

Multiple Myeloma as a Cross-Sectoral Fiscal Burden in Czech Republic and Slovakia – in Regional Context.

A whole-of-government analysis from 2009 to 2030

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Where Does Fiscal Impact Analysis Fit?

Cost-Effectiveness Analysis (CEA)

HTA agencies

"Should we reimburse this drug?"

Budget Impact Analysis (BIA)

Payers, insurers

"What will this cost the payer?"

Cost-of-Illness (COI / BoD)

Analytical teams

"What is the total economic burden?"

Fiscal Impact Analysis (FIA)

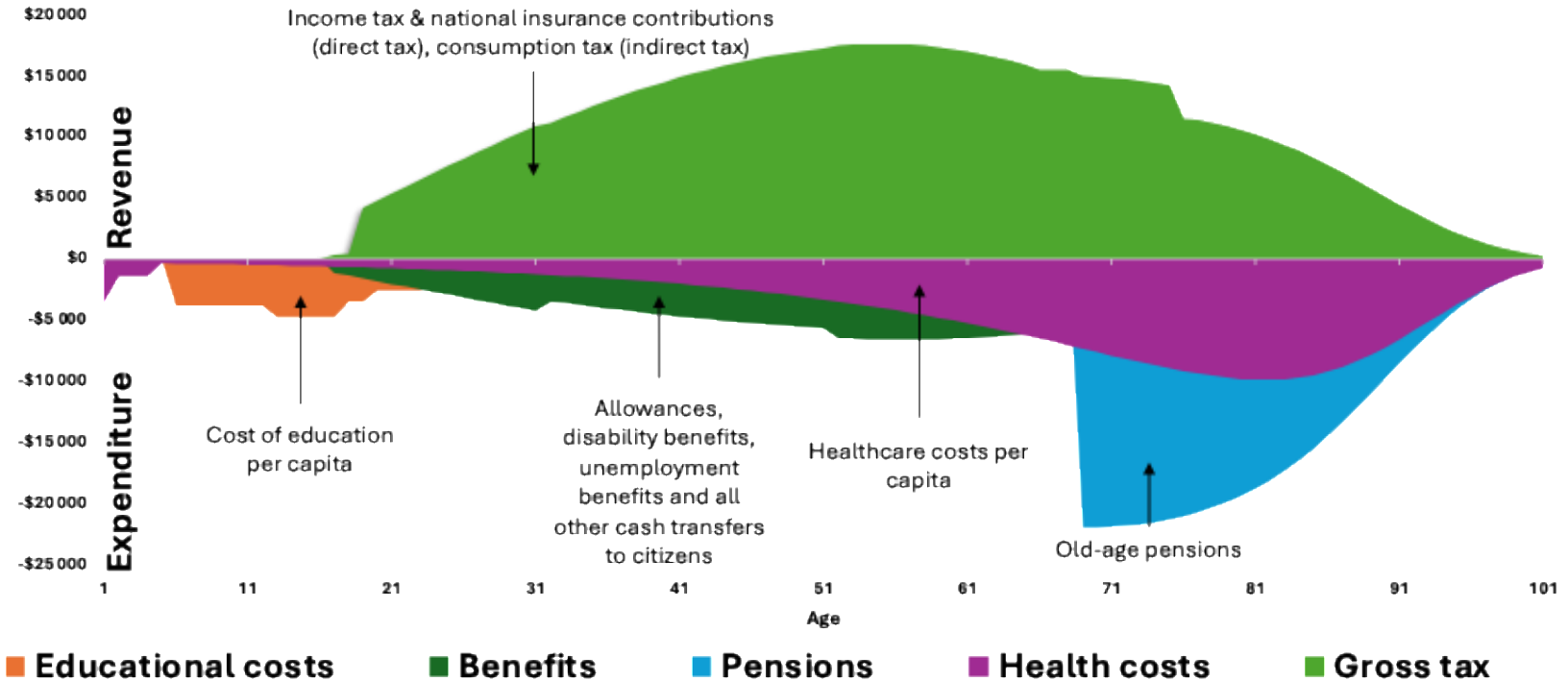
MoF, MoH, Parliament

"What does this disease cost the STATE across ALL ministries?"

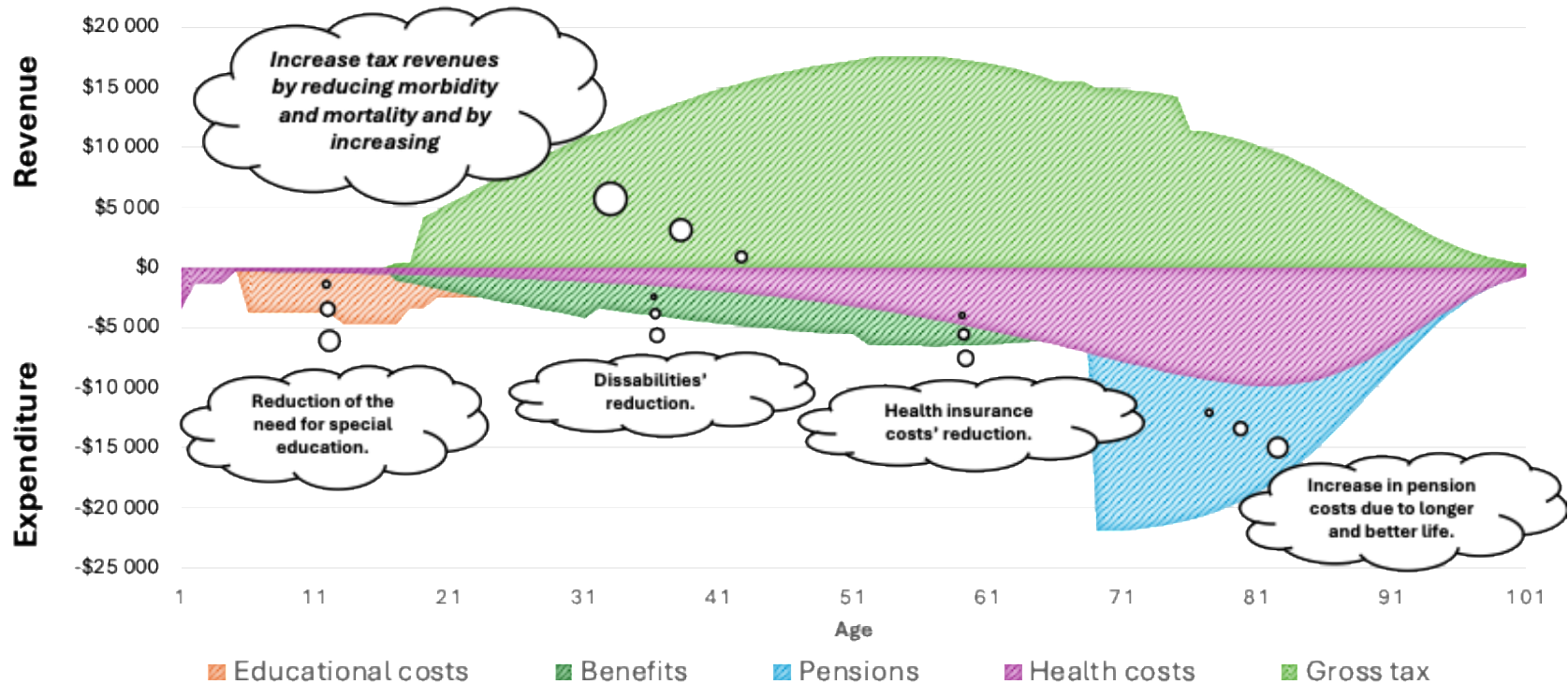
THIS STUDY

Fiscal Impact Analysis reframes health spending as a cross-ministerial investment with measurable returns on government revenues and transfers.

Government Fiscal Transfers Across the Life Course



Impact of Healthcare Interventions on Government Fiscal Transfers



Key Insights: The Health Burden of Myeloma Is Rising

37–41%

incidence increase
(2019 vs 1990)

32%

increase in
death rate

61.5 vs 83.2

Quality of Care Index
CE&B vs Western Europe

Calls to Action (Economist Impact, 2024)

1. Facilitate **early diagnosis** and specialist referral
2. **Invest** in strengthening healthcare systems to improve the care pathway
3. Improve **access to innovation**
4. Strengthen **stakeholder collaboration** towards delivery of high-quality care
5. Enhance estimates of the burden of myeloma and impact of comprehensive care

What Constitutes the Fiscal Burden of a Disease?

1

DIRECT STATE EXPENDITURE

(what the government pays)

- Medicines and therapies
- Hospital and outpatient care
- Diagnostics, imaging, monitoring
- Management of complications
- Sick leave benefits
- Disability pensions

2

LOST STATE REVENUES

(what the government does not collect)

- Personal income tax (patients work less)
- VAT / consumption tax (patients consume less)
- Social contributions (less time in employment)
- Tax from caregivers (must provide unpaid care)

3

LOST PRODUCTIVITY

(what the economy does not produce)

- Premature deaths (lost working years)
- Absenteeism (sick leave)
- Presenteeism (reduced performance)
- Early retirement / disability exit

Methodology and Data Sources

Analytical Framework

Connolly et al. (2017) government-perspective fiscal consequences framework

Human capital approach

22-sheet Excel model per country

Time horizon: 2009–2030

All values in EUR

Data Sources

CZ: UZIS, ČSSZ, Czech Cancer Registry, SVOD

SK: NCZI, Social Insurance Agency, SR Statistics

HR: HZZO, Croatian Cancer Registry, CBS

HU: NEAK, KSH, National Cancer Registry

Cross-country: EUROSTAT, OECD, GLOBOCAN

2014 and 2024 shown as representative decade endpoints.

Full series 2009–2030 will be soon available in the country reports, www.projecthealthcare.sk.

CZECH REPUBLIC

Metric	2014	2024	Change	% Change
Total Fiscal Impact	€44,819,061	€96,346,216	+€51,527,155	+115.0%
Per Patient	€78,455	€126,114	+€47,659	+60.7%
Total without HC	€21,981,578	€40,325,559	+€18,343,981	+83.5%
Per Patient without HC	€38,492	€52,784	+€14,292	+37.1%

Country	Current 2024 Burden	Combined Savings (10% Caregiver Reduction, 10% Mortality Reduction, 10% Productivity Improvement)	New Total	Savings %
Czech Rep.	€96,346,216	€ 4,030,577	€92,315,639	4.18%

SLOVAKIA

Metric	2014	2024	Change	% Change
Total Fiscal Impact	€21,828,165	€33,253,276	+€11,425,111	+52.4%
Per Patient	€62,876	€102,941	+€40,065	+63.7%
Total without HC	€4,728,944	€6,540,957	+€1,812,013	+38.3%
Per Patient without HC	€13,624	€20,251	+€6,627	+48.6%

Country	Current 2024 Burden	Combined Savings (10% Caregiver Reduction, 10% Mortality Reduction, 10% Productivity Improvement)	New Total	Savings %
Slovakia	€33,253,276	€ 640,680	€32,612,596	1.93%

CROATIA

Metric	2014	2024	Change	% Change
Total Fiscal Impact	€11,369,930	€44,990,247	+€33,620,317	+295.7%
Per Patient	€39,755	€136,334	+€96,579	+242.9%
Total without HC	€3,039,894	€5,109,741	+€2,069,847	+68.1%
Per Patient without HC	€10,629	€15,515	+€4,886	+46.0%

Country	Current 2024 Burden	Combined Savings (10% Caregiver Reduction, 10% Mortality Reduction, 10% Productivity Improvement)	New Total	Savings %
Croatia	€44,990,247	€ 956,004	€44,034,243	2.12%

HUNGARY

Metric	2014	2024	Change	% Change
Total Fiscal Impact	€25,820,000	€61,195,759	+€35,375,759	+137.0%
Per Patient	€41,378	€92,447	+€51,069	+123.4%
Total without HC	€17,820,000	€24,246,145	+€6,426,145	+36.1%
Per Patient without HC	€28,558	€36,628	+€8,070	+28.3%

Country	Current 2024 Burden	Combined Savings (10% Caregiver Reduction, 10% Mortality Reduction, 10% Productivity Improvement)	New Total	Savings %
Hungary	€61,195,759	€ 3,437,714	€57,758,045	5.62%

REGION — 4 COUNTRIES COMBINED

Metric	2014	2024	Change	% Change
Total Fiscal Impact	€103,837,156	€235,785,498	+€131,948,342	+127.1%
Per Patient	€56,803	€113,412	+€56,609	+99.7%
Total without HC	€47,570,416	€76,222,402	+€28,651,986	+60.2%
Per Patient without HC	€26,023	€36,663	+€10,640	+40.9%

Country	Current 2024 Burden	Combined Savings	New Total	Savings %
Czech Rep.	€96,346,216	€4,030,577	€92,315,639	4.18%
Slovakia	€33,253,276	€640,680	€32,612,596	1.93%
Croatia	€44,990,247	€956,004	€44,034,243	2.12%
Hungary	€61,195,759	€3,437,714	€57,758,045	5.62%
REGION	€235,785,498	€9,064,975	€226,720,523	3.84%

Policy Implications: A Whole-of-Government Challenge

€236 M

Regional fiscal burden in 2024
across 4 CE countries

~€9.1 M

potential annual savings through
targeted interventions

- 1 **Cross-ministerial coordination required**
- 2 **Healthcare investment generates fiscal returns**
- 3 **Indirect costs are structurally modifiable**
- 4 **Every disease matters — even rare ones**

MM fiscal burden spans Health, Finance, Labour, and Social Affairs ministries. Siloed responses miss 11–42% of the fiscal impact (non-HC component).

CZ Caregiver ROI of 5.19x and SK ROI of 142% demonstrate that health spending is a productive investment, not merely a cost.

Caregiver support, return-to-work programs, and early diagnosis can recover lost tax revenues and reduce transfer payments.

MM affects a small patient population, yet generates €236M in fiscal pressure. Fiscal modelling reveals the true whole-of-government cost.

Key Takeaways

1

MM is a fiscal issue, not just a clinical one. It proves: there is no small disease!

€236M regional burden in 2024 (+127% since 2014) — pressure across all government budgets.

2

Country structures differ — policy must adapt

CZ: indirect 42% (caregiver-driven), highest non-HC burden. SK: HC 80%. HR: +296% growth.

3

Invest in caregivers and workforce retention

Caregiver support = most fiscally efficient intervention (CZ: ROI 5.19x). Preserves the tax base.

4

Data infrastructure is the foundation

Registries, linked payer data, cross-ministerial reporting — prerequisites for evidence-based policy.

5

Is our region ready to lead the way?

The fiscal evidence is clear. The tools exist. Does political will match the scale of the challenge?

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

Thank you.

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