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**IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON
ECONOMIC, SOCIAL AND CULTURAL RIGHTS**

**CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES
IN ACCORDANCE WITH ARTICLE 16 OF THE INTERNATIONAL
COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS**

**Replies by the Government of HUNGARY to the List of Issues (E/C.12/HUN/Q/3)
to be taken up in connection with the consideration of the third periodic report
of Hungary concerning the rights referred to in articles 1-15 of the International
Covenant on Economic, Social and Cultural Rights (E/1990/5/Add.67)***

[26 February 2007]

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document was not formally edited before being sent to the United Nations translation services.

I. GENERAL FRAMEWORK WITHIN WHICH THE COVENANT IS IMPLEMENTED

Q1. Please provide further clarification as to why the provisions of the Covenant are not directly applied by the Hungarian courts (see paragraphs 6-8 of the report), even though only few economic, social and cultural rights are protected as enforceable rights in the Constitution (see paragraph 18 of the report)

1. The International Covenant on Economic, Social and Cultural Rights is part of the Hungarian legal system (Decree No. 9 of 1976) so courts have the possibility to apply the document. In the Hungarian legal system not only the Constitution but also sectoral acts regulate economic, cultural and social rights and these legal norms are directly applicable.

Q2. Please provide information on measures taken by Parliament in response to recommendations of the separate ombudsmen for human rights, data protection, and minority affairs relating to economic, social and cultural rights. Please indicate whether the State party has a national human rights action plan, in accordance with the Vienna Declaration and Programme of Action of 1993

2. Examining the role of the Parliamentary Commissioner in the legislative procedure we must pay attention to the fact that the Ombudsman's main activity is to control the application of the law. When enquiring into legal regulations, the Ombudsman has to face significant limitations. The Parliamentary Commissioner shall not enforce any political aspects during the enquiry into statutory instruments.

3. The Ombudsman is entitled to initiate the review of a legal regulation only if any improprieties are observed in relation to constitutional human rights.

4. Complaints concerning social security raised a further barrier to the Ombudsman's intervention in the early years; namely, the problem that second- and third-generation constitutional rights - such as right to social security and right to work - cannot be enforced as a State obligation, since these rights are stipulated as a State aim in the Hungarian Constitution. Therefore the Parliamentary Commissioner shall make a recommendation for modification in this field only in very justified cases, for example when the violation of social security links to the violation of some other first-generation constitutional rights such as the prohibition of discrimination.

5. Legislative initiatives of the Parliamentary Commissioner for Civil Rights and his General Deputy have been mostly successful. Almost 80 per cent of their initiatives have been accepted, which can be considered as an outstanding result even in an international comparison.

6. The experiences of the last 10 years' negotiations reflect that the National Assembly attaches increasing importance to the recommendations and expert opinions on draft legislation and legislation proposed by the parliamentary commissioners.

7. The Speaker and the Secretary-General of the National Assembly have been making increasing efforts to manage and administer the parliamentary commissioners' recommendations, as well as the Speaker of the National Assembly drawing attention to the

recommendations through the designations. In recent years it has become a proven practice that, at the request of the Secretary-General of the National Assembly, the Speaker contacted and asked the Prime Minister to specify what the Government envisaged to do, in the actual autumn/spring legislative programme, with the ombudspersons' recommendations and the repeated recommendations requiring investigation by the National Assembly.

8. The following Acts and Act amendments entered into force as a result of the initiatives of the Parliamentary Commissioner for Civil Rights and his General Deputy in the period of 1 July 1995-31 December 2000:

(a) Act No. 31 of 1997 on the Protection of Children and Child Welfare Administration (OBH 958/1995). Entered into force: 1 November 1997;

(b) Determination of the State normative (in psychiatric institutions) - in Act No. 146 of 1997 on the Annual Budget (OBH 2255/1996). Entered into force: 1 January 1998;

(c) On the subvention of health insurance self-governments - in Act No. 90 of 1998 on the Annual Budget of the year 1999 (OBH 3170/1997). Entered into force: 1 January 1999;

(d) Act No. 31 of 1997 on the Admission, Dismissal and Regular Review of the Emplacement to Special Children's Wards (OBH 5423/1996). Entered into force: 1 December 2002;

(e) Act No. 73 of 1999 amending the Act on Social Services and Administration (OBH 2522/1997, OBH 9329/1996). Entered into force: 1 October 1999;

(f) The recommendation concerning the modification of Act No. 31 of 1997 on the Protection of Children was regulated in the Act on the Annual Budget of the year 2000 (OBH 1004/1999). Entered into force: 1 January 2000;

(g) Act No. 81 of 1997 on Social Insurance Retiring Allowances was modified by Act No. 109 of 1999 on the Annual Budget of the Social Insurance Financial Funds for the year 2000 (OBH 2791/1998). Entered into force: 1 January 2000;

(h) Act No. 2 of 1975 on Social Insurance was repealed by Act No. 80 of 1997 on Social Insurance (OBH 0066/1995, OBH 6089/1996, OBH 2971/1998). Entered into force: 1 January 1998;

(i) Act No. 80 of 1993 on Higher Education was modified by Act No. 127 of 1997 (OBH 6981/1997). Entered into force: 1 January 1998;

(j) Act No. 79 of 1993 on Public Education was modified by Act No. 68 of 1999 on Public Education (OBH 6213/1998). Entered into force: 1 September 1999.

9. The following are the fulfilled legislative recommendations:

(a) The recommendation to the Minister of Internal Affairs concerning the extra vacation of public servants working under dangerous ionizing radiance circumstances was accepted. Parliament modified Act No. 23 of 1992 on the Legal Status of Public Servants;

(b) The recommendations of the Ombudsman concerning the Act on Higher Education were fulfilled with Act No. 91 of 2001. (The modifications entered into force on 1 January 2002);

(c) In 1999, 2000 and 2001 the Parliamentary Commissioner recommended that Parliament examine the possibilities for eliminating the violations relating to the constitutional rights of sick detainees under the Act on Health Care even before the creation and entering into effect of the new Penal Act. The recommendation was fulfilled in Act No. 34 of 2001 (entered into force on 12 July 2001);

(d) In 2001 the Ombudsman recommended to the Minister of Social and Family Affairs that Act No. 31 of 1997 on the Protection of Children and Child Welfare Administration should stipulate the weekly home supply as a form of attendance besides the children's transitional ward. The recommendation was partly fulfilled in Act No. 9 of 2002 (entered into force on 1 January 2003);

(e) In 2001 the Ombudsman recommended that the Minister of Social and Family Affairs initiate the completion of the data-management provisions of Act No. 31 of 1997 on the Protection of Children and Child Welfare Administration. The recommendation was also fulfilled in Act No. 9 of 2002 (entered into force on 1 January 2003);

(f) Recommendation to the Minister of Social and Family Affairs to modify Act No. 26 of 1998 on the insurance of rights and equal opportunities of persons living with disabilities. The recommendation was fulfilled in Act No. 4 of 2003 (the relating provisions entered into force on 1 March 2003) and the relating governmental decree;

(g) In 2001 the Parliamentary Commissioner recommended the modification of Act No. 81 of 1997 on Social Insurance Retiring Allowances. The recommendation was fulfilled in Act No. 4 of 2003 (entered into force on 12 February 2003);

(h) In 2003 the Parliamentary Commissioner recommended that the Government amend Act No. 78 of 1993 on the rental of flats and premises and their alienation with some provisions regulating the protection of the renter's interest. The recommendation was fulfilled with Act No. 140 of 2004 (entered into force on 1 November 2005);

(i) Also in 2003 the Ombudsman recommended that the Minister of Health, Social and Family Affairs consider the completion of Act No. 154 of 1997 on Health Care with the rules relating to the taking and storage of umbilical-cord blood. The recommendation was fulfilled with Ministerial Decree 60/2003 (X. 20) of the Minister (entered into force on 23 March 2004);

(j) Modifications passed by Parliament in the interest of newborn babies put in incubators placed before hospitals (Act No. 22 of 2005 - in force: 8 May 2005).

10. Cases requiring examination by Parliament are as follows:

(a) In 1995, 1996, 1997 and 1998, the Ombudsman requested Parliament to examine the discrimination causing constitutional impropriety relating to the retirement of female professors of higher education;

(b) He also requested Parliament to examine the constitutional improprieties relating to the dismissal of trainers working in higher education caused by employees' decisions referring to subsidy reduction determined by the Act on the extra budget of 1995;

(c) In 1999 and 2000 the Ombudsman urged Parliament to examine the possibility of the establishment of special children's wards;

(d) In 1999 and 2000 the Ombudsman addressed Parliament concerning the constitutional right to the highest possible psychical and spiritual health. He requested Parliament to consider the modification of the Act on ÁNTSZ (or some lower legal norms) so that the cooperation forms of the public health services of different organs shall be regulated on the level of statutory instruments;

(e) In 2000 the Commissioner requested Parliament to review and (depending on the result of this review) delete a part of the contract offer made for public media concerning the budget support of severance pay relating to redundancy which prescribes a re-employment prohibition for five years. This recommendation, which is very important in relation to the prohibition of discrimination, the right to work and the right to the free choice of profession, was repeated in 2001, 2002 and 2003 as well.

11. At present Hungary has no national human rights action plan. According to Act No. 75 of 2003, Parliament has to create a National Action Plan for Equal Opportunity.

II. ISSUES RELATING TO THE GENERAL PROVISIONS OF THE COVENANT (arts. 1-5)

Article 2 (2) - Non-discrimination

Q3. Please provide information on new regulations and measures, including positive temporary measures, taken by the State party following the adoption of the Act on Equal Treatment and the Promotion of Equal Opportunities in 2003 (see paragraph 55 of the report), disaggregated by minority group, gender and geographical region

Minority group: the Roma population

12. In March 2004 the Government adopted governmental Decree No. 1021/2004. (III. 18) on the governmental programme and measures for the promotion of Roma people's social integration, which defines governmental actions for the period of 2004-2006. The main fields for governmental measures are as follows: the enforcement of equal rights; the improvement of the quality of life; education and training; employment; the development of information and communications technology (ITC) skills; culture, communication and ethnical identity.

13. In line with the above-mentioned Decree, for the period of 2007-2015 governmental measures concerning the promotion of Roma people's social integration are regulated in the framework of the Decade of Roma Inclusion National Action Plan. According to the Plan,

two-year programmes have to be developed to specify goals, indicators and a monitoring system, by specifying competencies, authorized organs and deadlines, in the following priority areas: education, employment, health and housing, as well as horizontal issues like the enforcement of equal rights and gender equality.

14. A range of measures taken to improve employment opportunities for the Roma are set forth in the answer to question No. 9.

Gender equality

15. Act No. 125 of 2003 on Equal Treatment and the Promotion of Equal Opportunities defines the concept of various types of discrimination, including discrimination based on gender, and includes a provision on the prohibition thereof.

Governmental institutions promoting the improvement of women's situation

16. For a horizontal view of gender equality to be present in all policies in Hungary, from planning through implementation to monitoring, a comprehensive national system of institutions needed to be established and continuously improved.

17. Between 1996 and 2004, institutional changes were implemented within the Government. In 2004 the Ministry of Youth, Family, Social Affairs and Equal Opportunities was set up. Its core responsibilities include the promotion of gender equality, as well as the development and improvement of gender mainstreaming¹ across all policy areas. Duties of the Ministry were transferred to the Ministry of Social Affairs and Labour after the elections held in 2006.

18. Pursuant to the Act on Equal Treatment and the Promotion of Equal Opportunities adopted in 2003, a body with nationwide competencies (the Equal Treatment Authority) was set up early in 2005 with the responsibility for gender audit. How the Authority operates is described in detail in Question 4.

19. The Government established the Women's Representation Council in order to accelerate both the related legislation on equal opportunities for women and the action programmes and to involve non-governmental organizations (NGOs) representing the interests of women. The Council is a consultative, opinion- and proposal-making body which prepares the decisions of the Government, and coordinates the implementation and control of action programmes promoting equal opportunities for women. It comprises representatives of NGOs working on the improvement of equal opportunities for women, social organizations with national competencies representing the interests of women, and individuals performing outstanding scientific and practical activities in relation to equal opportunities for women. It has the right to review and comment on draft legal regulations and measures promoting gender equality.

¹ "Gender mainstreaming" is the integration of the gender dimension on all levels of political processes into planning, implementation, monitoring, and evaluation, with the objective of promoting the enforcement of equality between women and men.

Measures taken in the various priority areas

The role of women in decision-making

20. Since the transformation, participation of women in politics has varied as regards the Parliament and local-government level. More information on the participation of women in decision-making is provided in Question 7.

Measures to improve the labour-market position of women

21. The low labour-market participation of both sexes constitutes one of the major challenges to the Hungarian employment policy. Low employment goes hand-in-hand with a relatively low rate of unemployment. At the same time, the situation is aggravated by the high ratio of inactive persons of working age. In Hungary, the employment rate of women is lower than both that of men and the EU average.

Government measures and programmes

22. The Government attaches great importance to increasing employment and, in particular, to promoting female employment. Furthermore, important aspects include the promotion of the reconciliation of work and family life (involving family support, accessible and acceptable quality childcare, flexible forms of work organization, etc.) and the reintegration of women wishing to re-enter the labour market after they had cared for their children or other relatives.

23. A variety of measures have recently been introduced to support women's participation in the labour market. They encourage both supply and demand. The employment of women on the supply side is primarily facilitated by improving the employability of women - by paying special attention to disadvantaged groups of women - by facilitating the reconciliation of family and work while on the demand side it is enabled by allowances relating to the employment of groups that are disadvantaged in terms of their participation in the labour market.

24. The low level of employment is partly a result of the extensive system of services and benefits related to the care of children and relatives. Although no discriminatory conditions for entitlement to the various forms of assistance granted to child-raising exist towards men, these benefits are availed of predominately by women. This is one of the reasons for young women dropping out of the labour market for several years, which makes it more difficult for them to return afterwards. According to various surveys, however, women with higher qualifications are more successful in returning to the labour market, even after having more than one child, than women with lower qualifications.

25. It is worth noting that gender equality also means that men should have the opportunity to take over such tasks as equal partners. This principle of equality is ensured across all forms of childcare benefits, as fathers are entitled to receive such benefits (childcare allowance, childcare fee, child-raising support) in the same way as mothers, the period of receiving such benefits counts as service period, and recipients pay a pension contribution. To promote and

strengthen the role of men in family obligations, since December 2002 fathers have been entitled to paternal leave of five days when a child is born. At the latest by the end of the second month following the child's birth, the father is also entitled to an additional five-day leave; and for this period, the central budget reimburses his salary to the employer.

26. In order to promote the employment of women and the reconciliation of work and family life, the 1st National Action Plan on Social Inclusion for 2004-2006 (NAP) included special employment programmes targeted at women, initiatives related to the dissemination of flexible forms of employment, and the improvement of day-care services for young children. The actions targeted employees, encouraging them and also giving support to employers, as well as creating a social services environment that promotes employment.

27. Since 2004, labour centres have launched "labour market programmes for the reintegration of women" in four counties. Under the programmes, 204 persons received training, community-service-type jobs, and complex assistance services (motivation training, team building, career correction service, job search club).

28. The purpose of the Human Resources Development Operative Programme (HRD OP) measure of the 1st National Development Plan of Hungary entitled "Promotion of women's participation in the labour market" is, on the one hand, to support the organization of training and support services encouraging women to return to the labour market or to establish themselves as private entrepreneurs; and, on the other hand, to disseminate family friendly methods of work organization and human resources management. In 2005, of the 694 participants, 115 successfully completed the training programmes; 378 participated in the consultancy programme and completed it successfully; and 97 persons found jobs. The total amount of funding available for the programme between 2004-2006 was EUR 11.2 million.

29. As part of the development of day-care facilities for children under 3 years of age, the 1st National Action Plan set a target of a 10 per cent increase in the number of day-care places for children under 3 years of age by 2007. In 2005, there were 24,073 places in crèches, and 4,564 in family day-care services. From 1 July 2005, it has been compulsory to operate crèches in every settlement with more than 10,000 inhabitants (Hungary has 14 settlements with more than 10,000 inhabitants where the local government does not operate a crèche). Unfortunately, at smaller settlements facilities are scarce, most crèches are run in cities, and only about 50 villages have crèche facilities. At smaller settlements, the objective is to establish family day-care centres, which can be operated more economically, and so the Government intends to give financial incentives to the local governments of small settlements to establish more family day-care centres. Family day-care facilities offer their services to working women who are unable to leave their children in other day-care establishments because of their work schedules. In Hungary every child aged 3-6 (or a maximum of 8) is entitled to day-nursery by right.

30. Companies employing women returning to the labour market after caring for a child are eligible for contribution relief. The amount of the contribution relief in the case of first employment following the termination of the receipt of childcare fee (GYED), childcare allowance (GYES), child-raising support (GYET), or nursing fee is maximum 50 per cent of nine months' worth of social security contributions payable after the wage of the person concerned, maximized at a monthly gross wage of HUF 90,000. A condition for the support is

that the person concerned should be employed full-time for a minimum period of nine months, or part-time for a minimum of four hours per day, and the employer shall undertake the obligation to continue employment for a minimum of three months. In 2005, employers used such preferential contributions in respect of 450 employees (partly a rollover into 2006). Available funding in 2005 was HUF 2.5 million.

31. Furthermore, recipients of the childcare allowance can now take on employment after the child turns 1 year of age: by the end of 2005, employment could not exceed four hours per day, and from 2006 on, there has been no time restriction.

32. In order to support reconciliation of work and family obligations, the “Family-Friendly Workplace Award” has been announced annually and awarded to companies and institutions implementing outstanding family-friendly measures since 2000. The award aims at presenting workplaces that have introduced and apply exemplary measures and initiatives to facilitate the reconciliation of private life and work commitments. In 2005, the Family Friendly Workplace Award was donated in four categories, and special certificates were given to outstanding applications. Between 2004-2006, the total programme budget was HUF 14 million.

33. Pursuant to the Act on Equal Treatment and the Promotion of Equal Opportunities, budgetary agencies and legal entities in majority State ownership employing more than 50 persons must adopt equal opportunities plans, setting out the objectives of and the measures adopted by the employer to reduce discrimination in the labour market. The main target groups of the positive actions specified in the plan for equal opportunities include women, employees raising two or more children below the age of 10, or disabled children, as well as single parents with children below the age of 10.

Reducing regional disparities

34. The economic, employment, infrastructural, social and health inequalities between the various regions of Hungary are significant, as are the inequalities in living conditions. The eastern and south-western parts of the country contain many tiny settlements with large numbers of Roma. Here, there are few job opportunities, unemployment is high, there is a high rate of economically inactive persons and of persons working in the grey economy.

35. Within its budget grant system, the State allocates significant resources to programmes aimed at equalizing regional disparities. Within the quite complex system of public administration, public services and infrastructure development, the central budget provides support for the operation and development of the most disadvantaged settlements. Considering the highly segmented nature of the Hungarian settlement structure (3,145 independent settlements), grants providing incentives for the associations of local governments should be highlighted, as a result of which access to public services is improved in even the smallest settlements.

36. In addition to the direct budget grant systems, significant resources are available for settlement gap-reduction purposes in various targeted support programmes. As a result of this, complex development programmes were launched in the most disadvantaged settlements, with the aim of strengthening the ability of settlements to maintain their population, and the

harmonization and development of service systems in order to achieve this. Based on their initial results, it can be expected that they will provide a new model for organizing services in small settlements.

37. The territorial and regional development fund provides funding to mitigate inequalities between the regions of the country. Support is provided in the most disadvantaged regions, among other things for job creation or job preservation investments, human infrastructure development, public work projects development, equipment purchases, solution of social, economic and employment crises; continuation of the microregional inequality reduction programmes. Using approximately HUF 15.6 billion funds, more than 850 new jobs were created and almost 1,000 jobs preserved in 2004. As a result of the public institution development, road improvement, etc., the living conditions of a large population were improved. In 2005, development programmes were decentralized on a regional level (including job creation and preservation projects, investments to promote business start-ups, improvement of microregional transport links, human infrastructure development) and sector-level programmes (improving Internet access, development of the social services, improvement of urban public road network, public work projects) were implemented, with an aggregate value of HUF 26.2 billion. In 2006, HUF 13.6 billion was available, and 2,000 new jobs may be created in a two-year period.

38. To facilitate the fulfilment of the mandatory basic tasks of small settlements, assistance to multi-purpose associations of local governments was started in 2004. The voluntarily organized microregional associations undertook to jointly perform the mandatory tasks of the local governments that they comprise. In 2004, 73 multi-purpose microregional and 69 regional development associations were awarded a grant of HUF 7.7 billion for performing multi-purpose tasks (public education, health, basic social and child welfare services, environmental protection, road management, public administration, moving library, etc.). In 2005, 108 multi-purpose microregional associations received a normative grant for operation, and 76 were awarded grants based on an application procedure; and 41 associations submitted successful applications for the procurement of a community bus. As a total, HUF 15.3 billion was available in 2005, and HUF 15.4 billion in 2006 for supporting associations. By the end of November 2005, 157 multi-purpose microregional associations were in operation nationwide.

39. The three-year microregional inequality reduction programmes aim at establishing the basic and specialized social services and child welfare services within 3-4 years in the microregions concerned in line with the requirements of legal regulations. The programme operates for three financial years in each microregion. Within the framework of the programme, 19 microregions of 10 counties were awarded a grant of HUF 1.6 billion in 2004-2005, as a result of which the quality and availability of services improved in 178 settlements. In 2006, the programme continued in selected microregions of six counties (using a resource amounting to a total of approximately HUF 620 million), and started anew in one county.

40. The village and remote homestead community caregiving network, which operates in settlements with fewer than 600 inhabitants, plays an important role in providing social support in disadvantaged small settlements. There are a total of 1,187 such settlements in the country, and at this time the service is available in nearly 800 of them. The aim in the years to come is the further expansion of the network. In 2004, the Social Ministry provided grants for the establishment of 10 new services (6 village community caregiving services, 4 remote homestead

community caregiving services) and the replacement of 21 automobiles. In 2005, support was given for the implementation of 23 new services. HUF 34.6 million was available in 2004, and HUF 120 million in 2005.

41. The programme “For a more liveable village”, started in 2002 and currently encompassing 600 settlements with multiple disadvantages, supports complex initiatives aimed at addressing employment and social problems, as well as activities relating to sustaining the environmental and cultural heritage, and local community improvement. In 2004, accredited training was organized to provide help for employment. Furthermore, public work projects were also organized under the programme: 822 people were employed in 233 settlements. Within the framework of the programme, an application process supported the organization of festivals and fairs supporting the promotion of region-specific products. In 2005, the above initiatives continued within the framework of an application process, an information system based on training was established in 2004 in order to facilitate the successful participation of disadvantaged settlements in union application process programmes. The Hernád regional development pilot programme was launched, with the aim of developing services related to cultural and economic tourism, and the establishment of cooperation spanning the border. HUF 168.9 million was available in 2004, and HUF 155 million in 2005.

42. The “Cserehát” Regional Development Pilot Programme sets out to promote the complex development of the region through cross-border cooperation: employment, human resource development, improvement of educational facilities, provision of better access to social and health-care services, dissemination of information technologies, strengthening of community initiatives, creation and activation of internal resources of the local community. The creation of the Cserehát programme document started in 2004, and the budget agreement was signed with the United Nations Development Programme (UNDP) in October 2004. The application programme was launched in October 2005 in cooperation with UNDP, and lasts until 2007. The programme involves 10 geographic microregions and 128 settlements, a total of 95,600 residents. The facilitators were chosen in 2005. Their task will be the creation of situation assessments. Distribution of the total programme budget: domestic sources: US\$ 177,000, UNDP sources: US\$ 1.4 million.

43. During the period of 2004 to 2006, the key focus of the Operative Programme for Regional Development (OPRD) of the 1st National Development Plan was the inequality reduction of underdeveloped regions. This was also apparent in resource allocation, as less developed regions received more OPRD resources, and furthermore the most disadvantaged settlements received further support during the evaluation of applications.

44. Within the framework of the measure entitled “Improving the accessibility of the regions and microregions lagging behind”, grants are provided for the renewal of minor roads, the construction of missing roads improving access to the settlements, the construction and renewal of roads leading to industrial areas, the construction of roads aimed at attracting tourism, as well as the development of public transportation. Results achieved in 2004 and 2005: Agreements were signed for the renewal of roads of a length of 473 km, 14 public transportation projects were awarded grants, and agreements had been signed for the construction and renewal of roads leading to industrial areas or tourist destinations exceeding 9 kilometres. The total budget of the programme for 2004 to 2006: HUF 26.9 billion (EU and domestic sources).

45. The Human Resources Development Operative Programme (HRD OP) measure “IT development in health care in the regions lagging behind” aims at the promotion of the improvement of the health status of the active age population by improving the IT infrastructure in the regions of North Hungary, the North Great Plain, and Southern Transdanubium. Under the programme, methods are drawn up and introduced to facilitate the flow of information between health-care institutions, so that the unnecessary “moving” of patients can be minimized (e.g. upon the approval of the patient, the system to be developed can be used by the doctor providing the treatment in order to query patient data stored in other institutions providing care, or the so-called teleradiological system can be used for the evaluation of an X-ray image created in one hospital by a doctor of another hospital). Institutions connected to the system may also perform the modernization of their own internal IT system. The grant agreements were signed in March 2005, and the programme will be concluded in December 2007. As a result of the improvements, e-health services can be used by the professional staff of at least 3,000 in 39 institutions in the three regions; and at least 750 new jobs and 1,800 renewed jobs are created. The long-term impact of development is that the number of average caregiving days per case drops by 5 per cent. HUF 1.013 billion is available for the programme from domestic sources, and HUF 3.047 billion from EU sources.

Q4. Please comment on reports that the Equal Treatment Authority established under the Act on Equal Treatment and the Promotion of Equal Opportunities, that began operating in 2005, is seriously underfunded. Please clarify to what extent the Equal Treatment Authority is independent and provide information on its mandate and composition

46. Act No. 125 of 2003 on Equal Treatment and the Promotion of Equal Opportunities (hereafter: Equal Treatment Act) entered into force on 27 January 2004.

47. The Government adopted governmental Decree No. 362/2004 (XII. 26) on the Equal Treatment Authority and the detailed regulation of its procedures (hereinafter: Decree) in December 2004, since the regulations of the Equal Treatment Act regarding the Authority were to enter into force on 1 January 2005.

48. According to the Decree, the Equal Treatment Authority, a body with national competence that started its work on 1 February 2005, supervises the implementation of the requirement of equal treatment.

49. The President of the Authority was appointed by the Prime Minister on 26 January 2005, while the Advisory Board was set up - after consultation with civil society organizations - in June 2005.

50. The Authority is a national administrative authority without local offices. Since 2007 the Authority has been operating under the auspices of the Minister of Social Affairs and Labour. However, the Authority is completely independent in its investigations and decision-making, its decisions can only be supervised by the City Court.

51. According to the Equal Treatment Act, with regard to its budgetary legal status, the Authority forms a separate entry in the budgetary chapter of the Ministry of Social Affairs and Labour. The Authority is a separate budgetary institution and manages its budget appropriation

independently. It cannot be instructed in issues of its competence specified by the Equal Treatment Act. In 2006 the budgetary law approved HUF 202 million for the operation of the Authority. For the new budgetary year of 2007 the budgetary law provides HUF 161 million for the operation of the Authority, and, since 1 January 2007, the Authority receives a part of its income from fines, that is 50 per cent of fines inflicted by the Authority can be used for different aims defined in the Decree.

52. The staff of the Equal Treatment Authority was built up gradually. The number of public servants and employees on the payroll in the first half of 2005 was 10. From the second half of 2005 until the first half of 2006 the number of staff was 17, of whom 11 carried out the primary activities, 3 administrative and secretarial activities, 2 worked in budgetary management, and 1 person worked as a driver. All executive officers and public servants have law degrees from higher education institutions, 6 have passed their bar exams, and 3 qualify as apprentices in terms of obtaining the professional practice prescribed for the bar exam. More than half of our colleagues speak 1-4 foreign languages, and the average age is 43 years.

53. In the second half of 2006 and in 2007 the number of public servants and employees was reduced to 15. The number of staff of the Authority was limited by government regulation No. 2131/2006 (VII.26).

Competence and tasks of the Authority

54. The Equal Treatment Authority is an anti-discrimination organization which, according to the Equal Treatment Act:

- Investigates individual cases in terms of the infringement of the requirement of equal treatment and makes decisions;
- Files cases on the basis of public interest claim in defence of the rights of persons or groups whose rights had been infringed;
- Forms an opinion on drafts of legislation pertaining to equal treatment;
- Proposes governmental decisions and legislation;
- Regularly informs the public and the Government about the situation of the implementation of equal treatment;
- By performing its tasks it cooperates with civil organizations and advocacy groups, furthermore with public authorities;
- Continuously provides information about and assists in addressing the infringement of the requirement of equal treatment;
- Contributes to the writing of reports for international organizations about the meeting with the requirement of equal treatment;

- Prepares an annual report for the Government about the activities of the Authority and its experiences about the implementation of the Act;
- Supervises on request if the relevant employers have equal opportunities plans.

Besides its tasks as an authority, it has the right to make proposals, and furthermore, it has organizational and economic duties.

Q5. Please provide updated information on the results of the National Equal Opportunity Programme (see paragraph 14 of the report), especially for the Roma population

55. The provisions concerning the National Equal Opportunity Programme of Act No. 125 of 2003 on Equal Treatment and the Promotion of Equal Opportunities were repealed by Act No. 104 of 2006 as from 1 January 2007 since it was no longer relevant because other documents on similar themes, e.g. the National Action Plan for Social Inclusion, based on the Joint Inclusion Memorandum (JIM), and the National Employment Action Plan, have been prepared. Information on measures implementing the provisions of these documents is set forth in the answers to question Nos. 3 and 9.

Q6. Please indicate whether there is a comprehensive strategy for the integration of asylum-seekers and refugees in the State party, and provide information on the impact of the programmes implemented for that purpose

56. At present Hungary has no comprehensive strategy on the integration of refugees and asylum-seekers; however, several measures have been taken during the past few years to create such a strategy. One of the most important projects in this area was the Greek-Hungarian Twinning Project on Integration, which aimed at informing the bodies participating in the integration process about the main purposes and challenges of integration. The 15-month project financed by the European Union resulted in the accomplishment of a White Book on the integration of refugees, persons eligible for subsidiary protection and legal migrants into Hungarian society. In the framework of the EQUAL programme two projects have started in the field of refugee integration. Between 2002 and 2004 the MATRA project was implemented in cooperation with NGOs and State institutions sponsored by the Dutch Ministry of Foreign Affairs. In 2003, Debrecen (the second largest town of Hungary) carried out a pilot integration project for officially recognized refugees. In the framework of this project, participants received language and societal knowledge training and subsidies for their life out of the camp.

57. At present the Office of Immigration and Nationality provides various subsidies for officially recognized refugees, for persons authorized to stay (PASs) and for asylum-seekers. One part of these subsidies is dedicated to their integration and the other part provides social benefits in order to overcome the initial difficulties of adapting to the society and to help them in everyday life. The drafting of an Integration Act is on the 2007 agenda of the Government, and the Department for Migration, in the Hungarian Ministry of Justice and Law Enforcement, is currently working on this draft, which is planned to enter into force at the beginning of July 2007.

Article 3 - Equal rights of men and women

Q7. Please provide information on measures taken to encourage the participation of more women in Parliament and in ministerial and other senior positions in the public sector, where they are seriously underrepresented

58. Although nearly 70 per cent of civil servants are women they are still underrepresented in the senior positions in the public sector. However, the situation is improving; for example in the Ministry of Social Affairs and Labour - responsible for equal opportunities - out of the five state secretaries supervising professional areas three are women.

**Women MPs in the Hungarian National Assembly
(at the time of the constituent meeting)***

	2 May 1990		28 June 1994		18 June 1998		15 May 2002		16 May 2006	
	Number	%	Number	%	Number	%	Number	%	Number	%
Total	28	7.3	43	11.1	32	8.3	35	9.1	41**	10.6

* *Source:* Central Statistical Office [2003] p. 130, and own calculations made on the basis of the online databases of the Hungarian National Assembly (www.parlament.hu)

** The actual number of women (as of 24 January 2007) is 42, and their proportion is 10.9 per cent.

59. In Hungary, neither the Constitution nor the act on election stipulates any legal provision concerning the obligatory proportion of women among candidates or members of Parliament - so there are no mandatory quotas.

60. To our knowledge, the governing MSZP (Hungarian Socialist Party) is the only party to apply a quota. According to the voluntary quota of the Party, youth and women must represent at least 20 per cent in the governing bodies and among the candidates for the general elections of the party.

61. Among the Members of Parliament, no significant improvement could be seen in the past 15 years as regards the ratio of women; their proportion has been permanently around 10 per cent. At the elections of 2002, some 20 per cent of the candidates were women, but they represented only 9 per cent among the elected Members of Parliament. At the same time, the number of female ministers increased, and some high political functions (Speaker of Parliament, president of one opposition party and the head of the parliamentary fraction of a governing party) were also held by women.

62. Altogether, the election returns are weaker for women than for men, and the majority of women remain candidates. This is related to the system of nomination on lists and shows that the majority of women candidates are not given a place among the favourites, that is, on top of the lists. The recent elections of 2006 have shown improving trends. Although the proportion of women candidates dropped in almost all parties (from 17.8 per cent to 16.6 per cent), the number and proportion of women elected members of parliament increased (from 9.1 per cent to 10.6 per cent).

Positions filled by women in the Parliament

	1990-1994	1994-1998	1998-2002	2002-2006	2006-2010*
Speaker	-	-	-	Dr. Katalin Szili (MSZP)	
Deputy speakers	-	2 out of 3**	1 out of 4	1 out of 5	-
Recording secretaries	1 out of 8 +1 temporarily	1 out of 8 temporarily	2 out of 10 +2 temporarily	2 out of 10 +2 temporarily	1 out of 10
Head of parliamentary group	-	-	-	1 out of 4 (MSZP)	1 out of 5 (MSZP)
Committee chairmen (standing committees)	1 out of 18 temporarily	1 out of 19	1 out of 23	2 out of 25 +2 temporarily	0 out of 18
Deputy committee chairmen (standing committees)	3 temporarily	2 +4 temporarily	3 +3 temporarily	3 +6 temporarily	4
Committee members (%)*** (standing committees)			5.3 permanent 8.5 temporary	6.2 permanent 8.9 temporary	
Proportion of women (%) (at the constituent meeting)	7.3	11.1	8.3	9.1	10.6

* (As of 31 December 2006.)

** One of them until the end of 1997.

*** Permanent members: number of women committee members compared to the number of places in committee members; temporary: proportion of women in total numbers of committees (permanent and temporary members together).

63. The position of women in Parliament also shows a varied picture in Hungary. Neither the Constitution nor other rules of law makes a distinction between the mandates or the rights of women and men, so we may not speak of either positive or negative discrimination. This is the second cycle when a woman fulfils the position of speaker in the National Assembly. In the previous cycle there was one woman deputy speaker, while in the current one there is none. While in the previous cycle there were chairwomen in two committees, in the current parliament there is no chairwoman, while the number of deputy chairwomen is four. The number of committees having no women member at all reduced to two as of 2006 (Agricultural and Foreign Affairs Committees). In the Hungarian Parliament, the parliamentary groups decide on the committee structure, the numbers of the committees as well as the members of the committees. In connection with the latter, the MPs have the opportunity and the right to present themselves for membership in the (special) committee corresponding to their individual interests and qualifications, but the final decision is made by the parliamentary groups, and the National Assembly decides by parliamentary resolution.

64. Based on the data we may establish that in terms of their membership in committees women are slightly underrepresented, and their proportion in the membership of committees approaches their proportion in Parliament only if temporary positions are considered as well. The slight increase observed during the second cycle can be explained by the growth in their total number, and not by the strengthening of their position. In the 3rd cycle three committees had no female members at all, while five only had temporary ones. In the parliamentary cycle 2002-2006 (when the number of committees rose from 23 to 25), 4 committees operated exclusively with male members, while another 5 committees only temporarily had female members.

65. The bodies where the proportion of women is high are the Committees on Health Care, Social Affairs, Employment and - in the 3rd cycle - local governments. In the 3rd cycle, women constituted 20.8 per cent and 31.4 per cent of the permanent membership and the total membership of the Committee on Health Care, respectively. In the period 2002-2006, the highest proportion of women could be observed in the Committee on Social and Family Affairs where women MPs made up 40.9 per cent and 35 per cent of the permanent membership and the total membership, respectively. In that cycle, only the Committee on Youth did not have any female member among the committees on "feminine subjects". The situation improved, however, in the Committee on Education where three women MPs worked, although only one of them completed the whole cycle. A woman occupied - although temporarily - the position of deputy chairperson in the managing body of the Committee on Health Care; and women MPs fulfilled the position of deputy chairperson in the Committees on Employment and on Local Governments characterized by a higher-than-average ratio of women. Even their leading position was strengthened in the preferred committees in the 4th cycle, in particular in the Committees on Social and Family Affairs and on Health Affairs.

66. The involvement of women in local politics is more pronounced than in Parliament. Since the (political system) transformation, both the number and the share of women mayors and of female members in local government representative bodies have been rising slowly in Hungary. At the local elections in 2002, 14 per cent of the elected mayors were women, and the ratio of women in local representative bodies exceeded 25 per cent. As regards Hungary it is true that by going top-down one can find more and more women among political leaders, and the number of women mayors increases as the size of settlements decreases.

67. Before the European Parliament Elections in June 2004, the political parties committed themselves to nominating women for at least one third of the seats. The elections brought about an outstanding achievement in the Hungarian context since there are 9 women among the 24 European Parliament members of the Republic of Hungary, corresponding to 37.5 per cent.

III. ISSUES RELATING TO SPECIFIC PROVISIONS OF THE COVENANT (arts. 6-15)

Article 6 - The right to work

Q8. Please indicate why the labour force participation rate is only 57 per cent in the State party and provide information on measures taken to improve the situation. In particular, please provide information on the measures taken to regularize the situation of workers in the informal sector

68. The Government has taken several measures to increase the participation rate on the labour market. The Government's actions aim at the increase of both employment and activity level.

69. Even though the rate of unemployment is quite low in Hungary, 40 per cent of people of an active age are not present in the labour market. The share of persons who stay away long from the labour market is high, due to the large number of dismissals at factories after the change of regime, which principally covers unskilled and undereducated people. A large proportion of these people became long-term unemployed and got accustomed to live from social benefits without working.

70. Unfortunately, there is a tendency that the longer people are inactive the less they are willing to return to the labour market, and motivating them is therefore a special challenge.

71. The increase of both employment and activity level is one of the most important targets of the Government. It intends to continue its policy, which focuses on activating the supply side of the labour market. The results of this policy can already be seen in the decreasing inactivity. In order to increase employment and activity level the Government has focused on job-seeking assistance, on the development of services to assist job-seekers, on increasing the employability of people in disadvantaged situations and on the application of the principle of encouraging employment within the unemployment and social benefit system.

72. Those employers that employ people who are disadvantaged as regards their labour market position can utilize these new measures. The employers are supported by, among other things, different contribution reliefs or exemptions from contributions.

- The START programme promotes the employment of young people by providing both exemption from the payment of the lump-sum health contribution (“EHO”), and a two-year contribution relief for employers engaging young people taking up their first jobs. The employer has to pay 15 per cent of the employee’s monthly gross income in the first year, and 25 per cent thereof in the second year as contribution. Since its start (1 October 2005) more than 45,000 young people have already applied for a START-card, one third of them having attended higher education;
- Small- and medium-sized enterprises and civil organs receive an exemption from the payment of contributions if they engage registered job-seekers for at least three months (almost 15,000 people have been employed under this scheme up to 31 December 2006);
- The labour market programme aimed at “the enhancement of the employment of job-seekers above 50” started in 2005 and - after its success - was relaunched in May 2006. In the framework of the programme, 100 per cent of the employer’s expenditure on wages and contributions was funded by the State for 3 months of the maximum of 12 months of supported employment. For the remaining time period employment offices were entitled to decide under their own competence about the percentage of support. From its start almost 63,000 people had joined the programme and more than 39,000 people above 50 found a job;
- In case of part-time employment, the lump-sum health contribution must be paid only in the ratio of the part-time and full-time employment (but at least 50 per cent) by the employer;
- Contribution relief for people returning to the labour market after childcare or after nursing relatives.

73. The START programme has been extended by two programmes as from 1 July 2007 which provide new opportunities for contribution reliefs:

- The “START-Plus” programme will provide a significant contribution relief to employers that employ either people re-entering the labour market after childcare or after nursing a relative, or have been long-term inactive: in the first year 15 per cent and in the second year 25 per cent of the gross income must be paid as employment-related taxes and contributions;
- The “START-Extra” programme aims at assisting those long-term unemployed in returning to the labour market who are in a worse position because of their age or under education. In the framework of the programme, the employer has to pay no contribution in the first year, and 15 per cent of the gross salary in the second year.

74. Owing to the reliefs provided for employers these measures may contribute to the reduction of undeclared work, but an even more suitable instrument for fighting black labour is the employment of temporary workers with a specific “labour certificate”. The essence of this is that the employer can employ the employees for a maximum of 90 days (in special cases 200 days) annually and employment-related taxes and contributions are paid by a “tax and contribution voucher”, in proportion to the work done, on a day-by-day basis, depending on the wage of the employee.

75. The employment with the specific “labour certificate” for temporary workers legalizes the informal sector by making undeclared workers appear in the database of employment offices, and furthermore, it results in rising revenues due to the income coming from “tax and contribution vouchers”. In 2006, a total of 434,986 “labour certificates” for temporary workers were issued and “tax and contributions vouchers” in a value of HUF 3.2 billion were realized.

Q9. Recent employment figures indicate that 74 per cent of Roma men and 83 per cent of Roma women are unemployed and that the unemployment rate is 10 times higher for Roma than for the rest of the population of the State party. Please provide information on the measures taken to improve employment opportunities for the Roma population, including vocational training

76. The Government has taken a number of measures to improve employment opportunities for and promote the employment and the social integration of the Roma, who form a special group of employees in disadvantaged situation. Besides the several measures introduced in the last years, a number of new measures are planned by the Government.

Measures taken to improve employment opportunities for the Roma population

77. In the last years three central employment programmes were financed by the Labour Market Fund, amounting to a total of HUF 570.2 million. These were as follows:

(a) Establishment of a National Roma employment-organization manager network: The national Roma employment-organization manager network was established with the aim to create a network that assists the cooperation between the institutional system of employment promotion and NGOs, and monitors the implementation of programmes and measures helping Roma’s employment and labour market integration carried out in counties and small regions. Under the programme 17 Roma degree-holders have received jobs as employment-organizer managers in 17 county labour centres since 2004. A coordinator manager was trained as well,

who was responsible for the coordination of the network. In 2005, 16 applicants completed the programme. In order to ensure full coverage of the network, county labour centres that previously had not applied to participate received invitations to bid in 2005. Between 2004-2006, HUF 67.9 million funding was available to the programme;

(b) Employment and training of job-seeking Roma people in public education institutions: In the framework of the programme Roma employees can learn with a method adapted to their own needs and interest, by which their labour market integration can be more successful. By 2009 the employment and the training of at least 60 persons is planned, with a total subsidy of HUF 280 million;

(c) Employment of Roma musicians: The pilot project aims at the support of earning activities of registered job-seeking Roma musicians. In the framework of the two-year programme the subsidized employment of approximately 180 persons will be ensured, by a total subsidy of HUF 142.5 million.

78. Besides these programmes, labour market programmes are continuously started by employment offices in the counties, which principally aim at the labour market integration of Roma job-seekers. In the framework of these programmes the participants obtain employment combined with training. These programmes operate in the whole country: in 2006, there were 27 complex labour market programmes, the main target group thereof being Roma employees. The support provided for ongoing programmes amounts to more than HUF 7 billion.

79. The social integration programme of people living in Roma colonies started in 2005. It is funded by the Roma Education Fund by a total amount of HUF 90 million, and HUF 150 million is provided by the National Office for Rural Development. A total of approximately HUF 1 billion is available for this programme.

80. By supporting employment-boosting investments, the Government encourages the employment of Roma job-seekers with positive discrimination. The Ministry of Social Affairs and Labour runs an employment-boosting tender programme aimed at the support of enterprises which operate in disadvantaged areas of Hungary in respect of their economic, social and employment situation. In the framework of this programme a large amount of employment-boosting assistance is given to those employers that invest in disadvantaged areas or employ registered job-seekers or Roma people.

81. Public work programmes promote the transitional alleviation of the consequences of unemployment as well as entering/re-entering the labour market. The beneficiaries of most public work programmes are Roma people. These jobs include communal and institutional maintenance operations within communities, participation in building rental units being constructed by local governments, provision of basic social services, and doing local government, micro-regional or other public services. The goal of public work is to offer temporary work to people in the most disadvantaged positions as far as accessing the labour market is concerned, to retain their employability. When offering these jobs, priority is given to people who have been unemployed on long term, primarily to Roma.

82. In the period of 2005-2006, 27 public work programmes were started, in which a large number of Roma people were employed, with an estimated participation rate of more than 55,000 people. The total value of the programmes, mainly financed from the budget of the Ministry of Social Affairs and Labour, reached HUF 21.6 billion, owing to the supplementary support provided by the Government, the partner ministries and a few State-owned enterprises.

Training provided for the Roma population

83. The biggest barrier to the employment of Roma people is their low level of education and the lack of vocational training. In the last years there have been several measures in the field of adult training, which, by improving the skills of Roma people, aimed at the increase of their chances and the decrease as regards their disadvantaged situation. Two years ago a central programme was started in regional training offices, which has ended recently, in which 3,000 such people could improve their skills, finish primary school or get vocational training. The programme was financed by the Adult Training Budget Line of the Labour Market Fund, with an amount of HUF 1 billion. Of these, 1,500 people, i.e. half of the participants of the programme, were Roma. Their learning was assisted by Roma referents working at the training offices.

84. The “Step forward” programme was launched as part of the 1st National Development Plan, in the framework of the Human Resources Development Operational Programme 3.4.2. This programme provides an opportunity for the improvement of skills both to people with a low level of education and to those who have no vocational training. The training portfolio contains several development courses and courses for finishing primary school, mainly for Roma people. Those people who finish the training with success get a monthly scholarship amounting to the monthly minimum wage. More than 10,000 people have applied to take part in the programme, which operates with a budget of HUF 6 billion, and one third of them have already passed the final exam.

85. By using EU subsidies in the framework of the Human Resources Development Operative Programme of the 1st National Development Plan, employment offices have organized a programme in which about 5,000 disadvantaged and long-term unemployed persons, including a number of Roma people, could obtain employment and training linked with a mentor programme.

Q10. Please provide information on specific measures taken to increase employment opportunities for persons with disabilities, of whom approximately 90 per cent are not employed, as well as disaggregated statistical data in order to allow for an evaluation of the impact of the measures taken

86. Over the last period, the Government offered the following special support schemes aimed at assisting persons with reduced working capacity.

Support for the development of an inclusive workplace

87. Based on a tender, refundable or non-refundable support could be provided for:

- Creating workplaces;
- Reshaping of producing and servicing institutions in connection with the employment of persons with reduced working capacity (including accessibility);
- Purchasing, reshaping of tools and equipment in connection with the employment of persons with reduced working capacity;
- Modernizing the workplace and working tools in order to employ persons with reduced working capacity.

Support for rehabilitation-related employment

88. Based on a tender, non-refundable support could be provided to employers for investments, which - in order to employ persons with reduced (the level of reduction being at least 50 per cent) working capacity - aimed at the creation, the modernization and the development of workplaces, the building, mounting, enlargement, reshaping and safety of an institution, and the purchase, reshaping and safety of working tools. The highest level of the support (with other subsidies from the State budget) could not exceed 80 per cent of the declared costs of the investment.

Wage and contribution takeover in order to encourage rehabilitation-related employment

89. The source of this support was the Employment Budget Line of the Labour Market Fund. It could be given for the employment of job-seekers whose reduced working capacity reached at least 40 per cent and who were not entitled to old-age pension, disability pension, accidental disability pension, regular social benefit, transitional benefit or health-damage benefit for minors.

Wage subsidy for entering the labour market and for job preservation

90. The support was a maximum of 60 per cent of the wage and employment-related contributions, for the time period of the changed working capacity, with a maximum duration of 36 months. It could be provided to people entering the labour market and for the preservation of their jobs, if the reduction of working capacity did not exceed 50 per cent. The person could not be qualified as a person with disability.

Wage subsidy for employment rehabilitation

91. The support was 40-100 per cent of the employee's wage together with the employment-related contributions, the amount depending on the health-reduction or disability of the employee. The maximum monthly amount, depending on the workplace and the qualification of the employee, could be 60-120 per cent of the gross average salary from two years before, which is determined by the Hungarian Central Statistical Office. Support could be provided to those people who were qualified as people with disability if the reduction of working capacity was at least 50 per cent. The total amount of the support was HUF 310 million in 2006.

Support for the employment of assisting persons at workplaces (wage subsidy)

92. If the cooperation of an assisting person at work was needed, the total amount of the wage and contributions for the time when help in groups or individually was provided could be refunded to the employers. Support could be only provided if the cooperation of the assisting person was necessary either because of the reduced health condition or because of the disability of the employee.

Assistance for the compensation of expenses

93. This type of assistance included transport expenses, administration costs and costs related to ensuring proper conditions for work. A maximum amount of 80 per cent of the expenses related to the employment of employees under a labour contract could be provided as assistance.

Assistance to rehabilitation expenses

94. The support could amount to a maximum of 80 per cent of the expenses connected to the employment, for a maximum period of three years. Assistance could be provided through tenders to employers registered as public benefit organization employing people with disabilities if the organization concerned, on the basis of an official agreement, employed people who could not be employed on the primary labour market due to their health condition or disability. In 2006 seven “sheltered organizations” employed 9,091 people with disabilities, and they received a total amount of HUF 10 billion from the State.

Training of people with disabilities

95. The assistance covered all surplus expenses connected to the practical training of persons with a working capacity of a reduction of at least 40 per cent. The expenses had to be justified as being the result of the reduced working capacity. A condition of the assistance was that the employer had to arrange the practical training of the person.

Incentives for job-seekers with disabilities to become entrepreneurs

96. A condition of the assistance was that job-seekers with a reduced working capacity of at least 40 per cent, who did not receive and were not entitled to any benefit either, accepted to ensure their employment as self-employed, farmers or in the framework of a joint venture.

Titles decreasing the taxable income

97. If individual entrepreneurs employed a person with an at least 50 per cent reduced working capacity, the taxable income of the enterprise could be reduced by the wage of the employee with the reduced working capacity, on a monthly basis and per capita, that could not exceed the monthly minimum wage being valid on the first day of the given month and could not exceed the amount of the income of the enterprise.

**Summarizing data on the results of rehabilitation-related job creation
between 1998-2004**

Labour market fund, rehabilitation budget line

	1998	1999	2000	2001	2002	2003	2004	1998- 2004
<i>Resource: Rehabilitation Budget Line (HUF billion)</i>	1.17	1.506	1.927	1.9	1.552	1.95	1.94	
Supported tenders (units)	158	326	446	372	329	252	293	2 176
New workplaces (units)	1 616	2 219	2 217	1 792	1 293	1 225	1 304	11 666
Preservation and reshaping of workplaces (units)	3 535	1 001	745	592	797	633	534	
Subsidized workplaces in total (units)	5 151	3 220	2 962	2 384	2 090	1 858	1 838	19 503

**Data on the number of participants in the programme encouraging the
employment of persons with reduced working capacity
1999-2004**

Title	1999	2000	2001	2002	2003	2004
1. Number of participants concerned in the given time period*	26 705	32 899	42 825	38 276	42 706	45 002
2. Total of cases of employment without support**	3 210	4 389	4 778	5 957	6 600	7 700
3. Total number of cases of employment with support**	4 681	5 429	6 088	7 998	7 984	5 961
Therefrom in the framework of public work	2 405	2 415	2 430	4 960	4 912	2 897
4. Employment by individual job-seeking	164	376	76	53	3008	3477
5. Total number of cases of employment	7 891	9 818	10 866	13 955	14 584	15 519
6. Total number of participants in training	1 640	2 144	2 395	1 890	1 917	1 103
Support for practical training during the training	0	0	0	6	0	0
7. Final number of participants (relevant on the final day of the time period)	13 782	14 973	15 321	16 623	17 686	19 951
8. Accumulated result in proportion to the number of participants concerned (12/3x100)	34.4%	34.7%	29.6%	34.2%	31.5%	29.4%
9. Restricted result in proportion to the number of participants concerned (13/3x100)	26.3%	25.9%	22.2%	24.5%	22.7%	22.5%

Note:

* One person shall be calculated only once.

** One person may be included several times during the time period concerned.

**State support (dotation) available for the employment of employees with a reduced working capacity between 1997-2005,
in proportion to the basis of dotation**

	Reduction of working capacity, %	% rate of persons with reduced working capacity	No. of employees capita	1997 thousand HUF	1998 thousand HUF	1999 thousand HUF	2000 thousand HUF	2001 thousand HUF	No. of employees capita	2002 thousand HUF	2003	2004	2005	2005-1997
Minimum wage, basis of dotation, HUF				17.5 id.	19.5 id.	22.5 id.	25.5 id.	40 id.		50 id.	50 id.	53 id.	57 53	3.029
				From the first employee	From the first employee	From the first employee	From the first employee	Above 5%		Above 5%	Above 5%	Above 5%	Above 5%	
Joint venture	40%-		20-											
		5-10		45%=7.875	45%=8.775	=10.125	=11.475	=18.0		=22.5	=22.5	=23.85	=23.85	3.029
		10-40		55%=9.625	55%=10.725	=12.375	=14.025	=22.0		=27.0	=27.0	=29.15	=29.15	3.029
		40-60		100%=17.5	100%=19.5	=22.5	=25.5	=40.0		=50.0	=50.0	=53.0	=53.0	3.029
		60-		150%=26.25	150%=29.25	=33.75	=38.25	135=54.0		=67.5	=67.5	=71.55	=71.55	2.726
Target organization	40%-	60-	30-					From the first employee	50-	From the first employee	From the first employee	From the first employee		
	40, 50%			150%=26.25	150%=29.25	=33.75	=38.25	135%=54.0		=67.5	=67.5	=71.55	=71.55	2.726
	67%-not disabled			180%=31.5	180%=35.1	=40.5	=45.9	150%=60.0		=75.0	=75.0	=79.5	=79.5	2.524
	Mentally disabled, impaired in mobility or hearing			280%=49.0	280%=54.6	=63.0	=71.4	225%=90.0		=112.5	=112.5	=119.25	=119.25	2.423
	Blind and with multiple disabilities			380%=66.5	380%=74.1	=85.5	=96.9	320%=128.0		=160.0	=160.0	=169.6	=169.6	2.55
	+Telephone and institutional care			60%=10.5 30%=5.25	60%=11.7 30%=5.85	60%=13.5 30%=6.75	60%=15.3 30%=7.65	40%=16.0 20%= 8.0		=20.0 =10.0	=20.0 =10.0	=22.0 =11.0	=22.0 =11.0	2.1 2.1
	Threshold for dotation			Adjusted net sales revenue	Adjusted net sales revenue	Adjusted net sales revenue	Adjusted net sales revenue	Adjusted net sales revenue x 1.4		Adjusted net sales revenue x 1.4	Adjusted net sales revenue x 1.4	Adjusted net sales revenue x 1.4		
Social employer	40%							Above 5%						
		5-20		50%=8.75	50%=9.750	=11.250	=12.775	=20.0		=25.0	=25.0	=26.5	=26.5	3.029
		20-40		75%=13.125	75%=14.625	=16.875	=18.375	=30.0		=37.5	=37.5	=39.75	=39.75	3.029
		40-60		100%=17.5	100%=19.5	=22.5	=25.5	=40.0		=50.0	=50.0	=53.0	=53.0	3.029
		60-		150%=26.25	150%=29.25	=35.75	=38.25	135%=54.0		=67.5	=67.5	=71.55	=71.55	2.726

Article 7 - The right to just and favourable conditions of work

Q11. Please provide comparative data on the ratio between the minimum wage and the average wage and indicate whether the minimum wage ensures an adequate standard of living for all workers and their families. Please indicate the number of workers who receive less than the statutory minimum wage (see paragraph 128 of the report)

Comparative data on the ratio between the minimum wage and the average wage (%)

Year	Gross ratio	Net ratio
2000	29.1	36.3
2001	38.6	47.4
2002	40.8	51.2
2003	36.4	49.3
2004	36.4	48.9
2005	36.0	47.8
2006 (preliminary)	36.5	48.5

Source: Central Statistical Office and the Ministry of Social Affairs and Labour.

98. The significant improvement in the ratio between 2001 and 2002 reflects the impact of the nearly 100 per cent rise in the sum of the statutory minimum wage. Net ratios are higher than gross ones because the progressive personal income tax is practically not levied on the minimum wage.

Indicators	2000 %	2001 %	2002 %	2003 %	2004 %	2005 %	2006 %
Proportion of full-time workers receiving minimum wage	3.88	8.43	11.38	8.10	8.00	7.95	...
Minimum wage in NAC	25 500	40 000	50 000	50 000	53 000	57 000	62 500

Source: Employment and Social Office and Central Statistical Office.

(Preliminary)

99. In order to judge whether the minimum wage ensures an adequate standard of living for the worker we provide data on the ratio of the net minimum wage and the subsistence minimum of a household consisting of one active earner. (Subsistence minimum is calculated yearly by the Central Statistical Office for different types of households.)

Year	Net minimum wage/subsistence minimum %
2000	58.8
2001	78.4
2002	92.2
2003	87.5
2004	86.0
2005	87.4

Source: Central Statistical Office and the Ministry of Social Affairs and Labour.

100. In spite of the significant improvement of the ratio in the past period the net, disposable minimum wage is not yet fully sufficient to cover the subsistence costs of a single household.

101. Employees who receive less than the statutory minimum wage belong to that category of performance-related wage earners who, for one reason or another, do not fulfil the performance requirements to 100 per cent. According to statistics on earning distribution, since 1999 - except for the years 2001 and 2002 - the ratio of these employees has been less than 1 per cent of all employees. In order to strengthen the protection of workers and performance-related wages and to eliminate the eventual incorrect practice of employers in determining performance requirements, the related provisions of the Labour Code have been revised several times recently. The last revision took effect on 1 January 2006. This new provision orders a posterior correction of performance requirements and consequently performance-related wages by the employer if actual average performance of workers in a determined period is less than 100 per cent.

Q12. Please provide comparative data on the gender gap in relation to equal pay for work of equal value and on measures taken to overcome the 13 to 14 per cent wage gap (see paragraph 135 of the report)

102. Our data show a slight, 15-16 per cent, increase of the gender wage gap in comparison with our previous data of 13-14 per cent for the preceding period. These data show the average difference between the earnings of men and women in comparable jobs in the competitive and the public sector of the economy. (The annual survey on individual wages and earnings is carried out by the National Employment and Social Office of the Ministry of Social Affairs and Labour. The methodology used considers categories of jobs comparable with similar education, professional skills, physical effort, responsibility etc.) It cannot be judged on the basis of these recent data whether it is the beginning of a trend or just a provisional phenomenon. At the same time, in the period between 2002 and 2006 an extremely dynamic wage growth took place in Hungary, with net real wages growing by some 36 per cent in these five years. It follows from this that the slight relative deterioration of the earning position of women occurred within the circumstances of an outstanding real wage growth.

103. On the basis of the same statistical database we can examine wage differentials in a more detailed cross-section as well. Here we present two tables:

Differentials in basic wages, by educational attainment, 2005

Highest educational attainment	Basic wage of women as a percentage of basic wage of men	
	Competitive sector	Public sector
8th grade of primary school	91	97
Vocational school	83	95
Secondary vocational school	98	92
Secondary general school	95	99
Secondary technical school	95	105
High school	83	86
University	82	93

Source: National Employment and Social Office of the Ministry of Social Affairs and Labour, representative survey on individual earnings, 2005.

Note: Data in the competitive sector refer to organizations employing at least five persons. In the public sector data refer to all organizations. Data do not include top managers.

**Differentials in basic wages in the competitive sector,
by main job categories, 2005**

Main job categories	Basic wage of women as a percentage of basic wage of men
Non-manual jobs	
Top managers	76
Managers	82
Production managers	69
Professionals with secondary education	88
Professionals with high education	85
Administrative jobs	85
Manual jobs	
Unskilled worker	94
Semi-skilled worker	87
Skilled worker	78
Master skilled worker	90

Source: National Employment Office of the Ministry of Social Affairs and Labour, representative survey on individual earnings, 2005.

Note: Data in the competitive sector refer to organizations employing at least five persons.

104. One of the important instruments to eliminate gender segregation on the labour market has been the establishment of the Council on Equality between Women and Men in 2006. The operation of the Council is based on Government resolution No. 1089/2006 (IX.25), and one of its main tasks includes to make proposals on measures for overcoming the pay gap between men and women.

105. Pursuant to the Act on Equal Treatment and the Promotion of Equal Opportunities, budgetary agencies and legal entities in majority State ownership employing more than 50 persons must adopt plans of equal opportunities, setting out the objectives of and the measures adopted by the employer to reduce discrimination in the labour market and to reduce wage differences. The main target groups of the positive actions specified in the plan for equal opportunities include women, employees raising two or more children below the age of 10 or disabled children, as well as single parents with children below the age of 10.

Q13. Please provide information on measures taken by the State party to overcome gender-based horizontal and vertical discrimination in the labour market

106. The Council on Equality Between Women and Men was established on 26 September 2006, its functioning being based on Government resolution No. 1089/2006 (IX.25), to make proposals on measures for the elimination of gender segregation on the labour market.

107. Furthermore, the Government strongly encourages employers to engage people re-entering the labour market after childcare or after having nursed an old-aged family member in order to overcome gender-based discrimination with the following measures:

- Assistance can be provided for those employers that provide part-time employment to people who bring up a child younger than 14 or who receive a nursing fee;
- A contribution relief of 50 per cent from the payment of social security contributions can be provided to those employers that employ people who would like to enter the labour market after childcare or having cared for a relative;
- As from 2005 the plan for equal opportunities, which is compulsory for State institutions and public firms, has to include measures which aim at the strengthening of gender equality, beside other groups of employees. The plan shall include employers' measures on the reduction of wage differences, on better access to training and on the improvement of working conditions.

108. After 1 July 2007, in the framework of the "START-Plus" programme contribution reliefs can be provided to the employer if it employs people who:

(a) Would like to enter the labour market within one year (365 days) after the entitlement to childcare allowance, childcare fee, child-raising support or nursing fee has terminated/expired; or

(b) Would like to enter the labour market after their child reaches the age of one, receive childcare fee - provided that the previous employment terminated during the unpaid holiday of childcare allowance, childcare fee, child-raising support or nursing fee - and have no employer.

Article 8 - Trade union rights

Q14. Please comment on the restrictions on the right to strike, such as the requirement that a strike can only be called by a trade union that is party to the agreement concluded between the Government and the trade unions concerned, or that civil service trade unions may only call strikes with the approval of a majority of the staff concerned, or that officials with “a fundamental function” are not allowed to strike

109. According to article 70/C, paragraph 2, of the Constitution, “The right to strike may be exercised within the framework of the law regulating this right.”

110. In respect of civil servants, Section 3, paragraph 2, of Act No. 2 of 1989 on the right to strike contains special provisions on the exercise of this right. Accordingly, civil servants shall only exercise the right to strike by meeting the requirements laid down in the Agreement entered by the Government and the trade union concerned.

111. According to paragraph 2 of the relevant Agreement: “Trade unions signatories to or having entered the present Agreement as well as their local branches shall have the right to initiate a strike. A declaration by the trade union’s duly authorized representative ascertaining that the union is acting upon the authorization of the majority of the civil servants shall be a precondition for strike.”

112. According to paragraph 6 of the Agreement: “This Agreement shall be open to the signature of trade unions operating in the field of public administration and municipal interest groups as well.”

113. The fourth sentence of paragraph 1 of the Agreement provides as follows: “Civil servants exercising employer’s rights fundamentally affecting the existence of public service legal relationship (appointment, dismissal, institution of disciplinary proceedings) shall not go on strike.”

114. The proper, uninterrupted and effective operation of public administration is public interest; public administration is linked to pursuing the public good. Regarding the function of public administration and the nature of civil servants’ legal status, the Act on the right to strike provides that “at administrative organs the right to strike shall be exercised according to the specific rules laid down in the Agreement concluded by the Government and the trade union(s) concerned”. Thus, in the field of public administration the existence of the Agreement is a precondition for strike since it lays down the requirements to be met by the parties. Public interest, that is the proper and reliable operation of public administration, justifies and necessitates that no strike be held unless the conditions agreed upon by the parties in the Agreement have been met.

115. The Agreement between the Government and the trade unions operating in the field of public administration is open to the signature of any newly formed trade union operating within the public administration. There is nothing to prevent the termination of the present Agreement or the conclusion of a new agreement.

116. The stipulation on the “authorization by the majority of civil servants” in the Agreement was agreed upon by the parties (the Government and the trade unions) in the bargaining process. According to this stipulation strikes shall not be held unless authorized by the majority of civil servants. It means that strikes shall not be initiated unless more than half of the number of civil servants employed at the organ or unit of public administration concerned by the strike have authorized it. The rationale behind this rule is that strikes - which basically affect the operation of the administrative organ in question - be only held if really important issues are at stake and if they are agreed upon by the majority of civil servants.

117. The restriction under paragraph 1 of the Agreement is applicable only to a narrow segment of civil servants, namely to chief executive officers exercising employer’s rights (appointment, dismissal, and disciplinary powers). According to section 6, paragraph 1, of Act No. 23 of 1992 on the legal status of civil servants: “Unless otherwise provided by an Act of Parliament or a Government Decree, employer’s rights shall be exercised by the head of the organization of the administrative organ. Unless otherwise provided by an Act of Parliament the exercise of employer’s rights can be delegated in writing to chief executive officers. Such delegated powers, however, shall not be further delegated.”

118. Thus, the scope of this restriction is confined to the heads of the administrative organs and to the chief executive officers exercising delegated powers; their task is to manage, operate and give instruction to the staff of the organs. If these persons were allowed to strike the administrative organ would cease to operate.

119. Furthermore, according to Section 4, paragraph 2, of the Act on the right to strike, in case of employers who perform activities of fundamental public concern - i.e. especially in the field of public transport on public roads and telecommunication, as well as at organs providing for the supply of electricity, water, gas and other energy - it is only possible to exercise the right to strike in a way that does not impede the performance of the services at a minimum level of sufficiency. The extent and the conditions of such a strike are subject to prior agreement. The reason of the above regulation is again the general interest of society: in case that the employer is engaged in the provision of basic public services on a regular basis, services at a minimum level of sufficiency shall be provided. The mentioned restriction is in line with the Covenant since article 8, Point 1 (d), states that the right of strike shall be provided in accordance with the laws of the country.

Q15. Please indicate whether there are any conciliation or arbitration procedures to settle collective disputes in the public service

120. Paragraphs 3-6 of the aforementioned Agreement contain detailed provisions on the levels, time limits and rules of the conciliation procedure to be conducted by the parties prior to launching a strike.

121. To settle collective disputes the public organizations can use the same institutions as the private ones. The Industrial Relations Mediation and Arbitration Service (MKDSZ), which was established in 1996 by the National Council for the Reconciliation of Interests, provides free mediation and arbitration services if the parties of the collective dispute ask for it jointly. The regulations concerning the different occupational groups in the civil service do not order the use of these methods in an obligatory manner, but do not forbid them, either. Thus, they can be resorted to freely, by the will of the parties.

122. Sections 65-66 of Act No. 22 of 1992 on the legal status of civil servants provide for the setting up of conciliation boards at central and local levels for settling disputes through negotiations. These boards are not mediation or arbitration forums but are aimed at settling disputes through negotiations (in case of need by involving experts).

123. While the trade unions of the civil servants can negotiate directly with the employer to solve the disputes, civil servants' trade unions use these methods only rarely. Since 1996, i.e. the time when MKDSZ started its operation, there has been only 1 case of using mediation in collective disputes of civil servants' trade unions, while mediators of MKDSZ have been used in 21 cases of collective disputes of public servants' unions, and there have been 2 cases of mediation and 2 cases of arbitration in collective disputes of trade unions of armed organizations. The offer of MKDSZ to settle the dispute by mediation was refused by the parties in one or two cases yearly, these parties solved the dispute by direct negotiation.

Article 9 - Social security

Q16. Please indicate the categories of workers (i.e. employees and self-employed, domestic, part-time and other specific groups of workers), covered by social security and the benefits, including family benefits, guaranteed to each category of workers, so as to enable a comparison of persons covered and benefits granted

124. The Hungarian social security system does not differentiate among the groups of workers. The borderline lies between the insured and non-insured, and not between the categories of workers. The insured (usually the employed) are entitled to the cash benefits of the health insurance (e.g. sick pay, pregnancy confinement benefit, childcare fee), and the right to pension is based on the payment of contribution, as well. Non-insured people can obtain universal benefits (e.g. family allowance, childcare allowance, child-raising support), and means-tested benefits, like the regular social assistance, the nursing fee and the old-age allowance.

125. In the case of some benefits of the social security system (e.g. childcare allowance, child-raising support, nursing fee) wage earner activity is restricted and only part-time work is allowed.

Average number of persons entitled to social insurance provisions in 2005²

Item	(thousand)
I. Insured persons	3 881.2
1. Employed ³	3 269.7
2. Self-employed persons and members of business associations ⁴ (full time)	476.4
3. Persons receiving unemployment benefit	135.1
II. Persons of the same legal status	121.1
1. Number of persons receiving pregnancy/childbirth benefit	29.8
2. Number of persons receiving childcare remuneration	87.2
3. Number of persons concluding a health insurance agreement	4.1
Number of insured persons and persons of the same legal status	4 002.3
III. Persons who perform supplementary activities	56.2
IV. Persons entitled to service time	475.3
1. Number of persons receiving childcare allowance	161.1
2. Number of persons receiving nursing allowance	39.9
3. Number of persons receiving childcare assistance	47.2
4. Students attending a daytime course of higher educational institutes ⁵	207.2
5. Draftees, students and persons on contract ⁶	10.4
6. Number of persons contracting for service time ⁷	9.6
Total	4 533.9

² Number of persons entitled to financial provision and/or service time in addition to the provision in kind. Including the data of persons concluding individual agreement with National Health Insurance Fund.

³ Estimated data.

⁴ Number of persons who, in addition to their private business, have no employment of at least 36 hours per week. Estimated data.

⁵ Average of 2004/05 school term.

⁶ Data of the Hungarian Army and Border Guard.

⁷ At the end of the year.

Main data on regular and extraordinary child protection benefit, 2005

	Number of recipients (in December)					Number of benefit recipients	Total amount (thousand HUF)
	0-6	7-14	15-18	19 years old and older	Total		
	years old						
Regular child protection benefit	202 418	296 427	122 379	35 318	656 542	663 054*	44 710 270
Extraordinary child protection benefit	18 585	31 388	11 681	2 436	64 090	305 875	2 861 458

* Average number of benefit recipients.

Number of families receiving regular child protection benefit by number of children, December 2005

	Number of children					
	1	2	3	4 or 5	6 or more	Total
Total number of families	110 945	108 744	63 994	24 780	5 063	313 526
of which: single parent	33 731	21 751	8 658	2 636	477	67 253

Q17. Please provide disaggregated data on the target groups (individuals and families) who receive social assistance (see paragraph 188 of the report), the total monthly amounts received, and indicate whether non-nationals are also entitled to social assistance

Main data on regular social assistance, 2005

	Number of recipients (in December)				Average number of benefit recipients	Total amount (thousand HUF)
	18-29	30-44	45-61	Total		
	years old					
Total	42 253	75 589	55 849	173 691	158 564	32 329 450
of which:						
Reduced capacity to work	1 928	3 178	3 964	9 070		
Non-working of active age	40 325	72 411	51 885	164 621		

126. The most important means-tested benefits are the regular social assistance, the old-age allowance, the nursing fee, the home maintenance support and the public-health-care card system.

127. Regular social assistance can be granted to health impaired or unemployed persons of active age, in the family of whom the monthly income per one consumption unit does not exceed 90 per cent of the prevailing smallest amount of the old-age pension (HUF 23,220 in 2006) and who are without any property. A job-seeking person of active age is a person who has exhausted the unemployment benefits or has cooperated with the local government for at least a year.

128. A new concept has been introduced in the course of the calculation of family income: the "consumption unit". Eligibility is determined on the basis of the income per consumption unit, and the same is taken into consideration when the amount of the allowance is calculated. The consumption unit shows the consumption structure of the family. Thus, the allowance is no longer a fixed amount, but an amount that supplements a family's income to reach the income ceiling of eligibility (i.e. 90 per cent of the minimum pension). As a precondition for the assistance, job-seeking persons of active age have to take part in a personalized integration programme which aims at reintegrating them into the labour market. In 2004, an average of 144,853 persons per month received regular social assistance.

129. The old-age allowance is the form of support that ensures minimum income in old age (older than 62 years, or in retirement age), if the per capita income, including the income of the spouse, is not higher than 80 per cent of the minimum old-age pension, or 95 per cent in case of one-person households, or 130 per cent, if the person is older than 75 and lives in a one-person household. The amount of this assistance is such as to ensure that the current income should be supplemented to 80 (HUF 20,640 in 2006), 95 (HUF 24,510) or 130 (HUF 33,540) per cent of the minimum old-age pension. If the person has an income, the actual assistance is the difference of the income and the above sum. In 2004, the number of recipients was 6,611.

130. A nursing fee is payable to persons who provide permanent care to family members who are with disability or under the age of 18 and permanently ill. The local government may pay a nursing fee also to persons who provide nursing to chronically ill family members above 18. The caretaker is only allowed to work part-time, or full time in case of working at home. In the case of persons with severe disabilities, the amount of assistance is 100 per cent of the minimum pension (HUF 25,800 in 2006), in the case of persons requiring intensive nursing 130 per cent (HUF 33,540). In the case of the discretionary form of the nursing fee, the amount of the assistance will be determined by the local government, in an amount equal to or higher than 80 per cent of the minimum old-age pension (HUF 20,640). In 2004, the monthly number of recipients was 36,056.

131. Housing maintenance support, a form of assistance that had formerly belonged to the powers of local governments, has been introduced in a normative form as well since 2004. It provides assistance to cover the costs connected to home maintenance (e.g. energy costs, rent). The amount of the benefit depends on the home maintenance costs and the income of the household. In 2004, the average number of recipients was 196,619 per month. The average sum per capita per year was HUF 29,334.

132. The public-health-care card system entitles the recipients to receive medications and therapeutic tools, rehabilitation services free of charge. The recipients of invalidity annuity, invalidity pension of category I and II, and people receiving regular social assistance because of health impairment are, among others, entitled to a public-health-care card, irrespective of their financial status. The means-tested public-health-care card is given to persons in whose families

the income per capita does not exceed the minimum old-age pension, 150 per cent in one-person households, and their regular monthly medical costs exceed 10 per cent of the minimum pension. The third form of the health-care-card system is based on the discretionary power of the local government. The local government can act in the framework set in the Act on Local Governments.

133. In 2006 the so-called “medicine-budget” was introduced (the budget contains, on one hand, the individual medicine-budget, the amount of which is maximum HUF 12,000 per month and, on the other hand, the incidental budget, the amount of which is maximum HUF 6,000 per year) for this year. Persons possessing a public-health-care card receive medications free of charge only in the framework of their medicine-budget. The amount of the individual budget depends on the regular monthly medication costs. In 2004 523,012 persons possessed a public-health-care card.

134. According to the regulation in force, not only Hungarian citizens but also immigrants and refugees are entitled to the benefits mentioned above. The citizens of the States parties of the European Social Charter are entitled to temporary assistance, meal and shelter. Since 1 May 2004, persons under Council Regulation (EEC) No. 1612/68 on the freedom of movement of workers within the Community are eligible for these benefits, while persons under Council Regulation (EEC) No. 1408/71 on the application of social security schemes to employed persons and their families moving within the Community can be entitled to the old-age allowance.

Article 10 - Protection of the family, mothers and children

Q18. Please provide information on the legal framework to combat domestic violence, including spousal rape, and on measures taken to prevent acts of domestic violence, such as awareness-raising campaigns and restraining orders for abusive partners. Please also provide information on assistance provided to victims of domestic violence, including special shelters for battered women and children

Legal means and other measures taken to combat violence within the family

135. The problem of violence within the family is primarily not a legal question and, in particular, not a question of criminal law therefore it cannot be solved by relying merely on laws, statutory provisions or restraining orders. A complex treatment of this problem involves effecting a change in people’s attitude - so that they should not accept family violence -, the setting up of appropriate institutions, the training of professionals and approaching the question from educational and social aspects as well.

136. Violence within the family can be defined in a number of ways. According to the broadest interpretation active or passive neglect of the physical and mental well-being of a family member amounts to family violence. Act No. 4 of 1978 on the Criminal Code (henceforth: the Btk.), as it is in force at present, contains some 20 statutory provisions regulating mental and sexual abuse and neglect, encompassing all conducts condemnable by moral and legal standards. [Section 166 of Btk. on murder and negligent manslaughter, Section 167 on homicide committed with diminished responsibility, Section 168 on complicity in suicide, Section 169 subsection (2) (b) on abortion, Section 170 on battery, Section 173 on failure to provide care, Section 174 on

constraint, Section 175 on violation of personal freedom, Section 176 on trespassing, Section 179 on defamation, Section 180 on slander, Section 194 on changing the custody of a minor, Section 195 on endangering a minor, Section 196 on omission of support, Section 197 on rape, Section 198 on assault against decency, Section 201 on seduction, Section 203 on incest, Section 206 on living on earnings of prostitution, Section 207 on pandering, Section 271 on rowdyism, Section 273 on taking the law into one's own hand, Section 316 on theft, Section 318 on fraud, Section 321 on robbery, Section 322 on robbery through inebriation or intimidation, Section 324 on deterioration.] Sexual violence committed within the marital sexual relationship may amount to a conduct regulated under Section 197 on rape or Section 198 on assault against decency.

137. Criminal measures applicable in cases of violence within the family are relatively new institutions of Hungarian law. The amendment of the Btk. (Act No. 91 of 2005) introducing a restraining order as a rule of conduct entered into force on 1 September 2005. According to it in cases when the court adjourns the imposition of a sentence for a probation period, or suspends the execution of the imprisonment or fine for a probation period, or conditionally releases a person convicted for an imprisonment, or the prosecutor adjourns arraignment, the court may issue a restraining order ordering the person having committed family violence to keep away from the injured person, from the flat and workplace of the injured person, and from the educational and religious institutions frequented by the injured person.

138. A need arose to ensure that restraining orders could be issued not only after the termination of the criminal proceedings - which may last for years - but while proceedings are pending, too. Therefore the 1 July 2006 amendment of Act No. 19 of 1998 on criminal procedure enacted a restraining order as a forced measure applicable in criminal proceedings.

139. In criminal proceedings a restraining order may be issued upon reasonable suspicion of the commission of a crime punishable by imprisonment, if there is no need to place the defendant in detention on remand but - in view of the nature of the crime, the conduct of the defendant prior to and during the proceedings, and the relationship between the defendant and the injured party - it can reasonably be presumed that if allowed to stay at his place of residence the defendant would baffle, obstruct or endanger the success of taking evidence by influencing or intimidating the injured witness, or would accomplish the attempted or prepared crime, or would commit another crime punishable by imprisonment to the injury of the injured party.

140. Thus, a restraining order is fundamentally aimed at providing appropriate and prompt protection for the injured party prior to the termination of the proceedings. Under a restraining order a defendant shall be bound to move out of the home of the injured party and to stay away from the person specified in the order for a time specified in the order. The defendant shall be bound to stay away from the workplace and home of the injured person and from the educational, health and religious institutions frequented by the injured party. The defendant shall also be bound to refrain from contacting the injured party directly or indirectly, either through personal contact or through means of telecommunication, for example via telephone or e-mail.

141. It is important to emphasize that the defendant shall be removed from the injured party's home irrespective of their title to the use of the flat or house in question, that is a restraining

order shall be issued not only in respect of commonly owned or rented flats or houses but also in cases of tenancy at will, and even in cases when the defendant is the owner of the flat while the person remaining in the flat is only a tenant at will.

142. The restraining order shall specify the period to be spent away from the injured party in days. The minimum period is 10 days, the maximum period is 30 days. The maximum period cannot be prolonged but another restraining order can be issued in case of need. In such cases the court shall re-examine the circumstances and will determine whether the reissue of a restraining order or the adoption of more severe measures - for example placement into detention on remand - would be appropriate in the given situation.

143. Compliance with the restraining order is ensured by threatening defendants breaching the rules specified in the order with sanctions. Upon intentional breach the defendant shall be placed in detention on remand or shall be fined. However, the defendant shall have the right to submit excuses *ex post facto*, which shall be determined by the court.

144. The restraining order shall be issued by a court. Under the act on criminal procedure the investigating judge shall, unless otherwise provided by the law, determine a request for the issue of a restraining order within three days counted from the submission of the request, in a reasoned order. Prompt action can also be taken since the act on criminal procedure contains the legal institution of arrest. Arrest shall be ordered if there is reasonable suspicion that a crime punishable by imprisonment has been committed, in particular if the perpetrator has been caught in the act, provided that the need for placing the defendant into detention on remand can be substantiated. Arrest shall not last longer than 72 hours. It shall be ordered by the court, the public prosecutor or the investigation authority.

145. In addition to the means provided by criminal substantive and procedural laws a measure similar to a restraining order has been enacted into the code on civil procedure, namely into the proceedings applicable to matters related to marriage which are regulated under the chapter on special procedures. Since 1 January 2006 Act No. 3 of 1952 has contained, as an interim measure applicable *ex officio*, the restriction of the use of a flat which can provide appropriate solution to deteriorated relationships between family members in cases when - in the light of the case law of the courts - proceedings will presumably be closed by a judgement ordering such a measure.

146. Actions applicable by the police must also be mentioned as a means of combating violence within the family. According to the provisions of Act No. 34 of 1994 on the police force, police officers shall, acting in an official capacity, take or initiate action if they perceive or take cognizance of a fact or circumstance necessitating police interference. Police officers shall take all appropriate actions for suppressing violence within the family, they shall establish the ill-treater's liability and provide protection for the injured victims. Reports of family violence shall be investigated with special care, the location of violence shall be inspected and the circumstances shall be established. Police officers taking action shall not be bound to reconcile the parties or to classify the events. However, they shall be bound to eliminate potential dangers even by using means of coercion if need be. The actions taken at the location of violence shall not necessarily result in the institution of proceedings but they may lead to the involvement of other authorities and agents capable of providing help. For example, if police officers taking action establish that the children in a family are endangered they shall contact the competent childcare authority.

147. Pursuant to Act No. 31 of 1997 on the protection of children and on guardianship governance (hereinafter: Child Protection Act) the system of family-support (child welfare) services are developed and strengthened. It is possible in the framework of these institutions to carry out prevention of domestic violence in the family and support for victims of domestic violence.

148. Pursuant to the Child Protection Act all child protection authorities and all other authorities dealing with endangered families are obliged to notify the competent child welfare service of the endangering circumstance.

149. Under the Child Protection Act, child welfare service must be maintained in all settlements. The main responsibility of the child welfare service is to follow the endangered families with attention and to prevent and manage crisis.

150. In acute crisis, if the abused family members have to flee from their home, the temporary family homes provide them accommodation and complex help. Since 1 July 2005 under the amendment of the Child Protection Act settlements with more than 30,000 inhabitants have been obliged to maintain temporary family homes in order to reinforce their network.

151. Parliament resolution No. 45/2003 (IV.23) on the development of a national strategy to prevent and effectively manage domestic violence rejects all forms of violence within families, including also verbal abuse. It highlights the priority of the protection of human rights, to which everyone is entitled, stating that violence within families cannot be considered as a private matter. The resolution establishes that a national strategy has to be developed in order to prevent violence within families. The resolution states that the activities of social institutions are indispensable in prevention, victim assistance and education, and calls for cooperation between governmental agencies and NGOs.

152. One of the five priorities of Parliament resolution No. 115/2003 (X.28) on the National Strategy of Social Crime Prevention is the prevention of violence within the family.

153. The Minister of the Interior has issued Directive No. 34/2002 concerning the tasks required for the enhancement of the effectiveness of the measures aimed at the protection of victims of crime - particularly victims of intrafamily violence - on the basis of which No. 13/2003 (III.27) measure has been introduced at the National Police Headquarters, which will guarantee that police operations in relation to violence within the family are carried out in a "proactive" approach, in a victim-oriented manner and in line with the expectation of society as well as that the duties of the police are performed in a harmonized approach.

154. A Victim Assistance Office has been operating within the Ministry of Justice and Law Enforcement since 1998. At present 46 victim protection offices operate in Hungary which are maintained in cooperation with the local self-governments, the police and non-governmental organizations. These offices provide assistance to victims of domestic violence as well.

155. The Ministry, within the framework of the “People’s Advocate” Programme established legal assistance offices in every county town, which provide information on basic legal matters. In more difficult cases a counsellor is assigned who provides information and takes part in drafting official applications and petitions. The competence of the office covers cases concerning housing, employment, social benefits, property, certain administrative procedures, legal protection of crime victims. However, it does not have the right to draft contracts.

156. Pursuant to Act No. 135 of 2005 on the assistance and compensation of victims of crimes the State shall promote the enforcement of the victim’s rights and provide prompt financial and legal aid to every victim. As stipulated in the Act the victim assistance service of the Office of Justice assists the victims in enforcing their basic rights and in making use of health services and health insurance services. The scope of prompt financial assistance covers housing, clothing, catering, travelling, and health and funeral costs if the victim is not able to meet them.

157. The Government Office of Equal Opportunities (now is under the auspices of the Ministry of Social Affairs and Labour) opened the first pilot crisis management centre in January 2004. After the modernization of the centre the National Crisis Intervention and Information Helpline started its operation in April 2005. The Helpline provides assistance to victims of domestic violence 24 hours a day free of charge all over the country. If needed, it takes immediate steps to help victims. Where immediate intervention is not necessary the Helpline provides relevant information.

158. The victims (parent with child) of domestic violence can be accommodated in the temporary homes of children and families. That is why facilities for victims without children had to be developed in the existing institutes. Accordingly, necessary facilities were established in seven regions of the country and in Budapest in the first half of 2005 within the framework of the pilot project “Regional Crisis Management Network”.

159. The members of the pilot project work in close cooperation with the National Crisis Management and Information Helpline and also with child protection and other relevant authorities.

160. At the beginning of 2006 a secret shelter was opened especially for the victims of domestic violence fleeing from home with or without child(ren).

161. At the moment shelters operate in seven regions and in Budapest (altogether nine shelters). The network can accommodate 65 persons on average, which is supplemented by the 26 spaces of the secret shelter. In most cases women and children are accommodated in the centres. In the second half of 2005, 318 persons were accommodated altogether 24 of which were women without children. In this period 110 children stayed in the centres. In 74 per cent the accommodation was the result of acute crisis. Both the number of children and women without children is increasing.

162. The members of the network provide the victims with psychological, social and legal assistance as well.

Problems managed by the child welfare service, 2005

	Child welfare service
Total	671 240
of which:	
Abuse in family	11 761
Family conflict	78 072

Number of children by type of problems and type of temporary childcare institution, 2005

	Type of temporary childcare institution		
	Substitute parents	Temporary children's home	Temporary families' home
Total	216	1 698	5 995
of which:			
Abuse in family	3	81	1 008
Family conflict	8	165	697

Source: Central Statistical Office.

Q19. Please provide updated statistical data on the number of women and children who are trafficked to, from and in transit through the territory of the State party. Please also indicate whether there is a coordinated national approach to counter-trafficking programmes

163. According to the data provided by the Crime Prevention Department of the Hungarian Police on the criminal procedures in the crime of trafficking, the number of trafficking victims were 28 in 2005 (22 women and 5 children) and 5 in 2006 (4 women and 1 child). The combat against trafficking appears in a coordinated form, both from a legal and an organizational aspect.

164. According to article 15, section 1, point c, of Act No. 39 of 2001 on the Entry and Stay of Foreign Nationals (hereinafter: ESNF), the Office and the Regional Aliens Policing Authority may issue a temporary residence permit for humanitarian reasons - even if the conditions of residence defined in this Act are not met upon the proposal of the national security service or law enforcement authority - to a foreigner (qualified as the victim of trafficking) and to other foreigners who cooperated with the authorities in the detection of the crime in a manner that significantly promoted the success of evidence, for important reasons of national security or law enforcement.

165. With regard to the international face of trafficking we operate a special system for those victims who appear in Hungary or abroad, and authorities and non-governmental organizations deal with their cases. (This system is called the Shelter Programme.) Since there is a high security risk for the victims, people working in shelters, and other people in connection with the victims, it is important to handle the data of the exact place of the shelter and the person who operates the shelter confidentially.

166. The Office of Immigration and Nationality has a close relationship with Fehér Gyűrű Közhasznú Egyesület (White Ring Association of Public Utility). This non-governmental organization is a member of a European Forum for the Defence of Victims.

167. Cooperation with different international organizations, such as IOM (International Organization for Migration), is also essential for us which makes it possible for foreigners to return home of their own will with the help of IOM.

Article 11 - The right to an adequate standard of living

Q20. Please indicate if the State party has adopted an official poverty line and a national action plan to reduce poverty that will enable a systematic evaluation of the coherence and the consistency of anti-poverty measures in place (see paragraphs 362 to 372 of the report)

168. In accordance with the endeavours of the European Union, Hungary prepared the first National Action Plan (NAP 1) on Social Cohesion in July 2004. The Plan that was adopted by the Government outlines the goals of Hungary in fighting against poverty and social exclusion for the period 2004-2006. The first report on this period has already been prepared and submitted to the European Union. As a next step, in the second half of 2006 member States had to prepare and submit to the European Committee their National Strategy Reports on Social Security and Cohesion (NAP 2). The document had to be prepared, bearing in mind the actual period of the Lisbon reform process that lasts until 2008, for the period of 2006-2008. The Government has approved the National Strategy Report as well. The Report comprises three “part-strategies” (the fight against poverty and social exclusion; the sustainability and adequacy of the pension system, and the main characteristics of the public health and continuous medical aid systems) and a comprehensive strategic part.

169. On the basis of the National Action Plan the Government has adopted the National Programme Against Child Poverty to protect children as an especially dependent social group.

170. We have to underline that the New Hungary Development Plan 2007-2013 has a positive effect on the realization of the National Action Plan II and can result in a positive breakthrough in the most deprived regions and in the life of the poorest families.

171. The monitoring system of the National Action Plan on Social Inclusion is at present under development in order to be able to collect and evaluate the data on implementation more systematically.

172. Hungary has no uniform, officially adopted poverty line. The eligibility criterion to receive social provisions is to have an income below a certain level. This minimum level is in case of most social benefits bound to the minimum old-age pension, being a certain per cent of that. The amount of the minimum pension is revised and increased every year. This is the lowest among the generally used poverty lines in Hungary.

173. Next to this there is a so-called “minimum subsistence level”, regularly calculated and published by the Central Statistical Office. The Minimum of Subsistence value is calculated on the basis of the normative food consumption value. When establishing the minimum of

subsistence, the consumption data used originate from households that had participated in the Household Budget Survey (HBS) and whose sum of food consumption values were similar to the normative values, with a number of other criteria also being considered. The Minimum of Subsistence value is established relying on the average overall consumption data of these households. At present, the Hungarian Central Statistical Office calculates minimum of subsistence calculations annually. The amount is much higher than the minimum pension.

A time series of Minimum of Subsistence values

(HUF/month)

Household types	1990	1995	2000	2001	2002	2003	2004	2005
Calculated per household								
Households of persons of active age								
1 adult	7 053	16 435	34 475	39 261	43 108	50 015	53 307	56 408
1 adult with 1 child	10 977	27 118	56 884	64 781	71 128	82 525	87 957	93 073
1 adult with 2 children	14 849	35 335	74 121	84 411	92 682	107 532	114 610	98 714
2 adults of active age	12 509	28 761	60 331	68 707	75 439	87 526	93 287	98 714
2 adults with 1 child	16 618	39 444	82 740	94 226	103 459	120 036	127 937	135 379
2 adults with 2 children	20 296	47 662	99 978	113 857	125 013	145 044	154 590	163 583
2 adults with 3 children	23 048	54 236	113 768	129 561	142 256	165 050	175 913	186 146
2 adults with 4 children	25 535	60 810	127 558	145 266	159 500	185 056	197 236	208 710
3 adults of active age	18 151	41 088	86 188	98 153	107 770	125 038	133 268	141 020
3 adults with 1 child	22 065	51 770	108 596	123 672	135 790	157 547	167 917	177 685
3 adults with 2 children	25 443	59 988	125 834	143 303	157 344	182 555	194 571	205 889
3 adults with 3 children	27 929	66 562	139 624	159 007	174 587	202 561	215 893	228 452
3 adults with 4 children	30 416	73 136	153 414	174 711	191 831	222 567	237 216	251 016
Households of persons of retirement age								
Single member household	4 998	14 792	31 028	35 335	38 797	45 014	47 976	50 767
Two-member household	8 766	25 474	53 436	60 855	66 817	77 523	82 626	87 432
Three-member household	12 790	36 157	75 845	86 374	94 838	110 033	117 275	124 098
Calculated per person								
Households of persons of active age								
1 adult	7 053	16 435	34 475	39 261	43 108	50 015	53 307	56 408
1 adult with 1 child	5 489	13 559	28 442	32 390	35 564	41 262	43 978	46 537
1 adult with 2 children	4 950	11 778	24 707	28 137	30 894	35 844	38 203	40 426
2 adults of active age	6 255	14 381	30 166	34 353	37 720	43 763	46 644	49 357
2 adults with 1 child	5 539	13 148	27 580	31 409	34 486	40 012	42 646	45 126
2 adults with 2 children	5 074	11 915	24 994	28 464	31 253	36 261	38 648	40 896
2 adults with 3 children	4 610	10 847	22 754	25 912	28 451	33 010	35 183	37 229
2 adults with 4 children	4 256	10 135	21 260	24 211	26 583	30 843	32 873	34 785
3 adults of active age	6 050	13 696	28 729	32 718	35 923	41 679	44 423	47 007
3 adults with 1 child	5 516	12 943	27 149	30 918	33 948	39 387	41 979	44 421
3 adults with 2 children	5 089	11 998	25 167	28 661	31 469	36 511	38 914	41 178
3 adults with 3 children	4 655	11 094	23 271	26 501	29 098	33 760	35 982	38 075
3 adults with 4 children	4 345	10 448	21 916	24 959	27 404	31 795	33 888	35 859
Households of persons of retirement age								
Single member household	4 998	14 792	31 028	35 335	38 797	45 014	47 976	50 767
Two-member household	4 383	12 737	26 718	30 427	33 409	38 762	41 313	43 716
Three-member household	4 264	12 052	25 282	28 791	31 613	36 678	39 092	41 366

174. Lastly, it is more and more widespread in policy-making to use the relative poverty line based on the EU poverty definition, counted as 60 per cent of the median income per consumer unit.

Q21. Please comment on reports that the Roma are often living in substandard housing, that they are systematically prevented from moving to certain neighbourhoods, that they are frequently discriminated in access to social housing, and that they are disproportionately subject to forced evictions. Please provide information on measures taken to address these problems, including through a comprehensive national policy for social housing

175. Neither the Housing Act (Act No. 78 of 1993 on Rent of Flats and Premises, and certain Regulations on their Alienation nor the local government decrees relating to the Act contain - and are allowed to contain - any discrimination regarding sex, race, denomination or other, therefore representatives of the national and ethnic minorities cannot be discriminated against.

176. If the local government cannot offer a flat to the applicant - or replace the applicant's flat - in its own territory, it can - in the territory of another settlement - buy a flat in a used condition from a private owner or from the other local government or obtain the right for tenant-selection. It is not allowed to ban or restrict by any means of regulation this possibility of the local governments.

177. This possibility, where local governments act as owners, has nothing to do with the idea that persons representing a certain ethnic group can be forced to move or prohibited from moving to a certain neighbourhood. Local governments can only take into consideration the housing conditions of the families and the regulations in force. In this process, as we have underlined, there is no place for national or ethnic discrimination. The same method can be used in the case of other families that do not belong to a national or ethnic minority.

178. A further constitutional requirement is that nobody's right to liberty of movement can be impeded or hindered. Therefore, if a family accepts the flat offered in the other settlement, its choice of residence is free, therefore its rights are not violated. It has never been and still is not compulsory to accept the flat offered. The acceptance completely depends on the family's decision.

179. With reference to the comment on forced eviction in the Government report, according to the Housing Act, a tenant can be forced to move to another flat he/she has not accepted only on the basis of a court decision (this rule applies only in case of cancellation of flat exchange, regulated in the Housing Act or in the case of renovation, conversion or demolition). Furthermore, a person may be evicted from a flat occupied by him/her arbitrarily only on the basis of a court decision as well. Therefore, violation of the minority rights cannot take place, since the Housing Act and the law regulating the judicial proceedings applies to all concerned persons and families.

180. We would like to mention here that pursuant to Act No. 53 of 1994 on Distraint the vacating of the property - of any type of ownership - has to be postponed by the executor in the winter period between December 1 and March 1 in case the obligor is a private individual and the reason for vacating is a debt concerning the flat. The exception is when the flat had earlier been occupied arbitrarily, or an obligation had earlier been realized by a fine.

Housing and Social Integration Programme for people living in Roma settlements

181. The main objectives of the programme, published in 2005, are to improve the quality of life and to promote the social integration of people living in Roma settlements or ghettos. The programme includes housing; employment; education; health promotion; community development and social work. In the framework of the housing subprogramme, the building of subsidized flats; infrastructural developments; and renovation works of dwelling houses took place. In the framework of the social subprogramme, the Government, on the one hand, supported projects in the field of employment and training, and on the other hand, encouraged the establishment of conditions needed for the integrated education of children. The second round of the programme was announced in September 2006.

182. In 2005 the assistance provided to nine settlements involved in the Roma Housing and Social Integration Programme amounted to a total of HUF 680 million. In addition, further sources were involved to include four other settlements in 2006.

183. The second round of the Programme was announced in September 2006 by the Ministry of Social Affairs and Labour. The tender was published in November 2006 and 11 settlements were invited to participate. The implementation of the Programme has started. In 2006 participants obtained an assistance of a total of HUF 505 million. In the annual budget of the Ministry of Social Affairs and Labour, HUF 400 million were allocated for the implementation of the Programme in 2007.

Complex programme for the development of regions lagging behind (included in the New Hungary Development Plan 2007-2013)

184. As part of the 2nd National Development Plan, which is currently under adoption, the goal of the complex development programme of the most disadvantaged 28 small regions is to reduce the segregation of settlements and regions until 2013. Subgoals of the programme are:

- To stop the process of ghettoization and to prevent the creation of new ones;
- To revitalize ghettos and regions lagging behind (by the improvement of the infrastructure and of the capacity of human resources);
- To enhance employment chances among the poorest by both strengthening mobilization and the enforcement of obtaining market-oriented useful skills;
- To establish public services in settlements becoming ghettos or in ghettos;
- To strengthen social solidarity and antidiscrimination activities in regions endangered by ghettoization;
- To radically reduce the number of people living in ghettos or settlements becoming ghettos and to integrate these parts of settlements into the structure of local developments.

185. It is an important step forward that the New Hungary Development Plan and its operational programmes try to solve the Roma question from several aspects, first of all by assisting such fields where Roma people - as a social group facing several types of handicap - are represented significantly:

- The situation analysis of every regional operational programme mentions Roma people as a social group facing handicap from several aspects, including residence;
- Operational programmes have their so-called horizontal policies, which should be taken into consideration continuously during the implementation. Such policies are sustainability and cohesion. Cohesion includes - among others - territorial cohesion that means to provide a well-balanced territorial development, bridging the handicapped and underdeveloped regions and promoting their competitiveness;
- Within the priorities of Regional Operational Programmes (ROP) Roma people constitute a target group in connection with the rehabilitation of slums and deteriorated urban areas or in case of questions connected with access to human services;
- This way goals set among the territorial rehabilitation priorities of ROPs can promote the realization of the aims of PDRI regarding Roma people's housing conditions, while measures taken by human priorities are in line with the aims of PDRI regarding the access of Roma people to education, employment and health.

**Article 12 - The right to the highest attainable standard
of physical and mental health**

Q22. Please provide information on the results of the reform of the health system, especially on equal access to health care and medical services provided free of charge for disadvantaged and marginalized individuals and groups, including the Roma

186. The Hungarian Government is committed to accelerating the process of modernizing the public sector, improving its effectiveness as well as ensuring its sustainability. Health sector modernization is one of the key issues in the overall efforts. As part of the comprehensive reform of the Hungarian health system, the Parliament adopted five important health acts in the autumn of 2006. Health-related decisions comprise both short- and medium-term measures. Short-term measures should have an impact of controlling excessive use of health services and overspending in the National Health Insurance Fund. Further measures deal with controlling growth in pharmaceutical expenditures, the definition of the health insurance service package, the rationalization and modernization of the health-care system, as well as the reconsideration of the key issue of how the insurance model of the future should look like.

187. The five acts adopted in 2006 are as follows:

(a) **Act XCVII of 2006 on professional chambers functioning in the health sector** (Official Journal No. 146; 29 November 2006);

(b) **Act XCVIII of 2006 on safety and efficient supply of pharmaceuticals and medical devices as well as on the general rules of pharmaceuticals distribution** (Official Journal No. 146; 29 November 2006);

(c) **Act CXV of 2006 on modification of certain health-related acts** (Official Journal No. 156; 18 December 2006);

(d) **Act CXVI of 2006 on tasks of the Health Insurance Supervisory Authority** (Official Journal No. 156; 18 December 2006);

(e) **Act CXXXII of 2006 on developing the health-care system** (Official Journal No. 160; 22 December 2006).

1. Changes as regards Act XCVII of 2006 on professional chambers functioning in the health sector

188. The rules concerning chambers for physicians, pharmacists and nurses were amended. For the time being, membership in these three chambers is mandatory. Mandatory membership in professional chambers is discontinued from April 2007 onwards, which will probably open the door for many new organizations in all the three above-mentioned professions.

2. Re-regulating the supply of pharmaceuticals and medical devices - Act XCVIII of 2006 on safety and efficient supply of pharmaceuticals and medical devices as well as on the general rules of pharmaceuticals distribution

189. The most important objective of re-regulating the pharmaceuticals' supply is to control over-consumption of drugs, to stop the growth of the financial burden on both the population and the insurer, as well as to improve access to pharmaceuticals. The new act further aims at making the distribution of pharmaceuticals more effective and flexible, improving the access of patients to pharmaceuticals.

190. In order to ease patients' burden and to stabilize the balance of the State budget, the new act rationalizes the reimbursement scheme. The re-regulation renews the system of health insurance coverage decisions, provides for price negotiations, with the entire process conducted in public on the Internet, influences prescribing practices by developing professional rules and controls, and dismantles unjustified rules limiting competition by liberalizing rules for the establishment of retail pharmacies.

191. The previous reimbursement system is modified. The 100 per cent reimbursement on certain products does no longer exist, instead a unified HUF 300 fee/box shall be paid in case of medicines earlier granted 100 per cent reimbursement. Changes are introduced in the case of the other three reimbursement groups applied for specific medical indications. The reimbursement rates are decreased, however, the scope of medicines granted an increased reimbursement status is extended, covering the three main groups of patients suffering from cardiovascular diseases (such as high blood pressure, arrhythmia, angina). It means that they can still get access to certain types of medicines at an increased level of reimbursement. Reimbursement rates of medicines for certain groups of diseases, such as asthma, epilepsy, Parkinson-syndrome,

depression, remain unchanged. So, patient co-payments now exist for all prescribed medicines. The only exception to this general principle is in cases of persons who are entitled to certain drugs on the basis of a specific medical card based on social indication.

192. As regards the inclusion procedure of pharmaceuticals in the reimbursement list, the new act introduces modifications ensuring price competition among generics, facilitating the inclusion of medicines with lower prices, aiming at substantial savings both by the patients and the National Health Insurance Fund. The act also includes new provisions on encouraging effective and high-quality prescription of medicines: a qualified computer program helps practitioners to prescribe the most effective but nonetheless, cheapest medicine.

193. Concerning pharmaceuticals promotion and advertising, the new act introduces stricter requirements, in accordance with European Community law.

194. The forms of operation of pharmacies are liberalized, facilitating the establishment of new pharmacies (by eliminating earlier existing limitations under specific circumstances). At the same time, the act sets forth specific rules for limiting any fusion among pharmacies: it prohibits that more than one sixth of pharmacies in a given zone shall be run by the same company. As some pharmacies operate in disadvantaged rural areas, a so-called solidarity fee shall be paid by public sale pharmacies above a certain level of income gained from their annual margins. The new act allows for the sale of certain OTC pharmaceutical products outside of pharmacies.

195. In order to control excessive overspending of the pharmaceutical budget, a new rebate system is introduced. It ensures shared risk-taking between the manufacturers and the State, depending on the level of over-expenditure. There is a fixed flat rebate level of 12 per cent, regardless of turnover, while in case of overselling a stripped shared risk-taking shall be applied.

196. Wholesale companies have to pay back 2.5 per cent of their margins on insurance reimbursement covered drugs.

3. Introduction of co-payment in health care: visit fee and hospital daily fee; definition of health insurance packages - Act CXV of 2006 on modification of certain health-related acts

Introduction of co-payment

197. By introducing symbolic treatment fees in both visiting the doctor as well as receiving inpatient care, the most important objective of the new act is to contribute to increasing individual responsibility, eliminating informal payments and improving the quality and efficiency of the current health-care delivery system. The intention is to make it clear that health care is not free of charge. The payment of either the visit fee or the hospital daily fee makes the system's operation more transparent and documentable, and introduces a legal form of cash movements between patients and health-service providers. The aim is that patients become more cost-sensitive service purchasers, thus the number of unjustified doctor-patient meetings is expected to decline. Fees paid by the patient will be retained by the provider, and the money collected through such payments will be channelled into the health-care system. In this case, special compensatory provisions are foreseen for paediatricians, since children under the age of 18 are exempted from visit fee or hospital daily fee.

198. The visit fee and hospital fee payment obligation entered into force on 15 February 2007. There are some exemptions, thus fee shall not be paid:

- When health-care service is provided:
 - As part of a long-term medical treatment, natural disaster emergency medicine, pregnancy, giving birth and childbeds treatment;
 - Due to obligatory epidemiological reasons, such as vaccination, epidemiological screening, mandatory medical check-ups, epidemiological separation, observation, quarantine, control etc.;
 - For public health screening;
- If the insured concerned paid daily fee of 20 days for receiving inpatient care during a calendar year;
- If the patient is under the age of 18;
- If the treatment is qualified as emergency or obligatory curative care;
- If inpatient care is necessary due to a court decision, also in case of psychiatric inpatient care provisions;
- If the patient died while receiving care;
- In case of homelessness;
- By prisoners;
- Certain types of immediately necessary care, possibly life-threatening, as well as long-term medical treatments, such as: for malignant tumours, dialysis, blood-clotting disorders, diabetes, transplants, HIV/AIDS, certain psychiatric illnesses, severe bipolar syndrome, are exempted from visit fee and hospital fee.

199. Patients shall pay an increased visit fee in case of receiving on-duty care, even though their medical condition does not justify the urgency (HUF 1,000), if for the patients' request the treatment is provided outside the general practitioner's place (HUF 600), if patients visit another general practitioner than they are registered with (HUF 600), when patients receive outpatient specialist care in another outpatient clinic than they were referred to (HUF 600), and if they receive outpatient specialist care without referral (HUF 600).

200. The visit fee shall be paid only once if the insured person concerned receives more outpatient care during the same day. Patients shall be provided with an invoice. When patients paid at least 20 times the visit fee or hospital daily fee during a year, and can certify their

payments with their invoices, they can request reimbursement from the relevant local government, if they are socially needy persons. Parliament adopted the amended Act III of 1993 on Social Administration and Social Assistance, according to which, as of 15 February 2007, the monthly benefits of certain groups of socially needy persons are increased by HUF 300 or 200 in order to provide financial compensation, e.g. those who receive:

- Old-age pension;
- Widow/widower pension;
- Regular social benefit;
- Temporary social benefit;
- Health damage annuity;
- Invalidity annuity;
- Spouse additional payment, or supplement to spouse additional payment;
- Spouse income substitution;
- Social assistance;

and the monthly amount of these benefits does not exceed HUF 54,260.

201. As of 1 April 2007, service providers will be obliged to control the entitlement for services of the patients. Service providers shall inform patients on all measures in written communication, visibly placed in the institution.

Definition of health insurance benefit packages

202. There is general agreement that the social insurance scheme has to operate on a real insurance basis. This is only feasible if it is clear for the insured, the insurer and the service provider what services are to be provided in exchange for the contribution paid. By defining the contents of the packages, it is possible to clearly regulate who is entitled to which services, and who is to bear the costs. It does contribute to identify free-riders who evade contribution payment. By defining these packages, patient care will definitely be smoother. The introduction of benefit packages makes it possible to better plan the expected expenditure of the insurance fund.

203. Three benefit packages are defined, with a view to simultaneously applying the principles of solidarity and self-care:

- **Basic benefit package:** all individuals staying legally in the territory of Hungary are entitled to it, regardless of any insurance relationship. It includes benefits that are due to everybody as a citizen's (or rather human) right, whether or not they are insured, such as:
 - Medical rescue services, preventing direct threat to life;
 - Epidemiological treatment, mandatory vaccination;
 - Protection of mothers and infants.
- **Insurance package:** benefits that the insured are entitled to against partial payment or in some cases free of charge (as described above). For the contribution paid, this package allows everybody to have access to the necessary and generally available services, regardless of their place of residence and financial situation. Entitlement to services covered by this package will be checked. Services may not be accessed with freely chosen contents and freely chosen order of utilization, but with a set content and in line with a defined referral system and code of procedures.
- **Supplementary package:** additional coverage that may be purchased against voluntary premium payment as part of any supplementary insurance. If someone wishes to access the benefits within a package with content and code of procedure other than defined, provided that it is medically allowable, they may do so by paying for it out of their pocket or covered by their supplementary voluntary insurance. This package covers extra comfort services. For these services additional charges have to be paid: for a private room, doctors of one's choice, plastic surgery for esthetical consideration, etc.

204. These new measures aim at contributing to the transparency and clear vision on the distribution of expenditure spent on the Hungarian health-care system.

4. Establishment of the Health Insurance Supervisory Authority - Act CXVI of 2006 on tasks of the Health Insurance Supervisory Authority

205. The Health Insurance Supervisory Authority functions as a governmental office, tasked with enforcement powers and implementing functions for both in the fields of mandatory and voluntary health insurance sector. The fundamental objective of this body is to ensure legal, smooth and high quality operation of the Hungarian health insurance system, to protect the interests of the insured as well as to enhance careful and effective usage of health insurance contribution payments. Major tasks of the Authority include controlling the access to and quality of services as well as service providers' capacities, checking waiting lists, approving financing contracts, ensuring patients' rights, protecting consumers, investigating complaints, keeping guard over fair competition, setting and adopting price schemes and tariffs.

206. The Authority, which is subordinate to the Government, has an elected council as well as a committee on tariffs, composed of members delegated by specific agencies. It is governed by its president, nominated by the Minister for Health and approved by the Prime Minister for a period of six years.

5. Restructuring the health-care system - Act CXXXII of 2006 on developing the health-care system

207. The new act aims at to create an equitable, European-level health-care system and, at the same time, to eliminate wasting of resources. The most important objective is to establish such a system, which will be effective and financially sustainable, and provide safe and quality care for the patients.

208. As regards hospital bed capacity, the current situation is extremely expensive, the usage of all hospital beds is around 75 per cent, while every fifth patient is in hospital, regardless of whether they could quickly and effectively be treated in outpatient care. Although the proportion of one-day surgery in many European countries is around 50 per cent, it is very low in Hungary. Thus, the objective of changes, laid down in the new act is to make hospitals and ambulatory services accessible for all.

209. The new quality health-care system has four levels:

- **Focal hospitals** - are equipped with up-to-date high technology, employ medical doctors with a wide range of experience and expertise, and provide high-quality medical services for patients suffering from severe or special diseases. In order to ensure the safety and guaranteed quality of medical services, from now on only these hospitals can provide treatment for patients with malignant tumours, organ transplantation, or similar interventions. These focal hospitals will, at the same time, operate as emergency centres, where they will receive patients in need of emergency care for 24 hours out of 24 during the 365 days of the year. The operation of these hospitals will be supported by diagnostic centres, applying most up-to-date high technology. These institutions are obliged to participate with a defined amount of capacity in providing protection and services in case of disaster or epidemics within 3 or 6 hours. These will include the two national institutes for cardiovascular diseases and oncology. These institutions shall be accessible within an hour.
- **Territorial hospitals** - most of these hospitals will provide “general” medical care. Rehabilitation, chronic treatment and long-term care will play a greater role in their scope of provisions. When patients need a higher level care, these institutions shall refer them to focal hospitals. Capacities of regional hospitals are to be defined in consultation with Regional Health Councils according to the framework number specified in the act.
- **Outpatient centres** - these institutions are organized around territorial hospitals in order to ensure outpatient specialist care. Thus patients can receive medical treatment near to their place of residence. Daily hospital services, one-day surgery wards, chronic care or long-term care can also be provided by these institutions, which will be in close connection to primary care.
- **General practitioners** - the gate-keeping function of general practitioners is strengthened by stricter rules for referral, as was mentioned above (see visit fee).

210. The specialist care capacities will be rearranged - some of the acute inpatient capacities will be transferred to chronic inpatient, one-day surgery or outpatient capacities. The number of acute hospital beds will be reduced by 26.4 per cent, while rehabilitation and chronic care as well as long-term care capacities will be increased by 35 per cent. The number of total hospital beds will be reduced by 11 per cent. The aim is to eliminate uneven distribution of beds, improve accessibility, increase rehabilitation and long-term care capacities and, at the same time, ensure much more cost-effective operation in more modern and better-equipped facilities.

211. A new institutional system, the State Health Centre will be established by merging some institutions falling under the supervision of different ministries, where all entitled people (railway-workers, police, soldiers, etc.) will be treated. Instead of operating a highly fragmented system, the objective of this measure is to create a single State-financed institution, where all human, material and infrastructural resources are ideally available for a twenty-first-century-demanded centre. The supervision of this centre will be carried out by the Ministry of Defence.

Q23. Please provide information on the impact of the measures taken to increase the life expectancy rate in the State party, which is one of the lowest among the OECD member States, e.g. by raising awareness about bad dietary habits, lack of exercise and the negative effects of alcohol and tobacco consumption

212. We have conducted the following actions within the framework of the National Public Health Programme's "Healthy Way of Life Sub-Programme, Reducing Factors that Put Human Health at Risk", in an effort to increase the life expectancy of the Hungarian population.

Measures to reduce tobacco smoking

213. We adopted the World Health Organization Framework Convention on Tobacco Control, promulgating it as Act No. III, of 2005. In this context, we have prepared a national coordination mechanism with a coordination specialist to manage operative support tasks.

214. Within the framework of the "Programme to Prevent Smoking by Schoolchildren", we have purchased seven interactive touch-screen booths for use by children in the lower grades of primary school and have presented them to their users. The programmes call children's attention to the hazards of smoking.

215. We have continued our effort to set up a network of institutions to assist people in quitting smoking. The goal is to establish and maintain a network of facilities throughout the country that operates continuously to help people give up smoking. These facilities are staffed by doctors and specialist health-care workers who offer their skills in guiding people to stop smoking.

216. In primary care, we have continued to disseminate the concept of minimum intervention with regard to tobacco smoking. The goal is to learn about the public's smoking habits, to monitor them, to offer people information on smoking, and to help them quit and/or prevent them from starting to smoke.

217. We are being assisted in combating tobacco smoking by a 72 million euro programme of action initiated by the European Union in the spring of 2005. It uses television ads and street shows to help and counsel young people to stay away from cigarettes and other tobacco products. It urges people, who already smoke to think things over, and supports and motivates people who are thinking of quitting to dare to make the move in the interests of their health. In the first week of April 2005, an EU campaign van made a stop in downtown Budapest, at Heroes' Square. The staff distributed leaflets pointing out the hazards of secondary smoke and passive smoking, offering information to everyone interested on the domestic network available to help people who want to quit smoking.

218. The Office of the Government Commissioner for Public Health published the results of a public opinion poll taken by pollster Marketing Centrum on a nationwide representative sample of 1,200 persons. The poll sought to learn their smoking habits, and to glean information on how the public would respond to tighter restrictions on smoking. Seventy-three per cent of the sample said that given a choice, they would ban smoking from schools and 79 per cent supported a ban on smoking in health-care facilities. Even the majority of smokers supported this ban. Fifty-seven per cent of non-smokers and, understandably, only 20 per cent of regular smokers favoured a ban on smoking in restaurants and other catering establishments. These poll results supported plans to introduce the principle of zero tolerance in schools and health-care facilities, the first step of which was an amendment in 2005 to the law on the protection of non-smokers. While retaining a complete ban on smoking in the portions of public schools where children may be present, as of September 2006 school boards have had the right to choose whether to designate a space as a smoking area or to ban smoking entirely.

219. On 31 May 2005, World Smoke-Free Day, a conference was organized, with professionals and the public sharing methods of quitting smoking. A "Quit and Win" contest was announced among health-care workers and Parliament's decision makers because of the large number of people working in these areas who smoked.

220. We prepared a Hungarian-language version of the "Smoke-free Europe" publication with European Union support. The publication expounds on the economic benefits of turning Europe into a smoke-free continent.

Action taken in alcohol and drug prevention

221. Within the framework of the project "Support for Early Treatment of Alcohol Dependent Patients", the National Primary Care Institute designed a methodology for identifying persons with characteristics rendering them prone to alcohol-dependence and persons in the early stages of alcohol abuse/dependence.

222. The Ministry of Youth, Family, Social Affairs, and Equal Opportunity supported the following efforts:

- The introduction and operation of treatment methods within the community to care for substance-dependent patients, which enable the patient to remain within the family and the home environment;

- The establishment of an Addictions Working Group to design community care protocols for community caregivers and coordinators, including induction programmes, low-threshold, and daytime community care;
- The implementation of comprehensive programmes focused on the infrastructural development and operation of a network of institutions designed to reduce drug use;
- The introduction of drug-prevention subjects in higher education;
- The improvement of drug rehabilitation for 14 to 16-year-olds;
- The provision of welfare facilities and re-integration for persons successfully treated for addictions;
- The provision of health-promotion and drug-prevention programmes in schools;
- The implementation of community health promotion programmes;
- The operation of Illegal Drug Coordination Forums;
- The offering of diversion (health care or other preventive treatment as an alternative to criminal sanctions once a case is in the law enforcement network) through a nationwide network of institutions providing preventive and information services.

Measures to promote healthy nutrition and eating habits

223. There are four professional tasks set forth in school health promotion, and the Ministry of Education chose healthy nutrition as the one to focus on in 2005. Following a consultation between the Government Commissioner for Public Health and the Minister of Education early in the year, the Minister announced his intention to issue a decree to regulate selection in school buffets to better promote children's health. The professional foundation for the decree was a study called "Recommendations for evolving a food choice in school buffets that conform to modern nutritional standards", published in the Ministry of Health's official journal "Health Affairs Gazette", on 2 August 2005. Since this was a formal recommendation, it was possible to include an introduction along with a summary for parents telling them what they should expect schools to offer their children in health promotion in addition to healthy nutrition. The Minister's decree on school buffets was promulgated in the official Hungarian Gazette on 22 December 2005 and entered into force on 1 January 2006. To guarantee parents the chance to voice their agreement in concert with the school health service, large-scale information dissemination campaigns combined with parent-teacher meetings, were organized in schools. They focused on the selection of products in school buffets.

224. The Office of the Government Commissioner for Public Health, and the Ministries of Health and Education announced a joint contest to win the title of "Child-Friendly Buffet". The goal of the contest was to support the evolvement and implementation of a way of thinking that considered healthy child development a top priority when compiling the selection of products available in school buffets. The contest was announced in December 2005, and about 40 schools won the title of "Child-Friendly Buffet", for which various prizes were distributed.

225. Special attention in 2005 went to promoting healthy nutrition among at-risk segments of the public (children, pregnant women and nursing mothers, elderly persons).

226. The National Institute for Food Safety and Nutrition designed the following professional materials as part of a sub-project called “Healthy Nutrition”:

- Public meal provision - strategic issues, current factors, and development possibilities;
- Nutritional recommendations for pregnant women and nursing mothers;
- Recommendations for evolving product selection in school buffets to conform to modern nutritional requirements;
- Recommendations for public meals for children age 7-14;
- Recommendations for public meals for children age 4-6;
- Design of a poster called “Ideas for a Healthy Buffet”.

227. Veszprém University has designed an interactive nutritional advisory service accessible at www.cordelia.vein.hu, which is linked to the Health Ministry’s website. It is operated by Veszprém University’s server.

Promoting exercise and physically active lifestyles

228. Thousands of people participated in the various physical activity contests offered as adjuncts to the Vienna-Budapest Supermarathon that has been organized for the past 16 years. The Ministry of Health has supported these programmes.

229. The National Sports Office has organized the following programmes for young people:

- The Sports XXI Programme (organized in 10 branches of sports and involving 60,000 children);
- The Heracles Championship Programme;
- Promotion of a School Sports Network;
- Other educational tasks designed to develop junior competitive athletes;
- Student Olympics physical and mental competition;
- College sports - university championships, Universiade (World University Games).

It has supported the following programmes for persons attempting to cope with multiple disadvantages:

- Hungarian Midnight Sports Championships Association (Moonbeam Programme);
- Regular sports programmes for young people coping with multiple disadvantages;
- For a Healthy Life Credo and Sports Foundation: regional and national sports championships for children living in institutions and for children coping with multiple disadvantages (based on voluntary participation);
- The Hungarian Roma soccer selected (based on voluntary participation);
- Leisure time sports for persons with disabilities;
- Student sports for persons with disabilities.

In 2005, it supported 62 leisure-time sports events in all parts of the country within the framework of the “Get Moving, Hungary” programme.

Q24. Please provide information on measures taken to combat abuse and neglect of patients in mental health-care facilities and in government-funded homes for older persons

230. Most recently, there have been significant changes in laws to boost guarantees that the basic rights of citizens are respected, including patients’ rights. Prominent among these are the multiple amendments to Act No. CLIV, of 1997 on Health; and Decree of the Minister of Health, Social, and Family Affairs No. 60/2004 (VII. 6.) ESZCSM on “admitting psychiatric patients to care institutions and on restraints used during psychiatric treatment”.

231. According to the 2005 amendment to the Act on Health, restraining measures can only be applied during psychiatric treatment if a psychiatric patient’s behaviour is dangerous. Dangerous behaviour means according to this Act that the patient, as a result of a disturbance in his/her psychotic condition, may pose a significant threat to his/her own or others’ physical well-being or health, while the nature of the disorder does not warrant urgent institutional treatment. Immediately dangerous behaviour means that the patient, as a result of an acute psychotic condition, poses an immediate and serious threat to his/her own or others’ life, physical well-being or health. In case of such behaviour, the patient’s consent is not required before applying restraints in order to avert the patient’s dangerous behaviour, but the staff shall try to inform the patient even in such a situation, as far as possible.

232. The Decree of the Minister of Health, Social, and Family Affairs No. 60/2004 (VII. 6.) ESZCSM “admitting psychiatric patients to care institutions and on restraints used during psychiatric treatment” was amended in 2006, in line with the amendment of the Act on Health referred to above.

Q25. Please provide information on measures taken to improve the sexual and reproductive health of women

233. The National Infant and Child Health Programme, called “Children - Our Mutual Treasure”, was completed in November 2005. One of the main strategic priorities of the programme is:

Mother and neonate health

234. The health and development of children, including healthy nutrition and health monitoring, are inseparable from the health of the mother. Prenatal care is of key importance to later life as is health care surrounding delivery and in the first weeks of life.

Paediatric paramedic care

235. This is a 90-year-old network, which has had to face numerous challenges in the prophylactic area in recent years. In keeping with the principle of equal opportunity, all settlements have their own regional paediatric paramedic services. This gives all residents the opportunity to contact their regional paediatric paramedic and meet with him/her in their own home environment. Access is thus ensured together with the opportunity to evolve a trusting relationship. The paediatric paramedics are a part of a family's life in the most important phases - when expecting a baby, when beginning home-life with a neonate, when shaping family life around an infant, when the child begins attending preschool/school, and when a young couple starts preparing for family life. Taking the biological factors of children of different ages into consideration, the paediatric paramedic helps in health promotion, particularly regarding measures to prevent avoidable childhood diseases.

236. In 2004, paediatric paramedics worked with 1,155,666 families. The number of pregnant women and 0-16-year-old children in these families was 1,806,972. District paediatric paramedics begin working with most pregnant women during the first trimester of pregnancy, calling on 80.7 per cent of them, even though reporting pregnancies is no longer mandatory. The paediatric paramedics pay an average of five home visits to a pregnant woman, and meet with her an average of three times in their offices for counselling. Paediatric paramedics visit 80.7 per cent of all neonates within 24 hours of the time they are brought home from the hospital. This gives them the chance to support the family in the initial phase of adaptation, and to observe the neonate's adjustment to life and the baby's development. The paediatric paramedic visits the family weekly for the first two months of the infant's life, and then monthly until the baby reaches the age of one.

237. In the past eight years, the proportion of infants exclusively breastfed until the age of four months (from 0 to 119 days of age) rose by 19 per cent, while the proportion receiving breast milk until six months of age (from 0 to 179 days of age) was up by 54 per cent. These results required a change in outlook, attitude and habits. **School paediatric paramedics** assist in providing preventive health care in schools attended by children 6-18-years-old, as well as in secondary-type schools attended by young adults over the age of 18. One of their most important school-health-care tasks is handling periodic examinations and screenings.

238. **Hospital paediatric paramedics** (only about 60 persons) work in delivery rooms, with post-partum mothers and neonates, as well as hospitalized infants and children. Their job is health education. As of 1 January 2005, a new professional law on paediatric paramedics went into effect, and in conformity with that law, as of 1 June 2005, there has been a fundamental change in the financing of paediatric paramedic services.

239. The goal of the professional changes was to regroup the care configurations to concentrate on the areas where there is a real need for care. Paediatric paramedics see 60 per cent of the youngsters they care for in the schools. Therefore, the new structure was changed accordingly, increasing the number of school paediatric paramedic services from 375 to 842. Accordingly, the number of regional paediatric paramedic services was reduced from 4,595 to 4,110 (see table 4). The new system allows children to access paediatric paramedics in a more equitable manner, and is much more flexible in its ability to adjust to changes. Earlier set fees have been changed to conform flexibly to the size of a given task and number of persons being cared for. The average monthly fee for one paediatric paramedic service rose by 48.3 per cent in the summer of 2005. With that, the financing of paediatric paramedic services is now reasonable.

240. **Other important goals of the programme:** to improve quality of life for neonates, to reduce the proportion of premature infants and babies with congenital development disorders, and to increase survival rates. To this end, the tasks are as follows:

(a) We need to provide effective support to persons preparing to have children, using the paediatric paramedic network and its ability to offer health education and information on family planning. This provides adolescent girls and boys with the expert knowledge needed for healthy motherhood and fatherhood, even if they live in the country's smallest settlement, and enables them to apply that knowledge to practice. In conformity with the National Demographic Policy Programme, we need to initiate priority health-promotion tasks. This involves offering general education aimed at a significant improvement in the demographic situation. The specifics include reducing premature births and infertility as well as the number of induced abortions, particularly among teenagers, the latter of which requires information on safe sex;

(b) We need to improve the effectiveness of Family Protection Services, to boost support for pregnancy prevention and for a further significant drop in the number of abortions. Methods include nationwide and local programmes, popularizing teen clinics, and organizing drives with resident participation at events linked to media campaigns;

(c) Within the framework of the public health project focused on cutting tobacco smoking, we gradually need to tighten up legislation protecting non-smokers in support of a healthy way of life and healthy pregnancies;

(d) We need to revisit current practices that offer care for pregnant women, to improve the quality and effectiveness of that care;

(e) We need to reinforce the "Baby-Friendly Hospital" programme to improve care for women in labour and for keeping new mothers together with their infants. In 2007, we want to expand the number of hospitals able to conform to UNICEF standards;

(f) Relying on the efforts of the reorganized Nursing Support Committee, we plan to improve the proportion of breastfed infants and of infants receiving breast milk.

Other activities

241. As drug abuse spreads, we have seen parallel growth in the need to provide health care for pregnant drug abuser/drug dependant women and their children. Most likely, this portion of our patient population will increase. Therefore, it is important to be prepared to manage the problem in an appropriate way, assisting professional staff working with this concern in health care and other professional fields. To this end, in 2006 we commissioned the chief of the Professional College of Obstetrics and Gynaecology to design methodology guidelines. We also plan to involve the National Institute for Addictions in the preparations.

- Various series of projects have been designed to play important roles in disseminating the Public Health Programme;
- The first portion of a model project involving education in how to start a family was concluded in July 2005. It was designed to assist young people in evolving an order of values including personality development, shaping responsible sexual behaviour and drug avoidance;
- An anonymous AIDS counselling service was established as an adjunct to the anonymous HIV screening facility operated by the National Public Health and Medical Officers' Service (ÁNTSZ). The goal is to offer information to people found to be HIV positive on health-care services available to them and on the lifestyle changes they need to make, and to provide them with psychological support. We have a domestic screening capacity and laboratory facilities sufficient in size to manage all cases. For the present, the capacity of a special ward set up at the Budapest Municipal St. László Hospital is sufficient to treat all domestic cases, and there is a special earmarked fund available to cover the costs of their medication;
- The National AIDS Commission continued its operations in 2005;
- The Office of the Government Commissioner for Public Health organized the Budapest programme of World AIDS Day on 1 December 2005 under the watchword "What You Don't Know CAN Hurt You". Emphasis was primarily on the importance of taking preventive measures;
- In respect of the centrally organized screening programmes, the last report on the status of public health screenings was issued in 2004, when it became clear that the key problem with public health screenings is convincing people to participate. In other words, the concern is the proportion of people willing to undergo screening. In the meantime, the goal of the screening programme management has been to increase participation and improve screening quality. In 2005, ÁNTSZ sent screening invitations to 1,238,853 women between the ages of 45 and 65 to participate in mammography screening. A total of 461,432 appeared for the screening, or 37.2 per cent. We do have to consider that about 25 per cent of women undergo mammograms for diagnostic purposes, so the true number of women who receive mammograms and who are

examined is really 62 per cent of the population group. It is difficult to evaluate the proportion of women who undergo public health cervical screening because a significant portion of these examinations is performed for diagnostic as opposed to screening purposes. About 20-30 per cent of women are tested by private physicians, which also influences our ability to determine the proportion of women actually screened. At any rate, about 27 per cent of women undergo cervical tests for screening or diagnostic purposes.

Articles 13 and 14 - The right to education

Q26. Please indicate the impact of the measures taken to reduce the school dropout rate, especially as regards Roma children and children belonging to other minorities, and provide comparative data, disaggregated by age, sex and ethnic group

Measures taken to reduce the school dropout rate

The following measures have been taken:

- As a consequence of the high dropout rate in the first three classes, the Ministry of Education has changed the Public Education Act. Since September 2004 children can only repeat a school year with the consent of the parents;
- Early school/kindergarten education is provided for disadvantaged children in order to help their successful school career;
- Through the compulsory acceptance of disadvantaged children, an opportunity has opened to provide three-year kindergarten education even in disadvantaged areas (Public Education Act, Section 65, subsection 2);
- As of September 2005 the age limit for compulsory education was raised to 18 years in order to prevent early dropping out from the school system, which is one of the main problems of the disadvantaged social strata;
- Local public administrative measures to declare someone a private pupil have become more circumspect (Section 7, subsection 2 of PEA) in order to prevent the most disadvantaged young people falling out of public education;
- NFT HEFOP 2.1 (National Development Plan - Operative Programme for Human Resources Development) - aims to ensure equal opportunities for disadvantaged pupils in the educational system through teacher training and further training programmes, training to raise social sensitivity, the development of know-how of integrated education, the introduction of new methods to prevent premature school leaving.

Indirect measures that aim to influence the trend of school dropouts

243. In order to promote the integration of socially disadvantaged and Roma children into the educational system, two new educational forms have been developed: (the regulation of preparations for) skills development and integration:

- OOIH (National Educational Integration Network) aims to spread an inclusive, co-ordinated teaching culture;
- Útravaló (For the Road) Scholarship Programme - promotes equal opportunities for disadvantaged pupils and students;
- Arany János Fostering Talent and College Programme for disadvantaged pupils and students/boarding school programme - aims to keep the children of the poorest and least educated parents in vocational secondary schools and grammar school classes that end with the school leaving examination;
- “Programme promoting higher education for socially disadvantaged young people” - the State undertakes to pay the tuition fees of disadvantaged students who wish to enter higher education.

244. According to the Data Protection Law it is not possible to gather any information about the ethnic background of children.

Ratio of participants in full-time education for 16-20-year-olds

(%)

	Total		Male		Female	
	16-year-olds	20-year-olds	16-year-olds	20-year-olds	16-year-olds	20-year-olds
2000	89.0	38.0	88.3	34.1	89.1	40.2
2001	88.7	37.0	91.9	42.1	91.8	43.5
2002	91.8	40.6	94.6	44.6	93.4	48.9
2003	94.0	46.7	94.9	46.4	95.6	52.0
2004	95.2	49.2	95.0	47.4	95.0	50.5
2005	95.2	49.3	88.3	34.1	89.1	40.1

Early dropouts from the education system: the ratio of 18-24-year-olds with elementary school education at the most and who do not participate in any form of education or training within the 18-24-year-old population

(%)

	2000	2001	2002	2003	2004	2005	2006
EU27	17.6	17.3	17.1	16.6	16.1	15.6	15.4
EU25	17.3	17.0	16.6	16.2	15.6	15.2	15.1
EU15	19.5	19.0	18.7	18.3	17.7	17.3	17.0
Hungary, total	13.8	12.9	12.2	11.8	12.6	12.3	12.4
Hungary, female	13.2	12.6	11.8	11.1	11.4	11.1	10.7
Hungary, male	14.3	13.3	12.5	12.4	13.7	13.5	14.0

245. Owing to the discontinuation of gathering statistical data about Roma children, we have no reliable information regarding the total number and rate of Roma pupils within the school population. Thus we provide tables that reflect changes in success at school based on estimates extrapolated from the data of the 1992 statistics and the 1993/94 national representative Roma study as well as earlier trends.

Rate of pupils continuing in secondary education in percentage of pupils completing primary education

Further study	1996/97		1997/98		1998/99	
	Non-Roma	Roma	Non-Roma	Roma	Non-Roma	Roma
Does not continue	2.3	16.5	2.8	16.1	3.2	14.9
Special vocational school	4.4	8.6	5.4	10.4	3.2	9.4
Skilled worker training	36.5	61.6	34.9	57.5	36.8	56.5
Vocational secondary school	38.3	9.3	37.3	12.0	38.1	15.4
Grammar school	18.3	3.7	19.3	3.8	18.4	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
N	167.0	168.0	176.0	176.0	177.0	182.0

Roma segregation, school figures, 2000.

Further study figures of non-Roma pupils

(%)

	2000/01	2001/02	2002/03
Does not continue	1.000	1.087	1.199
Special vocational school	1.167	1.190	1.312
Vocational school	32.857	32.936	33.153
Vocational secondary school	40.032	38.908	39.041
4-year grammar school	22.512	23.668	23.147
6-year grammar school	0.781	1.046	1.153
8-year grammar school	1.072	1.157	0.991
Total	100.0	100.0	100.0
N	465	472	497

Segregation research 2004, school questionnaire.

Further study figures of Roma pupils

(%)

	2000/01	2001/02	2002/03
Does not continue	9.923	10.164	8.140
Special vocational school	5.503	5.448	6.197
Vocational school	62.797	63.578	63.844
Vocational secondary school	16.192	16.291	15.875
4-year grammar school	5.182	4.400	5.623
6-year grammar school	0.244		0.149
8-year grammar school	0.132		0.150
Total	100.0	100.0	100.0
N	419	430	452

Segregation research 2004, school questionnaire.

246. If further study figures of Roma pupils are viewed over a longer period of time, the figures show very significant and decidedly positive trends. The most significant change is that over the last 10 years the proportion of Roma pupils who do not study further after primary school and therefore have absolutely no chance in the legal labour market has fallen from 50 per cent to 8 per cent. Another similarly positive development is that during these 10 years the proportion of Roma pupils entering vocational schools has more than doubled (from 30 per cent to 64 per cent), which means that their chances of obtaining a qualification as a skilled worker and thus secure employment have also increased. Undoubtedly, an increase can be perceived in the rate of Roma pupils entering secondary schools that offer a school-leaving examination (the rate of Roma pupils in vocational secondary schools has grown from 10 per cent to 16 per cent, and in grammar schools from 1 per cent to 6 per cent). However, the rate of increase is far from satisfactory, especially considering that in the labour market better-paid jobs of a higher standard are only available to people with special skills and qualifications plus a final certificate received from secondary schools.

Q27. Please comment on reports that Roma children are segregated at school, e.g. by being placed in special remedial classes or in special schools for mentally disabled children, and that schools predominantly attended by Roma children are more crowded and more poorly equipped than those attended by non-Roma children

247. In the past several years changes in the Public Education Act and also in the Budgetary Law aimed to restrain the possibilities of the local municipalities to segregate any children based on ethnic background or special educational needs. Despite these efforts, Roma children are still more likely to be directed to classes with different curricula, where the number of students is significantly lower. In spite of the higher per capita funding for SEN children, most of the schools attended by Roma children with disabilities do not provide professional education and maintenance.

248. Over the last decade, the problem of segregation of Roma children at school and their placement in special remedial schools has been prioritized in all packages of measures aimed at the social integration of the Roma population. These and other measures promoting the equality of opportunities - including the "For the Road" National Scholarship Programme, the János Arany Programme of Caring about Talented Children, the Mentor Programme, and the "Tanoda" Study Group Programme - were presented in detail in the country report submitted. However, further steps have been taken in the past months in order to facilitate the practical implementation of this goal.

249. The mental capacity of pupils placed in remedial schools and classes is reviewed continuously and depending on the results of the examination, they can be redirected to normal schools.

250. The extension of integrated education, the elimination of all segregated schools and classes as well as the improvement of the educational level of the Roma constitute a priority in the 2007-2008 Action Plan of the Decade of Roma Inclusion Programme introduced in nine countries of Central and Eastern Europe.

251. Among the steps to be taken in the coming two years, the draft action plan enumerates the increase of the number of integrated schools, the review of the effectiveness of the educational programme of 50 “ghettoized” schools, where the proportion of Roma pupils reaches 80 per cent, the redirection of children gratuitously qualified as mentally disabled to the normal school system, and in parallel with this, the setting up of a special mentoring system to support the inclusion of redirected children.

252. Through the support programmes of the European Union, Hungary strives to develop the infrastructure of educational institutions and diminish existing regional differences in the quality of education, with special regard to settlements where the proportion of the Roma population and other socially disadvantaged groups is high.

253. In the last one and a half decades, inequalities in the education system have been significantly fostered by the system of free school selection. According to the free school selection, all parents have, in principle, the opportunity to enrol their children in the most suitable educational institution. Schools in turn can freely decide - beyond their territorial obligations - which children they admit. From 1 January 2007 the area from where a school can primarily accept children has to be designated officially. Children from outside the designated area can only be admitted after all of the multiple disadvantaged (mostly Roma) children have been enrolled.

254. The joint programme operated by the Roma Education Fund and the Ministry of Social Affairs and Labour started in autumn 2006 and is expected to end in September 2008. This programme, covering nine settlements, aims at improving the school achievements of children living in segregated and run-down Roma neighbourhoods. One of the most important elements of the programme is to improve the methods and the equipment used by the schools. The living conditions of many Roma pupils differ very much from their middle-class schoolmates. Extra-school, *tanoda*-type group programmes were launched for them in all nine settlements. From 2007 onwards, the New Hungary Development Plan envisages starting similar programmes in 25 more settlements.

255. On 1 September 2006, a new measure entered into force, according to which small schools running less than eight grades will be liquidated and become affiliated to other, bigger schools from the 2008/09 academic year onwards. This measure also aims at improving the situation of the small-sized schools of small settlements, having generally a high percentage of Roma pupils.

256. In January 2007, Ms. Viktoria Mohácsi, member of the European Parliament, together with the Foundation for Roma Civic Rights and the civil organization called Amalipe launched 12 proceedings in five different countries against the unjustified qualification of some Roma children as mentally handicapped.

Article 15 - The right to take part in cultural life

Q28. Please provide information on the role of national minority self-governments (MSGs) in providing wide cultural autonomy for minorities, and on whether MSGs are equipped with the necessary legal authority and financial resources to ensure that national minorities may exercise the right to enjoy their own culture

257. The establishment of minority self-governments was made possible by the Constitution of the Republic of Hungary as well as by Act No. 77 of 1993 on the Rights of National and Ethnic Minorities. The aim of establishing this system was to ensure the cultural autonomy of geographically dispersed minorities and their participation in decisions concerning them in their capacity of national or ethnic minority. The legitimacy of the democratically elected bodies entitles them to represent the entire minority community of the given settlement, region or the whole country.

258. Elections for local minority self-governments are held every four years simultaneously with municipal elections. The members of the local minority self-governments are elected by voters registered in the minority voters' register. Registration is voluntary and requires only the declaration of the voter on his/her minority affiliation. Minority candidates may be fielded exclusively by minority civil organizations, and candidates are obliged to give a declaration of their knowledge of the minority language, the minority culture and of the fact whether they had already been members or office-bearers of the self-government of another minority. The members of local minority self-governments ("electors") elect the regional and national minority self-governments in a system of electoral lists, at a subsequent round of elections to be held in March 2007.

259. The aim of introducing stricter regulations in 2005 was to ensure that minority self-governments be elected by, and composed of, people who really belong to the given minority community.

260. In some areas - including the festivities and the symbols of minorities, the foundation or the takeover of institutions, etc. - the self-governments are free to make any decision as part of their field of competences. In other issues they have extensive consultation rights and even rights of consent (veto rights). In the field of local public education, local media, the preservation of cultural heritage and the collective use of the mother tongue, and the appointment of directors of minority institutions, the municipal government is entitled to adopt a local decree affecting the minority populations only with the consent of the local minority self-government.

261. National minority self-governments have the right of veto in legislation concerning the protection and the preservation of traditional historical minority settlements and architectural monuments as well as in the process of adopting government decrees concerning the preschool and school education of minority children.

262. In 2006, 2,045 local minority self-governments were elected: 200 more than four years ago. The highest number of bodies was elected by the Roma community (in 1,118 settlements).

263. Act No. 77 of 1993 on the Rights of National and Ethnic Minorities states that persons belonging to a minority may not be restricted in their participation of public life. According to the regulations provided in the Constitution they may establish associations and other social organizations to assert and protect their interests. The National Assembly regulates the operation of the civil sphere in Act No. 156 of 1997 on non-profit organizations. Activities relating to national and ethnic minorities are also included among activities of public interest, so the Act enables the preferential operation of organizations satisfying the special needs and demands of national and ethnic minorities.

264. Since Act No. 2 of 1989 on Establishing Associations, the increasing self-organization and self-awareness of minorities is demonstrated by the increasing number of different civil minority organizations, associations, clubs and groups.

265. The yearly budgetary act specifies the amount of financial support dedicated to local minority self-governments (all bodies get an equal amount of support) and the support to provide to national minority self-governments (different amounts depending greatly on the size of the given community). In 2006 and 2007, the support of local minority self-governments amounted to HUF 1,166 billion and HUF 1,337 billion, respectively, while the support provided to national minority self-governments - including the amount meant for the operation of institutions they administer - was HUF 1,294 billion in both years alike.

266. The support of minority culture is mainly State-financed. The support granted from the budget for the minorities is included in the chapters of the Public Foundation for National and Ethnic Minorities, the Public Foundation for the Roma in Hungary and the Ministry of Education and Culture. Besides concrete funding sources for minorities, the preservation of minority identity is also supported by other funding sources not defined as funding sources for minorities. Such sources include, for example, the National Cultural Fund and the National Civil Fund.

267. The county and other local authorities support cultural minority programmes from their own sources as well.

268. In conformity with article 37 of the Minorities Act the national minority self-government has the right to decide autonomously on the foundation, takeover and operation of different institutions including nationwide secondary and tertiary educational institutions, minority theatres, museums, public collections, minority libraries, artistic and scientific institutes, publishing houses or institutions providing legal aid.

269. On the basis of this Act, today national minority self-governments run 36 institutions that have been newly founded or taken over from the State. These institutions constitute the most tangible result of cultural autonomy. Between 2003-2005, a specific fund served to support their work: it was administered by the competent governmental organ responsible for minorities and disposed of more than HUF 400 million every year. From 2006 on, the amount set apart for supporting the already existing institutions (HUF 380 million/year) is presented in the budgetary chapter of Parliament and gets integrated in the support of the national minority self-governments. The old system of applications was kept for supporting the foundation or the takeover of new institutions. For this purpose, HUF 107 million and HUF 70 million have been put at the disposal of the competent governmental organ in 2006 and 2007 respectively.

270. In order to illustrate the widely varied character of the expanding cultural autonomy, we would like to name some of the institutions run by minority communities:

German Minority Secondary Grammar School, Economical Vocational School and Dormitory

Pedagogical Institute of the Germans of Hungary

Library of the Ruthenes of Hungary

National Polish Language Teaching School

Research Institute of the Slovaks of Hungary

Slovak Cultural Centre

Croatia Non-Profit Company for Culture, Information and Publishing

Radio Monoster - Slovenian Radio of the town of Szentgotthárd

Museum and Archives of the Polish population of Hungary

National Roma Library, Archives and Documentation Centre

National Roma Public Interest Museum Collection and Gallery

12-grade Complementary Greek Language Teaching School

Christian Collection of the Croats of Hungary

Vertigo Slovak Theatre

271. Since 2004, when the ministerial commissioner of the Ministry of National Cultural Heritage in charge of Roma affairs implemented new measures, the positive effect of these has been experienced continuously ever since.

272. The ministerial commissioner's most important task was to find a solution for the situation of Roma musicians who found themselves on the streets after the change of the political regime. At that time about 3,000 internationally recognized Roma musicians were without work in Hungary. This was due to the fact that State support ended after the privatization of the catering industry. Because of the high taxes, the new owners of the institutes stopped employing live bands and Roma musicians. To solve the problem, in collaboration with the partner ministries, we prepared an experimental programme in the scope of which in 2006 the National Employment Public Foundation (OFA) issued a call for applications, with a fund of HUF 142.5 million. The county units of the Trade Union of Hungarian Musicians and Dance Artists - Centre of National Popular Music were provided with the possibility to submit their applications. Following this, the Ministry of Culture asked the Trade Union of Hungarian Musicians and Dance Artists to establish Magyar Élőzene Kht. [Hungarian Live Music Public-Service Corporation] to handle the programme.

273. As an initiative, a national series of programmes started with the title “Musicians’ Souls are Made of Songs”, with a budget of HUF 15 million. The aim of the series of events is to provide a possibility for folk singers and folk musicians to introduce themselves and to popularize live music, which has been pushed into the background nearly completely by recorded music.

274. During the large-scale conference entitled “Inclusive Europe” organized in Hungary, the former minister of culture symbolically presented European ministers of culture with a painting by István Szentandrassy that had been purchased especially for this occasion for HUF 5 million. The painting was placed on exhibition in the Hungarian National Gallery during a special ceremony followed by a press conference.

275. In 2005 the ministry supported the operation of the National Roma Information and Cultural Centre with HUF 31.9 million. In 2007 the Centre burned down and the property is going to be sold. Its tasks are to be restructured on the basis of the results of the discussions with the National Roma Minority Government and other civil organizations.
