



**Convention on the Rights
of Persons with Disabilities**

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Committee on the Rights of Persons with Disabilities

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Replies to the list of issues prior to submission

Paragraph 1

1. The latest revision of Act XXVI of 1998 (hereinafter: Fot.) was finished in 2013. On the basis of the revision, the Parliament accepted the amendment of the Act on 13 May 2013. The amendment harmonized the legal definition of “person with disabilities” with the UN Convention on the Rights of Persons with Disabilities (hereinafter: CRPD). It is a major change that the new definition marks a paradigm shift if compared to the previous, medically-oriented approach, which focussed on the individual’s missing capabilities. By contrast, the new concept primarily focuses on the obstacles faced by the individuals in their everyday life which limit their social integration, and their efficient and equitable participation in society. This means that a more up-to-date definition that covers wider sections of society (including, among others, persons with psychosocial disabilities) – was included in the current Hungarian legislation.

2. The amendment marked but the first part of the process that we need to go through to ensure harmonization. As a part of the process, a detailed review of the Act started in 2016 based on the human rights approach of the CRPD, with the participation of the National Expert Group on Disability (hereinafter: Expert Group). However, it is to be highlighted that pursuant to legal provisions, persons with disabilities (hereinafter: pwd) are entitled to certain services as per Fot. and as per their rights enshrined in the concerning legislation and, therefore, revisions and modifications need to be made carefully.

3. Other priorities include the revision of Act V on the Civil Code (hereinafter: Ptk.), Act CXXX of 2016 on the Code of Civil Procedure (hereinafter: new Pp.) and the act on supported decision-making and the modernizing of legislative material pertaining to pwd (more details: Questions No. 16 and 17).

Paragraph 2

4. Act CXXXI of 2010 on social participation in the drafting of legislation enshrines the obligation to give stakeholder NGO-s and advocacy organizations an opportunity to express their opinions. The forms of social consultation are defined by legislation. In addition, pwd can participate in the decision-making processes that affect them via several forums.

5. To monitor the implementation of human rights, in 2012 the Government established the Human Rights Working Group (hereinafter: HRWG) with the main purpose of conducting consultations with NGOs, representative and professional organizations and constitutional bodies, and to make recommendations on the activity and tasks of the Working Group. The Working Group operates the Human Rights Roundtable (hereinafter: Roundtable) with 68 NGO members (see Appendix 2/1), and further 51 organizations take part in the meetings based on invitation. Permanent invitees include the Office of the Commissioner for Fundamental Rights, the Equal Treatment Authority (hereinafter: ETA), the Hungarian National Authority for Data Protection and Freedom of Information, and representatives of the relevant ministries. The members of the Roundtable discuss current human rights issues and draft proposals for decision-makers within the framework of thematic working groups. The Roundtable operates 11 thematic working groups, which individually deal with the legal, practical problems and policy recommendations of vulnerable groups of the society.

6. The Thematic Working Group Responsible for the Rights of Persons with Disabilities (hereinafter: TWG) had 14 meetings since 2013: one in 2013, two in 2015, two in 2016, six in 2017 and three in 2018 (by date of the submission of the national report). Currently, the TWG operates with 22 NGO members, and 3 experts take part in its work based on invitation. (Appendix 2/1) In 2017 and 2018, at the initiative of the NGOs, the TWG – with regard to the preparation of the CRPD national report – held a series of consultations on the five main subjects related to the enforcement of human rights of pwd and to the challenges to be addressed (more details: Question No. 37). During the

consultations and as a result of constructive dialogue, the TWG adopted a set of proposals based on the suggestions of the NGOs.

7. In 2015, new mechanisms were included in the processes of consultation and decision preparation. In addition to the National Disability Council (hereinafter: OFT, Appendix 2/2), the Social Policy Council (hereinafter: Council, Appendix 2/3), Expert Group (Appendix 2/4) and the Inter-ministerial Committee on Disability (hereinafter: FTB, Appendix 2/5) were set up, while the National Committee for the Coordination of Deinstitutionalization (hereinafter: IFKKOT, Appendix 2/6) was reformed.

8. More details about the operation of the Council and the Expert Group: Appendix 2/7.

9. In order to coordinate those activities of the ministries that affect pwd, the Government, in its Governmental Decree 1432/2015 (VI. 30.), set up the FTB whose primary duty is to promote the implementation of the National Disability Programme (hereinafter: OFP) and the related action plans, and to perform governmental coordination tasks as per Article 33 of the CRPD. Since its establishment in 2015, the FTB has met 10 times. A permanent invitee of the FTB is the Co-chair of the OFT, which means that OFT members are informed of current FTB duties and of the topical issues of the implementation of the OFP, and they can propose agenda items.

10. Government Decree 1023/2017 (I.24.) on the long-term concept on the deinstitutionalization of places at social care institutions for pwd (hereinafter: Concept) provides for the ongoing operation of the IFKKOT, which monitors the changes in the standard of living of residents, ranging from the strategic support of moving out of institutions, through supported housing conditions to the creation of independent housing opportunities.

11. To ensure efficient operation, in June 2017 the IFKKOT made a decision about the establishment of an IFKKOT Subcommittee (hereinafter: Subcommittee, Appendix 2/8) whose duty is to monitor the operation of those high-capacity residential institutions for pwd where deinstitutionalization has not yet commenced, and to draft observations for the IFKKOT.

12. In recent years, the operation of the OFT has been criticized several times for its governmental participant; therefore, in 2013 the representatives of the Government left the OFT, which became a body whose members – with the exception of its Chair – are members of NGOs. The objective of the operation of the OFT is to promote the inclusion of pwd, to contribute to the performance of disability-related duties and to strengthen cooperation with NGOs for pwd. Pursuant to the Government Resolution that regulates the organization, the OFT makes proposals, expresses opinions and offers advice for the Government and for the minister responsible for the promotion of equal opportunities in the society. During the four-year period from October 2013 to the end of November 2017, the OFT met 17 times. A major event of the year was that the mandate of its members expired on 30 September 2017. The constitutive meeting took place on 9 October 2017. The funds for the costs related to the operation of the OFT are provided for by the budgetary act in force. The members are entitled for the reimbursement of their expenses as per the provisions of the Government Resolution (Appendix 2/9).

Paragraph 3

13. The Hungarian Parliament, with its Resolution 15/2015 (IV. 7.), adopted the OFP, which is valid for the period from 2015 to 2025. The OFP determines the political trends of the coming years, and specifies the main points of cooperation among the sectors and outside the state administration.

14. In 2015, to promote the implementation of the OFP, the Government adopted an Action Plan for 2015–2018 with Government Resolution 1653/2015 (IX.14.). The Action Plan contains 80 specific measures in the most important fields that affect the everyday life of pwd, and specifies relevant deadlines, required financial funds and the persons responsible. 23 measures have been; 48 are being implemented. The implementation of the

measures is followed up, on an ongoing basis, by the disability sector and the FTB. In most cases, the implementation is progressing *pro rata temporis*.

Paragraph 4

15. Pursuant to Article XV of Hungary's Fundamental Law, Hungary shall ensure fundamental rights to every person without any discrimination on the grounds of race, colour, gender, disability, language, religion, political or other views, national or social origin, financial, birth or other circumstances whatsoever.

16. Act CXXV of 2003 on equal treatment and the promotion of equal opportunities (hereinafter: Ebktv.) provides for the prohibition of any discrimination with respect to all protected characteristics and all forms of discriminatory behaviour, and contains provisions required for the implementation of equal treatment. It explicitly categorizes disability as a protected characteristic, explicitly mentions and defines – as forms of discrimination – direct and indirect discrimination, as well as harassment, illegal segregation and retaliation, and defines instruction to perform such acts as prohibited discrimination, too.

17. The Ebktv. stipulates that positive discrimination/affirmative action is an exception from prohibited forms of behaviour. Pursuant to these regulations, a provision that aims to overcome the inequality of a specified group of society (for example, pwd) based on impartial assessment shall not constitute non-compliance with the requirement of equal treatment, provided that such an assessment is made in a legal form defined in legislation and is valid until a specified period of time or until a specified condition is met.

18. More details about the compliance of equal treatment: Appendix 4/1.

19. If it is established that the provisions of the Ebktv. have been infringed, the EBH may order the infringement to be brought to an end, may prohibit future infringements, may order the public disclosure of its final decision, may impose a fine from HUF 50,000 to HUF 6,000,000, and may apply other sanctions as per the relevant sectoral law. The EBH can act ex-officio against the state, the local governments, the bodies that exercise public powers, the Hungarian Defence Forces and the law enforcement agencies.

20. Although the Ebktv. does not contain an explicit provision on reasonable accommodation, the EBH consistently uses the term in its practice in the field of discrimination based on disability. For cases where argumentation makes a reference to the lack of reasonable accommodation, the EBH uses, for the purposes of investigation, the regulations that provide for reasonable accommodation with regard to the employment of pwd as per Act I of 2012 on the Labour Code (hereinafter: Mt.) and as per Act CXCIX of 2011 on public servants, and the definition of reasonable accommodation by CRPD as per Act XCII of 2007 on the promulgation of the CRPD and its Optional Protocol (the norm which transposes the CRPD into Hungary's legal system).

21. The institution of the Commissioner for Fundamental Rights (hereinafter: AJB), the National Human Rights Institution of the UN operates in Hungary. The Act on AJB, adopted in conformity with Hungary's Fundamental Law, established a new, unified ombudsman system. The primary duty of the Commissioner (Ombudsman) lies in his/her obligation to investigate anomalies in relation to fundamental rights, and to initiate general or special measures for their redress. Pursuant to Act CXI of 2011 on the Commissioner for Fundamental Rights, any person can turn to the AJB, if he or she thinks that the activity or negligence of an authority infringes upon the fundamental right of the person submitting the petition or presents an imminent danger thereto, provided that this person has exhausted the available administrative legal remedies (not including the judicial review of an administrative decision) or that no legal remedy is available to him/her.

22. Pursuant to Act CLXV of 2013 on complaints and public interest Disclosures, from 1 January 2014 onwards, public interest disclosures can be made via an AJB-operated protected electronic system as well. A public interest disclosure is an announcement that calls attention to a condition whose redress or elimination serves the interests of the community or the society as a whole.

23. Act XXXI of 1997 on the protection of children and on guardianship administration (hereinafter: Gyvt.) stipulates that the requirement of equal treatment shall be complied with in the course of protecting children who are raised in their own families or are, for any reason, removed from their families.

Paragraph 5

24. The relevant parts of the Ebktv. and the Fundamental Law are discussed under Question No. 4.

25. The responsibility for the promotion of equal opportunities lies not only with the public institutions; employers also play a crucial role. To reduce discrimination, special rules are required. In the view of this, new provisions were inserted in the Mt. which stipulate that the employer may – in cooperation with the trade union that has representatives at the employer or, in the absence of such a trade union, with the works council – adopt an equal opportunities plan, which may help businesses understand the importance of equal opportunities (more details: Appendix 5/1).

26. In the local equal opportunities programmes (HEP) provided for by the Ebktv., target groups defined by the Ebktv. include pwd, women and persons/Roma persons living in extreme poverty. The HEP identifies problems and provides for measures in relation to the target groups and along specific intervention fields (education, housing, employment, healthcare and social issues). The HEP action plan also provides for local measures that pertain to the overlapping of the target groups, for example, concern Roma women with disabilities.

27. More details about the programs to mitigate the disadvantages of Roma women: Appendix 5/2.

Paragraph 6

28. Since 2013, Hungarian calls for proposals that offer opportunities for programmes, training courses and supporting activities for women has explicitly mentioned women with disabilities and parents with children with disabilities.

29. Similarly, the target groups of Hungary's current EU calls for proposals also specify women with children with disabilities and women with disabilities: EFOP 1.2.1-15 project ("Safety net for families"), EFOP 1.2.6-VEKOP-17 priority project ("Family-friendly country"); EFOP 1.2.9-17 ("Women in families and employment").

Paragraph 7

30. With regard to social services, children with disabilities have access to support so that they can live in their own homes. Such support is intended to provide ambient assisted living for pwd – primarily, to help them access public services outside their homes – with special support in their homes that, at the same time, preserves their independent living. (Appendix 7/1, 7/2, 7/3).

31. Day care facilities for pwd provide services during the day for pwd above the age of 3 who are reliant or partially reliant on care, offering them the opportunity for social interactions and for meeting their own basic hygienic needs and, if required, provide catering for them during the day. School-age children with disabilities who receive public education institutional services during the school year are also entitled to receive day-time services during school holidays or, if they receive early development and care in an institution of public education or if (as evidenced by an opinion issued by an experts' committee) they cannot attend school to take part in development education and thus participate in individual development.

32. A key objective of the programme “Temporary accompaniment and care provided in the homes of the families of disabled persons” is to offer domestic care for disabled family members and thus support the families of disabled persons (more details: Appendix 7/4).

33. In September 2017, the number of minors accommodated in the social service provision system maintained by the state was 697, out of whom 540 were minors with severe disabilities. 306 minors were receiving professional child protection provision.

34. Pursuant to the Gyvt., at the request of the parent or the legally designated representative, age-appropriate catering shall be provided as an in-kind benefit in crèches, kindergartens, primary and secondary schools, institutions for the education of children/students with disabilities and in those day care facilities for disabled persons that are governed by Act III of 1993 on social administration and social benefits (hereinafter: Szt.), or in the form of catering for children in school holidays (more details: Appendix 7/5).

35. For the number of service provider professionals, see Appendix 7/6.

Paragraph 8

36. Services providing personal care may be used voluntarily, based on the oral or written request of the service claimant or his/her legal representative. If the service claimant is an incapable minor or subject to guardianship fully limiting capacity, the request shall be submitted by his/her legal representative, taking into account his/her opinion as much as possible. A minor with limited capacity or a person whose capacity is partially limited in respect of legal declarations concerning the use of social services may submit his/her request with the approval of his/her legal representative.

37. As stipulated by legislation, minors with mild intellectual disability can be accommodated in a residential institution for disabled persons only in exceptional cases, and service provision shall be organized separately for minors and adults in such residential institutions for disabled persons. In the case of minors with disabilities, early development and care shall be provided in parallel with attendance and care or cooperation with the special pedagogical service institution competent for the area which provides developer education, as well as assistance for continuing school studies shall be ensured.

38. For minors, disability (and, thus, eligibility) shall be established on the basis of an expert opinion issued by an experts’ rehabilitation committee that examines learning capacities. A child can be admitted to a social institution – with the involvement of the guardianship authority – only on the basis of such an expert opinion.

39. In order to ensure that families do not become homeless as a result of poverty, housing problems or other problems and that children are not separated from their parents, families can use the services of temporary shelters for families.

40. Temporary shelters for families provide joint services for adults and children, accommodating parents and children who, as a result of problems with basic life skills or due to a social or family crisis, have become homeless or seek protection, for abused or pregnant women in crisis situations, for young mothers and their children immediately after they leave the maternity ward and, at the request of pregnant women, for their life partners or husbands.

41. To ensure a successful transition of persons living in temporary shelters for families and to reduce the number of those returning, as of 1 January 2018 temporary shelters for families can offer services for families which are capable of independent living but need support for that.

42. A principle and guarantee rule stipulated in the Gyvt. is that children shall not be separated from their families for being exposed to risks exclusively for financial reasons.

43. As shown by the guardianship authority data collected by the Central Statistical Office (hereinafter: KSH), every year from 2008 to 2016, 34–59 children were taken custody of by the guardianship authority for reasons related to their disabilities. Statistically speaking, this means an average rate of 1–2%, which means that children are rarely taken

custody of due to their disability regarded as an exposure to severe risks. At the same time, it is evident that their number did not grow at the same pace as the number of children removed from the families did.

44. Pursuant to the Gyvt., within the framework of accommodation services, special services shall be provided for children with chronic disease, children with disabilities and children under the age of 3. The Commission's information that "children on the autism spectrum are often separated from their parents" is not supported by the examination of the data on the reasons why children who receive professional child protection provision are entitled for such care: in the period from 2013 to 2016, the number of children receiving autism-related special children protection care was between 24 and 45, which, if compared to the total number of children with particular needs, represents a very low rate (0.3–0.6%). (Before 2013, the data collected by the KSH did not include data on children on the autism spectrum.)

45. The regulation of the children's removal by the guardianship authority: Appendix 8/1.

46. In 2016, the standard call for applications EFOP-2.1.1 and VEKOP-6.3.1, entitled "Deinstitutionalization and modernization of children's home; creation of new children's home capacities" was published. The objective of the call is to complete the process of deinstitutionalization, the reconstruction and modernization of small-capacity residential facilities that are integrated into local communities, the development of capacities for children with particular, special or dual needs, and the improvement of available places in homes on the basis of existing places in children's homes. More details: Appendix: 8/2.

47. The area of professional child protection provision care has seen a significant decline in the institutional placement (children's home) of children with chronic disease or with disabilities to the benefit of placement at foster parents.

48. To ensure the child's right to be cared for in his/her family, the Gyvt. stipulated that as of 1 January 2014 all children under the age 12 years who live under professional child protection provision care shall be placed under the care of foster parents (and not in institutions), unless the child has chronic disease or severe disability, and putting him/her under the care of a foster parent does not serve his/her best interest, or his/her condition does not allow such placement, his/her siblings cannot be accommodated by the same foster parent or placement in an institution is required for other reasons.

49. The gradual and planned process of moving younger children who were receiving special children protection care on 1 January 2014 to foster parents was governed by similar rules on exceptions: children under the age of 3 needed to be moved to foster parents by 31 December 2014, children between the age of 3 and 6 by 31 December 2015, and children between the age of 6 and 11 by 31 December 2016.

50. As shown by the data of the KSH and the Directorate-General for Social Affairs and Child Protection (hereinafter: SZGYF), in recent years, the rate of children with disabilities who receive professional child protection provision and were placed under the care of foster parents has continued to grow. Detailed information: Appendix 8/3.

51. According to the definition of the Gyvt., a particular foster parent is the foster parent who – based on the government resolution on certain aspects of foster parenting in the form of employment – is capable of ensuring the balanced upbringing of a child in their care with a chronic disease or with a disability or under the age of 3 with particular care needs. As shown by the KSH data, on 31 December 2016, 882 persons of the 5389 persons employed as foster parents were particular foster parents, which means that a further development of the placement of children with disabilities under foster parents' care requires an increase in the number of particular foster parents. More initiatives in this topic: Appendix 8/4.

Paragraph 9

52. The Concluding Observations and General Comments were translated and published: <https://emberijogok.kormany.hu/fogyatekossaggal-elok-jogaiert-felelos-tematikus-munkacsoport>.

Paragraph 10

53. With regard to accessibility, Hungary – based on the concluding observations of the 2012 CRPD and taking into consideration experts’ opinions – amended the Fot. in 2013 on the basis of the new approach to the requirement of accessibility. The previously defined deadlines that allowed for delays were annulled, and new, immediate deadlines were identified for the obligation of accessibility, always in harmony with the principles of reasonable accommodation and universal design.

54. The requirements of accessibility of various types and degrees are defined by the OFP 2015–2025. The Ministry of Human Capacities (hereinafter: EMMI) adopted a Healthcare Sectoral Strategy entitled “Healthy Hungary 2014–2020”, which, among others, deals with the improvement of access to a healthcare system that is based on social risk sharing.

55. Decree 60/2003 (X. 20.), of the Ministry of Health, Social and Family Affairs on the rules on the minimum professional requirements for the provision of healthcare services (hereinafter: ESZCSM Decree) stipulates that healthcare service providers that offer publicly funded healthcare services (diagnostics, therapies, rehabilitation care) shall ensure obstacle-free movement. Furthermore, at these healthcare providers, bathrooms with special hand-washing facilities shall be provided for pwd, and at healthcare providers who provide continuous care for more than 24 hours, a room that allows rest and night sleep for the patient, and a gender-segregated shower and bathroom that opens to its anteroom or the corridor that connects the rooms shall be available.

56. More information about the monitoring of health care services: Appendix 10/1.

57. In Hungary, Act CLIV of 1997 on healthcare (hereinafter: Eütv.) regards the provision of healthcare for pwd as a priority objective. To ensure protection of the patients’ rights of persons who, due to their disabilities, health condition or social situation, are vulnerable, a system of patients’ right representatives was established, while the promotion of the integration of pwd into communities has become a key duty of the youth and healthcare service provision. Information on the special care needs of patients with obstacles is included in the theory and practice of the training of healthcare experts.

58. Decree 30/2016 (VIII. 31.) of the Ministry for National Economy on Vocational Training Curricula regulates the educational content of school-based healthcare training programmes. More details: Appendix 10/2.

59. The Eütv. provides for obligatory continuing training for all health workers in every five years as a condition for operation or employment. Disability-related topics occur in both forms of continuing training (obligatory and optional training courses). In 2017, programmes dealing with providing care for pwd were available for five topics for health workers and for three topics for doctors.

60. Programs regarding to the accessibility of higher education institutions: Appendix 10/3.

61. The access of students with special educational needs (hereinafter: SEN) to educational institutions is regulated by Appendix 10/4.

62. Article 24 contains information on access to public education.

63. A key objective of the extensive modernization of Hungary’s public administration starting in 2010 is to strengthen the service providing public administration. Within this framework, special emphasis is laid on Government Windows, that is, physical points of single contact that operate in the organizational system of government offices. Government

Windows are initiatives to create integrated customer service points, which has contributed to an extensive implementation of the principle of customer-friendly public administration that is adapted to the different situations of the citizens. The physical installation of the national network of Government Windows and the creation of the infocommunication infrastructure started in 2011, gradually. Equal access to public services was established (that is, the physical and IT accessibility of Government Windows was ensured) with significant Hungarian funds and, from 2014 onwards, with European Union (hereinafter: EU) funds. Obstacle-free access to the approximately 1570 categories of administrative matters that can be settled in Government Windows is ensured with the creation of the infrastructural background of electronic administration; as a result, citizens with disabilities can administer a part of their public administration cases from their homes as well. More details: Appendix 10/5.

64. The requirements of the accessibility of transport must be met with continuous performance and a step-by-step approach, in harmony with the relevant Hungarian legislation.

65. While the provisions of former transport legislation defined a final deadline for compliance (1 January 2013), current legislation – Act XLI of 2012 on passenger transport services – specifies the obligation of step-by-step compliance: “The conditions for equal access shall be created on an ongoing basis on vehicles of public scheduled passenger transport, on railway stations, and in those parts of stations and stops that serve passenger transport. To this end, the requirements of equal access shall be taken into consideration during investments, developments, procurements and – if technically possible – refurbishments.”

66. As evidenced by a recent survey conducted with the major transport companies that participate in the provision of public services of passenger transport in Hungary, the accessibility of vehicles and stations of community transport has improved since the last Country Report (Appendix 10/6).

67. In Hungary, rail passenger transport is provided by two companies: MÁV START Zrt. (whose services cover the majority of Hungary’s territory) and GYSEV Zrt. (which basically covers the North-Western border area). Both companies have continued to take measures to promote equal access. As a result, 5% of the rolling stock has become completely accessible, and 10% partially accessible. The accessibility interventions performed since 2012 have contributed to a 2% and 9% rise of the rate of completely accessible and partially accessible rolling stock, respectively.

68. As for MÁV Group, by the end of year 2017, the following results were achieved: 5% and 31% of platforms at railway stations and access to them became completely and partially obstacle-free, respectively; 4% and 21% of platforms at stops and access to them became completely and partially obstacle-free, respectively; and 3% and 6% of station buildings became completely and partially obstacle-free, respectively.

69. As for GYSEV Zrt., by the end of year 2017, 55% and 18% of railway stations became completely and partially obstacle-free, respectively; and 42% and 13% of stops became completely and partially obstacle-free, respectively.

70. Recently, transport providers have placed special emphasis on the physical and infocommunication accessibility of their vehicles, stops and stations. For the specific interventions, see Appendix 10/7.

71. In the preparatory phase of the reconstruction of metro line M3 of Budapest, experts analysed the opportunities of accessibility in the course of a detailed examination.

72. The Metro Renovation Project Directorate of BKV Zrt. and the Local Government of the Capital City of Budapest signed the grant contract on the reconstruction of metro line M3 in May 2016. According to the current project, the full accessibility will be realized in the case of 12 stations. (In the case of the lacking 8 stations detailed implementation plan documentation were not prepared.) Advocacy organizations and the affected pwd objected to partial accessibility. Two working groups were set up (one initiated by the FTB, and the other by the MEOSZ) to revise the issue of the accessibility of community transport. More details: Appendix 10/8.

73. In December 2017, the possibility of a referendum was raised; data collection commenced. However, the process was suspended as a result of a series of consultations, as it was announced that, as a result of the negotiations between the Capital of Budapest and the MEOSZ an agreement was accepted about the technical solutions of the accessibility of 18 stations.

Paragraph 11

74. The general principles of the accessibility of automatic teller machines (ATM) is specified in the Fot.

75. The specific requirements and implementation deadlines for ATMs are expected to be provided for in the directive of the Council of the EU on the approximation of the laws, regulations and administrative provisions of the Member States as regards the accessibility requirements for products and services. After this directive enters into force, the provisions will be transposed to Hungarian legislation. Until then, the banks will make efforts to comply with such requirements with the use of the current and relevant Hungarian and international recommendations, guidelines and manuals, which, in turn, will increase the number of ATMs that can be used by pwd. Moreover – having regard to persons with intellectual disabilities who are not entitled to own a bank card and to pwd who prefer cash withdrawal at banks branches as a safer option – Act LXXXV of 2009 on the provision of payment services provides them with the opportunity of free-of-charge cash withdrawal at bank branches, under the conditions specified by the same piece of legislation.

76. OTP Bank launched a programme to ensure the better accessibility of its automatic teller machines. Its objective is to ensure complete accessibility via the currently available channels for its clients with disabilities in all of its services by 2020. Currently, 72% of its ATMs offer obstacle-free access and use. As for its ATMs at bank branches, 100 devices are equipped with text-to-speech modules to be used by blind and partially-sighted persons during cash withdrawal. The number of such devices is constantly rising. In major bank branches, tactile guide strips are installed to help the orientation of visually impaired persons. The solution is being extended to the whole territory of Hungary on an ongoing basis. To provide assistance to persons with hearing disabilities in their administrative tasks, in each priority bank branch located in county seats or in Budapest, there are 2 bank administrators who are trained in sign language. Approximately, 120 designated branches are equipped with mobile amplifiers for clients with hearing aids. Another achievement of OTP Bank is that, to promote the performance of administrative tasks, it offers a special communication aid in a format that is easy to understand. To ensure the accessibility of the online performance of administrative tasks, the website of OTP Bank is accessible in a special view that improve readability for clients with visual impairment and ensures a more efficient use of text-to-speech software.

77. In 2016, the Ministry of National Economy issued its Decree 22/2016. (VI. 29.) on equal accessibility of financial services in credit institutions for pwd. The main provisions of the decree are as follows: credit institutions shall elaborate a strategy and, as its integral part, a regulation (the rules of procedure for surveying customer demands; service organization based on the result of such survey; the rules of the internal institutional training for administrators) and shall be obliged to provide information on their website, in the form of a service map that contains the services offered and the ways of access (broken down by bank branch, accompanied by the contact details of such bank branches).

78. To ensure an equal and safe access to financial services, we engage in a dialogue with representatives of the affected groups of the civil society and of the financial sector on an ongoing basis. In order to monitor and follow up the implementation of the provisions of the above decree, the Ministry of National Economy set up a “best practice” committee with the participation of Hungary’s Central Bank, the Hungarian Banking Association, the OFT and the EMMI.

79. More information about the accessibility of the websites and mobile applications of public sector bodies: Appendix 11/1.

Paragraph 12

80. Domestic passenger transport services are provided on the basis of a public service contract where the transport service providing company enters into a contractual relationship with the minister responsible for transport or with the local governments as customers in the case of interurban (national, regional and suburban) transport or in the case of local transport, respectively. It is the client's responsibility to check the performance of the services. The service provider gives an account of the performance of its duties specified in the public service contract in the form of a public service report at least once a year. In the course of reporting, the customer checks if the public service duties were performed in conformity with the relevant legislative provisions and the requirements specified in the public service contract. The customer specifies the requirements related to accessibility in the public service contract; compliance with such requirements are also monitored during the reporting.

81. Bus and coach transport companies train their personnel who deal directly with the travelling public as per Article 16 of Regulation (EU) 181/2011/EU of the European Parliament and the Council of 16 February 2011 concerning the rights of passengers in bus and coach transport and amending Regulation (EC) No 2006/2004.

82. For details of the measures taken to contribute the establishment of public services of transport that are accessible to all and, thus, to vulnerable citizens, women, children, pwd and the elderly, see our answer to Question No. 10.

83. As referred to above, the conditions of equal access shall be created gradually on vehicles and in those parts of terminals, stations and stops that serve passenger transport. This means that the procurement and refurbishment of vehicles, and the construction and refurbishment of facilities that serve passenger transport shall take place in conformity with accessibility requirements. For vehicles, compliance with the accessibility requirements is contributed to by the control activity of the customer and the transport authority, and, for architectural structures, by the control activity of the building authority.

84. For the 2014–2020 programming period, an EU requirement specifies that in the case of projects of urban community transport only those projects are eligible for funding that are included in the Sustainable Urban Mobility Plan (hereinafter: SUMP) of the relevant town. More details: Appendix 12/1.

85. With regard to vehicle procurement, the objective is to ensure, as much as possible, that all new vehicles are accessible. In this regard, please refer to our planned railway and coach procurements (Appendix 12/2).

86. Moreover, the ministry responsible for transport had several technical documents (Appendix 12/3) elaborated in order to provide assistance to customers and providers of transport-related public services and to economic operators interested in the development of such services in the provision of equal access to transport. The national advocacy organization (as a representative of persons with all types of disabilities) was involved in the research process that resulted in the elaboration of the said documents. Currently, the documents are being assessed by the relevant ministry sectors. Once they are finalized, they will be published and sent to the relevant bodies.

87. The OFT operates as a monitoring mechanism and as an active, partnership-based cooperation between decision-makers and NGOs, and offer space and an opportunity for NGOs and advocacy organizations to inform the Government on, among others, the issue of accessibility.

88. The FTB, which performs the function of a governmental coordination mechanism in conformity with the CRPD, offers the opportunity for making contact or debate topical subjects at the governmental level concerning issues that fall into the various fields of government and affect pwd. Since its establishment, the FTB created several working groups, with an involvement of a civilian member in each. A working group is operating to ensure the accessibility of community transport, and another one operated to support the accessibility of apartments.

Paragraph 13

89. Pursuant to Act CCXL of 2013 on the imposition of penalties, measures, some coercive measures and confinement for infraction (Code of on Execution of Punishments) and Decree No. 16 of 2014 of the Minister of Justice on the detailed rules of the execution of imprisonment, confinement, pre-trial detention and confinement, the death of a person receiving involuntary medical treatment, a convicted person or a person detained in a juvenile correctional facility is an “extraordinary event” of which information shall be sent to the prosecutor responsible for the review of the legality of execution of sentences and, if the person is a minor, to the minister responsible for child and youth protection. Pursuant to Instructions 20/2014. (XII. 23.) of the Prosecutor General on the prosecutors’ tasks during the review of the legality of execution of sentences and in the judicial protection, this responsibility shall rest with the Prosecutor General’s Office, and the competent prosecutor shall perform an investigation whereby they examine the causes and conditions of the extraordinary event. The records thus prepared by the prosecutor shall evaluate the observations made by the relevant body and the measures taken thereby in relation to the extraordinary event. In case of a suspected criminal offence, criminal procedure shall be initiated as a matter of urgency at the authority of competent jurisdiction (provided that no such criminal procedure has already been conducted). It has to be emphasized that in case of the death of a detained person, the prosecutor’s records shall be made promptly as possible.

90. Having regard to the fact that the use of the services of social institutions is based on a voluntary agreement, it is not justified to use the procedure which is followed in penal institutions upon the occurrence of death. Nevertheless, the deaths that occur in social institutions are also invariably investigated, in the manner specified below.

91. Pursuant to the Eütv., a death is not natural if certain conditions call into question if it has occurred in a natural manner. If the investigation of the causes and conditions of the death raises the suspicion of a criminal offence, forensic autopsy shall be performed according to the rules of criminal proceedings. In case of an extraordinary death, the official procedure for extraordinary death shall be followed, and, as per the relevant government resolution, and official autopsy shall be performed.

92. More details about the autopsy and the procedures: Appendix 13/1.

93. This means that the physician who performs the on-the-spot examination of the body shall have the competence to assess if an extraordinary death occurred and if forensic autopsy is required. If the suspicion arises that the physician employed by the institution did not make an “independent” decision related to the death, it is possible that the principles of medical ethics were infringed.

94. Currently, a legal amendment is being prepared that, in social institutions that offer personal care, would allow the most competent person to participate in the examination of the body as soon as possible.

95. The SZGYF shall keep records of the deaths of those pwd or persons with psychiatric diseases who lived in social institutions that provide personal care, and, if required, shall make the relevant statistical data accessible.

96. If the internal investigation identifies professional negligence, the operator of the institution shall require the institution to elaborate an action plan that prevents the occurrence of similar cases. If the internal investigation identifies conditions that raise the suspicion of a criminal offence, the institution or the operator shall file an official complaint with the police.

Paragraph 14

97. The protection of the population and disaster management in case of natural and man-made disasters is regulated by Act CXXVIII of 2011 on disaster management and the amendment of certain related acts (hereinafter: Kat.), Government Decree 234/2011 (XI. 10.) on the implementation of the Kat., Decree of the Ministry of the Interior 62/2011 (XII.

29.) on certain regulations on disaster prevention, and, with regard to the individual sectors, by sectoral legislation issued as per the authorization given in Section 82(3) of the Kat.

98. In the periods of prevention, a key task of the disaster management bodies shall be to prepare the population on an ongoing basis and at an adequate level, and, after an alert, to offer emergency information required for the management of the event and for survival.

99. The personal scope of legislation on protection against natural and man-made disasters includes pwd, without any restriction or different provision pertaining to them.

100. The pieces of legislation referred to above provide for the elaboration of emergency relief plans that contain the duties to be performed in the event of disasters or imminent disasters at the central, regional and local levels.

101. The objective of the emergency relief plans is to support (with procedures, order of operations and databases) decision-making intended to prevent or mitigate the consequences of natural or man-made dangers or dangers of other origin as listed in the Kat.. The levels of emergency relief planning shall fall in line with the hierarchy of the professional disaster management bodies. The sector involved in the implementation of the provisions of the central emergency relief plan shall prepare an excerpt of the central emergency relief plan in order to contribute to the performance of special duties.

102. The institutions specified in Decree 43/2014. (VIII. 19.) of the Ministry of Human Capacities on the content requirements of the healthcare emergency plans of the healthcare institutions and on certain amendments of ministerial decrees on healthcare (e.g. hospitals, care homes) shall elaborate various plans (e.g. for evacuation or isolation) and, if need be, shall act accordingly.

103. More information about the emergency relief plans: Appendix 14/1.

Paragraph 15

104. Pursuant to Act LXXX of 2007 on Asylum (hereinafter: Met.) a person in need of special treatment is an unaccompanied minor or a vulnerable person, in particular, a minor, elderly or disabled person ... found, after proper individual assessment, to have special needs because of his/her individual situation.

105. The Met. provides for special procedural rules for the assessment of applications for international protection lodged by persons in need of special treatment.

106. It lays down, as a general principle, that during the provision of the conditions of reception, due attention shall be paid to the particular needs of such persons. As for asylum detention, the Met. specifies that their accommodation shall be arranged in view of their specific needs, in particular their age and health condition (including their mental condition). The provisions applicable in the border procedure or airport procedure shall not apply to persons in need of special treatment.

107. In addition to the above, asylum applicants with disabilities shall be entitled to the same procedural rights and shall be bound by the same procedural obligations as asylum applicants without disabilities are.

108. During the asylum procedure, the asylum authority (hereinafter: the Authority) shall, invariably, assess the application for international protection with due consideration of the specific needs arising from the applicant's situation. If the applicant is a person with a disability, this fact or condition shall be taken into consideration accordingly in the course of the assessment of the application.

109. In the asylum procedure, the costs of interpretation (inclusive of sign language interpretation) shall be borne by the Authority. If the applicant is deaf or deafblind, the Authority shall provide sign language interpretation accordingly and shall bear the costs incurred.

110. Government Resolution 301/2007 (XI. 9.) on the implementation of the Met., , provides for special rules with regard to the care provided for persons in need of special treatment (and, thus, of pwd) during the reception process.

111. If the specific situation of the applicant in need of special treatment so justifies, the Authority shall be obliged to provide a segregated accommodation for him/her in the accommodation centre. As far as possible, the family unity shall be maintained even in the case of segregated accommodation. If an applicant is in need of special treatment, he/she – provided that so justified by his/her specific situation and by a doctor’s expert opinion – shall be entitled to have access, free of charge, to services justified by a circumstance arising from his/her state of health or psychological condition, as well as to rehabilitation, psychology and clinical psychology services and to psychotherapeutic treatment. The Authority shall reimburse the costs of such treatments to the healthcare service provider.

112. More information about the practical implementation: Appendix 15/1.

Paragraph 16

113. With regard to the proposal on the reforms of the guardianship system, it must be pointed out that the Ptk., which entered into force on 15 March 2014, introduced several progressive modifications in the rules governing the capacity of persons. Book Two of the Ptk. provides for the rules on the capacity of persons of legal age and for the option of the judicial restriction of capacity. Having regard to the principles of proportionality and necessity, several points of the regulation have changed if compared to former provisions. Before the Ptk. entered into force, there were three options for the judicial restriction of capacity: exclusive guardianship resulting in incapacity, general restriction resulting in diminished capacity, and restriction to be imposed separately for groups of affairs. The previous Ptk. did not provide for the obligation of the revision of the restriction of capacity in each case. Before the Ptk. entered into force, Hungarian legislation had not employed the legal institutions of a prior legal declaration or supported decision-making.

114. A basic change is that the Ptk., as a general rule, gives the opportunity for the restriction of the capacity of persons of legal age exclusively in a set of cases specified by the court (partial limitation). Accordingly, the Act provides for two types of restriction of capacity: complete limitation or partial limitation (by set of cases).

115. The Ptk., besides introducing major changes in the opportunities for limitation, uses the term “guardianship fully limiting capacity” instead of “exclusive guardianship”. The complete limitation of capacity can be employed only if the protection of the personal rights of the person concerned cannot be ensured with the partial limitation of his/her capacity. Therefore, the objective of the legislation is to ensure that the complete limitation of capacity is resorted to much less frequently, only in those cases when, in the light of the specific conditions of the individual concerned, no other solution can provide adequate assistance for him/her.

116. The conditions of placing a person under guardianship were modified. Besides the factor of “diminished discretionary ability”, the factor of “individual circumstances and family and social ties” was introduced, which the judge must take into consideration when deciding whether it is necessary to place a person under guardianship. Even the partial limitation of capacity is possible only in those cases where supported decision-making or other types of (occasional) assistance that do not limit the capacity of the person concerned are not adequate for him/her.

117. The Ptk. does not mention (even in the form of examples) the sets of cases that can be subject to limitation; consequently, the judge decides in conformity with the individual situation, and can decide to limit a person’s capacity to a very small degree. The court decides about the number and structure of the sets of cases to be limited on the basis of the specific situation of the person concerned; the limitation can be very restricted.

118. A guarantee rule specifies that, after the entry into force of the Ptk., a person can be placed under guardianship only for a fixed period of time and it shall be obligatory to set the date of the compulsory revision.

119. With regard to persons of legal age whose competence to make decisions is limited, the Ptk. provides for legal institutions other than the limitation of capacity: it makes a reference to the opportunity of supported decision-making and introduces the institution of prior legal declaration.

120. Prior legal statement, introduced as a new legal institution, allows any person still having his/her capacity to provide – in an authentic instrument, in a private document countersigned by attorney or before the guardianship authority – who shall be, if his/her own capacity becomes limited, his/her guardian and in what manner should the guardian act in his/her personal and financial matters.

121. The advocate shall offer assistance in decision-making without limiting the capacity of the person concerned. The detailed rules for supported decision-making is not specified by the Ptk., as the involvement of an advocate does not affect the capacity of the person concerned. A separate act provides for that – Act CLV of 2013 on supported decision-making (hereinafter: Separate Act.) More details: Appendix 16/1.

122. The Ptk. contains provisions on legal declarations made by persons with limited capacity. Accordingly, in order for a legal statement made by a person with limited capacity about the groups of affairs specified in the judgement of a court to be valid, the consent of the guardian of such a person shall also be required. If and when a person with limited capacity becomes competent, he/she shall be entitled to make his/her own decisions concerning the validity of his/her pending legal statement.

123. The Ptk. gives a list of the legal declarations that can be made completely independently by the person concerned. A person with partially limited capacity can, without the consent of his/her guardian and concerning the sets of cases specified in the relevant court ruling, make any personal legal declaration he/she is entitled to make by legislation, conclude contracts of minor importance that aimed at satisfying their everyday needs, make decisions about a specific proportion of his/her income specified by the court, and, up to that amount, conclude contracts that exclusively serve his/her benefit, and give gifts within reasonable limits.

124. With regard to respecting the individual's decisions, will and preferences, it is to be noted that the Ptk. provides that in the case of a legal statement of an incapacitated person of legal age, his/her guardian shall act on his/her behalf. The guardian shall listen to – and if possible, shall take into consideration – the wishes of the incapacitated person of legal age before making a legal statement that affects him/her.

125. Supported decision-making was introduced by the Ptk., but, having regard to the fact the involvement of an advocate does not affect the capacity of the person concerned, a Separate Act provides for the detailed rules, the rights and obligations, duties and responsibilities of the advocate, the termination of his/her status and the opportunity of his/her appointment.

126. Pursuant to the provision that introduces supported decision-making, in the case of a relatively small diminishing of the ability of understanding, the court can reject the application for placing the person in need of support under guardianship, and can propose to the guardianship authority to involve an advocate, provided that the person concerned so desires.

127. Falling in line with the Action Plan for the Implementation of the OFP for 2015–2018 (Appendix 16/2), the FTB discussed the issue and decided to set up an inter-sectoral working group to investigate self-determination and independent living and to facilitate an extensive overview of the issue.

128. The primary duty of the working group was to review the current situation of the legal institution of supported decision-making and to elaborate a proposal on the possible reforms of the system. Moreover, it considered legal regulations and judicial practice with regard to the limitation of suffrage.

129. In the context of the activity of the guardianship authority in the involvement of an advocate, an upward trend has been observed since the introduction of the legal institution.

For the indicators for the period from 2014 to 2016 on the basis of the data of KSH, see Appendix 16/3.

Paragraph 17

130. In order to help pwd act as witnesses, the new Pp. in force from 1 January 2018 does not bar pwd from giving testimony as the previous Code did, and it mandates that witnesses with disabilities shall be heard in consideration of their disability, in a manner appropriate for their condition.

131. In Hungarian criminal procedures, the protection of the rights of the victim is a priority, especially if they are members of a vulnerable group, such as pwd. As a general rule, the protection of the victim and their interests shall be promoted in all possible ways, and the rules of procedure shall ensure that the proceeding authorities are as considerate with regard to the victim as possible. The rules of criminal procedure contain safeguards that allow members of vulnerable groups – also considering persons who have limited ability to assert their interests due to their age, circumstances or condition – to exercise their rights just like anyone else, regardless of their role in the procedure.

132. Act XIX of 1998 on the criminal procedure code (hereinafter: effective CPC.) contains fragmented provisions in connection with various procedural roles and stages of procedures, whereas Act XC of 2017 on the criminal procedure code that enters into force on 1 July 2018 (hereinafter: new CPC.) establishes a unified, sophisticated, coherent set of rules on the rights of the victim, and contains the relevant provisions in a separate chapter. More details: Appendix 17/1.

133. While the effective CPC only establishes special, more favourable rules with regard to victim requiring treatment; the new CPC extends these protections to witnesses. Additionally, some of the measures may be applied to other parties involved in criminal procedures, even if they do not qualify as persons in requiring special treatment and thus the whole range of measures shall not apply to them. In some cases, the new CPC grants some elements of the institutional system of special treatment to the accused and other persons as well.

134. The full range of measures aimed at the assertion of rights and considerate treatment may be applied if the person involved is a minor, a person with a disability or one who qualifies as such, or if such application is justified by their relationship to another person involved in the criminal procedure. The new CPC requires the use of the considerate treatment measures not only with regard to persons who are considered to be pwd by law, but also with regard to accused persons who may qualify as disabled. The aim of this is to allow the proceeding court, prosecutor's office or investigating authority to apply the relevant considerate treatment measures on their own discretion without a separate specialised assessment if the defendant is unable to fully exercise their rights and fulfil their obligations due to their personal condition. It must be noted that the use of the considerate treatment measures with regard to the accused does not place any administrative burden on the proceeding authorities.

135. With regard to the training and continuing training of forensic experts, Decree 10/2006 (III.7.) of the Ministry of Justice on the legal training and examination required for working as a forensic expert contains the material covered by the initial training and the regular continuing trainings. More information: Appendix 17/2.

136. The National Judicial Office organized trainings on equal treatment for judges and court clerks; the trainings include material on the human rights of pwd (Appendix 17/3). In accordance with Section 7.1 of the Action Plan, on the initiative of the EMMI and supported by the National Judicial Office, the EFOÉSZ prepared the training material for judges on supported decision-making. For expert of the social sector a professional competency training necessary for supported decision-making is available with a score of 30 points. The National Association of Social Organisations and Foundations will launch a national training programme for guardianship administrators and child protection administrators in 2018.

137. In school-based police training, the treatment of pwd is covered in classes on law, troop duty and maintaining public order. Additionally, police personnel participate in sensitisation continuing training on an ad hoc basis.

Paragraph 18

138. The Eütv. stipulates that patients, in the framework of exercising their right of self-determination, can freely decide whether they want to resort to healthcare, and what interventions they agree to or reject when doing so. Save for the exceptions, all health interventions are subject to the patient's appropriate informed consent free of deception, threat and coercion. If in accordance with the act on supported decision-making there is a person supporting the patient in making decisions concerning healthcare, at the patient's request the presence of this supporting person must be ensured when granting consent, and patients must be given the opportunity to discuss their decisions with this person. Patients can withdraw their consent given to any intervention, at any time.

139. Through the exercise of the right to information, patients have the right to be fully informed in a personalised manner. Patients have the right to receive detailed information about their health, the recommended examinations, interventions and their possible advantages and risks. Patients must be informed about their right to make a decision concerning the recommended examinations and interventions. Patients have the right to ask further questions during and after being informed.

140. Patients have the right to be informed according to their capacity of understanding, having regard to their age, literacy, knowledge, state of mind, their wishes expressed in this context, and they also have the right to an interpreter or a sign-language interpreter when being informed, if necessary.

141. Patients with no disposing capacity, minor patients with limited disposing capacity, and patients with limited disposing capacity in regard of any set of cases also have the right to being informed suiting their age and mental status.

142. Special attention must be paid to the protection of the personality rights of psychiatric patients during their medical treatment, with regard to their situation. The rights of psychiatric patients can only be limited as set out in the Eütv., to the extent and for the time absolutely needed, if the patient demonstrates a behaviour posing danger or imminent danger.

143. Psychiatric patients' consent to medical treatment is governed by the general rules, i.e. their consent to healthcare is required in the same way. However, if patients demonstrate a behaviour posing danger or imminent danger (emergency medical treatment), or in the case of patients treated on the basis of a court decision ordering compulsory hospital treatment (compulsory medical treatment), the patients' consent can be disregarded in respect of the restraints aimed at handling such behaviour, but even in such cases an attempt must be made to provide information, as far as it is possible. Patients admitted to a psychiatric institute must be given oral and written information about their rights – in addition to the generally prescribed information –, in particular about the main points of the court proceedings and their related rights.

Paragraph 19

144. Under criminal law, torture means the infliction of serious bodily or mental harm. Based on Act C of 2012 on the Criminal Code (Criminal Code), such conducts are punishable in the context of numerous criminal offences; in particular, considering all circumstances of the case, especially the following criminal offences must be mentioned: bodily harm, endangerment committed while pursuing an occupation, forced labour, violation of personal freedom, duress, sexual exploitation, sexual violence, sexual abuse, abuse of a minor, domestic violence, degrading treatment of vulnerable persons, coercion during official proceedings, other mistreatment in official proceedings, etc. More details: Appendix 19/1.

145. In the Eütv. it is specified as a key principle that patients' human dignity must be respected when providing healthcare. Exclusively interventions required for treatment can be performed on patients. When providing treatment, patients can be restricted in exercising their rights only for a period justified by their health status, to the extent and in the manner determined by law. Restrictions on the personal liberty of patients – during their treatment – using physical, chemical, biological or psychological methods, can be exercised exclusively in emergency, or in protection of the life, physical integrity and health of the patients or others. The use of restrictive measures involving torture or cruel, inhuman or degrading treatment or punishment is prohibited. Restrictive measures can be applied exclusively as long as the cause of ordering such measures exists.

146. According to the Eütv., there are three ways of admitting psychiatric patients for hospital treatment: with the patients' consent, or at the request of a person determined by law (voluntary medical treatment), if they demonstrate a behaviour posing imminent danger and requiring immediate hospital treatment, based on measures taken by the doctor observing such behaviours (emergency medical treatment), or based on a court decision ordering compulsory hospital treatment (compulsory medical treatment).

147. Regarding the issue raised in the 2012 final conclusions in connection with Article 15 of the CRPD – participation in medical research in respect of patients with limited disposing capacity suffering from mental disorders – the Eütv. was amended. The purpose of the amendment was to enable patients to give consent besides maintaining certain restrictions – which is necessary in certain cases in order to protect patients with limited disposing capacity –, while making it compulsory to consider their opinion to the extent which is professionally possible.

148. When making decisions on healthcare to be provided, the opinion of patients with no disposing capacity or minor patients with limited disposing capacity and patients with limited disposing capacity in regard of exercising their rights in connection with healthcare shall be taken into account to the extent professionally possible also in cases where the right of consent or refusal is exercised by the patients' legal representative.

149. The Fundamental Law in effect from 1 January 2010 stipulates that it shall be prohibited to perform medical or scientific experiment on human beings without their informed and voluntary consent.

Paragraph 20

150. It is emphasised again that restrictions on the personal liberty of patients – during their treatment – using physical, chemical, biological or psychological methods, can be exercised exclusively in emergency, or in protection of the life, physical integrity and health of the patients or others. Apart from the Eütv., the ESZCSM Decree also contains rules relating to admitting psychiatric patients to institutes and rules relating to the restrictive measures applicable during their treatment. It determines the content of the possible methods of restriction, and obliges institutes providing care for psychiatric patients to elaborate their local rules of procedure. More details: Appendix 20/1.

151. Further steps taken in this context involve the implementation of the EFOP-2.2.6-VEKOP-16 project entitled “Structural development of the psychiatric care system” and the EFOP-2.2.0-16 project entitled “Improving access to high quality healthcare and social public services”, which is in progress.

152. The overall aim of the latter project is to promote social cooperation, and fight against poverty and discrimination.

153. The objectives also include improving the quality of specialised psychiatric and addiction services, equal access to care, improving the mental health condition of the population under 18 years of age, ensuring the structure and the professional conditions needed for operation in the field of child psychiatry and addiction treatment for children.

Paragraph 21

154. Criminal offences committed against children or against disabled persons are always handled by law enforcement bodies as criminal offences of special priority. The data in the Unified System of Criminal Statistics of the Investigative Authorities and of Public Prosecution cannot be filtered for criminal offences committed against disabled persons or at institutes established to provide care for such persons, consequently the Police cannot provide such data.

155. In order to avoid the abuse and ill-treatment of disabled persons, continuous further training is organised for institutional employees, and, in particular, courses relating to coping with aggression have been integrated in the training program.

156. If knowledge is obtained of any ill-treatment either through a report or during of inspections carried out by the maintainer of the given institute, it is compulsory to conduct internal investigations in each case. If circumstances indicating a criminal offence are revealed during internal investigations, the institute or the maintainer is obliged to report it to the police.

157. In 2017 a series of investigations started at the SZGYF, based on the criteria of the OPCAT national preventive mechanism. The investigations were aimed at inspecting how the employees working at the institutes treated the patients. On the basis of the observations it can be stated that in the majority of the institutes there is an understanding relationship between the employees and the patients, the patients' non-verbal communication did not show signs of fear or ill-treatment. Their verbal communication with the care givers was relaxed and informal. In cases when the investigators experienced a service level below the required expertise and quality, they took the necessary measures.

158. During its operation the SZGYF also performs monitoring and complaint investigation tasks, documenting them in each case. In 2017 it launched a further training course on handling complaints with the aim to prevent and investigate abuses more efficiently, present the process and the legal background of complaint management in order to increase awareness of the rights, adjust developed practices, if necessary, and share good practices. After returning to the institutes, the participants are prepared to take action against abuses in the course of investigating the complaints submitted – using the knowledge learnt at the further training course –, and during their work they become more sensitive and reveal even complaints that are not reported.

159. In Hungary, victim support is regulated in Act CXXXV of 2005 on crime victim support and state compensation. The act is in compliance with the provisions of the European Parliament and the Council, and at certain points it even determines stricter requirements. The Ministry of Justice is responsible for the professional control of the victim support system established by the State. The victim support system (more details: Question 22) is accessible to persons meeting the criteria laid down by law. Patients treated at the institutes of the SZGYF are provided with the relevant information and they are given the possibility to satisfy such demands.

Paragraph 22

160. The relating regulations are described in greater detail under Question 17 and 19.

161. Criminal proceedings can be instituted ex officio or on the basis of a report. According to the CPC anyone can file a report; in certain cases, however, it is compulsory to file a report, and members of the authorities, official persons and – if stipulated by specific statutory provisions – public bodies are obliged to report crimes they obtain knowledge of in the course of exercising their powers, including the identification the offender, if known.

162. In the interest of taking greater account of the needs of victims, Act CXXXV on crime victim support and state compensation makes it compulsory to assess individual needs with the use of a needs assessment data sheet in order to facilitate the identification

of the most suitable services. As a result of this, the providers of victim support services can offer clients the statutory forms of support that they really need.

163. The data sheet also helps to assess victims' specific situation by making it possible to state their age, health condition, or type of disability.

164. In 2017 the first Victim Support Centre (hereinafter: Centre) was established in Budapest, and based on the experience obtained during its operation two further Centres were established in 2018 in Miskolc and Szombathely. More details about the operation of Victim Support Centre: Appendix 22/1.

165. Act II of 2012 on infringements, infringement proceedings and on the infringement records system contains provisions on mediation proceedings relating to compensation granted to victims. Mediation proceedings were integrated into infringement proceedings following the example of the legal instrument of mediation proceedings applied in criminal proceedings. The aim of the procedure is to facilitate compensation for the consequences of the offence. The law determines infringements punishable by confinement. During the mediation proceedings an agreement is reached, when the victim and the prosecuted person come to the same position concerning compensation for the damage caused with the offence or other compensation for the harmful consequences of the offence.

166. The rights of adult and child recipients of social services and institutions receive multi-directional protection, there is a complex legal protection ring available to them if a case or suspicion of legal contraventions or infringements arises.

167. Based on social sector rules, recipients and children have the right to complain to the Institute Director, may turn to the representation and advocacy forum that is mandatory to be created in residential social institutions and housing child protection institutions, and may go to the recipient rights advocate and the child rights advocate who help them exercise their rights. Legal protection is also provided by the process of the Commissioner for Citizens' Rights, and by the professional guardian and the child protection guardian.

168. According to the Szt. and the Gyvt., the operator must regularly inspect the lawfulness of the operation of the institution and the effectiveness of the professional work performed.

169. The county or Budapest Government Office, as the licensing authority, performs regular inspections ex officio – at least yearly in the case of residential services, after-care services, and regional child protection services, every two years in the case of day-care provided for children, every three years in the case of social services – at the institutions, or even proceeds as a matter of urgency, if it obtains knowledge of personal or material conditions or operations endangering the life, physical integrity, health, or the development of children receiving care, or violating their other rights, or the legal framework on operations or the service provider register being severely violated.

170. Government Decree 331/2006. (XII. 23.) on the performance of child protection and guardianship duties, and on the organisation and jurisdiction of the guardianship authority makes it possible for the Minister of Human Capacities in the scope of the professional control of child protection and guardianship tasks to contact any organisation performing guardianship authority duties directly, if urgent action is required for the benefit of a child or a person under guardianship, or a person affected by guardianship.

171. The rules of procedure of SZGYF concerning extraordinary events at social and child protection institutions are designed to make it possible for operators to be informed, in particular, about events affecting life, health and physical integrity and to handle possible systemic problems by making strategic decisions. More details: Appendix 22/2.

172. Pursuant to Decree 1/2000. (I. 7.) of the Ministry for Social and Family Matters on the professional tasks and the conditions of operation of social institutes providing personal care, "persons employed at institutions providing personal care, or close relatives of such persons may not conclude a maintenance agreement, annuity contract or agreement as to succession with persons receiving care, during the period of care provision and for a year thereafter. It must be ensured that apart from the persons defined in the Ptk. as "close relatives" (spouse, lineal kin, adopted, step- and foster child, adoptive, step- and foster

parent, brother or sister), “relatives” as defined by law (especially cohabiting partners) belonging to the direct environment of the staff employed at institutions providing care should not become beneficiaries either. During scheduled inspections and when investigating claims, the inspecting staff was confronted with the possibility of this ethical problem on several occasions.

173. The thematic series of inspections aimed at reviewing the institutional policies announced and implemented by the SZGYF proved to be an important tool in combatting exploitation. More details: Appendix 22/3.

Paragraph 23

174. Pursuant to the Eütv., forced sterilisation terminating fertility and childbearing potential can be performed for medical reasons based on the affected person’s written request, in the case of persons above the age of eighteen, persons with limited disposing capacity in regard of any set of cases, or, in specific cases determined in the Eütv., in the case of persons lacking disposing capacity. (For the relating criteria see Appendix 23/1).

175. A request for the forced sterilisation of a person with limited disposing capacity in regard of any set of cases – if the intervention is requested for other than medical reasons – shall be valid with the approval of the guardianship authority and the approval of the given person’s legal representative or the person entitled to exercise the right of consent or refusal. More information about the confirmation and granting of forced sterilization: Appendix 23/2.

176. An intervention to sterilise a person lacking capacity may be carried out exclusively on the basis of a final court decision, after the affected person has reached the age of fertility.

177. The legal representative of the affected person or, in the case of a person under eighteen years of age lacking capacity, the legal representative of the affected person and the guardianship authority jointly may bring an action before the Budapest Municipal Court.

178. Pursuant to the Eütv., the court considers the following when granting approval to an intervention for the forced sterilisation of a person lacking capacity: the application of another method of contraception is not possible or not recommended due to medical reasons, and the person lacking capacity is unable to raise a child, and carrying out the intervention is consistent with the intention of the person lacking capacity; the child to be born out of the pregnancy is assumed by doctors to be severely disabled, and the intervention is consistent with the intention of the person lacking capacity, or the pregnancy would directly endanger the life, physical integrity or health of the person lacking capacity.

Paragraph 24

179. In January 2017, as an amendment to the earlier deinstitutionalization strategy, the Concept for 2017–2036 was issued, containing the following main measures: shortening the implementation period by 5 years; prohibition of new admissions to the places at institutions; ensuring a service provision ring consisting of numerous elements, and ensuring employment initiatives and their accessibility systematically and on an equal basis; planning and implementation of a research and monitoring process all along the process; strengthening the management, professional-methodological control and monitoring of the replacement process. Supported housing, as a new form of service, was introduced with effect from 1 January 2013. Supported housing creates appropriate conditions for people with disabilities, psychiatric diseases or addictions to receive housing and social services corresponding to their age, health condition and self-sufficiency abilities.

180. In the period between 2012–2015, 672 new supported housing capacities were created from a total amount of aid of HUF 5.6 billion. In this period 6 large residential institutions joined the process together with their residents, operators, staff, narrower and broader housing and service environment.

181. Support services are provided to facilitate the daily life of adult disabled persons by facilitating access to services supporting occupation and employment. More information: Question 7.

182. Daycare institutions for disabled persons offer an alternative. More information: Question 7.

183. In the 2014–2020 financial cycle the Government of Hungary handles the acceleration of the deinstitutionalization of social institutions as a priority.

184. In January 2017, the EFOP-2.2.2. scheme entitled “Promoting transfer from institutional care to community-based services” was announced, with a budget of HUF 23.77 billion. The project is aimed at the complete replacement of institutional service forms having more than 50 capacities offering care and nursing to persons with disabilities, psychiatric diseases and addictions, and at the creation of community-based service forms of high quality, responding to residents’ needs. Residential services of maximum 12 capacities can be realised in the framework of this project. Altogether 30 applications were submitted for a total number of 2,700 capacities, aimed at moving residents to supported housing facilities by 31 December 2018.

185. A call for applications within the VEKOP-6.3.2 scheme entitled “Promoting transfer from institutional care to community-based services – replacement of institutional capacities” was also announced in March 2017, and with a budget of HUF 730 million it facilitates the implementation of the process in the Central Hungarian region too. Based on the decision made in February 2018, one project was granted support, in the framework of which the residents of the nursing and care home of Albertirsa with 82 capacities will be moved to high quality community-based housing facilities.

186. The EFOP 2.2.5 scheme was announced on 21 March 2017, as a result of which resources of an unprecedented amount are available for supporting the replacement process. The scheme has a budget of HUF 53.52 billion, from which further 7,500 pwd, psychosocial disabilities or addictions – a total number of 10,000 persons – can be moved to supported housing facilities.

187. The EFOP 1.9.1. – VEKOP-15-2016-00001 project was launched on 1 April 2016 with the task to ensure the professional coordination of the replacement of institutional capacities and provide methodological support for the process. In the scope of the project developments are realised on the areas of preparing employees and residential communities, communication and raising social awareness. The project provides support for the institutes during the process of change. (More details: Appendix: 24/1).

188. Section 1c) of the Concept prescribes the continuous operation of the IFKKOT. More details: Appendix 24/2.

Paragraph 25

189. This question was answered under Question 24.

Paragraph 26

190. The accessibility of the institutions of the healthcare system is ensured by involving State resources and also national and EU resources. Good examples of this are the TIOP-2.2.8/14 scheme entitled “Implementing infrastructure investments” and the EFOP-2.2.5 scheme entitled “Creating a uniform set of care instruments”, which are primarily aimed at ensuring the accessibility of health institutions.

191. Based on the valid legal acts, in Hungary support within the normative system can be granted for the purchase, repairs and rental of assistive devices and technologies and their accessories, and, on grounds of individual equity, for the purchase and repairs of such technology that cannot be prescribed with the use of normative support, for extra amounts of devices that can be prescribed with the use of normative support, and for the replacement

of the parts of custom-made pieces of technology that can be prescribed with the use of normative support.

192. Assistive devices and technologies can be prescribed with the use of support only by doctors who entered into a contract for this purpose, or by doctors of healthcare service providers. The items can be delivered at distributors of assistive devices and technologies who entered into a price support contract, and, if justified from a professional aspect, in the framework of care provided at health institutions.

193. The National Health Insurance Fund (hereinafter: NEAK) operates an internet catalogue of assistive devices and technologies (SEJK) on its website to facilitate informed decisions concerning supported medical devices. More information about the parameters and conditions: Appendix 26/1.

194. In the framework of public healthcare provision the reference product or a product of an equivalent or lower price can be used. In such cases patients' own contributions are also covered by the State, so these patients can acquire the supportive technology they need free of charge.

195. In addition to support granted for the purchase of a passenger car and in addition to the parking certificate, which existed before (Appendix 26/2), on the initiative and with the active participation of the national advocacy organisation for persons with reduced mobility, the Ministry of Human Capacities prepared a special application scheme entitled "AutoPlus" to support persons with severely reduced mobility who habitually use wheelchairs, electric wheelchairs or electric mopeds. The application scheme is primarily aimed at providing support for persons with severely reduced mobility having special transportation difficulties in going to work every day, doing their studies or living their daily lives. In the framework of this scheme, support amounting to as much as HUF 4,000,000 can be obtained for purchasing the vehicles needed.

Paragraph 27

196. Book Four of the Ptk. on family law contains rules relating to the act of marriage. According to the Ptk., marriage shall be considered contracted if a man and a woman together appear before the registrar in person and declare their intention to marry. Such declaration cannot be made subject to a condition or time limit.

197. Consequently, the act of marriage constitutes a personal legal statement, for which the presence and the declaration of the affected persons is required. The act of marriage cannot be realised via a representative, i.e. with the participation of a guardian.

198. The marriage of a person who is under guardianship fully limiting capacity can be challenged in court with reference to invalidity. However, an invalidation action cannot be filed just by anyone. Only the spouses themselves or the public prosecutor is entitled to do so, or a person who has a legal interest in declaring the marriage invalid.

199. It is an essential guarantee arrangement that six months after the termination of guardianship the marriage of a person under guardianship becomes valid retroactively from the date of the act of marriage, if the spouse who gave rise to invalidity does not attack the existing marriage within this time-limit, or if at the request of this spouse the court dismisses the action filed earlier for this reason by a different entitled person.

200. Basic social services (more details: Question 7) provide support for disabled persons for living in their own homes and receiving help and support in their own living environment.

201. If a disabled person requires residential care, then different forms of specialised care are available for a transitional or unspecified period. In all residential institutes disabled persons have the possibility to get married and live together with their spouse or cohabiting partner. Supported housing creates appropriate conditions for pwd, psychiatric diseases or addictions to receive housing and social services corresponding to their age, health, and self-sufficiency. Furthermore, a member of their own family – not belonging to the target group – can also move into the supported housing facility.

202. Starting from 2013, disabled women and parents with disabled children are explicitly mentioned as a target group in national projects announced in the field of policies relating to the situation of families and women, providing opportunities for programmes, training courses and supporting activities aimed at women. Similarly, women with disabled children and disabled women are also among the target groups of currently running EU projects: EFOP 1.2.1-15 project (A safety net for families), EFOP 1.2.6-VEKOP-17 priority project (A family-friendly country), EFOP 1.2.9-17 project (Women in families and at work).

Paragraph 28

203. The budget for the operation of public education institutes maintained by the State and for the performance of public education tasks is determined in the currently effective Budget Law. For non-state operators the law determines support based on average wages, and in the course of calculating such support, a pupil with special education needs (hereinafter: SEN) must be taken into consideration as two or three persons. The law contains specific provisions relating to support provided for certain public education tasks performed by local governments.

204. Pupils with SEN are entitled to textbooks free of charge during the entire period of education. In recent years the number of textbooks adapted for pupils with SEN changed as shown in Appendix 28/1. According to the Copyright Act, it shall be regarded as free use, if a given work is used exclusively for the purpose of satisfying disabled persons' demands – closely linked to their disabilities –, not going beyond what is necessary in order to attain this purpose.

205. Children and pupils with SEN or using certain specialised pedagogical services are entitled to transport compensation to cover their travel costs incurred in connection with using institutions providing care.

206. The state-owned Equal Opportunities of Persons with Disabilities Non-profit Ltd. (hereinafter: FSZK) has been providing support from state resources every year since 1997 based on applications, for the realisation of services helping parents. In addition to the program mentioned above, it also provides support from state resources, based on applications, for public education institutes where integrated care is provided for children with SEN, and it also provides support for organisations bringing together and/or helping disabled persons. In January 2016, the scope of funded jobs was extended to include positions such as school social worker and child and youth protection specialist (as optional positions).

207. Pursuant to Act CXC of 2011 on National Public Education (hereinafter: Nkt.), the priority tasks of public education include early childhood development before school, supporting the most optimal development of children and pupils with SEN or struggling with integration, learning or behavioural difficulties, as well as creating possibilities for their most complete social integration.

208. In the academic year 2016/2017 there were 85,730 children and pupils with SEN (pupils with severe and multiple disabilities are handled in a separate group), and 60421 of these pupils were participating in integrated education. As a result, between 2010–2016 the proportion of integrated care increased from 61 % to 70 %, while in line with this, the number of special needs institutes and conductive education institutes dropped from 410 to 312. 3,991 of the 5,474 educational institutes provide integrated education (Summary data: Appendix 28/2).

209. As a result of the measures taken to discourage the classification of children as mentally disabled without a good reason, the proportion of children and pupils with mild intellectual disability reduced year after year, from 1.6 % to 1.4 % in the period between 2010–2016 (or, considering a longer period, from 2.1 % to 1.4 % in the period between 2003–2016).

210. The access of children and pupils with SEN to educational institutes is indicated in Appendix 28/3.

211. The criteria specified in the Nkt. are required for the education of children and pupils with SEN. Special needs teachers and conductors required can be ensured through their employment at the given educational institute, or through the network of special needs teachers and conductors. The majority of the rules relating to this entered into force on 1 September 2017.

212. Deviations from the national curriculum or from the general framework curricula during the education of children or pupils with SEN are included in the rules and framework curricula described in Appendix 28/4.

213. Vocational education is provided for pupils with SEN together with other pupils in specialised vocational schools and vocational secondary schools, or in vocational schools established for this purpose. The group of vocational qualifications offered by special vocational schools was extended in 2013 and then in 2016, by about 15 %. Currently there are 767 different vocational qualifications and sub-qualifications, and 188 of these have been adapted to specific disability areas.

214. In the case of pupils with mild intellectual disability it is compulsory to provide a preparatory grade called 9.E, which is aimed at supporting weaker or damaged functions and developing competences needed for learning a vocation. The range of programmes aimed at supporting career choices has also increased.

215. Special skills development schools prepare pupils with moderate intellectual disability for starting a life on their own, and make it possible for them to learn easily learnable work processes so that they can start work, and provide knowledge needed for starting work and starting a life on their own. The renewal of the content of special skills development vocational schools started in 2013, and in the scope of this 18 new framework curricula were prepared, which took effect on 1 September 2017.

216. Children and pupils with SEN can receive further benefits while participating in education (Appendix 28/5).

217. Based on the expert opinion of the relevant committee of experts, the school principal can allow individual progress in education suiting pupils' individual capabilities and stage of development.

218. Development lessons of the number and within the framework as specified by law, held exclusively by special needs teachers or conductors must be ensured for children and pupils with SEN.

219. Pupils can learn Braille writing and augmentative and alternative communication in the framework of school education, while children not yet attending school are developed in the framework of early development and care, as part of which they also learn to communicate in a way suitable for them. Sign language is taught in schools for deaf pupils, in grades 7 and 8, but according to the rules relating to the education of deaf pupils, education can also be provided using sign language.

220. In the case of hearing impaired pupils, the corpus needed for introducing the bilingual teaching method (based on sign language and speech) is currently being prepared, and further steps can be taken after it has been completed.

221. In addition to the 85,730 pupils mentioned above, there are 2,708 pupils with severe and multiple disabilities, in respect of whom care is provided and compulsory education is completed in the framework of developmental education. Two projects based on applications, among others, were elaborated in the scope of the professional renewal of care. Data relating to care provided for pupils with severe and multiple disabilities is shown in the table included in Appendix 28/6.

222. The work of parents and teachers and the performance of the duties of the educational institutions is assisted by specialised pedagogical services (Appendix 28/7).

223. As of 2013, the entire task management scheme of specialised pedagogical service provision has been restructured. The underlying goal was a most comprehensive task performance, by establishing profile-clear institutions, under single management, using common procedural rules and professional protocols, and applying a single monitoring IT

system. Specialised pedagogical services are provided at over three hundred locations, so those concerned can now have access to specialised services near their place of residence. The efficiency of the restructuring is also demonstrated by the care indicators shown in Appendix 28/8.

224. During the process of structural and professional restructuring, special attention was paid to two tasks included in specialised service provision: “special needs education counselling, early development and care” and “expert committee activity”. Special needs education counselling, development and care form a part of early childhood intervention activities (the public education pillar). A cross-sector project is operated for the purpose of coordinating early childhood intervention activities carried out in the different sectors, with the active participation of the public education sector. Data relating to special needs education counselling, development and care, and details of the significantly and continuously improving tendency are shown in the table included in Appendix 28/9.

225. Special education needs can be identified by the expert committees of the specialised pedagogical services, on the basis of a complex special education, psychological and medical examination. More information about the operation method of the committees: Appendix 28/10.

226. Several developments have been launched recently, aimed at specialised pedagogical service provision and care provided for children and pupils with SEN.

227. Hungary has been a member of the European Agency for Special Needs and Inclusive Education (hereinafter: Agency) since 2006. Hungary has participated in numerous projects of the Agency, and has participated in European Hearing events too.

228. Following a wide-ranging consultation, in the autumn of 2017 and 2018 courses for special needs teachers were and will be launched at further training locations. As a result, from September 2018 courses for special needs teachers will be organised at seven universities, and a course for conductors will be organised at Semmelweis University’s András Pető Faculty.

229. In the case of teacher and nursery school teacher training courses, special needs education and inclusive education contents constitute a compulsory element at 6 institutes and an optional element at 8 institutes.

230. In the spring of 2014, the Government launched an administrative scholarship programme for disabled young people studying in higher education. More information: Question 31.

231. Pursuant to Government Decree no. 389/2016 (XII. 2.) on the funding of the basic activities at higher education institutions, the amount of the supplementary normative support for disabled students has been increased from HUF 120,000 to HUF 150,000 as of the academic year 2017/2018.

232. The “Note-taking” service is a further opportunity (Appendix 28/11).

233. There is no compulsory data collection concerning nationality. Parents can supply data voluntarily upon requesting expert examination. In the Integrated Monitoring System (hereinafter: IMS) the part for uploading nationality data was activated in September 2015. Given that the overall “start-up time” of the IMS is about 4 academic years due to the particularities of the specialised service activities and the reviews, data supplied on a voluntary basis concerning nationality can be evaluated at a later point.

234. In the case of regional educational convergence programmes and programmes combatting early school-leaving, and also in the case of convergence programmes affecting the Roma and Roma women, it is essential to make sure that the programmes are targeted at disadvantaged Roma pupils (students in the case of special colleges for the Roma) and at people regarding themselves as Roma. Disabled young Roma can also be involved in the programme, if they meet the criteria of the programme; e.g. there are disabled young people among the students studying at special colleges for the Roma. The programmes aimed at Roma girls and special colleges for the Roma focus their activities mainly on overcoming social disadvantages.

235. The Network of Special Colleges for the Christian Roma was established in 2011 for the purpose of educating Roma intellectuals building a common future. More details: Appendix 28/12.

236. Pursuant to Government Resolution 321/2011. (XII. 27.) on the rules of preparing local equal opportunities programmes and on equal opportunities mentors, the programmes must contain a situation analysis and an action plan relating to the social groups living in the given settlements, with particular attention to people living in extreme poverty, the Roma, women, the elderly, children and disabled persons. Decree 2/2012. (VI. 5.) EMMI of the Ministry of Human Capacities provides further guidance on local equal opportunities programmes according to the areas prescribed by law. It determines the content elements of the situation analysis and the template of the action plan. More details: Appendix 28/13.

Paragraph 29

237. The regulation of the right to healthcare materializes in the Eütv. created in the spirit of the Amsterdam Declaration. This Act does not provide any distinguishing condition, therefore it contains provisions of guarantee significance concerning equal opportunities. It specifies as a requirement that every patient has the right to receive medical care that is justified by their health, appropriate, constantly accessible, and equal.

238. Decree no. 30/1998. (VI. 24.) of the Ministry of Health, Education and Welfare on the detailed rules of special procedures applying to human reproduction and disposal over gametes and embryos and their storage by freezing accurately defines what are the conditions under which interventions on reproduction may and may not be performed. (Appendix 29/1).

239. In order to involve the target population considered to be at risk based on age to the highest possible extent, an organized and targeted popular health screening test system has been established in Hungary.

240. Breast screening of women between the ages of 45 and 65 (mammography) – since 2002.

241. After the one-time negative screening test of women between the ages of 25 and 65, screening test of the neck of the uterus repeated once every 3 years (cytology) – since 2004.

242. Screening tests for men and women between the ages of 50 and 70, based on stool blood sample, once every two years, for the colon and the rectum (as a pilot up to now – national rollout will start in 2017).

243. The long term aim of the screening tests is to decrease the currently increasing rate of tumour diseases. In the case of all the three types of screenings the target is the accomplishment of a 70% rate of participation, according to the international recommendation. In the “Healthy Hungary 2014–2020” Health Care Sectoral Strategy, the Government of Hungary has defined it as a public health priority to reduce the number of mortalities caused by malignant tumours.

244. Its implementation is supported by the specific actions of the decision of the health care sectoral policy program related to the National Public Health Strategy for the years 2017 and 2018: “We bring the screening tests to your place” programme; the national rollout of the organized, targeted screening tests for the colon and the rectum (Appendix 29/2).

245. The letters of invitation for the screening tests were sent according to the Social Security numbers (The organization that sends the invitation for the test has preliminary information concerning the invited person, that the invited person had not visited the given screening for a certain time, they are not under treatment for the given disease and they have no cancer). The personal data of the owner of the Social Security number are not and must not be assessed, i.e. they have no preliminary knowledge on whether the invited person leaves with a disability.

246. The healthcare sector assesses the situation of access to its institutions, e.g. a survey was made in 2013 on access to cervical cancer screening (Appendix 29/3).

247. Furthermore, the highlighted grant titled EFOP-1.8.1-VEKOP/15 “Complex popular health screening tests” is related to the system of objectives of the “Healthy Hungary 2014–2020” Strategy, under which the development of the regulatory framework of the screening tests is in progress, involving the targeted enhancement of the breast, cervix and colon screening tests performed in the system of public health care. This project re-plans and reorganizes the screening test system by the provision, procurement of capacity; furthermore, it commits to provide training for the staff involved in the system. Related to that, in the framework of the highlighted projects, the possible forms of cooperation of liaising with the affected civic organizations – including organizations representing the interests of pwd – are formulated.

248. The affected civic organizations receive support pursuant to the Act on the central budget for 2017. (Appendix 29/4).

Paragraph 30

249. The skills transfer concerning the rights of pwd takes places on several levels and in several forms in the regime of health care vocational training and continuing training. More details: Appendix 30/1.

Paragraph 31

250. Act CXCI of 2011 (hereinafter: Mmtv.) completely transformed the system of occupational rehabilitation of pwd, health impairment, which uses employment based on wage grants to enable pwd to perform work that fits their capability and talents but also takes into account their limitations. The system of qualification has been changed: it treats the individual cases in a complex manner, in addition to the established health state, the employment and social situation became equivalent aspects, these jointly determine the activity expected of the individual and the provision of the related supports.

251. Those pwd who can perform adequately in the world of work by partial activities or with high intensity and constant (technical, human resources) support may enter various stages of the protected labour market according to their capabilities.

252. Since 2012 the affected persons have been entitled to disability or rehabilitation benefit. While receiving benefit, they may perform gainful activities for a compensation of not more than 150 per cent of the minimum wage.

253. The former system of supports was replaced by two support modalities. Transit employment prepares employees who need to be rehabilitated for permanent employment on the open labour market; the maximum length of the preparation phase is 3 years. Permanent employment entails the protection and development of the labour force skills, the health status, and the physical and intellectual abilities of employees with reduced working capacity within the framework of an employment relationship. Accreditation defines the requirements related to employment, mentoring, the preparation of professional and rehabilitation plans for employers willing to employ persons for rehabilitation.

254. Within the framework of accredited employment, approximately HUF 34 billion was channelled from the central budget steadily for the employment of 30.5 thousand persons with reduced working capacity between 2013 and 2016. Simultaneously with the increase of minimum wage and the wage minimum in 2017, the Government allocated additional funds of HUF 5.1 billion for maintaining the capacity level of rehabilitation employment, thereby providing coverage for increasing the wage of workers with disabilities.

255. Having been introduced from 2013, transit employment made it possible to place the employed persons in the open labour market in a conscious and planned manner, as a result, more than 7 thousand persons have participated in transit employment. The aim is to enable them to enter the open labour market after appropriate preparation.

256. Accredited employers may spend the support provided once a year on additional costs incurred by development and related to employment (not wage cost). Accredited employers may receive support for job creation, if they meet the statutory conditions.

257. The rehabilitation card has been introduced as a new form of support, which has significantly raised demands for the employment of pwd since 2012. If the employer employs a person who holds a rehabilitation card, it is not required to pay social contribution tax for a wage up to twice the minimum wage. From 1 January 2017, in an effort to expand employment in the labour market, the scope of persons authorized to obtain a rehabilitation card has been extended, which resulted in an increase in the number of persons employed with a rehabilitation card.

258. From 1 April 2017, the system of social employment was replaced by developing employment, which functions as a social service. Several social institutions may also establish a developing employment organization, meaning that they organize employment together, thus the development of the capabilities and skills of the employed person may be more in focus, which enhances the improvement of the employment chances of persons involved in the replacement. In 2017, given the increase of the minimum wage, a budget of over HUF 5.2 billion is available for developing employment. Of that amount, 139 service providers and 57 organizations maintained by the SZGYF received funds.

259. The new law on public procurement entered into force on 1 November 2015, under which the purchasing of products or services produced or offered by persons with reduced working capacity at protected workplaces – up to the cap determined by the EU – do not fall within the scope of the Act. This highly facilitates the sale of goods produced by companies employing persons with reduced working capacity, and thereby the expansion of employment.

260. Those employers have to pay rehabilitation contribution who employ more than 25 people and the number of people with reduced working capacity is below 5 % of the total headcount. From 1 January 2017, the amount of the rehabilitation contribution has been nine times the minimum wage applicable on the first day of the current year, as opposed to the earlier fixed amount of HUF 964,500 per person annually, which is HUF 1,242,000 per person annually in 2018. This could motivate the employers even more to hire persons with reduced working capacity.

261. In order to promote the labour market integration of persons with reduced working capacity, occupational rehabilitation services are now regulated (e.g. conditions for the accreditation of service providers, ways of using the services, the supports available for these).

262. The Government has established the Social Policy Council for the development, assessment of professional concepts, for submitting proposals for legislation (see Question No. 2) together with its seven professional colleges, including the Rehabilitation and Development Employment National Professional College, where discussions are held involving distinguished representatives of the professional area, experts, university lecturers, heads of civic organisations.

263. Rehabilitation employment is also supported by annually recurring events (Appendix 31/1) the Helping Purchase logo, the Disability-friendly Employer Award; the World Is a Better Place with Us!; Duo Day – “A job for you, a dream for me.”

264. There are also HROP grants available for the employment of persons with reduced working capacity in the open labour market, the increase of the number of available jobs, the preparation of employers and employees, increasing the sensitivity of society. EFOP 1.1.1.; VEKOP 7.1.3.; EFOP 1.1.6; EFOP 1.9.3. (More detail: Appendix 31/2).

265. In order to promote labour market integration and create opportunities, from the spring of 2014 the Government has launched a public administration scholarship program for young pwd studying in tertiary education, to enable them to obtain practical experiences, and to facilitate their employment in possession of work experiences, in sectors that may also include public administration. During the programme, the students also participate in training courses related to basic public administration skills by accessible e-learning study materials, and their inclusion, professional development is supported by mentors. In

addition, the Hungarian Public Administration Scholarship Programme and the Territorial Public Administration Scholarship Programme also provide an excellent opportunity for young college graduates with disabilities who want to get jobs in public administration. In several cases jobs in ministries were offered to participants of the programme.

266. More details about the results of the initiatives in the field of labour market: Appendix 31/3.

Paragraph 32

267. As of 1 January 2012, the system of benefits for persons with reduced working capacity changed. Mmtv. and Government Decree 327/2011. (XII. 29.) on the procedural rules of benefits for persons with reduced working capacity (hereinafter: Mmr.) have been in effect since 31 December 2011, the statutes fundamentally changed the system of benefits for persons receiving pension based on health impairment and other pension-like social benefits.

268. Pursuant to Mmtv., disability pension, accident-related disability pension, rehabilitation annuity, regular social annuity, temporary annuity, health impairment benefits of miners were terminated as of 1 January 2012 as types of benefits, they were replaced, in the framework of health insurance benefits, by a new, standard sick pay type benefit. Granting entitlement to the new benefit, also in the case of persons receiving the benefits concerned, is based on a full assessment which creates a new basis for the system, which is often highly controversial and is not implemented uniformly, used to determine the extent of health impairment.

269. Pursuant to the new law, a new, standard system of benefits based on identical principles has been created, which introduced a new approach and determines the conditions for eligibility based on the health status of the individuals, among others. By the implementation of income replacing financial benefits, it provides a replacement for the lost income of individuals, furthermore, aspects of employment eligibility are implemented in it more markedly, and there is a special focus on employment rehabilitation. The goals and provisions of the act, in addition to unifying and simplifying the benefits system, are intended to motivate persons with changed working capacity to re-enter the labour market as soon as possible.

270. The scope of persons eligible for benefits, 15 years or older at the time of the submission of the application, is defined in Appendix 32/1.

271. In order to promote transparency, intended to be achieved in the system of benefits, furthermore, to increase efficiency, it has become necessary to reduce the number of benefit categories. As a result of the assessment, persons entitled to cash benefits may receive one of the following two benefits based on the rehabilitation proposal: rehabilitation benefit, disability benefit (Appendix 32/2).

272. The benefits paid to persons with reduced working capacity are increased each year, by the rate of the annual increase of pensions.

273. The aim of the restructuring is not to save money, rather the development of such active forms of benefits, instead of the earlier passive forms of benefits, that support value-creating employment.

274. The regime of employment support and the system of the employer's accreditation have been completely restructured since 2013. The new system of benefits provides two forms of support: transit employment and permanent supported employment. Transit employment has an outstanding role in the integration of persons with reduced working capacity. In the new system of benefits, from 2013 each year about 30,500 persons with reduced working capacity can be employed, from a budgetary source of approximately 34 billion forints.

275. As of 1 January 2014, a preliminary insurance period of 1,095 days over a 5-year or 2,555 days over a 10-year or 3,560 days over a 15-year period preceding is necessary to establish entitlement to benefits for persons applying for disability and rehabilitation

benefits (previously, persons were only eligible to receive benefits if they had 1,095 days over the preceding 5-year period). The method for calculating the amount of rehabilitation/disability benefits for those who received rehabilitation annuity on 31 December 2011 changed from that date, and the amount of benefits for people with changed working capacity was determined based on the minimum wage. As of 1 January 2014, 140% of the amount of the benefit should be considered as the monthly average income to be used for the purposes of calculation if there is no monthly average income.

276. On 1 of May 2016 a law amendment entered into force, which formulated provisions for increasing the chances of persons with reduced working capacity for employment, for increasing their social security and for reducing bureaucracy, relying on the four years of experiences of the operation of the system. More details: Appendix 32/3.

277. The scope of persons eligible for employment promotion benefits was expanded in the year 2017. More details: Appendix 32/4.

278. Those severely disabled persons who are 18 years or older and whose severely disabled condition defined in a statute (sight impairment, hearing impairment, mental impairment, autism, locomotor disability, multiple disabilities, chromosome disorder) is permanent or final, are not capable of supporting an independent lifestyle and require the constant assistance of others, are entitled to disability support.

279. Disability support, universal disadvantage compensating support aimed to reduce social disadvantages, may be granted to a severely disabled person regardless of their income, persons receiving these benefits are allowed to be involved in gainful employment without limitation. When supports are provided, only the granting of benefits with the same functions are excluded, i.e. with the exception of higher amount family allowance and the personal annuity of blind persons, the law does not prevent the simultaneous provision of benefits with other benefits. More information about the determination of the extent of the disability support: Appendix 32/5, 32/6.

280. The only condition for granting disability support is the existence of a severely disabled condition. In addition to disability support, an expert opinion issued in the regime of qualification of severely disabled status also serves as a basis for granting several other supports/exemptions/benefits. The purpose of the regulation is to ensure that in the case of persons who have been qualified as severely disabled in the framework of the qualification system of disability support, there should be no need to conduct new examinations without a good reason with regard to their health status.

281. The items shown in Appendix 32/7 are determined on the basis of professional advice issued in the framework of the system for the classification of severe disability.

282. With regard to the above, it may be claimed that the qualification system of disability support especially focuses on the circumstance that, concerning the significant difficulties of the affected parties with mobility, when the various supports and benefits are applied for, pwd should not be required to attend unnecessary repeated check-ups.

Paragraph 33

283. Primarily, we indicate that in our opinion the relationship between Article XXXVI of the Fundamental Law and CRPD is not applicable, the question probably relates to Article XXIII of the Fundamental Law.

284. It should be highlighted that the sentence of the European Court of Human Rights (hereinafter: ECHR) in the Alajos Kiss versus Hungary case is of significance in the field of restrictions applying to the suffrage of persons placed under guardianship.

285. Concerning the automatic loss of the suffrage of the applicant placed under guardianship restricting legal capacity, by the placement under guardianship, the sentence found that Article 3 of the first supplementary protocol of CRPD, on the right to free elections, has been violated. ECHR pointed out that the automatic bar from voting by persons placed under guardianship restricting legal capacity is not in compliance with EJEB and is based on prejudices that may entail legislative stereotyping. This kind of legislation

prohibits the individualized evaluation of the capacities and needs of such persons. In other words, ECHR found that a bar on voting without individualized judicial assessment is not compatible with the legal bases of the right to vote.

286. Under the former Constitution, those persons who were under guardianship excluding or restricting legal capacity for any reason were automatically and generally barred from voting, without regard to the extent of their mental disability. In contrast, the new Fundamental Law requires – also in compliance with the sentence adopted by ECHR in the case of *Alajos Kiss versus Hungary* – that in the case of persons placed under guardianship the assessment of the lack or existence of capability of insight should expressly cover the capability of exercising franchise. Accordingly, persons placed under guardianship may only be barred from voting based on individualized judicial assessment – taking into account the requirements of necessity and proportionality and subject to challenge by a complaint under constitutional law – considering the actual capabilities, circumstances of the individual from the aspect of franchise.

287. The criticisms formulated against the Fundamental Law point out that Article 29 of CRPD does not authorize even such a restriction. In contrast with the former Constitution which provided for automatic bar, the Fundamental Law is compliant with the International Covenant on Civil and Political Rights and with the European Convention on Human Rights.

288. It should be highlighted that Article XXIII paragraph (6) of the Fundamental Law does not contain any provisions meaning discrimination, and the provisions thereof do not preclude the implementation of requirements on the non-discriminatory assessment of the capability of insight affecting franchise. Although the legislative provisions implementing the provisions of the Fundamental Law associate the assessment of the capability of insight as applying to franchise with the procedure of the exclusion of legal capacity or placement under protection, and in itself – without the limitation of the capability of insight also covering other areas – the lack of the capability of voting cannot be determined, the procedure of placement under guardianship may be initiated against anyone.

289. Furthermore, it should be highlighted that the Hungarian statutes enable the assessment of the capability of insight as applying to franchise in individual procedures, with the involvement of experts, at the same time, they do not determine the individual decisions of the judicial authority to be made in such a case in any way. Consequently, the appropriate expert examinations should be performed in the individual procedures, and if based on expert examinations conducted according to state-of-the-art science, it is determined that the restriction of the capacity of insight as applying to franchise cannot be proven, then the consequences thereof – refraining from imposing a bar on voting – should be drawn in the individual procedures. Neither the Fundamental Law, nor any other Hungarian statute prevents that.

290. Act XXXVI of 2013 on Electoral Procedure (hereinafter: Ve.) provides all those persons are pwd whose sensory, locomotor or mental faculties are significantly restricted, and those who are substantially restricted in communication, and this means a disadvantage for them concerning their active involvement in social life.

291. The fundamental principles of Ve. include, among others, the promotion of the exercise of rights by voters with disabilities. In addition, Chapter 42 titled “Assistance to voters with disabilities” particularly defines the special rules related to voters with disabilities. These provide several opportunities in order to ensure that the limitations arising from the situation of pwd should not prevent them from actually exercising their right to vote.

292. Pursuant to Ve. – in addition to the opportunity of absentee ballot, which is still available – visually impaired persons may request the provision of instructions in Braille, and they may also use a voting template carrying instructions in Braille both in the polling booth and in absentee ballot. In addition to the aspect of accessibility, this means a substantial advancement in the assurance of the secrecy and no undue influence as well. The opportunity of requesting instructional materials written in easy language has also been incorporated into the law as a new option, which may provide an important way primarily

for persons with mental impairment and persons with low language competence in exercising their right to vote.

293. Ve. also requires that there shall be at least one accessible polling booth in every constituency of every locality. More details: Appendix 33/1.

Paragraph 34

294. The European Commission submitted its original proposal on 21 October 2014 on granting authorization for ratifying the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who Are Blind, Visually Impaired or Otherwise Print Disabled on behalf of the Union. With regard to the fact that there was no consensus among the institutions of the Union on whether ratification is within the exclusive authority of the Union or within a distributed authority, the case was referred to the Court of the EU (CJEU) on 15 July 2015, to obtain an opinion; the discussion of the proposal was suspended. Opinion no. CJEU 3/15 of the Court was published on 14 February 2017, concluding that although the treaty does not belong to the scope of common commercial policy, the EU still has exclusive authority to ratify the treaty.

295. Simultaneously with the ratification, on 20 September 2017, in issue 242 of the Official Journal the two pieces of legislation of the Union aimed at the implementation of the Marrakesh Treaty (regulation 2017/1563 and directive 2017/1564) were published. Based on these, it can be determined that it means basically Union level execution, only its implementation in national law should be accomplished (within the deadline for implementation, which is 11 October 2018).

296. Transposition and implementation will require an amendment of the law on copyright and the creation of a new Government Decree. The planned schedule of the fulfilment of this legislative task is for the year 2018, which is also the year when the statute is expected to become effective.

297. In order to implement the legislative tasks occurring related to the transposition of the Union legislation ratifying the Marrakesh Treaty, the Hungarian Intellectual Property Office has established a working group with the involvement of the affected ministries of the Government. The first meeting of this working group took place on 6 March 2018.

Paragraph 35

298. On 1 January 2017 the new law on statistics (Stt.)¹ became effective, which complies in every aspect with the requirements, expectations included in such instruments as Regulation (EC) No 223/2009, the Fundamental Principles of Official Statistics of the General Assembly of the UN and in the European Statistics Code of Practice.

299. Information on the health of new-born infants, their impairments, if any, on the disorders that can be determined on the live birth sheet after birth are collected in the framework of data reports on key demographic figures instructed by Stt., while data on deceased and stillborn infants are provided on the death and foetal death sheets. The KSH regularly takes over data for statistical purposes² from the National Registry of Congenital Abnormalities (VRONY), and supplies data in detailed breakdown related to live births, infant deaths, to the institution responsible for keeping records.

300. Hungary has been globally among the first countries concerning the constant collection and regular analysis of data and the establishment of the national registry. VRONY represents a unique value with its database containing tens of thousands of cases and with its supplementary systems built on it, such as its monitoring and surveillance

¹ Act XLVI of 1993 on statistics was replaced by Act CLV of 2016 on official statistics.

² Summary report no. OSAP 2101 on newborn infants with congenital abnormality.

functions. The anonymous data of the registry are constantly available for every professional who wants to use them for professional interests or for their analyses.³

301. Government Decree 288/2009. (XII. 15.) on data collection and data transfer under the National Statistical Data Collection Program includes several data collections that provide information on persons, children with disabilities or restricted for health causes (Appendix 35/1).

302. Based on the census of 2011, the KSH published, in addition to detailed data on pwd,⁴ a thematic publication on the situation of pwd,⁵ on the composition of the disabled population according to school qualification, place of residence and family, household conditions. The collection of data on disability is not among the census obligations imposed by EU regulation no. 763/2008. The census provides the data concerning type of disability and level of being restricted in social integration for the entire population and for sub-populations – including persons belonging to different ethnicities, such as Romas.

303. In 2012 an experimental survey was conducted commissioned by Eurostat, with the name of EHSIS-TÁRS,⁶ which provided data concerning the population of persons 15 years old and older, on health status and the causes and occurrence of restrictions of social integration. The data of the survey were published by Eurostat.⁷

304. KSH has been cooperating with UNICEF for several decades and provides statistical data to help the activities of the organization, in 2013 the main topic of the so-called UNICEF CAR report was the characteristics of children with disabilities.⁸

305. Since 2002 the representatives of KSH have been actively involved in the work of the Washington Group. The purpose of this global organization that was set up in 2001 is the development and discussion of methodological recommendations and standard aspects of analysis for the surveillance of the situation of pwd. In cooperation with UNICEF, in 2015 a working group was formed for the elaboration of matters on the disability of children.

306. Hungary's largest, regular EU-harmonized households survey is the Labour Force Survey, its ad hoc module in Q1 2015 provided information concerning health issues in the age-group 19–64. In the survey detailed data on different work limitations were collected. The main results of this data collection are available on the web site of KSH⁹.

307. The standard European Union Statistics on Income and Living Conditions, in which approximately 15,000 persons are polled annually, contains a health block with questions concerning the health status and any disabilities of the respondents.

308. In 2016, as part of the Micro-census, the Disability, prolonged illness module of the census of 2011 was once again polled on a sample of 10% of the population of the country. Based on that, the estimates on the entire population will be soon published, with data contents similar to those of 2011. That way, we already have a timeline of 2001–2011–2016 on the development of the number of pwd, which is partially comparable. The publication is currently under editing. As a novelty compared to the earlier data collections, this Micro-census also contained a question on health status as a disability, the so-called GALI (GALI = Global Activity Limitation) question (Appendix 35/2), based in which estimates concerning the entire population may be formulated according to the extent of the activity limitation. According to the plans of Eurostat, this question will be included in every social statistical survey, so that the divisions of limited versus not limited should be

³ http://www.gyermekalapellatas.hu/vrony/adatok_es_jelentesek/eves_jelentesek.html.

The reports for the years 2013 to 2016 are under rework. These reports are expected to be published during April 2018.

⁴ http://www.ksh.hu/docs/hun/xftp/idoszaki/nepsz2011/nepsz_11_2011.pdf.

⁵ http://www.ksh.hu/docs/hun/xftp/idoszaki/nepsz2011/nepsz_17_2011.pdf.

⁶ European Health and Social Integration Survey.

⁷ <http://ec.europa.eu/eurostat/data/database>.

⁸ link http://transmonee.org/wp-content/uploads/2016/03/Hungary_CAR_2013.doc.

⁹ http://www.ksh.hu/stadat_evkozi_9_2.

available in every area of data communications, in order to meet the CRPD data needs. More details: Appendix 35/3.

Paragraph 36

309. In Hungary the Ministry of Foreign Affairs and Trade is in charge of the coordination of governmental tasks related to the national implementation of the Sustainable Development Goals (SDG). Coordination is performed on the basis of Government Resolution 2091/2017.(XII. 28.) on the responsibilities in connection with the national implementation of the 2030 Agenda for Sustainable Development. Until 2017 the International Development Cooperation Coordinating Inter-Ministerial Committee established by Government Resolution 1682/2014. (XI. 26.) functioned as the forum of coordination.

310. The competent ministries are professionally responsible for the implementation of tasks affecting the individual policies, necessary for the accomplishment of the contents of the specific goals. Under the mechanism of coordination, regular consulting meetings are held between the relevant ministries and entities on the progress of the national level implementation of SDG.

311. In 2018 Hungary submits a voluntary report on the domestic implementation of the Sustainable Development Framework to the High Level Political Forum, with special regard to the fact that the review of goal no. 6, the Sustainable Development Goal on sustainable water management and sanitation will take place in 2018.

Paragraph 37

312. Compliance with the Paris principles, furthermore, mechanisms and forms affecting advocacy organizations are dealt with in more detail under Question No. 2.

313. The FTMCS initiated open discussion meetings, at the request of the Civic Coalition, on the matters designated by the civic organizations participating in the meetings of the working group (Education; Social and supporting services; Implementation of civil and political rights; Employment; Healthcare), in which they collect their policy proposals made in response to the problems raised by civic organizations, and submit these to the Working Group on Human Rights, the National Council on Disability Matters and Inter-Ministerial Committee on Matters of Disability.
