenue outside the drug budget.



4. Value timely access to innovation

€1 in newer medicines returned €5.67 in 29 countries (WiFOR, 2025)



5. Treat prevention as fiscal policy

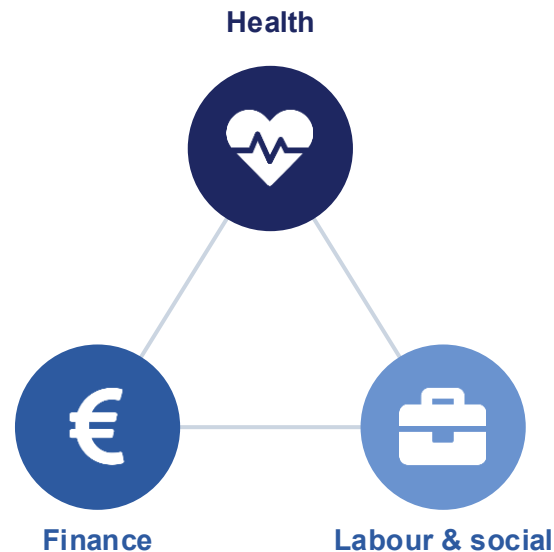
In UK projections, better population health lowers public debt by 44% of GDP by 2073-74 (vs baseline).

Thank you

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

Robert Babela

Slovak Medical University & Project HealthCare, Bratislava, Slovakia



One disease, three budgets

Key sources

Backup – full references

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