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

## Second periodic reports submitted by States parties to the Covenant concerning rights covered by articles 10 to 12, in accordance with the second stage of the programme established by the Economic and Social Council in its resolution 1988 (LX)

## Addendum

## HUNGARY*

[13 September 1985]

### GENERAL REMARKS

1. The Government of Hungary continues to attach paramount importance to the International Covenant on Economic, Social and Cultural Rights and to the full implementation of its provisions. The general remarks made in the first periodic report (E/1980/6/Add.37) still hold.

2. The present report, following the arrangement of the first report and avoiding unnecessary repetitions, concentrates on new legislative developments during the period under review.

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* The Sessional Working Group of Governmental Experts, at its 1985 session, decided to postpone consideration of the initial report submitted by the Government of Hungary concerning rights covered by articles 10 to 12 of the Covenant (E/1980/6/Add.37) until its 1986 session (see E/1985/WG.1/SR.1).

## ARTICLE 10. PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN

### A. Protection of the family

#### 1. Principal laws, administrative regulations and collective agreements designed to promote the protection of the family, and relevant court decisions

3. Law Decree No. 24 of 1984 amending article 9 of the Labour Code has left wider scope for lower-level regulation. Accordingly, as at 1 January 1985, any question concerning the performance of work, working time and rest period, remuneration and other benefits for workers may be governed by collective agreements or labour regulations, without authorization by separate provisions of law.

4. The extension of regulatory powers to matters of labour allows more leeway for enterprises and other economic organizations in adjusting their measures to local conditions and implementing them with greater efficiency in the field of promoting the enjoyment by workers of economic, social and cultural rights connected with their employment relations and support to their families.

5. In 1984 the Minister of Finance issued a new decree on certain social and cultural benefits, which contains provisions of nation-wide applicability on workplace canteen meals, recreation schemes and the operation of social institutions accommodating children and providing cultural, sporting and other amenities. While giving high priority to assistance for families, the decree leaves wide scope for local regulation.

#### 2. Guarantees of the right of men and women to enter into marriage with their full and free consent and to establish a family and measures taken to abolish such customs, ancient laws and practices as may affect the freedom of choice of a spouse

6. There has been no change since the last report.

#### 3. Measures to facilitate the establishment of a family, such as subsidies or installation grants, the provision of housing and other benefits

7. The upper limit of a loan obtainable under the savings scheme for youth has been raised on two occasions since 1980, the second time in 1984. The maximum amount of the loan is at present 120,000 forints for housing purposes and 100,000 forints for the purchase of goods by young couples. A new element of the regulation is that the maximum amount of such loans obtainable by minors in State care or young people formerly committed to State care was increased to 180,000 and 150,000 forints, respectively, for the same purposes.

8. The amount of housing grant for young people was likewise increased, to 40,000 forints per child to 80,000 forints for a third child (even in the case of additional children) and to 30,000 forints for each dependant.

4. Measures aimed at maintaining, strengthening and protecting the family, such as family allowances, tax-exemption facilities, child-care institutions etc.

9. Changes have also occurred with regard to family allowances and other social measures relating to child care. The respective benefits were increased on several occasions.

10. As at 1 January 1985, a family allowance is due for the first child also. The amounts of the family allowance are at present as follows:

(a) For one child, 410 forints until the child completes six years of age;

(b) If the parent is single, 710 forints for one child;

(c) In case of two children, 710 forints per child;

(d) If the parent is rearing two children alone, 840 forints per child;

(e) In case of three or more children, 840 forints per child.

11. The family allowance amounts to 1,040 forints for each child of grave infirmity, committed to State care and placed with foster parents.

12. Eligibility or a child-care allowance, the amount of which has been increased on several occasions, has likewise been extended with effect from 1 January 1985. The benefit of this scheme may also be enjoyed by students in the daytime courses of universities and colleges.

13. As of 1985 a new social insurance benefit - the child-care benefit - was introduced to increase support, in accordance with the Government's demographic policy objectives, to families with new-born children.

14. The child-care benefit, as distinct from the child-care allowance, is a more favourable social provision inasmuch as the amount follows the patterns of individual earnings and sick pay. A child-care benefit may be enjoyed by any mother or a single father until the child completes one year of age. The child-care allowance scheme is parallelly upheld, and, upon expiry of the child-care benefit, the parent(s) may take advantage of it, without reconsideration of eligibility, until the child completes his third year (a child of grave infirmity, his sixth year). Since in the case of several children or of low incomes the amount of the child-care allowance may happen to exceed that of the child-care benefit, the parent entitled is free to choose between the two schemes.

15. The amount of the child-care benefit shall not be less than the lowest sum of the old-age pension benefit (which is 2,250 forints in 1985) and shall not exceed twice that sum.

16. By the introduction of the child-care benefit in accordance with its long-term demographic policy concept the Government of Hungary has sought to create better

(b) Five days for two children;

(c) Nine days for at least three children (art. 47, para. 2).

28. Parents with several children, rearing at least three children under 18 years of age and not engaged in gainful employment, are entitled to a paid rest period of:

(a) Two days for three children;

(b) Two days for each additional child but in any case not more than 12 days a year (art. 47, para. 3).

29. Under article 56 of the Decree on the Enforcement of the Labour Code, a working woman who has at least two children under 14 years of age, or a working father rearing his children alone, is entitled to one day off without pay a month.

### 4. Specific measures in favour of working mothers who are self-employed or participating in a family enterprise, especially in agriculture or in small crafts and trades, including adequate guarantees against loss of income

30. There has been no change since the last report.

### 5. Specific measures designed to help mothers to maintain their children in the case of their husbands' death or absence

31. The changes in respect of family allowance have been described above under the item on measures aimed at maintaining, strengthening and protecting the family. There were no other changes.

## C. Protection of children and young persons

32. There has been no essential change in respect of questions under sub-items 1 to 3.

### 4. Provisions governing work by children and young persons, including minimum age for paid or unpaid employment, regulation of hours of work and rest, prohibition or restriction of night work and penalties imposed for violations of such provisions

33. The relevant provision of the Labour Code as amended has raised the minimum age for paid employment. Accordingly, a citizen over 15 years of age may enter into a labour contract if he or she has completed the primary level of schooling or has been exempted from regular attendance at school and, without this requirement, during vacations.

34. From 1 July 1981, under the Labour Code as amended, the weekly hours of work are 42 hours, but the Council of Ministers may decree a shorter or, exceptionally, a longer working time. The daily rest period must be at least 11 hours, to be ensured by the employer between two working days. The rest period may be shorter only exceptionally and in spheres of work determined by collective agreement, but in any case must not be less than eight hours. The duration of the annual supplementary holiday due to minors was not, in effect, shortened by the introduction of the five-day work week; the apparent difference is attributable to the new way of calculation:

(a) Ten working days for minors under 16 years of age;

(b) Five working days for minors over 16 years of age.

5. Measures taken to prevent employment of children and young persons in any work which would be dangerous to life, harmful to their morals or health or likely to hamper their normal physical and psycho-social development, and penalties imposed for violations of such measures

35. Article 8 of the Decree on the Enforcement of the Labour Code empowers the Minister of Health to determine, in concurrence with the President of the State Wages and Labour Office (the Ministry of Labour was abolished) and with the ministers concerned, the types of work in which women and minors may not be employed at all or may only be employed under specified conditions of work and subject to prior medical examination. (Such types of work are specified by Decree No. 16/1982 of the Minister of Health.)

## ARTICLE 11. THE RIGHT TO AN ADEQUATE STANDARD OF LIVING

### A. General remarks

36. The living standards policy of the Government of Hungary continues to be guided by the basic principle that everyone's enjoyment of material goods should be in proportion to the work performed.

37. During the period 1980 to 1984 real per capita income and consumption rose by 6 per cent, but there was a fall in real wages and in the real value of some categories of pensions and social benefits. At the same time, the living conditions of the population improved, with a balanced supply of food and prime necessities and with increases in the housing stock and the quantity of consumer durables acquired by households.

38. Full-scale employment as the pre-condition for the security of existence was maintained.

39. The entire country switched over to the five-day work week and the introduction of the 40-hour work week was completed in industry, the building industry and state administration.

40. The lower limit of paid leave was raised to 15 days, which was favourable mainly to young workers. Greater dynamism was introduced into the continuing employment of pensioners, with a longer period of work allowed parallel to the enjoyment of pension and with broader possibilities of part-time employment for people on child-care leave. Facilities for secondary employment and spreading engagement in various small enterprises created wider opportunities for gainful activity in people's spare time.

41. In the aggregate, pensions and social benefits increased faster than incomes from work, representing a ratio of 33 to 34 per cent of people's incomes in 1984 and the total amount rising from 148 billion forints in 1980 to 212 billion in 1984.

42. Among child-related benefits, family allowances increased from 13.6 billion forints in 1980 to 19.4 billion in 1984, accounting for 2.4 per cent of the national income and enjoyed by 2,310,000 children in 1984 (215,000 more than four years before). Some 80 to 83 per cent of eligible women availed themselves of the child-care allowance scheme. About one third of family outlays on children (food, clothing) is borne by the State.

43. In the past four years the pattern of utilization of people's incomes showed some increase in savings and investments in dwelling construction and a slackening in consumption, per capita consumption rising by 6 per cent against 7 to 9 per cent as planned. At the same time, the structure of food consumption became more up-to-date, with increases registered in the consumption of meat, milk and dairy products and, to a smaller extent, fruits, and with a decrease in the consumption of farinaceous foodstuffs. Per capita meat and fish consumption rose from 75 kilograms in 1980 to 78 kgs in 1984. The figures for milk and dairy products were 166 and 185 kgs, respectively. Purchases of consumer durables increased by 17 per cent, a wide range of these goods being available in most households today. In 1984, the number of passenger cars owned by the population was 34 per cent higher than in 1980.

## B. Right to adequate food

44. The period 1980 to 1984 saw a considerable expansion of agricultural output, which was 12.4 per cent above the 1976-1980 average. The increase was 11.6 per cent in plant production and 13.1 per cent in stock-breeding. The yields of cereals and root crops rose rapidly, the 1981-1984 average being 15 to 25 per cent higher than the figure for the preceding quinquennium. With its per hectare yields of 4.6 tons for wheat and over 6 tons for corn, Hungary ranks among the countries with the best harvest records in grain crops. Animal husbandry showed a similarly dynamic growth: in four years the pig population increased by 900,000 and amounted to 9.4 million heads in 1984, while pig meat production was 22 per cent higher. Despite a slight fall in the cattle stock, milk production increased owing to a 20 per cent rise in yield. In 1983, there was a slow-down in the growth of the poultry stock, but the production of poultry meat and eggs continued to increase.

45. Owing to the achievements of socialist agriculture, Hungary copes with no fundamental nutritional problems. As noted earlier, attention is currently focused on the development and propagation of healthier food habits.

### C. Right to adequate clothing

46. The introductory remarks apply also, by implication, to the full enjoyment of the right to adequate clothing.

### D. Right to housing

47. During the period 1980 to 1984 there were 297,000 dwellings built. In 1984, the number of occupants per 100 dwellings was 278, while the number of occupants per 100 rooms fell to 135. Though unsatisfied housing demands diminished, they are still considerable and present one of the greatest social problems in Budapest and in some large towns.

48. In recent years some changes were introduced in the financial conditions for the allocation and maintenance of housing. The volume of state-financed housing construction diminished and priority was given to the construction of dwellings in housing property held by citizens. The ratio of such housing was 65 per cent in 1980 and 86 per cent in 1984. To encourage and support self-help housing construction the Government increased the availability of long-term loans at lower interest rates and extended eligibility for social policy benefits. The falling ratio of state housing construction generally reduced the chances for socially disadvantaged families to obtain housing. The related problems were alleviated somewhat by preferential treatment accorded in housing allocation to young couples and families with several children.

49. At the same time, there were some improvements in respect of quality and installations. Only 5 out of 100 dwellings built during the past four years have one room and 50 have three or more rooms (in Hungarian statistics "room" means living space, to the exclusion of such other places as kitchen, bathroom etc.). Consequently, the composition of the housing stock came to show a higher ratio for dwellings with several rooms. At present, 50 per cent of dwellings have two rooms, and more than 25 per cent have three or more rooms.

## ARTICLE 12. THE RIGHT TO PHYSICAL AND MENTAL HEALTH

50. Socialist health services in Hungary are invariably based on the principle that health care should be available to all inhabitants and be of a high standard within the limits of possibilities. In recent years the Government has made considerable efforts to improve the subjective, physical and organizational conditions of health care as part of its priority social policy objectives. From 1980 the number of physicians increased by nearly 10 per cent totalling 31.8 per 10,000 inhabitants in 1984 as compared to 28.8 in 1980. At the end of 1984, physicians numbered 33,893 and specialized health workers more than 130,000. The number of hospital beds per 10,000 inhabitants rose from 89.2 in 1980 to 94.1 in 1984, totalling over 100,000.

51. Infant mortality has shown a downward trend in recent years: the rate was 32.8 per cent in 1975, 23.2 per cent in 1980, 20.0 per cent in 1982 and 19.0 per cent in 1983.

52. On the other hand, there was no essential change in the rate of premature births, which present the greatest problem: 11.2 per cent in 1975, 10.4 per cent in 1980, 9.9 per cent in 1982 and 9.8 per cent in 1983.

53. The primary task consists of providing maximum protection for pregnant women and the new-born and reducing to the minimum the cases of injury at birth. This effort is facilitated by the Network of Advisory Services for the Health Protection of Families and Women, which is concerned with pre-natal care, gynaecological team-work for children and gynaecological oncology, pre-conception care and psychosocial treatment (e.g. family lawyer, psychologist).

54. The number of obstetrical and gynaecological hospital beds is 10,308. In accordance with the principle of progressivity in health care, regional centres were established to meet all special needs (e.g. genetics, andrology, special pregnancy tests, assistance at pathological delivery, surgical treatment of children).

55. Centres of cardiosurgery for children and treatment with artificial kidneys have been set up, and there is a need to develop neurosurgical services. In 1983 the number of beds in paediatric departments was 9,315, sufficient to meet existing needs. The trend of development efforts is to specialized paediatric care and training of paediatrists specialized in contact areas.

56. As regards in-patient care for adolescents, medical wards were established at the county level and seven departments of mental hygiene for children and youth were set up in the country. These form the basis for widening the scope of mental hygiene service provided for this age group. The network of psychiatric centres for children and youth has been practically established at the country level.

57. Children's rehabilitation centres were set up at Miskolc, Debrecen and Budapest. A priority task in the development of children's health care is to establish such centres at all levels of graduated treatment.

58. Since Hungary has comparatively few amenities for the sanatorial treatment of children suffering from a chronic disease, children are sent for such treatment to other socialist countries under contractual arrangements. Children's holiday resorts operated by the Central Council of the Hungarian Trade Unions are also used for accommodation.

59. In accordance with the changes in the organizational structure as envisaged by the Government's demographic policy decision of 1974, improvements were achieved in pre-natal, obstetrical and post-natal care.

60. Curative and preventive care for the 0-14 age group is provided by town district paediatrists at the level of basic services, which include, in addition to specialist care, screening, medical treatment, counselling, and health care of

children at nurseries and schools. District paediatric services are integrated into the children's divisions of hospitals. The number of paediatric districts is 1,224, and every paediatrist takes care of 1,000 to 1,200 children. Specialized basic service is provided for 60 per cent of the children in the 0-14 age group.

61. In villages, the above services connected with mother and child welfare are provided by general practitioners members of panels, who are assisted by the Mobile Specialist Service, the paediatrists, obstetricians and gynaecologists, who make fortnightly visits to provide professional consultation.

62. Panel doctors in both organizational systems are assisted by nurses, a growing number of whom have a college education. The number of nurse districts is 4,535. The rise in the number of nurses with a college education made it possible to establish a network of school nurses. A school nurse must be employed at every school with 1,000 or more pupils or in localities where several districts can be interlinked in respect of the health care of schoolchildren.

63. More than 80 per cent of children in the 15-18 age group study at secondary schools. Health care at high schools, specialized secondary schools and vocational schools is provided by full-time physicians, part-time paediatrists or other specialists. Their responsibilities include health protection, preventive and medical care, education for health and, only occasionally, medical attendance. Development efforts in respect of adolescents are directed towards extending district paediatric care to the 0-18 age group. Professional guidance over basic services for out-patients is planned to be provided under the integrated system of consultations.

64. The further development of primary health care calls for efforts:

(a) To ensure basic paediatric care in large villages with a population of 10,000 to 15,000;

(b) To extend specialist paediatric care to periurban areas as a result of developing the town paediatric districts;

(c) To ensure paediatric consultation, within health centres serving four or five districts, in small villages where provision of basic specialist care is not possible.

65. In-patient care for children is provided at town, county and regional levels in children's divisions of hospitals and in clinics. At the children's divisions of county hospitals there are, under a graduated system of health care, pathological wards, combined with ambulance service providing professional consultation, for the intensive treatment of children, as well as for the treatment of premature and new-born children. At the regional level there are centres for intensive perinatal treatment, divisions for children suffering from rare infantile diseases, professional consultation service, and oncological departments for children.

66. In recent years several measures have been taken to ensure the health protection of the population and to prevent environmental, residential and workplace, occupational and nutritional hazards. The expansion of immunization and the modernization of microbiological diagnostics have widened the basis for stabilizing the country's favourable epidemic situation.

67. In 1980, Act I of 1980 on Nuclear Energy entered into force, the Minister of Health issued a decree regulating questions relative to the enforcement of the Nuclear Energy Act, and a proposal concerning the admissible level of the population's exposure to radiation was elaborated.

68. The health requirements with regard to the location and operation of nuclear power plants, as well as the handling of radioactive materials and waste, were legislatively covered.

69. In 1981, a decree of the Council of Ministers ordered the compulsory notification and qualification of dangerous waste and laid down rules for the storage and disposal of waste.

70. A decree of the Council of Ministers specified the tasks of preventing damage caused by settlement and environmental noise, as well as the related responsibilities of the competent authorities. A decree of the Minister of Health determined the admissible levels, with no hazard to health, of noise and vibration at places of work and in residential districts.

71. Draft decrees of the Council of Ministers and the Minister of Health were elaborated to modernize the protection of air purity, covering more than 300 air pollutants, as opposed to 31 at present, and determining their maximum levels from the hygienic point of view.

72. The sanitary standards of drinking water, surface waters, waste-water and waters used for bathing were established and the methods of identifying their substances harmful to health were determined.

73. Legislation was streamlined on medical tests and opinions concerning aptitude for specific types of work, on the notification and examination of cases of occupational disease, and on the protection of the health and physical integrity of women and minors.

74. A ministerial decree defined the general health requirements at places of work.

75. In 1985, a decree of the Council of Ministers laid down general rules of procedure regarding toxic substances and made it a responsibility of the health authorities to formulate detailed rules of procedure and to control their observance, as well as to qualify and register toxic substances.

76. The maximum levels of pesticides and other xenobiotic residues in foodstuffs, as well as of microbiological substances, were established.

77. The maximum levels of food additives and other ingredients were standardized and the methods of their measurement were determined.

78. A proposal was elaborated concerning the nutritional needs of the population by sex, age group, degree of physical exertion, and physiological condition, and the norms of nutritives and meals at industrial places of work were brought up to date.

79. The epidemic situation of Hungary is favourable even by international comparison. The fundamental factor of stability is the complete eradication or the extremely low incidence of the most dangerous widespread diseases and infectious infantile diseases preventible by protective inoculation.

80. Considerable progress is represented by an improvement of the anti-measles inoculation scheme and a wider coverage of the population receiving inoculation against encephalitis caused by ticks, the full-scale modernization of the methodology of epidemic and clinical bacteriology, and the unification of the professional direction of bacteriological activities at hospitals and clinics.

81. The considerable spread of bathwater-transmitted summer epidemics and of ptomaine infections is a source of current problems.

82. In increasing the stability of the epidemic situation the development of virological diagnostics is an important task to solve under a nation-wide medium-term programme aiming at creating conditions for modern laboratory checks on the most frequent infectious diseases caused by a virus.

83. The past five years witnessed no reduction in the pollution levels of air, water and soil, ambient components of particular significance for the health situation of the population.

84. Similarly, there was no improvement in air purity in settlements, owing primarily to an increase in the pollution effect of road traffic and heating.

85. The water of rivers representing a significant source of drinking water is polluted by discharge of waste-water by foreign and domestic industries, while the subsurface water resources ensuring more than 90 per cent of water supplies to the population are contaminated by a growing volume of liquid communal waste. The rising nitrate content of soil water can be attributed principally to those factors.

86. Among agricultural waste contaminating the soil, the output of liquid fertilizers fell, but the discharge of dangerous and toxic waste did not diminish, while the rate of development of facilities for disposal and safe storage is slower than planned.

87. In some highly industrialized settlements extensive epidemiological tests are carried out to identify the health-impairing effect of pollutants and their role in the induction of certain chronic but non-infectious diseases.

88. Significant progress is represented by the identification of settlements with water of high fluorine content and the supply of healthy drinking water to the population, the nation-wide measurement of the fluorine content of drinking water resources, the elaboration of a complex oral-hygienic programme and the preparation of fluorine profilaxis, the measurement of the level of metal pollutants in the water of settlements and the establishment of priorities for related tasks, the standardization and nation-wide introduction of methods for the qualification of dangerous waste.

89. The activities relating to nutritional and food hygienics were primarily influenced by changes in the health situation of the population and in the production, manufacture and distribution of foodstuffs. In the latter aspect particular importance is attached to the extensive use of biologically active agents in animal husbandry and of chemicals in plant production, a considerable growth of demand for public catering services, a major change in the organizational pattern of food production and distribution, and the increased complexity of food hygienic supervision.

90. Notable progress was made by the elaboration and operation of a screening programme covering 2 per cent of the total population and designed to clarify the relationship between nutrition and living habits, the establishment of normative dietary needs by age group and degree of physical exertion, and the modernization of sanitary standards in public catering.

91. During the past five years there were some 2,500 reported cases of occupational disease annually; the ratios of types of disease remained virtually constant for years and the list of incidence was headed by skin diseases, impaired hearing caused by noise, and infectious diseases of an occupational origin.

92. The elaboration of uniform procedures for identifying in biological substances the most dangerous chemicals used in domestic industrial and agricultural production, the determination of their levels of concentration not harmful to health, the introduction of laboratory check-ups of people working with such materials and of the compulsory notification of increased exposure to risk were important results achieved with respect to the prevention of occupational and industrial diseases.

93. Since occupational health is largely ensured by the industrial hygiene service, there was an increase in the number of full-time factory medical consultants, and health care in agricultural plants was developing at an increasing rate. Consultation by industrial hygiene specialists was introduced in town hospitals and clinics, while labour and industrial hygiene bases were established in six branches of industry.

94. A more effective prevention of occupational and industrial diseases is promoted by the launching of a programme, complementing the existing scheme of compulsory medical check-ups, for the preparation of a full-scale survey of industrial morbidity, especially among miners and foundrymen in the aluminium industry.

95. The organizational structure of a radiation protection service network, consisting of one national institute and seven field centres operating within the framework of the sanitary and epidemic control stations, was completed in 1984, creating the possibility for full-scale protection from radiation in connection with the construction of the nuclear power plant, for a considerable development of the official dosimetric service for the personnel and check-ups by modern biological methods of workers greatly exposed to radiation, for the nation-wide monitoring of the radioactive pollution of the Danube, for the drawing up of a catalogue of radioactive sources at health institutes, for the launching of a nation-wide programme to measure the population's exposure to natural radiation, and for the regular measurement of the biological effect of non-ionizing radiations.

96. In keeping with the demographic policy objectives, a health education programme was drawn up to change food and living habits adversely affecting the health situation of the population. Its implementation forms an important part of a complex health care scheme seeking to prevent diseases known as frequent causes of death.

97. Supervision over the sanitary and epidemic situation of Hungary is exercised by the sanitary and epidemic service network organized within the health sector. The effective operation of this relatively low-staffed network is greatly facilitated by its simple organizational structure, traditionally centralized professional direction, the centralized postgraduate training of hygienists, and the wide administrative powers conferred on a large number of physicians working in the network.

98. The past five years saw an improvement in the conditions for the operation of the network: modern premises were built for five county institutes and the scope of activity of three institutes was widened to include protection from radiation with the supporting field centres.

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