



Ministry of Youth, Family, Social Affairs, and Equal Opportunities
Ministry of Employment and Labour

National Report

Fourth Report on the Implementation of the European Social Charter

**Submitted by the Government of the Republic of Hungary
(for the period of 1 January to 31 December 2004)**

Budapest, March 2006

In accordance with Article 21 of the European Social Charter, the measures taken to give effect to the accepted provisions of the European Social Charter should be reported. Therefore, this National Report will address the application of the following articles, which are not part of the Charter's hard core: Articles 2., 3., 7.(1), 8., 9., 10., 11., 14., 15., and 17.

In addition, this National Report includes the Government's responses to the European Committee of Social Rights' comments and questions on the execution of the aforementioned articles, included in its Conclusions XVII-2 released in March 2005.

In accordance with Article 23 of the Charter, copies of this Report have been communicated to:

- The Employee Side of the National Interest-Reconciliation Council,
- The Employer Side of the National Interest-Reconciliation Council.

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Article 2: The right to just conditions of work

"With a view to ensuring the effective exercise of the right to just conditions of work, the Contracting Parties undertake:

Article 2, Paragraph (1): to provide for reasonable daily and weekly working hours, the working week to be progressively reduced to the extent that the increase of productivity and other relevant factors permit;"

Question A

Please indicate what statutory provisions apply in respect of the number of working hours, daily and weekly and the duration of the daily rest period.

Act CXVIII of 2003, which amended Act XXII of 1992 on the Labour Code (hereinafter: the Labour Code) took effect on 1 January 2004. This act includes the rules governing patterns of work when transitioning from standard time to summer time and back. When transitioning from summer to standard time (in the autumn) it may happen that an employee working during the period of the transition may have a longer working day, or may have an abbreviated period of rest between shifts (in the spring). Until now, labour law did not have any specific provision to deal with this situation.

The law makes it possible to prolong working hours by one hour and to reduce periods of rest by one hour in keeping with European norms. However, periods of rest may only be reduced if the employee is employed in a job that differs from average – either in a job of a stand-by character, or in a continuous work pattern or shift job, or in seasonal work.

Chapter X/A. of the Labour Code laying down the rules of **telework (telecommuting)** entered in force on May 1, 2004. With a view to the atypical nature of employment, the Labour Code laid down the rules deviating from the generally applicable provisions in a separate section.

The essence of telework is the ability of the person to do his work at a location other than his 'official duty station' at the premises or other facility of the employer but, generally, in the employee's own home, and contact between employer and employee is maintained through information technology and the actual work to be done is also performed with IT equipment. The general rule, contained in our previous National Report, is that unless a collective agreement or an agreement between employer and employee sets the pattern of work, overall working hours and the scheduling of daily working hours, the employer may set them. However, the chapter on telecommuting states that in the absence of any agreement to the contrary, the employee doing the telecommuting sets his or her own schedule and the amount of work done in a given time frame.

Act LXXXIV of 2003 on Certain Aspects of Performing Healthcare Activity went into effect on May 1, 2004. The law defines the basic regulations governing preventive-curative activities performed by doctors and other healthcare employees (hereinafter together: healthcare employees) in a uniform manner regardless of the legal status within which the healthcare activity is performed.

The law lays down the basic rules governing the pattern of work of persons who perform healthcare activity in employment relationship and in public service employment at healthcare providers (hereinafter, together: as employees).

It defines on-call duty to be spent at a place designated by the employer, and the concept of stand-by duty to be spent at a place chosen by the employee, in accordance with the specifics of healthcare provision, and sets the tasks to be performed during each of the duty services.

The law allows overall working time to be handled in six-month blocks. Within these blocks – as defined by the employer – the working time may not exceed 48 hours/week. The law allows a healthcare employee to *do voluntary extraordinary work*. It is mandatory that the agreement to do this extraordinary work be set in writing and it may not exceed 12 hours/week. The law states that a healthcare employee may not be forced to work extraordinary work. In addition, there is a basic guarantee set down to the effect that employees may not be discriminated against on the basis of whether they are willing to work extraordinary work or not.

The law sets the number of hours a healthcare employee may work – including extraordinary work ordered by the employer and/or undertaken voluntarily – at 60 hours/week combined. The duration of healthcare activity per calendar day may not exceed 12 hours even if the healthcare employee is employed by several healthcare service providers or works as both an employee and a private provider.

The foregoing shall be applicable, as appropriate, to a healthcare employee who is a public employee or works in military service or in the service of the armed forces.

European Union regulations play a decisive role in determining daily and weekly working time and rest periods. Hungary transposed the European Union directives at the time it joined the EU. At the same time, an unresolved issue on both EU and Hungarian level is how to solve the contradictory situation that evolved following the rulings of the European Court of Justice on the interpretation of on-call duty time. This particularly affects healthcare but it also can affect the Labour Code, Act XXXIII of 1992 on the Legal Status of Public Employees and Act XXIII of 1992 on the Legal Status of Civil Servants and special sectors such as education, the judiciary, prosecutorial authorities, and justice administration employees where – similarly to the Hungarian Armed Forces and armed bodies – there are separate laws containing special rules concerning the organisation of working time.

Question B

Please indicate what rules concerning normal working hours and extraordinary work are usual in collective agreements, and what the scope of these rules is.

Please see response to Question D) in current Article.

Question C

Please indicate the average working hours in practice for each major professional category.

Please see response to Question D) in current Article.

Question D

Please indicate to what extent working hours have been reduced by legislation, by collective agreements, or in practice during the reference period and, in particular, as a result of increased productivity.

The rules on reporting the signing, amendment, cancellation or termination of collective agreements changed during 2004. The basic provisions requiring that they be reported to the Ministry of Employment and Labour were raised to the level of law as of January 1, 2004, through the insertion of Section 41/A into the Labour Code.

Decree 2/2004 (I. 15.) FMM of the Minister of Employment and Labour, which took effect on January 18, 2004, lays down the detailed rules for reporting and registering collective agreements. This decree invalidated Decree 19/1997 (XII. 18.) MüM of the Minister of Labour on the order of registering collective agreements and the related obligation to provide data.

Employers (including economic operators) are mandated to provide data to the Ministry of Employment and Labour if they concluded collective agreements in 2004 (this includes amendment or termination of a collective agreement.)

It is worth emphasizing that both parties to the collective agreements are equally obliged to report.

Table 1

The elements related to working time of the collective agreements concluded at economic operators as of June 30, 2004

Type of collective agreement	Working time frame				Work pattern	Extraordinary work
	<2 months	2-4 months	4-6 months	Year		
	Units/capita	Units/capita	Units/capita	Units/capita		
Effect valid for one employer	264/ 155,072	340/ 260,298	50/ 21,742	251/ 233,749	766/ 462,540	625/ 388,297

Type of collective agreement	Working time frame				Work pattern	Extraordinary work	
	<2 months	2-4 months	4-6 months	Year		<200 hours	201-300 hours
	Units/capita	Units/capita	Units/capita	Units/capita		Units/capita	Units/capita
Effect valid for multiple employers	14/ 40,112	21/ 120,726	14/ 23,372	23/ 106,722	37/ 133,035	9/ 28,261	39/ 162,618

Source: Collective Agreement Registry of the Ministry of Employment and Labour

Question E

Please describe, where appropriate, any measures permitting derogations from legislation in your country regarding daily and weekly working hours and the duration of the daily rest period (see also Article 2 paras. 2, 3 and 5).

Please indicate the reference period to which such measures may be applied.

The number of working hours in a complete workday – 8 hours – may be increased to a maximum of twelve hours per day and to a maximum of sixty hours per week **only by the common agreement of both parties** if the employee a) is in a job of stand-by nature or b) if the employee is a close relative of the employer or owner.

Please indicate whether any such measures are implemented by legislation or by collective agreement and in the latter case, at what level these agreements are concluded and whether only representative trade unions are entitled to conduct negotiations in this respect.

There was no change in 2004.

Question F

If some employees are not covered by provisions of this nature, whether contained in legislation, collective agreements or other measures, please state what proportion of all employees is not so covered (see Article 33 of the Charter).

There was no change in 2004.

Article 2, Paragraph (2): Providing for public holidays with pay;

Question A

Please indicate the number of public holidays with pay laid down by legislation, stipulated by collective agreement or established by practice during the last calendar year.

There was no change in 2004.

Question B

Please indicate what rules apply to public holidays with pay according to legislation, collective agreements or practice.

There was no change in 2004.

Please describe, where appropriate, whether measures permitting derogation from legislation in your country regarding daily and weekly working hours have an impact on rules pertaining to public holidays with pay.

There was no change in 2004.

Question C

If some employees are not covered by provisions of this nature, whether contained in legislation, collective agreements, or other measures, please state what proportion of all employees is not so covered (see Article 33 of the Charter).

There was no change in 2004.

Article 2, Paragraph (3): to provide for a minimum of two weeks annual holiday with pay;

Question A

Please indicate the length of annual holidays under legislative provisions or collective agreements; please also indicate the minimum period of employment entitling employees to annual holidays.

Act XLIII of 1996 on the Service Relationship of Service Members of the Armed Forces (hereinafter: Armed Forces Service Relationship Law) contained a stipulation quoted in our previous National Report, to the effect that if the service member of the armed forces is female or a male raising a child as a single parent, that person is entitled to supplementary leave amounting to

- a) two working days every five year on behalf of one child under the age of 16 years,
- b) four working days every five year on behalf of two children under the age of 16 years,
- c) a total of 7 working days every five year on behalf of more than two children.

The Constitutional Court overturned this provision [Armed Forces Service Relationship Law, Section 91, Subsection (1)] in its ruling 8/2004 (III. 25.) AB, as of December 31, 2004.

In its ruling 8/2004 (III. 25.) AB, the Constitutional Court declared Section 91, Subsection (1) of the Armed Forces Service Relationship Law to be unconstitutional because it conflicts with Subsection (1) of Section 66 of the Constitution laying down that men and women to be equal and with Section 70/A prohibiting discrimination by gender. The new text makes no difference between the genders. It allows the parents to decide which of them chooses to take advantage of the supplementary leave to which a parent is entitled on behalf of a child under the age of 16 year. The new text was established by Section 6, Act I of 2005. The provisions took effect on March 8, 2005, but are applicable retroactively from January 1, 2004.

The law now in effect reads as follows:

Section 91

(1) Based on the parents' decision, one parent who is a service member and who raises a child under the age of 16 years, or a parent who is a service member and raises a child under the age of 16 years as a single parent shall be entitled to supplementary leave amounting to

- a) two working days on behalf of one child,
- b) four working days on behalf of two children,
- c) a total of 7 working days on behalf of more than two children.

Please describe, where appropriate, whether measures permitting derogation from statutory rules in your country regarding daily and weekly working hours have an impact on rules pertaining to the duration of annual holidays.

There was no change in 2004.

Question B

Please indicate the effect of incapacity for work through illness or injury during all or part of annual holiday on the entitlement to annual holidays.

There was no change in 2004.

Question C

Please indicate if it is possible for employees to renounce their annual holiday.

There was no change in 2004.

Question D

Please indicate the customary practice where legislation or collective agreements do not apply.

There was no change in 2004.

Question E

If some employees are not covered by provisions of this nature, whether contained in legislation, collective agreements or other measures, please state what proportion of all employees is not covered (see Article 33 of the Charter).

There was no change in 2004.

Article 2., Paragraph (4): to provide for additional paid holidays or reduced working hours for employees engaged in dangerous or unhealthy occupations;

Question A

Please state the occupations regarded as dangerous or unhealthy. If a list exists of these occupations, please supply it.

There was no change in 2004.

Question B

Please state what provisions apply under legislation or collective agreements or otherwise in practice as regards reduced working hours or additional paid holidays in relation to this provision.

There was no change in 2004.

Question C

If some employees are not covered by provisions of this nature, whether contained in legislation, collective agreements or other measures, please state what proportion of all employees concerned is not covered (see Article 33 of the Charter).

There was no change in 2004.

Article 2., Paragraph (5): to ensure a weekly rest period which shall, as far as possible, coincide with the day recognised by tradition or custom in the country or region concerned as a day of rest.

Question A

Please indicate what provisions apply according to legislation, collective agreements or otherwise in practice as regards weekly rest periods.

There was no change in 2004.

Please indicate whether postponement of the weekly rest period is provided for these provisions and, if so, please indicate under what circumstances and over what period of reference.

There was no change in 2004.

Please indicate, where appropriate, whether measures derogating from statutory rules in your country regarding daily and weekly working time have an impact on rules relating to the weekly rest period.

Act CXVIII of 2003 amending the Labour Code took effect on January 1, 2004. This law expands the circle of employees who can be exempted from the rule stating that they may not be ordered to work on a Saturday immediately preceding a Sunday on which they are assigned to work. Thus, when parties agree, work on two consecutive weekend days becomes possible for part-time employees including employees who work exclusively on weekends (Saturdays and Sundays), and for workplaces which regularly maintain operations on Sundays, where application of the stricter rule – particularly where staffs are small – would make it impossible for staff to have entire weekends off as rest periods.

Question B

Please indicate what measures have been taken to ensure that employees obtain their weekly rest period in accordance with this paragraph.

There was no change in 2004.

Question C

If some employees are not covered by provisions of this nature, whether contained in legislation, collective agreements or other measures, please state what proportion of all employees is not covered (see Article 33 of the Charter).

There was no change in 2004.

Please indicate, for Article 2 as a whole, the rules applying to employees in atypical employment relationships (fixed-term contracts, part-time, replacements, temporaries, etc.).

See response to Article 2, Paragraph (5), Question “A” for rules on part-time work in reference to this article.

The response to Article 2, Paragraph (1), Section “A” contains the rules on telework in reference to this article.

Questions raised by the European Committee of Social Rights (hereinafter: Committee)

The Committee requests further information on dangerous or unhealthy occupations, above and beyond the information included in the Second National Report.

The following legislation, above and beyond what was mentioned in the Second National Report, concerns dangerous or unhealthy occupations:

Decree 33/1998 (VI. 24.) NM of the Minister of Welfare on medical examinations to establish vocational and personal hygiene fitness for a job and on rendering opinions thereon lays down the rules on medical examinations to establish fitness for work in certain occupations, professions, or to ascertain suitability based on reasons of personal hygiene. There are special rules for the employment of women, juveniles, and elderly employees. Appendix 8 to the decree lists the type of exposures that require banning because of their potentially health-damaging effects on vulnerable groups.

Decree 61/1999 (XII. 1.) EüM of the Minister of Health on protecting the health of employees exposed to the effects of biological factors, which is in keeping with Directive 90/679/EEC on the protection of employees from risks related to exposure to biological agents at work and its amendments, regulates risk identification and assessment, employer obligations, rules of hygiene and individual protection, information for and the training of employees, and medical supervision.

Joint Decree 25/2000 (IX. 20) EüM-SzCsM of the Minister of Health and of the Minister of Social and Family Affairs on the chemical safety at workplaces lays down the minimum measures required in order to avoid or reduce the health and safety risks ensuing from exposure to hazardous materials and hazardous substances that are present at the workplace or are used during the work process, in keeping with Directives 80/1107/EEC, 82/605/EEC, 88/364/EEC, 91/322/EEC, 96/94/EC, 98/24/EC and 2000/39/EC.

Decree 26/2000 (IX. 30.) EüM of the Minister of Health on controlling work-related carcinogenic materials and preventing health damages caused by them lays down the rules of protecting employees against work-related health damages due to carcinogenic or mutagenic materials or from neoplastic diseases through minimising risks, in keeping with Directives 90/394/EEC, 76/769/EEC, 83/477/EEC, 91/382/EEC and 78/610/EEC and their amendments.

Decree 22/2005 (VI. 24.) EüM of the Minister of Health on minimum health and labour safety requirements relating to employees exposed to vibration lays down the rules of protecting employees in cases when they are definitely or probably exposed to the risk of mechanical vibration in the course of their work, including vibration of their hands/arms and entire bodies, in accordance with Directive 2002/44/EC.

Under the Charter working hours may not exceed 60 hours per week. According to the Second National Report, in on-call occupations weekly working hours may reach a maximum of 72 hours. The Committee asks the next report to state whether the 72-hour working week

applies for on-call work in a place of choosing or only for on-call and on-duty work in a place and time specified by the employer.

The notion of a job of a stand-by character needs to be distinguished from the concepts of **stand-by** and **on call**.

While **the concept of a job of a stand-by character** is not defined in the Labour Code, but based on legal theory and the practice that has evolved, those jobs are considered to be of a stand-by character in which no actual work is done in at least one-third of the regular working time, when the obligation to actually work cannot be planned in advance, when it is ad hoc, and when the content and circumstances of the time when no work is done are suitable for resting. In jobs of a stand-by character, work – *within the regular working time* – is of a stand-by or readiness character, meaning that the employee has the opportunity to disconnect from work completely during working hours. These occupations generally involve night watchmen, concierges, and security guards.

However, we must make a clear distinction between jobs of a stand-by character and the concept of **stand-by duty**. During the course of employer operations there may be times when a given activity cannot be completely finished during regular working hours. In cases like this, the employer can mandate the employee to work after his/her regular working hours. Work that deviates from the regular work schedule and is above and beyond the working time framework, or is performed while the employee is on call, *or work ordered while on stand-by qualifies as exceptional work*.

Rules governing on-call and stand-by duty were designed on the basis of Directive 93/104/EC and Directive 2000/34/EC amending it. A employee, who is on call or in stand-by duty, has the obligation of making himself or herself available for the duration of the period, meaning that the person must be in condition to begin working at any moment. The reason for this is that the employer may order the person to work at any time. Under Section 126, Subsection (1) of the Labour Code this qualifies as exceptional work.

An employee shall be deemed to be on call if he makes himself available at the place and for the period of time designated by the employer, *and on stand-by if staying at a place designated by himself and reachable at any time so that he may be called upon at short notice to perform his professional tasks*.

It is highlighted that the provision on the maximum amount of exceptional work which may be ordered in any one year has to be applied in the case of on-call duty, too. Accordingly, a person may be ordered to perform a maximum of 200 hours of on-call time in a given calendar year, or, if the collective agreement allows it, a maximum of 300 hours of on-call time.

The aforementioned provisions on the duration of on-call time (and exceptional work) that may be ordered annually are not applicable to stand-by duty. There is no annual maximum set for stand-by time. Instead, Section 129, Subsections (4) and (5) of the Labour Code sets the maximum duration of stand-by duty per month or per four-week period – unless otherwise provided by the collective agreement – at 168 hours, which, if working time reference period is applied, is to be considered as the average for the reference period.

On-call duty and stand-by duty do not, of themselves, qualify as periods of exceptional work, but any actual work performed during on-call and stand-by times are deemed to be exceptional work and need to be taken into account with regard to the annual amount of exceptional work. It is im-

portant to stress that if the duration of work performed during on-call time cannot be measured, the entire on-call time qualifies as exceptional work, and must be included in the annual amount of exceptional work.

A person must be given at least a week notice and notified a month in advance if he or she will be required to go on-call duty or on stand-by duty, although the employer may deviate from this in exceptionally justified situations. Both duty times may be order verbally or in written form, but if the employee requests it or if the collective agreement requires it, it must be ordered in writing. The collective agreement may set rules for ordering such duty time that differ from Labour Code regulations.

The *full working time* applicable to a person working in **an a job of stand-by character** may be increased – if all parties agree – to a maximum of 12 hours/day or 60 hours/week if the employee is engaged in a job of stand-by character [Section 117/B, Subsection (3) of the Labour Code].

The *scheduling of working time* may be as follows in the case of a job of stand-by character: the working hours of the employee may not exceed 24 hours a day and 72 hours a week. The duration of exceptional work ordered must be included in the total number of the daily and weekly working hours. When a working time reference period is used, an important rule is that the amount of weekly working time must be calculated in the average of the reference period. [Section 119, Subsections (3)-(4) of the Labour Code]. In other words, the weekly working hours of a employee in a job of stand-by character amount to 60 hours, but if the employer orders this employee to be on **stand-by duty** above and beyond regular working hours and if the person performs actual work during the stand-by time – which qualifies as exceptional work – the working time of the employee may not exceed the aforementioned time restrictions on stand-by duty as well as 72-hours per week in the average of the reference period.

The European Committee of Social Rights requests examples of regulations of the working hours of private sector employees on board ships and aircraft, as well as in domestic and international passenger transport.

Our answers to the Committee's requests are summarised in four points as follows:

1. The special rules in the Labour Code on waterway, air, and road transport

Directive 2000/34/EC of the European Parliament and of the Council of 22 June 2000 amending Council Directive 93/104/EC concerning certain aspects of the organisation of working time to cover sectors and activities excluded from that Directive was included in **Act XXII of 1992 on the Labour Code** that took effect on 1 July 2003. Compared to earlier rules, it expands the circle of transport employees where collective agreements may set rules that differ from Labour Code.

Section 117/A, Subsection (1) states that in the following occupations

- a) *flight attendants, aircraft mechanics and the operators or equipment servicing aircraft involved in civil aviation travel,*
- b) *persons involved in domestic and international road passenger and cargo transport,*
- c) *persons driving passengers in scheduled urban public transport and otherwise assuring smooth transport,*

d) persons involved in international rail passenger transport as well as domestic and international rail cargo forwarding and otherwise assuring smooth transport,

the collective agreement may establish separate rules on limiting daily working time [Section 119, Subsection (3)], on rest periods while on the job (Section 122), on daily rest periods (Section 123), on weekly days off and rest periods, on work on Sundays and holidays (Sections 124-125), and on the annual amount of extraordinary work [Section 127, Subsection (4)] which may differ from the above regulations. Above and beyond that it may set an overall working timeframe of maximum one year or maximum fifty-two weeks.

Section 117/A, Subsection (3) of the Labour Code states that if the law sets a professional rule on an employee performing work in a sector or sub-sector of the economy, the specifications of this act on working time and rest periods are to be adhered to in harmony with the differing professional rules, provided that the professional rules do not preclude this.

2. Waterway transport

Sections 42-44 of the **Act XLII of 2000 on Water Transport** (hereinafter: Water Transport Law) *which regulate the working time of workers on board vessels* also took effect on 1 July 2003. The Water Transport Law had contained specific provisions *relating to the working time of workers on board vessels*. The earlier rules were amended as of 1 July 2003 because of the transposition of Directive 99/63/EC on the organization of working time of seafarers and of Directive 2000/34/EC of the European Parliament and of the Council amending Council Directive 93/104/EC concerning certain aspects of the organisation of working time to cover sectors and activities excluded from that Directive. The new regulations are as follows:

Section 42. Act XXII of 1992 on the Labour Code shall be applied to govern the working time and rest periods of personnel on board vessels with the differences set forth in this act.

Section 43. (1) *For vessels transporting persons and goods along inland waterways and for persons working on seagoing commercial and fishing craft* the collective agreement may differ from the Labour Code regarding breaks during working hours, daily rest periods, weekly days off or days of rest, work performed on Sundays or other days off, and on extraordinary work per year. However, it must operate with a maximum reference period of one year or fifty-two weeks.

(2) Collective agreements may set the number of working hours per day for the employees referred to in Subsection (1) at a maximum of twelve, which shall include regular and extraordinary work.

Section 44. (1) *With the personnel on seagoing commercial vessels* – when a reference period is employed – the collective agreement may differ from the Labour Code regarding the overall number of working hours, and may set the overall number of working time at a maximum of six working days/week and eight hours/day.

Section 44/A. (1) *With personnel on seagoing fishing and commercial vessels* the collective agreement may differ from the Labour Code regulations on times of rest, but in that case

a) daily rest periods may not be less than ten hours and the combined duration of daily resting times and weekly rest periods may not be less than seventy-seven hours;

b) For any seven-day period, employees must be granted a rest period of at least seventy-seven hours, which includes daily resting times and weekly rest periods;

c) daily resting times may not be divided into more than two sections, and one of these must be at least six hours in duration, while the interruption of the period of rest may not exceed fourteen hours.

(2) Collective agreements may deviate from the regulations laid down in Subsection (1), if in addition to granting the employee his or her regular holiday, he or she is granted one uninterrupted month of paid holiday at least annually. In this case, the collective agreement may set the minimum amount of resting time per day at eight hours, and the overall number of hours of daily resting times and weekly rest periods at a minimum of sixty-five hours.

(3) For the purposes of Subsections (1) and (2), daily resting time is the duration of time between the end of one working day and the beginning of the next, as well as the period of time between two periods spent working on the same day as scheduled if its duration is at least one hour.

Section 44/B. *Operational tests of ships, fire drills and lifeboat exercises as well as other exercises required by law* are to be performed in a manner that poses the least infringement on resting times and does not result in exhausting staff.

Section 44/C. (1) If during a period of stand-by duty, personnel are called on to work aboard *a ship at sea*, the persons must be granted resting time after the stand-by duty that is equal to the time they spent working.

(2) If a person aboard a ship at sea is called on to do extraordinary work because of damage to the vessel or the need to save another vessel, the employee must be granted appropriate resting time once normal operation conditions have been restored.

Section 44/D. (1) *The regulations governing the working time of personnel aboard vessels and the collective agreement* must be made available by keeping them in a place that personnel can easily access.

3. Air transport

Section 29/A of **Act XCVII of 1995 on Air Transport** (hereinafter Air Transport Law) includes the regulations that differ from those governing personnel aboard ships. The provisions of the Air Transport Law are harmonised with Council Directive 2000/79/EC of 27 November 2000 concerning the European Agreement on the Organisation of Working Time of Mobile Workers in Civil Aviation concluded by the Association of European Airlines (AEA), the European Transport Workers' Federation (ETF), the European Cockpit Association (ECA), the European Regions Airline Association (ERA) and the International Air Carrier Association (IACA). The regulations of the Air Transport Law on this subject, when taken together with a minister's decree on flying time, conform to the provisions of the directive.

Section 29/A. (1) The complete working time of employees aboard listed aircraft including the pilot, navigator, flight engineer (mechanic) and flight attendants (hereinafter: crew) – including extraordinary work and on-call duty time – may not exceed 2,000 hours/year.

(2) The provisions laid down in Subsection (1) must be applied for persons contracted to do work who are not employees and persons aboard the craft working as crew who are private entrepreneurs.

(3) The crew must be granted at least seven days of rest per month and 96 days of rest per calendar year, which they may spend at their place of residence.

The personal scope of **Decree 16/2003 (IV. 3.) GKM of the Minister of Economy and Transport on regulating the flying time of civil aviation crews** covers all persons listed aboard the Hungarian civil aviation craft as an employee or under a different type of work contract as pilot, navigator, flight engineer (mechanic), and flight attendant (hereinafter: crew) who perform the specialized services.

For the purposes of this decree

a) *flying time (block flying time)*:

aa) "Block flying time" means the time between an aircraft first moving from its parking place – whether under its own power or being towed by another vehicle – for the purpose of taking off until it comes to rest on the designated parking position and until all engines are stopped.

ab) When flying with a replacement crew – if the replacement takes place while in the air – the time of on-board replacement shall qualify as the start and end of flying time;

ac) When flying an agricultural aircraft, the period of flight time is from take-off (with a fixed wing craft, the time the plane begins to move for purposes of take-off, while with a helicopter it is the time that the running gear springs are released for purposes of take-off) until landing (for a fixed-wing craft from the time it leaves the runway after landing or comes to a full stop on the runway, while for a helicopter, it is the time when the springs on the running gear are fastened;

b) *long-haul flight*: a flight in which the distance between take-off and landing point exceeds 5,000 kilometres if there is no intermediate landing;

c) *acclimatized crew*: crew member who has spent at least six times the number of hours in a new time zone as the difference between local time and crew member's own time zone;

d) *time zone shift*: when the local time at the place where the work ends is more than three hours different from the crew member's own time zone;

e) *own time zone*: the local time in the time zone where the crew member was last acclimatized;

f) *replacement crew*: a larger crew than the minimum specified in the operation instructions for the aircraft and the technological instructions for the operator of the aircraft, which makes it possible to adhere to limits on flying time in-flight by replacing crew with other fully qualified crew members.

Permissible flying time for crew on an aircraft which – under rules governing its operation –

a) *Has a single pilot*:

aa) within one day (from 0-24 hours) 6 hours

ab) within one calendar month 100 hours

ac) within one calendar quarter 250 hours

ad) within one calendar year 700 hours

b) *has two pilots, per crew member*:

ba) within one day (from 0-24 hours) 10 hours

bb) within one calendar month 100 hours

bc) within one calendar quarter 275 hours

bd) within one calendar year 900 hours

c) *on long-haul flights where there are two pilots, per crew member*

ca) within one day (from 0-24 hours) 12 hours

cb) within one calendar month 110 hours

cc) within one calendar quarter 300 hours

cd) within one calendar year 900 hours

The number of take-offs permissible during one day of flying time:

- a) A maximum of 6 (six) during commercial flights, or 4 (four) during night work by own local time,
- b) A maximum of 55 (fifty-five) in the case of non commercial flights (e.g. working flight, teaching flight)
- c) A maximum of 2 (two) in long-haul flights where flying time exceeds nine hours.

Permissible flying time for one day and the above number of permissible take-offs may be increased in the following cases and to the following extent:

- a) On the decision of the captain of the aircraft [Section 54, Subsection (1), and Section 55 of the Air Transport Law] if the need to exceed the maximum was not known when the flight began – when flying time may be extended by 10 percent and the number of take-offs by one;
- b) with prior one-time permission from the air traffic authority and under the safety requirements set by the authority when performing a particularly important flight task, when flying time may be exceeded by a maximum of 25 percent and the number of take-offs by two.

Permissible flying time per 24 hours may not be increased over 18 hours even with a replacement crew.

When long-haul flights go through time zones

- a) which exceed 11 hours or
 - b) which exceed 9 hours and two take-offs
- the next section of the flight only may be crewed by an acclimatized crew.

When a crew performs both a short-haul and a long-haul flight the monthly, quarterly, and annual flying time must be calculated according to the specifications for the long-haul flight.

The operator of the aircraft – in conformity with the law and this decree – must set the number of crew, the number of take-offs, flying time, and all other regulations concerning working time and resting times in accordance with the flight execution manual. The flight execution manual is approved by the air traffic authority.

The operator must see to it that a log is kept of the working time, flying time and resting time of the crew on duty aboard an aircraft, to be able to monitor adherence to the rules. The crew will inform the operator of any flight the crew takes as an employee or under any different type of contract calling for work. The operator is mandated to file a written report of any deviation from the rules in this decree regarding operation of the aircraft to the air traffic authority within five working days.

When crew is redirected or hired as a team, a contract must set the rules for employing the crew. The contract must be approved by the air traffic authority.

4. Road Transport

- a) AETR Agreement

With Resolution 69/1999. (IX. 10.) OGY of the Parliament, the **Republic of Hungary joined the European Agreement Concerning the Work of Crews of Vehicles Engaged in International Road Transport (AETR) concluded in Geneva on 1 July 1970**, the original agreement and the

consolidated text revised by Amendments 1 to 3., having been prepared by the UN ECE secretariat on 7 May 1999. The document of ratification was deposited with the Secretary General of the United Nations on 22 October 1999. In Hungary, the Agreement took effect on the 180th day following the deposit of the document of ratification. Therefore, this agreement must be applied in Hungary to all trucks with Hungarian and foreign licence plates operating in international road transport since *19 April 2000*.

In accordance with Section 13 of the Law Decree 27 of 1982 on procedures with international treaties, AETR had to be promulgated as a law. The European Agreement Concerning the Work of Crews of Vehicles Engaged in International Road Transport (AETR) was promulgated in Act IX of 2001, which took effect on 1 May 2001, but its provisions had to be applied starting on 19 April 2000.

However, AETR regulations did not preclude the application of the provisions of the Labour Code regulating working time, but supplemented them. Therefore, the employers and vehicle crews subject to this agreement are mandated to apply both ERTR and Labour Code regulations depending on the activity actually performed at the given time.

AETR contains rules only on driving time – which qualifies as one portion of their working time – for the drivers subject to it, but not for their entire working time. For this reason, the law does not affect the rules on working time set forth in the Labour Code. The amount of working time for the drivers subject to AETR is *eight hours a day and forty hours a week* under Section 117/B, Subsection (1) of the Labour Code although it also states that the parties may agree to shorter working hours or part-time work. Of course, the Labour Code makes it possible to work under a working time reference period in which not all working days are of equal length *as long as daily working time does not exceed twelve hours* (Section 119, Subsection (3) of the Labour Code).

The goal of AETR is to create uniform working conditions among countries involved in international road transport. They have set strict requirements for drivers involved with freight forwarding as well as for drivers transporting passengers as far as daily and weekly maximum driving time is concerned as well as for the total amount of time during which they may drive in one fortnight. It also sets the duration of breaks and the minimum daily and weekly rest periods.

For the purposes of this Agreement “**week**” means the period between 00.00 hours on Monday and 24.00 hours on Sunday; “**Resting time**” means any uninterrupted period of at least one hour during which the driver may freely dispose of his time.

Article 6 of the Agreement sets the following rules for **driving periods**. The driving period between any two daily rest periods or between a daily rest period and a weekly rest period, hereinafter called “daily driving period”, shall not exceed nine hours. It may be extended twice in any one week to ten hours.

A driver must, after no more than six daily driving periods, take a **weekly rest period** as defined in Article 8, Paragraph (3). The weekly rest period may be postponed until the end of the sixth day if the total driving time over the six days does not exceed the maximum corresponding to six daily driving periods.

The other important rule governing driving period is that the total period of driving in any one fortnight shall not exceed *ninety hours*.

The regulation of **breaks** is closely connected to driving time. As set forth in Article 7, after four and a half hours driving the driver shall observe a break of at least forty five minutes, unless he begins a rest period. This break may be replaced by breaks of at least fifteen minutes each distributed over the driving period or immediately after this period in such a way as to comply with the provisions in the foregoing. The Agreement expressly states that during these breaks, the driver may not perform any other work. For the purposes of this article, the waiting time and time not devoted to driving but spent in a vehicle in motion, on a ferry, or on a train shall not be regarded as “other work”. A further substantial limitation is that the breaks observed under this article may not be regarded as daily rest periods.

Article 8 of the Agreement provides for **rest periods**. In accordance, during each period of twenty-four hours, the driver shall have a rest period of at least eleven consecutive hours, which may be reduced to a minimum of nine consecutive hours not more than three times in any one week, on condition that an equivalent period of rest be granted as compensation before the end of the following week. On days when the rest is not reduced in accordance with the above, it may be taken in two or three separate periods during the twenty-four hour period, one of which must be of at least eight consecutive hours. In this case the minimum length of the rest shall be increased to twelve hours.

During each period of thirty hours, when a vehicle is operated by at least two drivers, each driver shall have a rest period of not less than eight consecutive hours.

In the course of each week, one of the rest periods referred to in the above paragraphs shall be extended into a **weekly rest period**, meaning to a total of forty-five consecutive hours. This rest period may be reduced to a minimum of thirty-six consecutive hours if taken at the place where the vehicle is normally based or where the driver is based, or to a minimum of twenty-four consecutive hours if taken elsewhere. Each reduction shall be compensated by an equivalent rest taken en bloc before the end of the third week following the week in question. As laid down by Paragraph (4) of Article 8, a weekly rest period which begins in one week and continues into the following week may be attached to either of these weeks. One highly significant section of the agreement states that the daily rest period may be taken aboard a vehicle, as long as it is fitted with a bunk and is stationary. Notwithstanding the provisions in the above Paragraph 1 of Article 8, where a driver engaged in the transport of goods or passengers accompanies a vehicle which is transported by ferryboat or train, the daily rest period may be interrupted not more than once, provided the following conditions are fulfilled:

- the part of the daily rest period spent on land must be taken immediately before or after the portion of the daily rest period taken on board the ferryboat or the train,
- the period between the two portions of the daily rest period must be as short as possible and may on no account exceed one hour before embarkation or after disembarkation, customs formalities being included in the embarkation or disembarkation operations,
- during both portions of the rest period the driver must be able to have access to a bunk or couchette. Furthermore it is important that the daily rest period, interrupted in this way, shall be increased by two hours.

As laid down in Article 9 of the Agreement — provided that road safety is not thereby jeopardized and that the driver needs to be enabled to reach a suitable stopping place — the driver **may depart from the provisions of this Agreement** to the extent necessary to ensure the safety of

persons, of the vehicle or of its payload. At the same time, the driver shall indicate the nature of and reason for his departure from those provisions on the record sheet of the control device or in his duty roster.

A vehicle participating in international road traffic must have a tachograph installed as a driver-control device. AETR sets the rules for the design, installation, use, and testing of the tachograph. The tachograph must provide a daily record of vehicle data that can be pinned to specific drivers in an easy-to-read manner. It must record the speed of the vehicle at all times, the road travelled, the time driven, the duration of interruptions in driving time, and of rest time. Monitoring principally involves a study of the data registered by the tachograph.

b) Decree 41/2002 (XII. 28.) GKM of the Minister of Economy and Transport

Pursuant to Decree 41/2002 (XII. 28.) GKM of the Minister of Economy and Transport on limiting the driving time of drivers involved in road freight and passenger transport, separate statute on the technical conditions for the domestic maintenance, registration and operation of road vehicles specified that the vehicle must be equipped with a tachograph, a rule valid for the driver and operator of the vehicle and for all users of it. The driver and operator of a vehicle transporting freight or passengers under AETR and the users of such a vehicle are exempted from this decree. The personal scope and scope of application of this decree do not cover the driver and operator of vehicles within the meaning of the AETR Agreement.

The regulations on the driver of the vehicle

After four and a half hours driving the driver shall observe a break of at least forty-five minutes. This break may be a single interruption in driving or may occur in smaller segments over the timeframe or by at least fifteen minute breaks immediately after the driving time, in which the 45 minute break must be observed in full.

During a break period a driver may not do any other work. The waiting time and time not devoted to driving but spent in a vehicle in motion, i.e. parked on a ferry, or on a train shall not be regarded as "other work". A driver is deemed unfit to safely drive the vehicle under the separate rules of road transport if he does not interrupt the continuous driving of the vehicle in the manner defined above.

The driver must adhere to AETR rules on maintaining and operating the tachograph under separate statute on road transport.

This decree became invalid on 1 May 2004, which was the date the law promulgating Hungary's accession to the European Union took effect.

b) Council Regulation (EEC) 3820/85

As of 1 May, 2004, the date on which Hungary joined the European Union, the AETR Agreement no longer has to be applied for all international forwarding, since forwarding within the EU (including domestic forwarding) is within the scope of **Council Regulation (EEC) No 3820/85 on the harmonization of certain social legislation relating to road transport.**

Article 6 sets daily driving time at essentially the same level as AETR. In the final analysis, the regulations on breaks are also similar. But, the decree is augmented with *what have been termed stricter rules on regular carriage of passengers*. Under these rules, when operating scheduled passenger transport by road, the various member states may deviate from the main rules on

breaks but the breaks may not be shorter than thirty minutes, and must be fitted in after four hours of driving time. The driving time may be prolonged by no more than thirty minutes and if the driver does not have the opportunity to take advantage of the thirty minute-break after four and a half hours, but even in this case, there must be a mandatory break of at least fifteen minutes. During this break the driver may not perform any other work. In applying this article, time spent parked aboard a moving vehicle, such as a ferry or a train does not qualify as “other work.” Article 7 is identical in content to Article 7 of the AETR Agreement, stating that the breaks in this article may not qualify as daily rest times.

Article 8 deals with **rest periods** under which *in each period of 24 hours, the driver shall have a daily rest period of at least 11 consecutive hours*, which may be reduced to a minimum of nine consecutive hours not more than three times in any one week, on condition that an equivalent period of rest be granted as compensation before the end of the following week. On days when the rest is not reduced in accordance with the first subparagraph, it may be taken in two or three separate periods during the 24-hour period, one of which must be of at least eight consecutive hours. In this case the minimum length of the rest shall be increased to 12 hours. During each period of 30 hours when a vehicle is manned by at least two drivers, each driver shall have a rest period of not less than eight consecutive hours. In the course of each week, one of the rest periods referred to in paragraphs 1 and 2 shall be extended, by way of weekly rest, to a total of 45 consecutive hours. This rest period may be reduced to a minimum of 36 consecutive hours if taken at the place where the vehicle is normally based or where the driver is based, or to a minimum of 24 consecutive hours if taken elsewhere. Each reduction shall be compensated by an equivalent rest taken en bloc before the end of the third week following the week in question. A weekly rest period which begins in one week and continues into the following week may be attached to either of these weeks. Under Section 8, Subsection (5) of the decree, in the case of the carriage of passengers to which Section 6, Subsection (4) or (5) applies, the weekly rest period may be postponed until the week following that in respect of which the rest is due and added on to that second week's weekly rest. Any rest taken as compensation for the reduction of the daily and/or weekly rest periods must be attached to another rest of at least eight hours and shall be granted, at the request of the person concerned, at the vehicle's parking place or driver's base.

The daily rest period may be taken in a vehicle, as long as it is fitted with a bunk and is stationary.

Section 9 of the decree summarizes Article 8, Section (8) of the AETR agreement. Under it, notwithstanding Article 8 (1) where a driver engaged in the carriage of goods or passengers accompanies a vehicle which is transported by ferryboat or train, the daily rest period may be interrupted not more than once, provided the following conditions are fulfilled:

- that part of the daily rest period spent on land must be able to be taken before or after the portion of the daily rest period taken on board the ferryboat or the train,
- the period between the two portions of the daily rest period must be as short as possible and may on no account exceed one hour before embarkation or after disembarkation, customs clearance formalities being included in the embarkation or disembarkation operations; however, the driver only may spend either portions of the rest period in a bunk in the vehicle or in a railway carriage with couchette. The decree coincides with the Agreement that the daily rest period, interrupted in this way, shall be increased by two hours.

c) Directive 2002/15/EC

It has to be noted that Act I of 1988 on Road Transport (hereinafter: Road Transport Law) lays down regulations on the working time of persons performing mobile road transport activities [Sections 18/A.-18/J. of the Road Transport Law] that only went into effect on 31 March 2005, i.e. after the reference period covered in this Report.

The new rules on working time are intended to comply with Directive 2002/15/EC of the European Parliament and of the Council of 11 March 2002 on the organisation of the working time of persons performing mobile road transport activities.

The European Committee of Social Rights requests information on the supervision by the Labour inspection of the observance of working time rules, including the number of violations, their nature and the sanctions imposed.

The answers to this request are shown below.

Table 2
Labour inspection data regarding working time, 2003-2004

Factor considered	2003	2004
Number of facilities inspected	26,183	22,621
Number of employees covered by inspections	831,250	831,250
Number of economic operators committing violations	19,393	17,346
Number of employees affected by the violations	315,129	271,864

2003

Measures taken regarding:	Number of measures taken	Number of employees affected by irregularities:
Violation of rules on working hours, rest period, exceptional work and leave	12,667	124,757

2004

Measures taken regarding:	Number of measures taken	Number of employees affected by irregularities:
Working hours, rest period, exceptional work, leave, stand-by duty, on-call duty	8,731	92,163
Stand-by duty, on-call duty	127	1,360
Working hours	3,902	44,196
Rest period	1,665	14,622
Exceptional work	679	6,994
Leave	1,833	20,105
Working on a non-working day	373	3,451
Working on Sunday	152	1,435

Based on the proposal by the inspector, the director of the competent labour inspectorate may impose labour fine in his discretionary powers, the amount and the considerations of which are as follows:

The amount of a labour fine

- a) for a first violation, when one statutory provision is violated: from HUF 50,000 to HUF 2 million,
- b) when several statutory provisions have been violated or when a repeated violation takes place within three years from the date on which a previous decision to impose a fine became legally binding: HUF 50,000 to HUF 6 million.

The amount of the labour fine for a violation referred to in Paragraph b) may not exceed HUF 3 million if at the time the inspection was begun, the number of persons employed by the employer inspected did not exceed 20.

When setting the amount of the fine, the factors to be considered are the duration of the unlawful situation created by violation of the law, the size of the disadvantage, the number and impact of statutory provisions violated, and the number of employees affected.

The European Committee of Social Rights would like precise data on the number or percentage of employees mandated to work on holidays. It also asks that the next report provide details as to the exact amounts of additional remuneration for work performed on a public holiday.

There are no statistical surveys on the number or percentage of employees mandated to work on non-working days. Using other statistics to make an approximate estimate, we believe that about 180,000 employees must regularly work on holidays.

It is a general rule that employees do not have to work on non-working days and that they are entitled to an absence fee for the time lost. In some cases, under the given general rules, working on a non-working day is permitted:

- Within the frames of regular working time: in continuous/round-the-clock work pattern or when the employer (or job) is one that by its nature, requires such work, it is permitted.
- In the frames of exceptional working: a employee who may be required to work in regular working time on this day, too, or in cases of a ‘force majeure’ (accident, natural disaster, some other form of damage, or when a threat to life, health, or limb must be averted).

Continuous work pattern (round-the-clock operation) may be established at employers where work is not interrupted for more than 6 hours per calendar day and when the employer provides a basic service to the public, or when cost-effective and proper operation or the tasks within the job justify it. This type of operation includes, e.g. employers in the fields of healthcare, public utility services, transportation, and damage prevention/mitigation.

Section 125, Subsection (2) of the Labour Code lays down a clear definition of when an employer or a job qualifies as one operating on a non-working day by nature. An employer may be considered as regularly operating on non-working days if its services – among other factors – are in demand on the basis of local customs or generally accepted society wide customs that are linked directly to the non-working days. Employers like this may include shops and shopping malls offering services, souvenir shops and grocery stores in communities of principal tourist centres, organizers of and vendors at fairs, money changing units, etc. or, in keeping with society wide customs, the organizers and executors of holiday programmes or for instance, flower shops that are open on November 1, for All Saints’ and All Souls’ Days, etc.

1. In other words, under the main rule, work does not have to be performed on non-working days. On these days a employee is entitled to *an absence fee*.
2. A employee who is assigned to work on a non-working day is entitled to remuneration in accordance with Section 149 of the Labour Code:

A employee whose remuneration is determined on a monthly basis is entitled to the remuneration for the work performed on a non-working day over and above his monthly salary, while a employee paid a piece wage or an hourly wage is entitled to the piece or hourly wage for the work done on the non-working day as well as to an absence fee for the day.

3. A employee ordered to do exceptional work on a non-working day is entitled to the salary referred to in Point 2 above, as well as to a 100 percent wage supplement, or if he is given a different day off (rest time) in compensation, to a 50 percent wage supplement [Section 149, Subsection (2) of the Labour Code].

According to the Second National Report, extraordinary work on a holiday gives an entitlement to one hundred percent wage bonus in addition to salary, or to a fifty percent bonus in addition to salary and a day off. Do the same rules apply to part-time employees?

Section 147, Subsection (3) of the Labour Code provides that for work on a day of rest (rest period) by the work schedule, there shall be paid a supplement (wage bonus) of 100 percent. The supplement shall be fifty percent if the employee is granted another day of rest (rest period).

These same guidelines are of course just as valid for part-time employees as for full time employees. Any rules to the contrary would lead to negative discrimination. The only difference is that the point of departure in this case must be the work schedule applicable to the part-time em-

ployee, and the supplement (bonus) should be calculated on the basis of the part-time salary. Section 145 of the Labour Code provides that if the rule concerning employment relationship or an agreement between the parties calls for payment of a wage supplement (bonus), the basis for it – unless otherwise agreed on – shall be the personal basic salary of the employee.

The European Committee of Social Rights asks the next report to provide practical examples of “exceptionally important economic interest” on the grounds of which it is possible to postpone annual leave to the next leave year. It also asks the next report to explain whether a minimum of two weeks’ leave annually is always granted. Finally, the Committee asks for statistics on the number of leave periods being postponed.

Above and beyond the general regulation on granting leave, it is possible to grant leave in the subsequent leave year in the following two cases: In *one case (a)* due to a condition emerging at the employer, when justified by an important exigency of the public business (‘exceptionally important economic interest’), the deadline for granting leave may run until 30 June of the following leave year. The *other (b)* case is when the reason lies with the employee, when he or she is ill or some other unavoidable obstacle prevents him or her from taking the holiday in the year it is due, in which case it must be granted within 30 days from the date on which the obstacle ceases to exist [Section 134, Subsection (3), Paragraph a) of the Labour Code]. Case (b) above is laid down as mandatory provision in the Labour Code and there may not be legal deviation from this rule (not even if both parties agree to it).

The legislation offers no guidelines on the nature of the important exigency of the public business or exceptionally important business interests for that is always evaluated with respect to the given employer. The employer is of course charged with proving that such a condition exists.

For instance, postponement of the granting of a leave may be justified by the seasonal nature of the activity performed by the employees.

(*Seasonal work*: a type of work that because of the goods produced of the services performed – independently of the circumstances of work organization – is connected to a given season, to a specific period of the year or to a specific date within the year [Section 117, Subsection (1) of the Labour Code].

In addition, it may happen that a great deal of work piles up because of the nature of the goods produced or the service rendered; for instance, when a big order that must be fulfilled quickly is received towards the end of the year and the employer becomes unable to grant the leave at the time originally scheduled, so granting the leave gets postponed to the next year.

Sections 130-134 of the Labour Code which were discussed in detail in the previous report provide for the amount of regular annual leave to which employees are entitled and how annual leave must be granted. We emphasize and highlight that every single group of employees without exception is entitled to a basic annual leave of 20 working days. The leave must be granted in the leave year they are earned and due, with the two exceptions given above.

We have no data on the numbers of postponed granting of annual leave. However, labour inspections check to see that employers have granted the leave in conformity with the law. (*Note*: for relevant data, see responses to Article 3. in this report).

The Second National Report cited a planned amendment of Decree 1/1990 (VIII. 21) IKM of the Minister of Industry and Trade, which calls for a 36 hour working week in some occupations. The European Committee of Social Rights would like information on developments regarding amendment of this regulation. The Committee also requests clarification as to the relationship between Decree 26/1996 (VIII.28.)NM of the Minister of Welfare and Decree 1/1990 (VIII. 21) IKM of the Minister of Industry and Trade.

Regarding the deregulation of Decree 1/1990 (VIII. 21) IKM of the Minister of Industry and Trade on the implementation of the Labour Code in industry and trade, employer interest groups initiated coordination a number of years ago. These talks were interrupted, and then began again in 2004, within the Ministry of Economy and Transport, as the Ministry responsible for industry and trade. In the course of the negotiations, the trade unions saw no way of repealing the Decree of the Minister of Economy and Transport. They approached the 36-hour working week as a right they had won and they did not support deregulation. The trade unions continue to maintain this position.

The opinion of the employers' interest groups in the sector is that

- the 36-hour working week restricts competitiveness;
- employers have made numerous investments in the past decade to improve employees' safety and health at the workplace;
- their general position continues to be a request to repeal the IKM decree, considering that there is no occupational health or safety reason to retain it.

During the negotiations, the position of the government has always been that even if there is no law setting shorter working hours, the parties may sign a collective agreement within the sector and that collective agreement may set shorter working hours. The Labour Code made this possible before, and currently allows the collective agreement to set full working hours at less than 40/week. The government, therefore, proposed that the two sides continue negotiations within the newly established system of sectoral dialogue committees which the government would like to make stronger, and – if consensus is reached – to conclude collective agreements. The position of the government is that the issue is fundamentally a matter of social dialogue between the two sides, and within that, an issue for collective negotiations between the employer and employee interest groups.

The legal and occupational safety aspects of the question are that there is no occupational safety justification for maintaining the decree. Occupational safety regulations which began to be passed in the early 1990s – and which have since been coordinated to conform to European Union acquis – put numerous obligations on employers, the result of which is that they have made significant investments in occupational safety. Therefore, there is no longer any health risk among most of the employers in the sector, or where there is, it has declined to such a minimal degree that the shorter working hours are no longer justified. From the point of legislation, Decree 26/1996 (VIII. 28) NM of the Minister of Welfare on limiting the (daily, weekly) exposure time of employees working under health-damaging conditions provides for the maximum level which an employee may spend among the health risks in the occupations defined by the decree in a given period of time. This regulation is intended to protect worker's health by defining the duration of exposure. If employers adhere to the provisions on exposure time, there is no health risk and therefore no reason for reducing weekly working hours.

The positions did not draw noticeably closer during coordination talks in 2004. Therefore, the negotiations continued in 2005, but no agreement was reached.

The European Committee of Social Rights requests a more exhaustive listing of the occupations and types of work regarded as dangerous or unhealthy.

No complete list of these occupations has been prepared. Various pieces of legislation list the occupations considered dangerous or unhealthy according to differing considerations.

For instance:

Under Section 8 of Act LXXXI of 1997 on the Social Insurance Pension (Social Insurance Pension Law), a person is entitled to early retirement if that person performed work particularly straining to his or her body or work that is dangerous to the health. Appendix 1 of Government Decree 168/1996 (X. 6.) Korm. on the implementation of the Social Insurance Pension Law contains a list of occupations from which a person is entitled to early retirement:

The main categories:

- underground work (e.g. mining pitman, assistant pitman, mining cart packer)
- work on drilling towers (e.g. chief driller)
- work with compressed air (e.g. using a caisson or diving gear)
- work involving maintenance of a closed canal (e.g. canal diver)
- work in a hot mill (e.g. loader, smelter, metallurgical employee)
- work in the electric power industry (e.g. furnace cleaner)
- work in a textile mill (e.g. spinner, weaver)
- work in the baking industry (e.g. mason maintaining ovens)
- work in the deep freezing industry (e.g. freezer packer)
- work around ionizing radiation (e.g. people working with radiating radioactive materials and products)
- work in transport (e.g. locomotive conductor, train conductor)
- work in civil aviation (e.g. pilot, navigator)
- work in the explosives industry (e.g. manufacturing starter-explosives)
- work as civilian employees of the Hungarian Armed Forces

Joint Decree 3/2002 (II.8.) of the Minister of Social and Family Affairs and of the Minister of Health concerning the minimum level of safety and health requirements of the workplace, in Table 2 of Appendix 2, the degree of severity of a job on the basis of the highest work-energy volume as follows:

*Table 3
The degree of work difficulty*

Degree of work difficulty	Highest work-energy volume	
	kJ/min (kcal/min)	kJ/h (kcal/h)
Light work	11,0 (2,6)	650 (155)
Medium hard work	14,0 (3,3)	850 (203)
Hard work	17,5 (4,2)	1050 (250)

In its appendix ‘How to assess health-damaging factors’, Decree 26/1996 (VIII. 28) NM of the Minister of Welfare on limiting the (daily, weekly) exposure time of employees working under health-damaging conditions lists the cases in which working conditions that are dangerous to the health make organized measures necessary. These are:

1. Work in hot environments

Appendix 3 to Decree 25/1996 (VIII. 28) NM of the Minister of Welfare on the general health requirements of work and working conditions that are not dangerous to the health provides that given an effective temperature or, in the case of radiant heat, a corrected effective temperature

- of 29° C. (EH, KEH) for medium-hard manual work
- of 27° C. (EH, KEH) for hard manual work

is the maximum allowable temperature value, and if that temperature is not maintained for the average shift then the allowable exposure time per hour within the shift must be regulated on the basis of the weighted (K) EH as follows:

Medium hard manual work	to 30.5 ° C	to 31.5 ° C	to 32.5 ° C
Hard manual work	to 28.5 ° C	to 30.0 ° C	to 31.0 ° C
Order of work/rest	75%/25%	50%/50%	25%/75%

Hourly rest periods may not be combined. If they cannot be provided, other special measures (garments offering heat protection, cooled garments offering heat protection) are needed, but even if they are used, the core temperature of the employee may not exceed 38° C.

2. Work in a cold environment

Long-term work qualifies as being in a cold environment if, in an open-air workplace, the daily mean temperature does not exceed +4° C. or if in an enclosed workplace, the temperature does not exceed +10° C. for 50 percent of the working time. In an environment that qualifies as cold, 5-10 minutes of rest – spent under favourable climatic conditions – must be provided per hour.

3. Place subject to localized vibrations

All occupations in which the operation of implements results in vibrations on hand and arm (local vibration load) in excess of a 2m/s^2 weighted equivalent vibration acceleration when transposed to an 8-hour period, the permissible exposure period must be set in keeping with Appendix 2, Point 1 of Decree 25/1996 (VIII. 28) NM of the Minister of Welfare on the general health requirements of work and working conditions that are not dangerous to the health. Or, if the maximum weighted equivalency acceleration per one second integration time exceeds 50m/s^2 , the equivalent weighted vibration acceleration for a 10-minute reference value may not exceed 8.4m/s^2 .

4. Whole body vibration

In all occupations in which the vibrations to which the entire body is subjected for a reference period of 8-hours/day; if the vibration in Direction Z exceeds 1.36m/s^2 and/or vibrations in Directions X and Y exceed the equivalent value of 0.9m/s^2 , the maximum permissible exposure

time must be calculated in keeping with Appendix 2, Point 1 of Decree 25/1996 (VIII. 28) NM of the Minister of Welfare on the general health requirements of work and working conditions that are not dangerous to the health. The momentary peak of vibration acceleration may not exceed 10m/s^2 .

When there are a combination (two or more) hazardous environmental factors or load factors, the duration of exposure time for the most hazardous of them must be used as the basis for determining the limit.

The Appendix to **Decree 1/1990 (VIII. 21) IKM of the Minister of Industry and Trade on the implementation of the Labour Code in industry and trade** lists the work areas and occupations in which employees are entitled to work a 36-hour week. The main categories listed by the Appendix are:

A. In a metallurgical facility, for instance:

- smelter (group leader, too).
- tapper, head tapper,
- tapping manager (group leader, too,
- smelting hall manager (up to and including foreman)

B. In manufacture of artificial corundum and tub-stone, for instance

- smelter,
- moulder, mould unpacker
- glass industry acid-resistant balloon blower,
- acid employee (including person applying acid to wool).

C. Regarding silicates and heat hazards, people working with sand moulds, people cleaning the sand moulds, grinders, people cleaning other moulds (mould cleaners, grain sprayers, steel grain blowers), cleaning shop staff.

D. People working by coke furnaces.

E. People manufacturing briquettes, such as bitumen power mixers, moulders and compressors, excess bitumen removers, briquette loaders

F. People working in mineral grinding facilities, including millers, baggers and maintenance millers.

G. People working in below-ground facilities at the Mecsek Ore Mining Company¹, and surface employees in occupations exposed to ionizing radiation in processes directly related to ore enrichment technologies. Work in places subjected to radioactive radiation is in accordance with Section 24 of the Decree 17/1979 (XII. 1.) MüM of the Minister of Labour.

H. Occupations subjected to lead and chemical hazards, such as

- glass industry blower of acid-resistant balloons,
- acid employee (including person applying acid to wool).

I. Asbestos processor, needle castor (this type of job does not exist any more).

¹ This company does not exist any more.

J. In the printing industry, intaglio printers, letter casters, linotype setters, monotype casters, page casters, block casters, graphic print etchers (zinc etchers).

K. People working with artificial resin, lacquer and paint manufacture, processing and packing, maintenance employees.

Table 4

Government decree 217/1997 (XII. 1.) Korm. on implementing Act LXXXIII of 1997 on Benefits under the Statutory Health Insurance Scheme, Appendix 1 gives a list of occupational diseases entitling patients to accident disability benefits, as follows:

No.	Occupational diseases	Job (occupation)
1.	Poisoning due to lead and its compounds	All work aimed at manufacturing and processing lead and its compounds
2.	Poisoning due to cadmium and its compounds	All work aimed at manufacturing and processing cadmium and its compounds
3.	Poisoning due to phosphorus and its compounds	All work aimed at producing, extracting and using phosphorus and its compounds
4.	Poisoning due to mercury and its amalgams and compounds	All work aimed at obtaining, manufacturing and using mercury and its amalgams and compounds
5.	Poisoning due to arsenic and its compounds	All work aimed at producing, manufacturing and using arsenic and its compounds
6.	Poisoning due to manganese and its compounds	All work aimed at producing, manufacturing and using manganese and its compounds
7.	Poisoning due to beryllium and its compounds	All work aimed at producing, manufacturing and using beryllium and its compounds
8.	Poisoning due to benzene and its homologues	All work aimed at manufacturing, extracting and using benzene and its homologues
9.	Poisoning due to benzene and nitro- and amino-derivatives of its homologues	All work aimed at producing, extracting and using benzene and nitro- and amino-derivatives of its homologues
10.	Poisoning due to methylated spirit	All work aimed at manufacturing and using methylated spirit
11.	Poisoning due to halogen compounds of fatty acid series	All work aimed at producing, extracting and using halogen compounds of fatty acid series
12.	Poisoning due to nitro-glycerine, nitro-glycol, ethylene glycol and dinitrate	All work aimed at manufacturing and using nitro-glycerine, nitro-glycol, ethylene glycol and di-nitrate
13.	Poisoning due to carbon bisulfide/disulfide	All work aimed at manufacturing and using carbon bisulfide/disulfide
14.	Poisoning due to hydrogen sulphide	All work aimed at manufacturing and using hydrogen sulphide
15.	Poisoning due to carbon monoxide	All industrial establishments where CO contamination of the air can occur.
16.	All damage which can be caused by ionizing radiation (such as radium, radioactive materials or X-rays) All damage that may cause ionizing radiation (radium and radioactive material, X-rays)	All operations which involve radiation from radium or other radioactive materials or ionizing radiation
17.	Simple neoplastic diseases of the skin	All work which the handling or use of tar, black pitch, asphalt, bitumen, petroleum oils, paraffin or their compounds, or products or sediments derived from these materials
18.	Cancerous or other tumours of the urinary tract	Work involving production and/or processing or

mucosa triggered by aromatic amines. Neoplastic or other tumorous diseases of the urinary tract which are caused by effect of aromatic amines	aromatic amines. Work in mills manufacturing and processing aromatic amines
19. Diseases due to vibration caused by pneumatic tools and similar machines and instruments	All work involving pneumatic drills or hammers, light compressed-air tools, and shoe factory “Anklopf” equipment and all equipment that causes vibration
20. Chronic decompression diseases (caisson disease, chronic lesions of the central nervous system, auditory canal and equilibrium organs, shoulder joints and hip joints)	Work performed in an atmosphere of compressed-air, diving and high-altitude flying
21. Diseases of the bones, joints and ligaments caused by fluorine or fluorine compounds (fluorosis)	All work that involves the manufacture or use of fluorine or sodium-aluminium fluoride (kryolith)
22. Silicosis with or without tuberculosis	All work involving the inhalation of dust containing free silicic acid
23. Diseases of lower respiratory tract caused by the effects of aluminium powder	All work aimed at producing, manufacturing and processing aluminium
24. Asbestosis with or without lung cancer	All work aimed at producing and processing asbestos
25. Occupational neoplastic diseases of the respiratory tract	All work aimed at manufacturing alkaline chromate and processing it into chromium paint
26. Cataracts caused by the effects of short-wave heat radiation	Glass furnaces, glass processing, iron and steel furnaces, metal smelting furnace and rolling mill
27. Zoonosis. (Diseases transmitted from animals to humans directly or indirectly as well as spasms caused tetanus bacilli, ringworm (trichophytosis), otherwise known as a fungal inflammation of hair follicle, if they are occupation-related.	Stock-keeping, livestock farming and other agricultural work, work that involves animal cadavers and animal waste, loading, unloading and transport of animal products
28. Poisonings and lesions due to fertilizers and pesticides	All work aimed at manufacturing, packaging, and using fertilizers and pesticides
29. Poisoning due to dioxanes (diethylene dioxide)	All operations which use dioxane as a solvent and all manufacturing processes involving use of dioxanes used, such as the ceramics industry
30. Hearing impairment due to noise	All cases when the peak sound pressure (L_{Am}) exposure of the worker exceed the 87 dB noise exposure limit values ($L_{EX,8h}$)
31. Chronic health impairment caused by infectious diseases if due to the person’s occupation	All work in pulmonary care facilities, the pulmonary wards of inpatient facilities, outpatient pulmonary clinics, who work with tubercular patients, in hospitals that treat patients with communicable diseases or in the communicable disease wards of general hospitals, who treat acute communicable diseases. and who are permanently employed to service staff and patients in these facilities
32. Chronic health impairment caused by viral hepatitis if due to person’s occupation	All work in healthcare and welfare facilities and services, including schools of medicine, the School of Advanced Medical Study, healthcare research facilities, and companies operating under the Ministry of Health in which staff come into contact with patient body fluids or tissue including during testing – or if they perform medical interventions or handle the instruments, tools textiles, or equipment used in interventions, including the collection, cleaning, mainte-

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|---|--|
| 33. Injury of knee joint meniscus | nance, repair of same, if they come into contact with dead bodies of body-parts for autopsy or pathology study – or, in cases of hepatitis, if they conduct epidemiological investigations or disinfection
In mines where people must kneel to perform their work, in railway repair facilities and shunting depots, where workers must kneel or squat to work on carriages or locomotives as fitters, and people who work on boilers, who install parquet floors, who pave streets, who cover roads with asphalt, if they have to kneel to do their jobs, if they have worked in the given occupation for at least three years, or if a histological examination clearly demonstrates a degenerative alteration of the knees |
| 34. Talcosis | All work aimed at producing and processing talc (magnesium silicate) |
| 35. Hard metal pneumoconiosis accompanied by diffuse progressive fibrosis | When using manufacturing technologies involving the powder metallurgy of hard metals, the staff who are involved with grinding the raw material, and moulding and polishing it before heating |

Is there reduced working time and/or additional holiday for workers in occupations where there are harmful to health as listed in Appendix 1 to Government Decree 168/1997 (X. 6.) Korm. on the implementation of the Social Insurance Pension Law?

Employees are entitled to *supplementary leave* in addition to basic leave under a series of entitlements which the Labour Code or other regulations governing working conditions, collective agreements or agreements between the parties to a work contract may establish.

Under the Labour Code the following employees are entitled to supplementary leave:

- young employees,
- parents raising children
- blind employees,
- employees who regularly work underground and/or are exposed to ionizing radiation at least three hours a day.

Employees who work underground and/or are exposed to ionizing radiation are entitled to 5 workdays per year as supplementary leave.

Collective agreements and work contracts may set other conditions for supplementary leave [Section 132 of the Labour Code].

Government Decree 168/1997 (X. 6.) Korm. concerns the implementation of Act LXXXI of 1997 on Social Insurance Pension. Appendix 1 to the Government Decree includes a list of occupations entitling people to lower eligibility age for pension. **Point 1 of the Appendix lists underground work** (e.g. mining pitman, assistant pitman, mining cart packer), **while Point 10 lists the occupations in which work is done amidst ionizing radiation**, as well as gives a detailed description of these occupations and the scope of the scheme basing eligibility for pension on a lower age. **The employees working in these occupations, as listed in the Appendix, are entitled to the supplementary leave set forth in the Labour Code**

Table 5
Underground work

Occupation	Job Description	
Pitman, assistant pitman (shaft pitman, mine rescue employee, brigade, team, group, front, third-manager pitman, pitching borer, starter, pitman responsible for preliminary drilling and mining, pitman responsible for exposing vein, pitman responsible for maintenance, drilling pitman, pitman handling mining shield and portable safety equipment, person in charge of face, pitman responsible for injecting agents into vein, pitman responsible for managing sludge, person in charge of sludge, stopping pitman, pitman responsible for powder, stone-carving pitman, pitman-fitter, sludge heap pitman, sampling pitman, technology development pitman, pitman who handles collapses, machine operator, pitman supervising transportation of explosives, pitman responsible for distributing explosives, pitman managing explosion chamber, leading pitman, explosion managing pitman, explosives expert, explosive experts in open faces, regional explosive expert, coal milling and coal support pitman, TH ring removal pitman, pitman responsible for filling explosion gaps, fire-fighting pitman, specialist instructor pitman)	Must provide conditions for safe work. Must manage work processes including production, stopping, loading and sampling. Must handle various drilling, surface stopping, loading, and security equipment, must prepare regions for mining operations, must maintain them in mining condition. Must manage organized collapses, and see to it that security facilities are removed. Pitmen with examinations in explosives are responsible for storing and transporting explosives and for working with them. When experimental drilling is performed, he must handle the deep drill, and the surface-penetration drill. He must train students studying to be pitmen	Mining
Haulage team leader (vein opener, preliminary cutter, wall cutter, exposure, maintenance, fact, transport team, transport team for technical development, unskilled employee joining the team after gaining experience in underground)	A pitman does the productive jobs he has been assigned, prepares security measures, sees to it that means of transport are available at the site, fits machinery, moves machinery, lays rails, loads, digs post hitches for supports, cleans tools, while performing the production that fully and completely services the job.	Mining
Hitchers (by the shaft, on sloping tracks main, secondary, ancillary hitchers, shaft connectors, kick dumper, car catcher, car hitcher, car fastener, car connector, brake manager on slopes)	Involves mining transport to the veins. Connecting transport carts, moving them from one place to another, adjusting them, moving them from one train to another, organizing them, turning them around, managing the slope brakes and catchers. Maintaining and cleaning the cable hooks, rollers, and safety equipment. Cleaning workplaces and removing water.	Mining
Transporters [material loaders, material movers, bale managers, loaders, tappers,	Sending and receiving signals from all shafts including horizontal and sloped shafts, the main slope	Mining

<p>mine cart movers, mine cart rotators, mine cart riders, mine cart counters, mine cart organizers, mine cart pushers, mine cart emptiers, wood loaders, brake operators, cart drivers, small cart drivers, large cart drivers, dog drivers (pushers of wooden carts), air gap managers, horse walkers, engine riders, explosive transporters, crossing gate openers, people-transported cart drivers, train conductors, train handlers]</p>	<p>and the main transport shaft. Tapping products left on the roller, loading them into carts, assisting the transport, leaving empty carts where they can be filled, connecting carts to cable, pushing carts manually, operating slope brakes, maintaining brakes and other transport equipment. Sending and receiving signals, transporting the materials needed for production, maintenance of safety equipment, cleaning, removing water from shafts, sweeping, cleaning any debris that may have dropped from ceiling, evening up the load on loaded carts, selection, cleaning out materials that have been left in carts, operating switches, air locks, train signalling lamps, accompanying trains, operating brakes. Assisting with engine maintenance, oiling, cleaning.</p>	
<p>Mine industry employees, skilled employees, artisans working with the mining team or directly serving the miners [carpenter, drilling expert, welder, rubber belt operator, scratching belt operator, air pipe fitter, blacksmith, shaft smith, fire smith, stone mason, fitter: (electric faces, machinery, maintenance, locomotive fitter), electrician, mine face electrician, plumber, vulcanizer].</p>	<p>Assessing mining regions, providing equipment, security, maintenance facilities, and other skilled work needed for operations. Wall construction, building foundations for machinery, preparing shafts for entry, building drives, control chains, building walkways, resting areas, ladders, slopes and overhangs. Transporting underground transport equipment to the surface, equipping them, repairing them and performing preventive maintenance. Transport and fitting of welding equipment, and performing welding operations.</p>	<p>Mining, if employee spends entire working time underground.</p>
<p>Semiskilled and unskilled employees assigned to the team and directly serving the team (mine studding removers, unskilled mine employees, bolt tighteners, drillers, inert dust spreader, sampler, operator, mould remover, transporter, TH ring remover, toilet cleaner, rail track maintenance employee, repair person)</p>	<p>Building, repairing, and maintaining rail tracks in the mines. Participating in transport and in moving products to carts, loading carts, and transferring the carts to the main transport shafts, removal of a TH rings, iron supports and other security equipment. Transport of security equipment, tightening bolts, cleaning work sites and shafts, etc. Assisting in surveying the mine with instruments, Helping to take samples for research, and transport research drills.</p>	<p>Mining, if employee spends entire working time underground</p>
<p>Mechanic, transport machine operator (winch operator, electric, diesel, compressed air locomotive driver, assistant driver and manager, track manager, rubber strip manager, scratching strip manager, chain hauler manager, sloping shaft machinery operator, pump operator, hoist operator)</p>	<p>Managing and handling machinery and transport equipment, responsibility for keeping them clean, lubricating them and maintaining them. Repairing minor faults in machinery used to mine veins. load, and prepare gaps on site. Repairing electrical equipment in mining region, operating signalling equipment. Cleaning facilities where machines are located, space around machines. Maintenance of safety rules and making certain others also adhere to them, receiving signals, transferring them, and acting on them. Driving train engines, maintaining, and cleaning them, seeing to it that they have fuel, and changing lubricant. Operating pumps and compressors, reporting any operation problems.</p>	<p>Mining</p>
<p>Mining technician, shaft manager, supervisor (assistant supervisor, supervisor, chief supervisor, chief mine supervisor, mining surveyor, mine rescue employee,</p>	<p>Directing the day-to-day work of miners in the shafts on open face fronts, and of employees conducting preliminary and experimental operations, and supervising their work. Organizing the work</p>	<p>Mining</p>

safety, air pipe technician, deputy station commander for mine rescue operations, front, main, zone manager, assistant, transport operator shaft digger, hut man, chief hut man, supervisory chief hut man, technical supervisor, chief supervisor, assistant guard, guard, chief guard, transport supervisor)

Mining engineer, mine official (shaft design engineer, deputy chief engineer for shaft construction, commander of mine rescue, mine caretaker, mining engineer intern, mine operator, chief mine operator, underground technology officials I., II., III., mining engineer responsible for air passage, shift controller, assistant engineer, operative engineer)

Technical occupations (mine surveyor, mining surveyor, mining air and dust counter, mining geologist, geophysicist, mine drilling manager, safety specialist, energy specialist, preliminary vein cutter, vein exposure, vein mining, front mining machine operator, specialist workplace manager)

with a mind to security, to averting technical difficulties, and to eliminating sources of accidents. Participating in preparing operational and working plans, in resolving problems related to opening mines and conducting research. Supervising work, maintaining a technical journal. Supervising work, maintaining a technical journal, and guaranteeing continuous production and transport.

Responsible for designing safe and economic mining operations, elaborating mining methods, introducing same, establishing and stipulating technical specifications, streamlining and updating operations, elaborating technical descriptions, organizing implementation and supervision, securing that production programmes are fulfilled. Leading the unit entrusted to him during rescue operations.

Organizing production to conform to security needs, supervision to see to it that specified regulations are adhered to, designing and building an air supply, continuously measuring air pressure and dust, maintaining journals and reports. Preparing geological segments, workplace geological images. Designing the energy supplies for the mine machinery, implementing the designs, and monitoring the supply. Protection of power lines and consumer outlets, control and monitoring of power and machinery operations.

Mining, if employee spends at least $\frac{3}{4}$ of working time underground.

Mining, if employee spends at least $\frac{3}{4}$ of working time underground

Table 6
Work performed in exposure to ionizing radiation

Occupation	Job description	Scope of lowered eligibility age for pension
People working with radiating and radioactive materials and products (doctors, biologists chemists, pharmacists, physicists, engineers, research institute staff, technicians, healthcare employees with secondary level skills, technology employees, nurses, laboratory staff, assistance to the above, skilled, semiskilled and unskilled employees.)	Conducting tests and examinations with naturally and artificially radioactive materials, using same in therapy, tests, radiation therapy, radiation treatment, preparing cultures, sterilization, nursing patients treated with radioactive materials, performing research, analysis and preparatory operations, studying the radiation polymerization of plastics, conducting measurements, doing animal research, performing isotope laboratory operations using isotope tracers that are level C or higher, using thorium or tungsten in conducting operations related to industrial use.	Throughout the national economy, when exposure to radiation occurs for at least three hours a day.
People working with equipment that emits ionizing radiation (doctors, biologists chemists, pharmacists, physicists, engineers, research institute staff, technicians, healthcare employees with secondary level skills, technology employees, nurses, assistants, X-ray operators, X-ray machine operators, radiologists, material testers, technology employees, equipment surveyors, radiation level monitors, repair staff, full time quality control staff, skilled, semiskilled and unskilled employees.)	Performing fluoroscopic and X-ray examinations, using X-ray therapy, research with particle accelerators. analytical and preparatory operations with sources that emit high-energy radiation, preparing study cultures, examining and qualifying steels and other metal, metal casts, and seams. Preparing slides for electron microscopic studies, examining them, photographing them, operating electron microscopes and equipment, performing maintenance on them or servicing them. Testing X-ray equipment, X-ray generators, therapeutic and diagnostic equipment, X-ray tubes, fault-finding, gauging them, adjusting them and repairing them, upgrading them, performing tests subsequent to upgrades, transferring them to users, participating in research and laboratory tests, studying the materials in plastic catalysts, examining faults with X-rays, monitoring repairs.	Throughout the national economy, when exposure to radiation occurs for at least three hours a day.
Physicists working with dosimetry and other measurement tasks that involve the use of radiation sources.	Handling the dosimetry and other measurement tasks related to research with naturally or artificially radioactive materials, with open or closed radioactive isotopes, with particle accelerators, with other sources that emit high-energy radiation,	Throughout the national economy, when exposure to radiation occurs for at least three hours a day.
Employees in departments that deal with documentation and data where ionizing radiation is employed	Preparing documentation and collecting data in the air space in which naturally and artificially ionizing radiation sources are used.	Throughout the national economy, when exposure to radiation occurs for at least three hours a day..
People working in occupations connected directly to the technological processes of uranium enrichment [decontamination deactivation, taking samples of enriched ore, skilled employees who do ore enrichment, laboratory staff operating the machines, maintenance fitters involved	Cleaning up the radiation-contaminated portions of the facility after machinery has been repaired or removed for other reasons. Decontaminating buildings, walls, and equipment that have become radiation-contaminated. Final separation of material samples from technological mixers, or other tanks, for laboratory testing. Guaranteeing continuous operations, and in cases of operation failures, spending all of working	In heavy industry, when the work involves operating with ionizing radiation for at least three hours a day.

with ore enrichment, shift managers, foremen]	hours by the machine. Taking the sample from the process to a laboratory, testing and analyzing it. Maintenance, repairs and problem-solving of technology equipment and machines in the technology facilities. Guaranteeing smooth operation, and organizing and managing it. Participating in preparing designs for technical development and health protection, and in practical implementation of the designs.	
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Are the rules on time off set forth in Section 124, Subsections (1)-(4) of the Labour Code applicable to employees performing on-call or stand-by duty, or employees employed in occupations of a stand-by character?

The regulations are of course applicable to employees **performing on-call or stand-by duty** as well as for persons in **employed in occupations of a stand-by character**.

The main rule that calls for two days of rest per week, one of which should be on a Sunday may be just as applicable for employees **employed in occupations of a stand-by character**. In derogation from this, when a working time reference period is applied, based on the work schedule it is possible to grant 48 consecutive hours of uninterrupted rest period per week, which must include a Sunday, instead of two rest days [Section 124, Subsections (1)-(2) of the Labour Code].

At the same time, the Labour Code allows derogation from this in order to *ensure flexibility* and makes it possible to grant, among others, to people employed in occupations of a stand-by character, uninterrupted rest periods of at least forty-eight hours a week, which must include a Sunday at least once a month [Section 124, Subsection (3) of the Labour Code].

Section 124, Subsections (1)-(4) of the Labour Code are applicable to employees performing on-call or stand-by duty in the same manner, with the caveat that compliance with specific provisions relating to on-call or stand-by duty must also be ensured.

Article 3: The right to safe and healthy working conditions

With a view to ensuring the effective exercise of the right to safe and healthy working conditions, the Contracting Parties undertake

Article 3., Paragraph (1) to issue safety and health regulations

Question A

Please list the principal legislative or administrative provisions issued in order to protect the physical and mental health and the safety of employees, indicating clearly:

- a. their material scope of application (risks covered and the preventive and protective measures provided for), and**
- b. their personal scope of application (whatever their legal status – employees or not – and whatever their sector of activity, including home employees and domestic staff).**

We are responding to the two questions together, in conformity with legislation in effect.

Statutory laws

1. Act XI of 2004 on the Amendment of Act XCIII of 1993 on Labour Safety (hereinafter: Labour Safety Law.)

This law has completed the full harmonization of European Community directives on occupational safety, and has updated certain portions of the law based on practical experience and just demand.

The amendment conforms to Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work in providing for the comprehensive enforcement of expertise related to safety and health of workers throughout the operation of the employer, furthermore it inserts safety and health at work among tasks requiring specialist qualification, i.e. specialised activities, and defines its professional components.

The amendment expands the employer's obligation to provide information regarding safety and health at work, and boosts the training conditions for workers' representative with specific responsibility for the safety and health of workers, who are persons elected to represent workers where problems arise relating to the safety and health protection of workers at work.

The legislative amendment revises the regulation of cooperation between employer and employees in that it calls for consultations with the employees before taking important measures or decisions in the field of safety and health at work, and it clearly and definitely circumscribes the employer's and the employee's responsibility regarding safety and health at work.

It expands the prerequisites for fining employers for violations of regulations related to safety and health protection of workers, in order to make sanctions by government authorities more effective, partly by allowing a fine against an employer who seriously endangers the health of even a single employee, and partly by making sanctions possible for neglect of safety and health at work measures that may be administrative measures and based on higher than average risk factors.

The amended law updates regulations on reporting, investigating, and recording on-the-job accidents and occupational diseases.

The amendment supplements and serves to pinpoint the tasks of the Occupational Safety Commission operating within the National Interest Coordination Council, making it possible for the social partners to articulate independent opinions, furthermore, it provides increased opportunities for the Commission to present its activity before the public.

Parliamentary Resolution 20/2001 (III. 30.) OGY on the national programme of safety and health at work

Government Resolution 2005/2002 (I. 11.) Korm. on implementing the Parliamentary Decision states among other things that a timetable for Programme implementation has to be elaborated annually. Government Resolution 2010/2004 (I. 22.) Korm. concerning the action plan and timetable for the year 2004 of the national programme of safety and health at work lays down the responsibilities of the various ministries for implementing the programme as well as the tasks for 2004.

Minister's decrees on issues related to safety and health at work

1. The scope of Decree 1/2004 (1. 9.) FMM of the Minister of Employment and Labour on the procedural rules and remuneration related to the obligation of providing information on the protection of employees and on working conditions related to public procurement procedures covers tenderers as defined in Act XL of 1995 on Public Procurement (Public Procurement Law). The decree became necessary because Public Procurement Law was amended to transpose relevant European Union legislation. The Hungarian Labour Inspectorate, the National Public Health and Medical Officers' Service, and the Hungarian Mining Bureau are the bodies with an obligation to provide information on protection of employees and on working conditions, in conformity with the Labour Safety Law.
2. The scope of Decree 13/2004 (IV. 9.) FMM of the Minister of Employment and Labour laying down the detailed rules of designing the bodies in charge of investigating, certifying, and monitoring the appropriateness of individual protective devices and of notifying them to the European Commission and to the European Union Member States, as well as laying down administrative fees to be paid for the designation procedure, extends the rules concerning the designation of individual protective devices beyond just investigating them, to cover certification and monitoring, too, in keeping with the amendments of the Labour Safety Law. The decree repeals Decree 7/1999 (XI. 3.) SzCsM of the Minister of Social and Family Affairs laying down detailed regulations on the designation of organizations in charge of investigating the appropriateness of individual protective devices.
3. The scope of Decree 14/2004 (IV. 19) FMM of the Minister of Employment and Labour on the minimum level of safety and health requirements of work equipment and their use covers equipment within the meaning of Subsection (4) of Section 87 of the Labour Safety Law and the use of such equipment in organized work. The decree serves to comply with Council Directive 89/655/EEC concerning the minimum safety and health requirements for the use of work equipment by workers at work, and Council Directives 95/63/EC and 2001/45/EC amending Council Directive 89/655/EEC, and the provisions of the directives have been fully incorporated into Hungarian domestic legislation. The decree expands employer obligations in the field of labour safety with new features of content, including among other things, monitoring, periodical supervision inspections, and the obligation of the employer to provide information on the use of work equipment in the new regulations. The decree repeals Decree 8/1998 (III. 31.) MüM of the Minister of Labour on the minimum level of safety and health requirements of work equipment and

their use, as well as Decree 10/2002 (XII. 23.) FMM of the Minister of Employment and Labour amending Decree 8/1998 (III. 31.) MüM of the Minister of Labour.

4. Decree 15/2004 (IV. 19.) FMM of the Minister of Employment and Labour amending Decree 2/1998 (I. 16.) MüM of the Minister of Labour on safety and health protection signs to be used in workplaces inserted several provisions of Directive 92/58/EC on the minimum requirements for the provision of safety and/or health signs at work that had been left out of Decree 2/1998 (I. 16.) MüM of the Minister of Labour into the provisions of the decree.

5. It was necessary to issue Decree 16/2004 (IV. 19.) FMM of the Minister of Employment and Labour amending Decree 5/1993 (XII. 26.) MüM of the Minister of Labour on the implementation of certain provisions of the Labour Safety Law when the Labour Safety Law itself was amended. In keeping with the amended specifications of the Labour Safety Law, the decree defines the changed conditions for employing a person with qualification in safety and health protection at work, and amends the data to be recorded in case of on-the-job accidents, and in keeping with Section 82 of the Labour Safety Law, it specifies employers that engage in activities presenting the greatest threat and highest risks to employees, where a failure to carry out risk assessment qualifies as a serious threat to the life, health and physical safety of employees.

6. Decree 20/2004 (IV. 25.) FMM of the Minister of Employment and Labour amending Decree 2/2002 (II. 7.) SzCsM of the Minister of Social and Family Affairs on the requirements of individual protective devices and on certification of conformity concretely names the market supervisory body to investigate individual protective equipment to allow the European Union principle of the free flow of goods to operate and makes the provisions concerning certification of conformity of individual protective equipment, on the basis of experience gathered since the promulgation of Decree 2/2002 (II. 7.) SzCsM of the Minister of Social and Family Affairs on the requirements of individual protective devices and on certification of conformity.

7. Decree 28/2004 (XII. 20.) FMM of the Minister of Employment and Labour amending Decree 5/1993 (XII. 26.) MüM of the Minister of Labour on the implementation of certain provisions of the Labour Safety Law was made necessary by the need to meet the requirement of the European statistics on accidents at work (ESAW), on amendments to the Labour Safety Law itself, on the simplification of certain sections of the accident at work report form, and on the introduction of a modifying report on accidents at work.

Standardization

In 2004, the Hungarian Standards Institution issued the following number of standards related to safety at work:

- 105 standards in Hungarian, of which 86 are product standards (work equipment or potential work equipment) and 19 others
- 151 standards in English, which are standards with notice of approval, of which 123 are product standards and 28 are other.

Please specify the rules adopted to ensure that employees under atypical employment contracts enjoy the same level of protection as other employees in an enterprise.

Act XXVIII of 2004 on the Amendment of Certain Laws Related to Employment.

The amendment regulates at the legislative level the legal institution of telework in employment-related laws, establishing legislative level harmony between differing regulations on safety and health at work and administrative supervision applicable in the case of telework. The essence of telework is that the work is performed in a place other than employer headquarters (premises) or facilities and that in some cases the employee uses his own work equipment. For this reason the amendment contains a separate chapter in order to insert into the Labour Safety Law those rules that need to be applied differently for telework.

The regulation allows regular telework to be performed only in a place that the employer has previously found to be satisfactory from a safety and health at work point of view, and it requires the employer to approve of any significant changes in working conditions.

The law prescribes that an employer is required to inform an employee of the consultation and interest protection arrangements related to safety and health protection at work as laid down in Chapter VI of the Labour Safety Law Chapter and – as a stipulation protecting the rights of employees – it ensures labour safety representatives the chance to enter the workplace.

Taking into account that this is a specific venue where work is performed, and with a view to the demand to protect the Constitutional right to the privacy of the home, the regulation precisely states the legal entitlement and lawful task whose implementation justifies inspection by the employer, and it makes official inspection subject to prior notice to the employee.

In order to protect and enforce the aforementioned Constitutional right, Act LXXV of 1996 on Labour Inspection was supplemented to include a guarantee to the effect that from the point of view of labour inspection, a residence from which a person telecommutes does not qualify as a workplace. This provision makes it possible for labour inspection to be performed on the basis of available documents and does not require an inspector to physically appear at the place where the work is done.

Question B

Please indicate the special measures taken to protect the health and safety of employees engaged in dangerous or unhealthy work.

The legislative environment given in the Second National Report was valid in 2004, too.

Article 3 Paragraph (2) do the rules provide for the enforcement of such regulations by measures of supervision;

Question A

Please indicate the methods applied by the Labour Inspection to enforce health and safety regulations and please also give information, inter alia, statistical, on:

- a. the places of work, including the home, subjected to the control of the Labour Inspection, indicating the categories of enterprises exempted from this control;**
- b. the number of control visits carried out;**
- c. the proportion of employees covered by these visits.**

a) No change in 2004.

b) *The number of inspections carried out:*

*Table 7
Number of labour safety inspections*

Year	Number of facilities inspected	Number of visits	Number of employers (facilities) where there were irregularities	Number of employees banned from working because of work that did not conform to the rules
2003	49,818	78,821	39,343	11,616
2004	45,692	76,565	37,004	11,107
As % of previous year	91.7	97.1	94.1	95.6

c) *Proportion of employees affected by inspections:*

During inspections, the inspectors do not keep separate records of the employees they inspect. The computerised information system (FEIR) of the Hungarian Labour Inspectorate (OMMF) calculates with employers and not employees. Nevertheless, when inspecting workplaces, the inspectors check not only the machinery, equipment and individual protective devices, but also observe the employees at work, with a particular mind to whether they adhere to rules in the field of safety and health protection at work, whether they are equipped with satisfactory individual protective devices and whether they have the necessary qualifications. In addition, with questioning, it can be ascertained whether they participated in training in safety and health at work and whether they learned what was presented to them at the courses.

*Table 8
Employee headcount affected by inspections in 2003 and 2004*

Category	Total headcount inspected	Total number of males inspected	Total number of females inspected	Total number of foreigners inspected
2003				
Safety and health at work	706,926	454,654	248,230	4,042
Safety and health at work and labour	9,221	6,137	2,968	116
Total number of persons involved in inspections:	716,147	460,791	251,198	4,158
2004				
Safety and health at work	761,150	448,059	307,857	5,234

Safety and health at work and labour	5,433	3,378	1,958	97
Total number of persons involved in inspections:	766,583	451,437	309,815	5,331

Results of inspections by the Hungarian Labour Inspectorate (OMMF)

Over the course of 2004, some 60,000 facilities operated by 41,000 employers were inspected, and administrative measures and sanctions combined exceeded the 180,000 mark. Administrative and misdemeanour proceedings resulted in fines amounting to HUF 3,767,000,000 (about EUR 15 million) as labour safety fines, labour fines, fines for irregular employment of foreigners, and misdemeanours). This was half a billion forints more than the fines imposed and levied the previous year.

The number of appeals dropped by 10 percent, but the number of lawsuits rose by 9.3 percent as compared to the same period in the previous year.

The largest proportion of labour safety measures concerned hazardous work equipment (37 percent), but there was also a significant number of measures (16 percent) related to the conditions found in workplaces or workshops. Neglect of requirements related to safety at work, violations of technological discipline and neglect to perform the necessary supervision checks each occurred in 7 percent of cases.

The largest number of labour measures (27 percent) was related to violations of laws on legal employment. Violations of laws on working time, rest periods, exceptional work, leave, stand-by duty, and on-call duty occurred in 26 percent of cases, while in 16 percent of cases measures were taken because of violations of regulations on salaries and wages.

The fine for the irregular employment of foreigners rose by 21 percent, while the number of irregularly employed foreigners also increased. The number and amount of labour safety fines increased by about 35-40 percent. The number of labour fines dropped by 5 percent, however, the amount of these fines increased by 12 percent.

The following tables offer detailed data for year 2004:

Table 9
Safety at work and labour issues combined

Number of premises inspected	45,692
Number of economic operators found to have violated rules	37,004

Substantive measures	Number of decisions	Number of actions	Number of irregular cases or persons
Shortcoming eliminated	27,520	118,639	216,011
Employee banned	3,656	4,488	11,107
Operation of machine suspended	9,057	11,847	19,534
Warning	3,440	5,161	9,902

Counselling	405	600
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Sanctions	Number of decisions	Number of measures	Number of irregular cases or persons	Fine amount (HUF)
Labour safety fine	2,669	4,487	11,952	612,055,000
Labour fine	7,991	21,340	210,566	2,161,535,000
Payment because of foreigners	746	746	2,997	879,413,394
Fine for execution	313	511	884	10,309,000
Misdemeanour proceedings with warning	8,784	8,957		103,624,000

Table 10
Safety at work

Number of premises inspected	23,071
Number of economic operators found to have violated rules	19,658

Reason measures were taken	Number of measures	Supplementary data	
Employer neglected to meet monitoring obligation	588	851	worksite, facility section, workshop (No.)
Lack of knowledge of working rules	1,124	2,505	Number of employees whose education was neglected or who were unaware of the standards and legal regulations
Neglect to maintain equipment when processing materials that are hazardous to health	42	205	Number of facilities affected (No.)
Lack of proper conditions for work that is outsourced	31	66	No. of employees

			banned
Absence of individual protective devices	3,507		
Employees did not use individual protective devices	2,283		
Lack of required documentation	8,842	14,720	Documentation on machinery, equipment, the facility, the operative section, and the workshop (No.)
Endangerment because of neglect to perform periodical monitoring	6,363	12,401	Machinery, installations, the facility, the operative section, the workshop (No.)
Absence of risk analysis or improperly done	9,610	10,735	Workshop (No.)
Not installing basic safety equipment when facility was established	667	1,827	Safety equipment missing (No.)
Violation of labour safety specifications when establishing facility	9,784	18,250	Shortcomings in facility, operative section, workshop (No.)
Investigation of on-the-job accidents	2,919		
Tools and equipment used not certified as safe	49,132	74,258	Tools/equipment in question (No.)
Implement installed without quality certificate or certificate of satisfactory operation	305	732	Tools affected (No.)
Condition of facility, workshop	21,241	32,307	Facility, operative section, workshop (No.)
Lack of personnel conditions for performing work	1,977		Machinery, equipment affected (No.)
Exceptional monitoring not performed	103	343	Machinery, equipment affected (No.)
Violation of technological discipline	8,172		
Lack of protective equipment, or inoperable equipment	1,674	4,039	Machinery, equipment affected (No.)
Putting hazardous equipment into operation without prior occupational safety inspection	45	58	Machinery, equipment affected (No.)
Other	4,810		

Sanctions applied for labour safety reasons	
Number of misdemeanours including warnings	5,309
Amount of misdemeanour fines (HUF)	56,197,000
Labour safety fines	2,669
Amount of Labour safety fines (HUF)	612,055,000
Number of fines for execution	268
Amount of fines for execution (HUF)	8,414,000

*Table 11
Labour affairs*

Number of premises inspected	22,621
Number of employees affected by inspection	831,250
Number of employers committing violation	17,346
Number of employees affected by violations	271,864

Purpose of action		Number of actions	Number of persons affected by irregularity
Violation of formal legal declaration required by law to establish employment		9,262	49,493
	Employment without a work contract	3,377	10,025
	Employment with a re-qualified work contract	249	1,185
	Work contract with formal error	521	2,894
	Work contract with shortcoming in content, or illegal content	1,828	12,402
	Neglect of information provision obligation when establishing employment	3,287	22,987
Violation of obligation to report employment		1,898	8,159
Neglect to issue certificates that employment was terminated		1,748	5,394
Violation of ban on discrimination		24	504
	Discrimination when hiring: gender	1	1
	Discrimination when hiring: age	5	29
	Discrimination when hiring: race	4	4
	Discrimination when hiring: other	0	0
	Discrimination while on the job: gender	2	50
	Discrimination while on the job: age	0	0
	Discrimination while on the job: race	2	4
	Discrimination while on the job: other	3	376
	Discrimination in the procedure prior to employment	7	40
Violation of rules on the employment of foreigners		1,278	4,564
Violation of regulations on wages and on protection of wages		5,294	64,136
	Violation of minimum wage regulations	261	1,288
	Deviation from wages set in collective agreement	6	61
	Violation of rules on wage supplement	2,645	24,149
	Violation of rules on protection of wages	2,181	31,733
	Neglect to perform employment procedure in connection with performance requirement, or to state the nature of the requirement	185	6,416
	Violation of regulations on guaranteed wages	16	489
Violation of legal specifications on working time, rest periods, exceptional work, leave, stand-by duty and on-call duty		8,731	92,163
	Violation of regulations on on-call duty and stand-by duty	127	1,360
	Violation of rules on working time	3,902	44,196
	Violation of rules on rest periods	1,665	14,622
	Violation of rules on exceptional work	679	6,994
	Violation of rules on leave	1,833	20,105
	Violation of rules of work on non-working days	373	3,451
	Violation of rules on Sunday work (working time, rest time)	152	1,435
Violation of employer requirements to keep records		4,921	37,057

Violation of regulations on conditions of employment while receiving unemployment benefits	18	42
Violation of rules on employment of women, juveniles, people with altered working ability and children	60	267
Irregular employment of juveniles	46	163
Violation of rules on employment of women	6	23
Violation of rules on employment of persons with altered working ability	8	81
Illegal child labour	0	0
Violation of rules on temporary agency work	186	6,514
In temporary agency work, violation of specifications requiring there to be an agreement between parties and a willingness to cooperate	101	3,554
Temporary agency work without registering it	54	1,410
Temporary agency work using a bogus civil law contract	31	1,550
Violation of regulations related to trade unions	24	468
Violation of employer obligations related to trade union organization rights	4	67
Violation of protection of union officials and of rules guaranteeing them shorter working hours	5	24
Violation of employer implementation of measures to which the trade union has raised objections	15	377
Violation of special rules when employing drivers	555	2,971
Violation of rules on registering, managing, and maintaining data registries	146	542
Violation of rules requiring the monitoring of the time drivers spend driving and resting	130	848
Violation of the rules requiring use of a vehicle to be metered	42	427
Allowing a driver to drive more than allowed without resting	153	943
Violation of interruption rules applicable to drivers	84	211
Violation of employer obligations related to establishment of the European Works Council	1	132

Sanctions applied in labour affairs	
Number of violations (including warnings)	3,475
Fines for misdemeanours, total (HUF)	47,427,000
Number of labour affairs fines	7,991
Total, amount of fines for labour affairs violations (HUF)	2,161,535,000
Payments for foreigners (number of employees)	2,997
Total, amount paid for foreigners (HUF)	879,413,394
Number of fines for execution	45
Total, amount of fines for execution (HUF)	1,895,000

Cases in the second instance

Decided appeals	1,866
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Labour safety	362
Labour affairs	1,504
Lawsuits	728
Concluded	400
Won	288
Lost	112
Pending	328
Regional breakdown of lawsuits	
Budapest and Pest County, total	254
Rest of country, total	474

Table 12
Comparison with corresponding period of preceding year

	Rate %
Premises inspected	92
Substantive measures taken	93
Substantive labour safety measures	101
Substantive labour affairs measures	83
Labour safety fines	143
Labour affairs fines	95
Irregularly employed foreigners	124
Misdemeanour fines, total	91
Payments because of foreigners	122
Labour safety fines	132
Labour safety fines	112

Question B

Please describe the system of civil and penal sanctions guaranteeing the application of health and safety regulations and also provide information on violations committed:

- a. the number of violations;**
- b. the sectors in which they have been identified;**
- c. the action, including judicial, taken in this respect.**

a) The number of violations committed:

*Table 13
Measures taken in the field of safety at work*

	2003		2004	
	No.	Amount	No.	Amount
Decision to impose fine for violation	492	14,943,500	621	20,378,000
Instant fine	5,090	39,784,000	4,636	35,819,000
Warning of violation	47		52	
Executive fine	209	5,725,500	268	8,414,000
Decision to impose fine for labour safety violation	1,871	465,380,000	2,669	612,055,000
Fines, total	7,709	54,727,500	8,246	676,666,000

b)-c) Sectors in which the identified violations occurred:

Table 14

Breakdown of actions against violations by subject of procedure in 2003 and 2004, pursuant to Government Decree 218/1999 (XII. 28.) Korm on certain misdemeanours ('Decree')

Category	2003		2004	
	Number	Total fine (HUF)	Number	Total fine (HUF)
Decree Section 98 (1) a Violations of rules concerning safety and health at work and inspection thereof				
Misdemeanours decision issuing official warning	25		19	
Misdemeanours decision imposing fine	392	11,306,000	477	15,374,000
Instant on site fine	4,331	33,808,500	4,042	30,999,000
Decree Section 98 (1) b Non-performance of registering and drawing up of investigation report of workplace accident, and non-reporting of accident				
Misdemeanours decision issuing official warning	21		27	
Misdemeanours decision imposing fine	39	1,392,000	50	1,565,000
Instant on site fin	69	538,000	31	231,000
Decree Section 99 (1) Hindering labour safety representative				
Misdemeanours decision imposing fine			1	30,000
Immediate on site fine	2	12,000	1	5,000
Decree Section 100 (1) a Using production or safety equipment without it having undergone mandatory preliminary testing				
Misdemeanours decision imposing fine	15	430,000	21	590,000
Instant on site fine	73	560,500	74	637,000
Decree Section 100 (1) b Violation of rules on operation, maintenance of production and/or safety equipment				
Misdemeanours decision issuing official warning			3	
Misdemeanours decision imposing fine	35	755,000	52	1,455,000
Immediate on site fine	282	2,302,000	195	1,674,000
Decree Section 100 (2) Non-maintenance of production and/or safety installations as specified in safety rules, law				
Misdemeanours decision issuing official warning			1	
Misdemeanours decision imposing fine	11	265,000	12	235,000
Instant on site fine	95	665,000	83	666,000
Decree Section 131 (1) a Importing, using electrical equipment without safety approval				
Misdemeanours decision imposing fine			1	30,000
Instant on site fin	1	10,000	3	18,000
Decree Section 131 (1) b Installing and operating electrical equipment and installations in violation of safety provisions				
Misdemeanours decision issuing official warning	1		1	
Misdemeanours decision imposing fine	17	375,000	15	335,000
Instant on site fine	89	673,000	57	463,000

Decree Section 132 (2) Keeping furnaces or pressure equipment or storage tanks in inoperable condition				
Misdemeanours decision imposing fine			1	30,000
Instant on site fine			6	51,000
Decree Section 139. Violation of construction safety rules				
Misdemeanours decision issuing official warning			1	
Misdemeanours decision imposing fine	20	420,500	35	734,000
Instant on site fine	150	1,215,000	144	1,075,000
Total	5,668	54,727,500	5,353	56,197,000

Occupational health activity of the National Public Health and Medical Officers' Service in 2004:

The National Public Health and Medical Officers' Service is under the direct supervision of the minister of health. It is responsible for public health operations including occupational health. The National Public Health and Medical Officers' Service studies and monitors the conditions for safe work that does not endanger people's health and the meeting of requirements to control pathologic factors in the working environments. Since 1 May 2004, the Republic of Hungary has been a member of the European Union, which places new requirements on all players in the occupational arena. Effective maintenance to up-to-date laws that conform to the European Union, including on authorities, guarantee adherence to EU expectations in maintaining working conditions that are safe and do not endanger worker health.

Trends of activities within the official enforcement authority of the National Public Health and Medical Officers' Service regarding occupational health

The occupational arena is undergoing dynamic changes at present. The changes taking place in the economy, and the introduction of new technologies trigger new hazards and new risks, for classic workplaces are in a state of transformation. There are growing numbers of work performed by telecommuting and special information is required to employ women, elderly workers, and people whose working ability has been altered. These changes in the working world are a continuous challenge for specialists in occupational health supervision, too. Small and medium sized enterprises continue to make up most of the workplaces in Hungary.

Table 15

Activities within the supervision and enforcement authority in the field of occupational health performed by the National Public Health and Medical Officers' Service

Main indices of supervision and enforcement authority activities	Years				
	2000	2001	2002	2003	2004
Number of units registered	33,480	36,906	39,121	49,614	55,891
Number of units inspected	17,079	17,381	19,377	23,940	22,595
Number of cases of inspection	23,465	23,536	26,201	30,167	29,773
Number of action decisions taken	2,550	1,492	1,605	1,397	1,969
Action by authority regarding registered unit	9,520	12,485	12,207	16,242	12,113
Number of written notes	4,570	3,796	5,556	4,441	5,669

The number of units registered by the municipal institutes of the National Public Health and Medical Officers' Service has increased compared to one year earlier. There was no significant change in the number of units inspected or in the number of cases inspected. The number of decisions calling for action increased by 29 percent. In 2004, the National Public Health and Medical Officers' Service staff issued fewer professional opinions on the units registered. There was an increase in the number of written notes.

Table 16

Fines levied in the past 5 years by the National Public Health and Medical Officers' Service

Type of fine	Main numbers	Year				
		2000	2001	2002	2003	2004
Executive	Number	52	50	76	48	113
	Amount HUF 1,000	2005	2620	2755	1940	4935
Misdemeanour	Number	29	29	71	68	71
	Amount HUF 1,000	770	1005	2595	2053	2165
On-site	Number	140	110	112	80	108
	Amount HUF 1,000	782.5	905	939	581	863
Chemical load	Number			183	233	481
	Amount HUF 1,000			15790	17354	47465
Occupational safety	Number	16	24	16	44	74
	Amount HUF 1,000	2260	2470	2910	3680	9570

In 2004, there was an increase in the number of fines levied by the National Public Health and Medical Officers' Service and in the amounts of those fines. There was a more than 50 percent increase in fines for chemical load and in executive fines. The National Public Health and Medical Officers' Service staff levied fines particularly for priority tasks set by working plans and for performance of targeted tasks

The National Public Health and Medical Officers' Service experience with operations as an enforcement authority in occupational safety

The National Public Health and Medical Officers' Service is responsible for occupational safety supervision of all sectors of the national economy, for purposes of maintaining and improving the health of employees. The goal of occupational safety activity is to foresee, recognize, evaluate, and manage the risk of health hazards occurring in the working environment during the course of work.

The enforcement authority uses the tools of primary prevention to attain its goal. Laws, government decrees, and ministers' decrees authorize the occupational safety authority to perform its work. The various institutions of the National Public Health and Medical Officers' Service work in accordance with annual working plans, as required by law.

Priority working plans for 2004:

- to identify the risks to health from exposure to dust, in order to prevent occupational diseases
- to see to it that the minimum health and safety requirements for work with display screen equipment are adhered to
- to monitor and document workplace hygiene performed by occupational health service providers
- to investigate the health damaging risks of chemicals, particularly those occurring when carcinogenic materials are used.

There are 383 workplaces registered nationwide in which exposure to dust causing pneumoconiosis is possible. Tests were performed at 325 of these facilities (84.8 percent). In 95.3 percent of the facilities inspected, the employers had risk assessment. It has often been found that private sector companies employing few people do not use instruments to prepare their risk assessments. Measures taken as part of risk management strategies are focused decisively on technological measures and protection of individuals. The inspection showed that individual protective devices are provided on a continuous basis. In all cases inspected, employers provided occupational healthcare services for their employees. Occupational health physicians only were present for 87 percent of workplace inspections and only documented their presence in 65.7 percent of cases. The frequency of the inspection varied.

When inspecting compliance with Decree 50/1999 (XI. 3) EüM of the Minister of Health on the minimum health and safety requirements for work with display screen equipment, the National Public Health and Medical Officers' Service staff inspected 13,403 computer display screens, owned by 833 employers, for a total number of 16,755 persons inspected. Forty percent of the employees inspected were male and 60 percent were female. Among the men 36.5 percent wore glasses when working in front of the display screen. Among the women, 63.2 percent wore glasses. The decisive majority of employers provide their employees with the glasses needed for clear vision in front of the display screen, if it is necessary for them to wear them. With minimum exception, the employers do not work their staffs for longer than the time set by law and they provide them with the breaks required. Decisions were taken and measures were set down in written notes to eliminate the shortcomings. No fines were levied.

In 2004, the National Public Health and Medical Officers' Service staff inspected 1,226 employers where staff worked with carcinogenic materials/products. At the employers inspected 11,543 men and 2,358 women carried out activities with carcinogenic substances/preparations. Occupational health facilities were provided for staff. Almost all employers had risk assessments. Principal measures to avert risks involved use of technological and individual protective devices. Em-

ployees had the necessary individual protective devices at their disposal. Inspectors levied fines for occupational safety shortcomings in 7 cases and for chemical load in 4 cases, amounting to HUF 525,000.

In 2004, the National Public Health and Medical Officers' Service, together with the Ministry of Environment and Water Management, inspected 228 hazardous facilities.

The National Public Health and Medical Officers' Service examination covered

- the conditions under which hazardous materials and products are stored,
- safety data sheets,
- documentation of risk analysis,
- authorisation (permits, registration of requests) to work with hazardous materials/products,
- storage of hazardous wastes.

Twelve measures were taken because of shortcomings discovered.

Hungary now has three years worth of data on the occupational safety situation of healthcare institutions, thanks to a government decree requiring them to submit data. A hospital is “a large-scale and hazardous facility” where a full range of pathogens can be found. Each year a growing number of healthcare facilities meet their requirement to report. We need real data to judge the occupational safety situation of healthcare facilities so adhering to the requirement to report is very important.

Under Decree 5/2002 (XI. 12) FMM of the Minister of Employment and Labour the National Public Health and Medical Officers' Service Occupational Information Service began operations within the Fodor József National Public Health Centre's National Labour Hygiene and Occupational Health Institute, offering telephone information.

The National Public Health and Medical Officers' Service Occupational Safety Information Services received 1,204 telephone inquiries in 2004, a 35 percent increase compared to the previous year. An evaluation of the data shows that most questions concerned the labour hygiene requirements of workplaces and cigarette smoking in the workplace.

Interest grew after Joint Decree 3/2002 (II. 8) SZCSM-EüM of the Minister of Social and Family Affairs and of the Minister of Health on the minimum safety and health requirements of workplaces took effect following Hungary's admission to the European Union, and the tightening up of rules governing cigarette smoking in the various member countries.

Issues of chemical safety, activity with hazardous materials, and hazardous products have continuously been in the spotlight of interest.

Question C

Please provide statistical information on occupational accidents, including fatal accidents, and on occupational diseases by sectors of activity specifying what proportion of the labour force is covered by the statistics. Please describe also the preventive measures taken in each sector.

The following table covers occupational accidents – including fatal and serious accidents, and accidents resulting in loss of some body-part – giving both numbers and rates compared to the year before. (This table does not include mining accidents).

Table 17
Occupational accidents in 2003 and 2004

Occupational accident	2003	2004	% of pre-vious year
Total	25,745	23,872	92.7
Serious	216	282	130.6
Fatal	133	160	120.3
Serious, loss of body part	46	53	115.2
Loss of body part	259	325	125.5
Rate per 1,000 employees	6,6	6,1	92.4
Rate of fatal accidents per 100,000 employees	3.4	4.1	120.5

Table 18
Reported accidents in sectoral breakdown, 2004

Sector	Total	Of all occupational accidents				
		fatal	serious, loss of body-part	other serious	Serious, total	Loss of body part, total
Agriculture, game management, forestry	1,330	13	5	5	23	22
Mining	16	0	0	0	0	1
Manufacture of food and beverages	2,001	3	4	1	8	27
Manufacture of tobacco products	7	0	0	0	0	0
Textile manufacture	248	1	0	1	2	5
Garment manufacture, fur finishing, sewing	247	0	0	0	0	1
Leather finishing, manufacture of bags, belts, footwear	92	1	0	0	1	0
Wood processing, manufacture of raffia products	412	2	6	1	9	31
Paper and paper produce manufacture	228	0	0	0	0	5
Publishing, printing, other duplication	189	1	1	1	3	5
Coke manufacture, petroleum processing, nuclear fuel manufacture	45	0	0	0	0	0
Manufacture of chemical materials, products	373	5	2	2	9	4
Manufacture of rubber and plastics	687	1	2	1	4	10
Manufacture of other non-metallic mineral products	644	7	1	1	9	9
Manufacture of basic metals	523	2	0	3	5	2
Manufacture of metal products	1,277	6	6	3	15	26
Manufacture of machinery and equipment	931	6	0	0	6	16
Office machinery, computer manufacture	29	0	0	0	0	1
Manufacture of electrical machinery not listed elsewhere	588	1	0	0	1	5
Manufacture of telecom products, instruments	579	0	0	0	0	4
Instrument manufacture	91	1	0	0	1	3
Road vehicle manufacture	699	1	2	0	3	9
Manufacture of other vehicles	96	0	0	0	0	3
Manufacture of furniture and processing industry products not listed elsewhere	318	0	1	0	1	17
Metal re-cycling	37	0	0	0	0	0
Electric power, gas, steam, and water supplies	422	0	2	0	2	8
Building industry	1,346	55	9	21	85	34
Commerce in vehicle fuel	312	5	1	1	7	3

Table 18. ctd

Sector	Total	Of all occupational accidents				
		fatal	serious, loss of body-part	other serious	Serious, total	Loss of body part, total
Wholesale trade	936	9	1	5	15	5
Retail trade	1,239	2	1	1	4	13
Hotel accommodations, catering	498	1	1	1	3	6
Overland transport including through pipes	1,745	16	5	7	28	12
Water transport	12	0	0	0	0	0
Air transport	3	0	0	0	0	0
Supplementary transport activity, passenger organization	392	1	0	1	2	3
Postal and telecom services	681	1	0	2	3	3
Financial activity (excluding insurance)	41	0	0	0	0	0
Insurance (excluding mandatory health and pension insurance)	30	0	0	1	1	0
Activity that supplements insurance	17	0	0	0	0	0
Real estate	161	0	0	2	2	1
Car rentals	20	0	0	0	0	1
Computer activity	23	0	0	1	1	0
Research, development	26	0	0	0	0	0
Services assisting business activity	639	6	0	3	9	5
Public administration, defence, mandatory health and pension insurance	536	3	0	1	4	5
Education	840	2	1	1	4	5
Healthcare and welfare services	1,493	3	0	2	5	7
Effluent water treatment, waste management, settlement cleaning services	358	2	2	0	4	5
Interest representation activity	64	0	0	0	0	1
Entertainment, culture, sports	231	1	0	0	1	1
Other services	96	1	0	0	1	1
Private home employing housekeeper	0	0	0	0	0	0
Extra-territorial organizations	5	1	0	0	1	0
Manufacture of carpentry industry products	5	0	0	0	0	0
Installation of carpentry industry products	1	0	0	0	0	0
Manufacture of bearings, transmissions	3	0	0	0	0	0
Retail outlets for cosmetic products	1	0	0	0	0	0
Road haulage	2	0	0	0	0	0
Other business assistance activity not listed elsewhere	4	0	0	0	0	0
Effluent water, waste treatment, public sanitation services	3	0	0	0	0	0
Total:	23,872	160	53	69	282	325

¹ Sectoral classification prepared on basis of the Communication 9017/1991 (SK 8.) of the President of the Central Statistical Office.

Data relating to work burden and exposure to health-damaging pathogens at workplace, 2004²:

In 2004, there were 714,810 people performing difficult and semi-difficult manual work (in 2003, the number was 623,224).

The number of employees exposed to pathogenic factors at work was 1,872,533 (in 2003, the number was 1,868,156).

² Source: National Institute of Labour Hygiene and Occupational Health, Fodor József National Public Health Centre (OKK-OMFI)

There were 525,101 persons who were not working to optimum (this is 28 percent of all cases) and there were 470,866 persons (25.1 percent of all cases) working in occupations with a heightened accident risk.

The number of people working in exposure to biological pathogens was 441,831 (23.6 percent of all cases).

Noise makes up the decisive part of physical pathogens, involving 248,461 persons (about 72.1 percent), while 31,551 people (9.17 percent) are exposed to whole-body vibration, with 21,597 people (6.26 percent) exposed to localized vibration. 13,395 people (3.9 percent) are exposed to ionizing radiation, while 29,298 people (8.5 percent) are exposed to non-ionizing radiation; 271 persons worked under pressurized conditions.

There were 90,162 people (4.8 percent) exposed to chemical pathogens.

The number of employees in occupations considered to be of specific epidemiological interest declined and is now 432,498.

In 2004, there were 128,293 occupational health examinations conducted at workplaces. The number of consultations connected to planning and work organization was 23,293.

In 2004, the number of job fitness examinations was 2,071,670. Fifty-three percent of the examinations were periodical, 29.4 percent were preliminary, 3.2 percent were urgent and 1.6 percent were conclusive tests to determine fitness for an occupation.

Fully 10,085 people underwent examinations to determine fitness for work abroad, 128,226 people underwent physicals to determine suitability to drive cars, 11,207 underwent examinations to determine suitability to own firearms, and 107,808 people took other types of suitability examinations.

The number of employees who received vaccination was 131,477. In 76,607 cases the vaccination was connected to an occupation, and 54,870 people were vaccinated as a preventive measure (principally against influenza).

Occupational health services conduct a significant amount of preventive care activity. In 2004, 471,808 persons, i.e. 20 percent of employees under the care of the services received continuous care, which is a 1.4 percent increase compared to one year earlier.

Of them, 33 percent received continuous care for cardio-vascular diseases, 15.8 percent (74,744 persons) for locomotor diseases, 14.65 (69,138) percent for belonging into a vulnerable group, 8.26 percent (39,016) for metabolic diseases, 6.37 percent (30,097) for diseases of the respiratory system, 6 percent (27,849) for diseases of the digestive system, 4 percent (19,744) for diseases of the nervous system, 5 percent for other chronic conditions, 1 percent for occupational diseases, and 6 percent as rehabilitated patient.

On average, the patients under continuous care called on the occupational health services 1.7 times per year.

In 806,750 cases, the occupational health services provided emergency care for work-related and other illnesses. The number of people requiring emergency care was 145,665, in which acute indisposition was present in 122,364 cases. They provided this care for accidents in 23,301 cases, of which workplace accidents made up 45 percent.

The large number of cases of emergency care indicates that occupational health services not only provide workplace first aid and take part in organizing emergency care, for they often deliver primary medical treatment, which is not financed by either the National Health Insurance Fund (OEP) or by the employer.

The services performed screenings in numbers that are significant from public health considerations, too, in 2004, the number of cases coming to 652,402 (blood glucose, cholesterol, PSA, etc.). The number of people treated for suspected occupational diseases was 8,683 in 2004. The occupational health services reported 1,131 incidences of occupational diseases. The number of people whose occupational diseases were accepted, approved and included in the National Register was 675, up by 25 percent from a year earlier (it was 541 in 2003).

The number of cases of overexposure reported by the services was 897. The number of accepted and approved cases was 529, a nearly 40 percent increase compared to data of a year ago.

Total patient turnover in occupational health clinics amounted to 4,488,400 people.

The number of cases of workplace rehabilitation measures was 12,900 and the number of economic operators participating in rehabilitation measures was 2,283. Within the framework of activity to reduce personal risk factors, the number of health promotion lectures offered by service providers was 17,187 and the number of health promotion programmes was 16,610.

Table 19
Breakdown of workplace pathogens, 2004

Noise	248,461
Localized vibrations	21,597
Vibration, whole body	31,551
Work in pressurized facility	271
Ionizing radiation	13,395
Non-ionizing radiation	29,298
Chemical pathogens	90,162
Biological pathogens	441,831
Non-optimum strain	525,101
Accident hazard	470,866

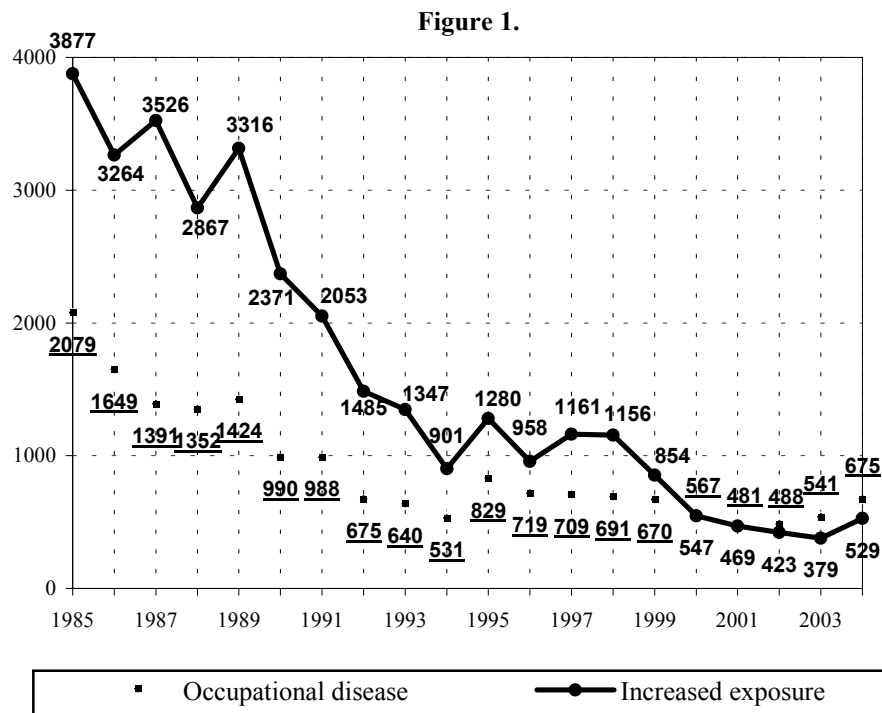
(Source: National Institute of Labour Hygiene and Occupational Health, Fodor József National Public Health Centre)

Data on occupational diseases³

In 2004, 675 cases of occupational illnesses (poisonings) were reported, up by 25 percent compared to the previous year (541). In 48 percent of reported cases (59 percent in 2003) workers were incapacitated. There was a 40 percent growth in cases of increased exposure compared to 2003. (529 cases in 2004 and 379 in 2003). (Figure 1)

³ Source: National Institute of Labour Hygiene and Occupational Health

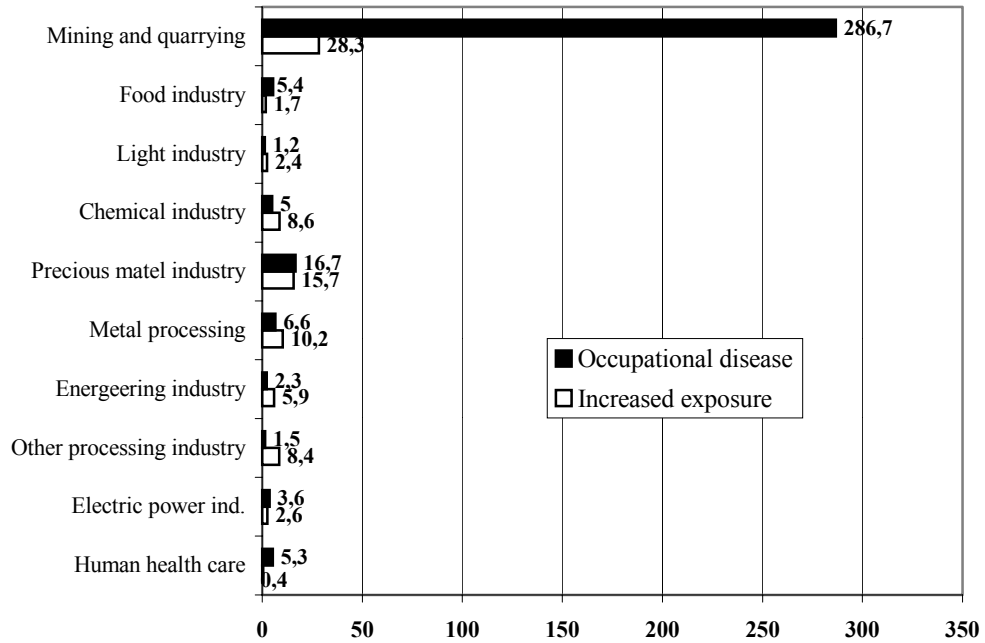
The number of cases of occupational diseases was highest in mining: 23 percent (157 persons) while the longer exposure time was among people in the iron and metal-working industry: 43 percent or 227 persons. (Figures come from FEOR – Uniform Classifications of Occupations).



By far the largest number of occupational diseases were in the processing industry (282 cases or 42 percent) in a breakdown by sectors of the national economy. This was followed by mining (with 172 cases or 25 percent) healthcare and welfare (98 cases or 15 percent) (Figure 2) A total of 476 cases of occupational diseases came from industry (mining, the processing industry, the electric power industry, and water management) (which is 71 percent of all cases reported.) As far as the number of cases per 10,000 employees was concerned, most diseases came from mining (286.7). This high level was made up of respiratory diseases on the one hand (88 persons or 51 percent), and a large number of noise-induced hearing impairment (45 persons or 26 percent) on the other (Figure 3).

With respect to diseases from healthcare and social welfare, 21 percent of the cases (21 cases) involved hepatitis, 12 percent (12 cases) were or tuberculosis, and 44 percent (43 cases) were other diseases caused by biological pathogens.

Figure 2: Notified cases per 10,000 employees in industrial sectors and in human health care



As far as reported occupational diseases are concerned,

there was a change from the previous year with noise-induced hearing impairment again taking first place followed by communicable diseases with respiratory diseases in third place. The rate of females was higher than males for dermatological diseases, communicable diseases and poisonings caused by chemicals: 67 percent, 60 percent, and 52 percent. The rate of males was higher for noise-induced hearing impairments, respiratory diseases, vibration diseases and other diseases, with 97 percent, 87 percent, 85 percent, and 81 percent.

Figure 3: Notified occupational diseases – trends by major categories

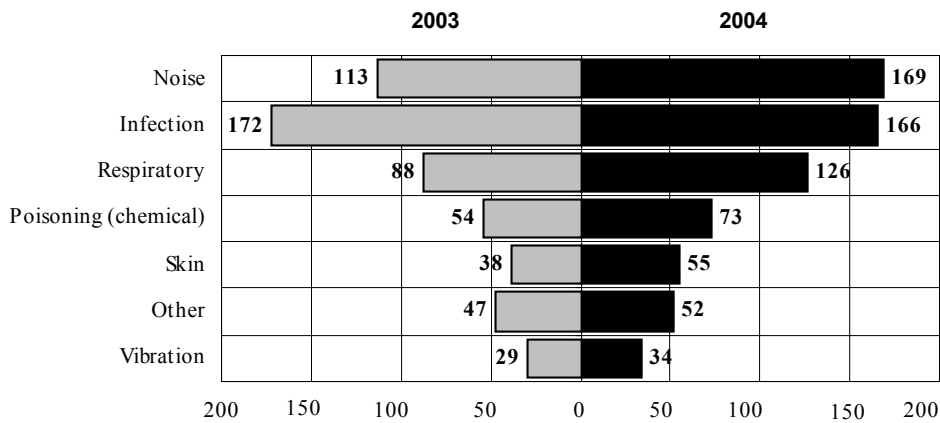


Figure 4: Occupational diseases – breakdown by categories and sexes

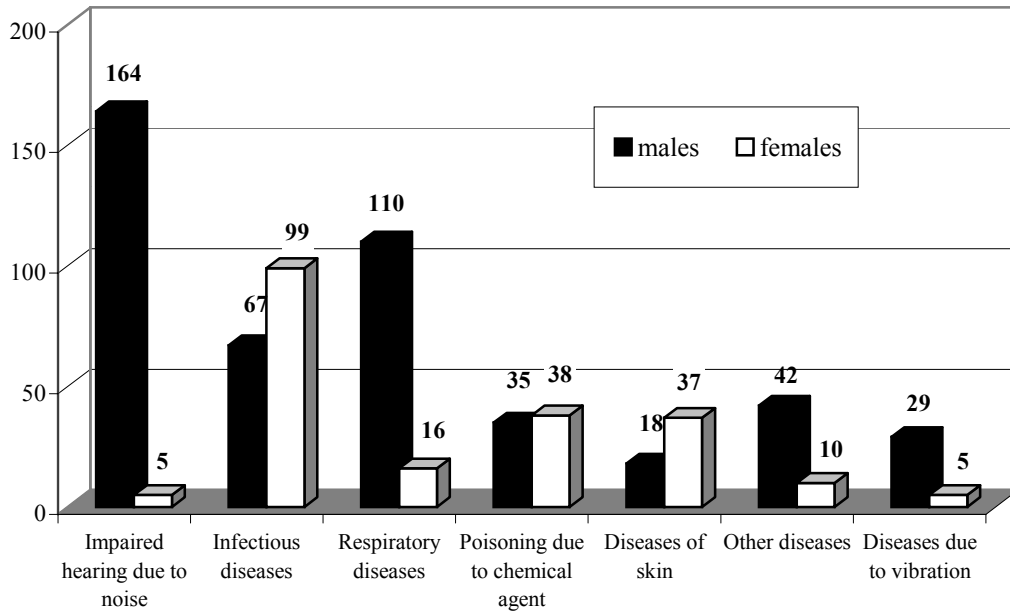


Figure 5: Occupational diseases – breakdown by main groups of pathologic agents

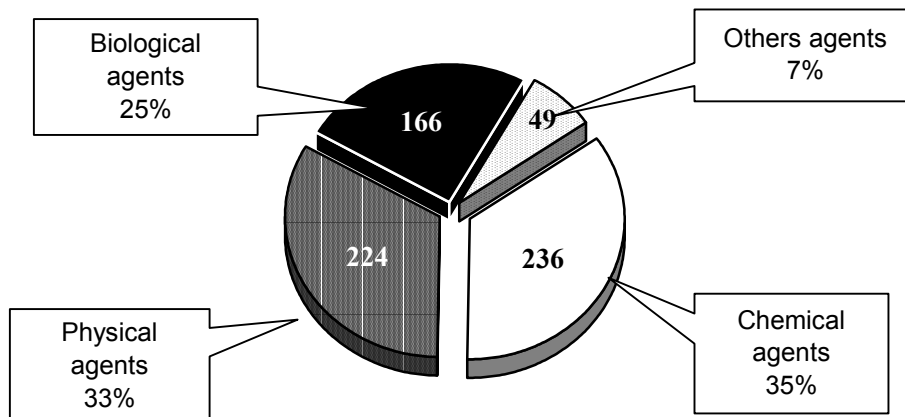


Table 20
Number and frequency of reported occupational diseases, 1980-2004

<i>Year</i>	<i>Total Cases</i>	<i>Incapacitated</i>		<i>Per 100,000 economically active persons</i>
		<i>Case number</i>	<i>Percentage</i>	
1980	2,703	1,147	42.4	53.5
1981	2,804	1,419	50.6	55.3
1982	2,464	1,211	49.1	49.2
1983	2,545	1,114	43.8	50.8
1984	2,490	1,288	51.7	50.4
1985	2,079	1,001	48.2	42.5
1986	1,649	945	57.3	33.7
1987	1,391	697	50.1	28.5
1988	1,352	500	37.0	27.9
1989	1,424	650	45.6	29.6
1990	990	477	48.2	20.5
1991	988	531	53.7	22.1
1992	675	376	55.7	15.9
1993	640	354	55.3	16.6
1994	531	316	59.5	14.4
1995	829	515	62.0	22.8
1996	719	346	48.1	19.9
1997	709	347	48.9	19.6
1998	691	348	50.4	19.0
1999	670	318	47.5	18.2
2000	567	284	50.1	15.1
2003	481	255	53.0	12.6
2002	488	230	47.1	12.7
200	541	318	58.8	14.0
2004	675	322	47.7	17.5

Additions concerning operations under the Ministry of the Interior

The main figures for accidents in 2004 in bodies under the supervision of the Ministry of the Interior.

The tables refer to accidents and student accidents that occurred while performing services or duty and involved at least one day of exemption from service or sick-leave.

Table 21
Law enforcement organs

	Police	Border guard	Commissioned disaster management bodies and fire-fighters
Number of workplace and in-service accidents	431	154	289
Number of days of exemption from service because of accidents	16,532	4, 188	11, 373
Average number of recovery days per accident	38.3	27	39.4
Number of accidents per 1,000 persons (calculating with authorised staff numbers in the law enforcement bodies)	10.7	11.5	29.4
Number of minor injuries (requiring less than 8 days to heal)	105	64	38
Number of serious injuries (requiring more than 8 days to heal)	325	90	251
Number of fatal accidents	1	0	0

Analysis of accidents occurring in law enforcement services

Table 22
Activity that the injured were performing at time of injury

Activity	Police		Border guard		Commissioned disaster management bodies and fire-fighters	
	Number	% of all accidents	Number	% of all accidents	Number	% of all accidents
Performance of policing activity	229	53				
Border policing			42	27.3		
Fire-fighting			2	1.3	41	14.2
Performing disaster management task						
Professional, office work					1	0.3
Operating machine, servicing machine	7	1.6			1	0.3
Repairs, maintenance			2	1.3	8	2.8
Manual work	11	2.6	11	7.1	7	2.4
Moving materials	19	4.4	7	4.5	3	1
Transport	57	13.2	19	12.3	7	2.4
Acting as set in agenda	20	4.6			25	8.7
Mandatory sports	39	9	40	26	161	55.7
Leisure activity	1	0.2			10	3.5
Training	36	8.6			8	2.8
Other	12	2.8	31	20.1	17	5.9
Total:	431	100	154	100	289	100

Table 23
Type of accident

Type of accident	Police		Border guard		Commissioned disaster management bodies and fire-fighters	
	Number	% of all accidents	Number	% of all accidents	Number	% of all accidents
Vehicle collision, overturning, hitting pedestrian	68	15.8	2	1.3	2	0.7
Falling, falling from height	27	6.3			15	5.2
Tripping and falling, slipping	182	42.2	79	51.3	129	44.6
Objects falling, collapsing	8	1.9	9	5.8	3	1
Touching moving machine part	5	1.2			2	0.7
Electric shock						
Being hit by someone or something	78	18.1	43	27.9	73	25.3
Stabbing, cutting	13	3	17	11	16	5.5
Shooting	4	0.9				
Explosion	1	0.2				
Acute poisoning			1	0.6		
Burning, scalding	2	0.5	1	0.6	4	1.4
Biological effects	2	0.5			1	0.3
Radiation effects						
Other	41	9.5	2	1.3	44	15.2
Total:	431	100	154	100	289	100

Table 24
Nature of injury

Injury	Police		Border guard		Commissioned disaster management bodies and fire-fighters	
	Number	% of all accidents	Number	% of all accidents	Number	% of all accidents
Fracture	101	23.4	20	13	40	13.8
Joint dislocation	30	7	7	4.5	12	4.2
Joint, muscle sprain, pull	128	30	52	33.8	117	40.5
Intracranial injury	2	0.5	2	1.3	1	0.3
Internal injury to chest, abdomen, groin	3	0.7				
Open wound	47	10.9	18	11.7	27	9.4
Vascular injury	1	0.2	2	1.3	2	0.7
Superficial injury	18	4.2	6	3.9	5	1.7
Contusion	80	18.6	32	20.8	46	15.9
Burn	3	0.7			4	1.4
Poisoning			1	0.6		
Other	18	4.2	14	9.1	35	12.1
Total:	431	100	154	100	289	100

Table 25
Primary cause of accident

Cause of accident	Police		Border guard		Commissioned disaster management bodies and fire-fighters	
	Number	% of all accidents	Number	% of all accidents	Number	% of all accidents
Environmental failure	106	24.6	40	26	23	8
Faulty material, tool, machine	6	1.4	1	0.6	2	0.7
Failure of other equipment, structural element	14	3.2			6	2.1
Failure or absence of protective equipment			2	1.3	1	0.3
Failure or absence of individual protective device	1	0.2			1	0.3
Detrimental environmental influence	9	2			11	3.8
Attack by persons	7	1.6				
Attack by animals	12	2.8			4	1.4
Natural disaster						
Failure of specifications, planning, organization	6	1.4				
Failure to inspect						
Failure to perform maintenance						
Lack of supervision						
Injured party not sufficiently trained, inexperienced	17	3.9	13	8.4	4	1.4
Injured party not sufficiently healthy to perform job	7	1.6			2	0.7
Injured party not paying attention	134	31.1	35	22.7	177	61.3
Injured party careless, undisciplined	4	0.9				
Injured party did not follow rules	1	0.2			3	1
Injured party was under influence of alcohol						
Other person was not professionally qualified	1	0.2				
Other party was not paying attention	39	9.1	31	20.1	25	8.7
Other party was careless	16	3.7			1	0.3
Other party did not follow rules	10	2.3				
Other party under influence of alcohol	1	0.2				
Other party behaving illegally	40	9.3	1	0.6		
Other			31	20.1	29	10
Total:	431	100	154	100	289	100

Table 26
Equipment, tools and, materials involved in accident

Equipment, tools, materials	Police		Border guard		Commissioned disaster management bodies and fire-fighters	
	Number	% of all accidents	Number	% of all accidents	Number	% of all accidents
Firearms, ammunition, other significant weapon	8	1.9				
Car, other means of transport	91	21.1	5	3.2	5	1.7
Machinery, mechanical equipment	1	0.2	3	2	5	1.7
Tools	8	1.9	14	9.1	9	3.1
Sporting tools, sporting facilities	27	6.3	27	17.5	82	28.4
Materials, affects of materials	3	0.7			6	2.1
Installations	17	3.9	14	9.1	9	3.1
Objects intended for use	9	2	13	8.4	8	2.8
Other	39	9.1	14	9.1	8	2.8
None	228	52.9	64	41.6	157	54.3
Total:	431	100	154	100	289	100

2. Non-law enforcement bodies under the supervision of the Ministry of the Interior

Table 27
Non-law enforcement bodies of the Ministry of the Interior

Organizations assisting the Ministry in conducting its activity	Number of workplace, service, and student accidents
Central Hospital and Affiliated Institutions, Ministry of the Interior	7
Defence Service for Law Enforcement Bodies	1
Central Financial Directorate, Ministry of the Interior	7
Duna Palota and Publishing House, Ministry of the Interior	0
Telecommunication Service, Ministry of the Interior	0
Institute of Forensic Science and Research, Ministry of the Interior	1
Education Directorate, Ministry of the Interior	0
<i>Budapest Secondary School for Law Enforcement*</i>	19 (19)
<i>Csopak Secondary School for Law Enforcement*</i>	1 (0)
<i>Sopron Secondary School for Law Enforcement *</i>	1 (1)
International Education Centre	5 (5)

Adyliget Secondary School for Law Enforcement	25 (24)
Körmend Secondary School for Law Enforcement	14 (13)
Miskolc Secondary School for Law Enforcement	38 (33)
Szeged Secondary School for Law Enforcement	12 (12)
Disaster Management Education Centre	18 (15)
Total:	149 (122)

* Secondary law enforcement schools closed down during the year.

*Table 28
Independent organizations attached to the Ministry of the Interior*

Independent organizations under supervision of the Ministry of the Interior and central agencies established by the government and supervised by the Minister of the Interior	Number of accidents
Office of Immigration and Naturalization	8
Police Academy	10 (6)
Central Data Processing, Registration and Election Office	3
Public Administration-organization and Public Service Office	0
Coordination Centre to Combat Organized Crime	0
Total:	21

The data in parentheses in the table is the number of accidents suffered by students attending the training courses.

The number of accidents suffered by students and commissioned members studying at the Police Academy and at schools run by the Ministry of the Interior was: 128.

*Table 29
Occupational accidents - Ministry of the Interior*

There were three occupational accidents in the administrative organizations of the Ministry of the Interior	
Public administration offices	Number of accidents
Békés County Office of Public Administration	1
Fejér County Office of Public Administration	1
Total:	2

3. Aggregation of accident numbers

Table 30
Aggregated numbers of accidents

Bodies under the supervision of the Ministry of the Interior	Number of accidents
Police	431
Border guard	154
Commissioned disaster management bodies and fire-fighters	289
Organizations assisting the official activities of the Ministry of the Interior	149
Separate (non-law enforcement) bodies under the supervision of the Interior Minister	21
Administrative organisations of the Ministry of the Interior	3
Public administration offices	2
Total:	1,049

4. Breakdown of accidents by type

Table 31
Law enforcement bodies

	Accidents suffered in the course of duty	Workplace accidents
Police	372	59
Border guard	122	32
Disaster management	274	15
Total:	768	106

Table 32
Non-law-enforcement bodies of the Ministry of the Interior

Ministry bodies, independent Ministry of the bodies, and public administration offices	Number of service accidents	Number of workplace accidents	Number of student accidents
Central Hospital and Affiliated Institutions, Ministry of the Interior		7	
Defence Service for Law Enforcement Bodies	1		
Central Financial Directorate, Ministry of the Interior		7	
Institute of Forensic Science and Research, Ministry of the Interior		1	

Education Directorate, Ministry of the Interior			
<i>Budapest Law Enforcement Secondary School</i>			19
<i>Csopak Law Enforcement Secondary School</i>	1		
<i>Sopron Law Enforcement Secondary School</i>			1
Adyliget Law Enforcement Secondary School	1		24
Körmend Law Enforcement Secondary School	1		13
Miskolc Law Enforcement Secondary School	2	3	33
Szeged Law Enforcement Secondary School			12
International Education Centre	4	1	
Disaster Management Education Centre	18		
Immigration and Naturalization Office	1	7	
Central Data Processing, Registration and Election Office		3	
Police Academy	3	7	
Public Administration Offices		2	
Ministry of the Interior		3	
Total:	32	41	102

Number of service-related accidents: **800**

Accidents at work: **147**

Student accidents: **102**

Total: 1,049

5. Comparing accident data of past five years

*Table 33
Comparison of accident data, Ministry of the Interior*

Bodies under the supervision of the Ministry of the Interior	Number of accidents 2000	Number of accidents 2001	Number of accidents 2002	Number of accidents 2003	Number of accidents 2004
Police	507	475	458	406	431
Border guard	150	168	160	179	154
Commissioned disaster management bodies and fire-fighters	368	322	299	295	289
Organizations assisting the official activities of the Ministry of the Interior	151	201	189	189	149
Separate (non-law enforcement) bodies under the supervision of the Interior Minister	27	13	41	26	21

Administrative organisations of the Ministry of the Interior	3	0	1	0	3
Public administration offices	3	7	8	4	2
Total:	1, 209	1, 186	1, 156	1, 099	1, 049
Number of fatal accidents and work-place accidents	5	10	4	1	1

Article 3, Paragraph (3): to consult, as appropriate, employers' and employees' organisations on measures intended to improve industrial safety and health

Please indicate if consultations with employees' and employers' organisations are provided for in this connection by law, if they take place in practice and at what level (national, regional, at the sectoral or enterprise level).

Act XI of 2004 on the Amendment of Act XCIII of 1993 on Labour Safety expands and brings some precisions to the tasks of the Occupational Safety Committee working within the framework of the National Interest Coordination Council (OÉT), making it possible for the social partners to articulate their own opinions and offering a more extensive opportunity for the Committee to present its activity to the public.

The Law retains the provision which provides that the Committee renders its opinion of draft legislation referred to in Section 11 of the Labour Safety Law, of reports and of periodic programmes, but by defining the processes in a differentiating manner, it allows the various participants to voice differences of opinion.

Considering the practice of recent years and the new provisions included in the law (order of electing safety at work representatives, rules for the training and extension training of representatives, establishment and operation of a body operating on a parity basis, etc.), it appeared necessary to state that the Committee is charged with formulating recommendations regarding issues in the field of safety at work, which helps to effectively implement these regulations.

The Committee formulates recommendations, which although not of a mandatory nature, are elaborated and designed on the basis of practical experience gathered; therefore they lend themselves to good use and may be applied voluntarily.

The law set a separate task for the Committee to brief public opinion on its work, meetings, and important agenda items and position statements – in accordance with its rules of operations.

The OÉT Occupational Safety Committee met six times in 2004, and the main agenda points debated at its meetings were:

Debate of the four following pieces of legislation for amendment to bring them into conformity with EU legislation:

- Decree 8/1998 (III. 31.) MüM of the Minister of Labour concerning the minimum safety and health requirements for the use of work equipment at work
- Decree 2/1998 (I. 16.) MüM of the Minister of Labour on safety and health protection signs to be used in workplaces
- Decree 2/2002 (II. 7.) SzCsM of the Minister of Social and Family Affairs on the requirements of individual protective devices and on certification of conformity
- Decree 7/1999 (XI. 3.) SzCsM of the Minister of Social and Family Affairs laying down detailed regulations on the designation of organizations in charge of investigating the appropriateness of individual protective devices.

The Committee debated the draft ‘Recommendation’ submitted by the employer and employee negotiating teams that was prepared to address issues of interest representation and interest coordination in the field of safety at work.

It rendered an opinion on a draft called ‘Informative report for the government on the situation in the field of safety at work in the national economy in 2003’.

It debated the draft action plan and timetable for the 2005 national programme of safety at work.

It heard a report on amendment of Act XCIII of 1993 on Labour Safety and on amending its implementation decree, Decree 5/1993 (XII. 26.) MüM of the Minister of Labour.

It heard a report on having occupational health/health protection at work play a greater role in the field of safety at work.

Questions raised by the European Committee of Social Rights: The Committee would like information on limiting the use of asbestos in workplaces in conformity with Directives 83/477/EEC and 91/382/EEC.

The following laws provide for the transposition of Council Directives 83/477/EEC and 91/382/EEC on the protection of workers from the risks related to exposure to asbestos at work:

- Decree 1/2005 (I. 7.) EüM of the Minister of Health amending Decree 26/2000 (IX. 30.) EüM of the Minister of Health on the protection against carcinogenic substances and the prevention of occupational health damage caused by them, and Decree 44/2000 (XII. 27.) EüM of the Minister of Health on the detailed regulation of activities connected to hazardous materials and procedures and activities
- Decree 26/2000 (IX. 30.) EüM of the Minister of Health on the protection against carcinogenic substances and the prevention of occupational health damage caused by them, Appendix 4.
- Joint Decree 41/2000 (XII. 20.) EüM-KöM of the Minister of Health and of the Minister of Environment Protection on the limitation of activities involving certain dangerous materials and dangerous preparations
- Government Decree 21/2001 (II. 14.) Korm. on certain rules of air quality protection
- Joint Decree 14/2001 (V. 9.) KöM-EüM-FVM of the Minister of Environment Protection, of the Minister of Health and of the Minister of Agriculture and Regional Development on limit

values to atmospheric pollution, on emission limit values of point sources of atmospheric pollution

- Government Decree 204/2001 (X. 26.) Korm. on sewerage fine
- Decree 28/2004 (XII. 25.) KvVM of the Minister of Environment Protection and Water on the emission limits of water pollutants and on certain rules of their application
- Act XLIII of 2000 on Waste Management
- Government Decree 98/2001 (VI. 15.) Korm. on conditions for carrying out conducting activities related to hazardous wastes
- Decree 16/2001 (VII. 18.) KöM of the Minister of Environment Protection on the list of wastes
- Decree 22/2001 (X. 10.) KöM of the Minister of Environment Protection on waste dumps and on closing down waste dumps and certain conditions regarding how to treat them once closed down

The European Committee of Social Rights would like information on how employees are protected against radiation in conformity with Directive 96/29/Euratom.

Council Directive 96/29/EURATOM of 13 May 1996 laying down basic safety standards for the protection of the health of workers and the general public against the dangers arising from ionizing radiation has been fully transposed through the following pieces of legislation:

- Act CLIV of 1997 on Health
- Act CXVI of 1996 on Atomic Energy
- Decree 16/2000 (VI. 8.) EüM of the Minister of Health on the implementation of certain provisions of Act CXVI of 1996 on Atomic Energy

Decree 47/2003 (VIII. 8.) ESzCsM of the Minister of Health, Social and Family Affairs on certain issues of interim storage and final disposal of radioactive wastes, and on certain radiohygiene issues of naturally occurring radioactive materials concentrating during industrial activity

The pieces of legislation cited include rules on reporting and licensing activities, and on the protection of employees exposed to radiation and on health surveillance.

Based on the data in the Second National Report concerning inspection conducted by the Hungarian Labour Inspectorate (OMMF), the European Committee of Social Rights believes that the inspection system is effective. It would like to see inspection data for 2004. However, it considers the fines low compared to the number of violations. It would like the government's position on this.

Responses to Article 3 of the report offer the full range of data for 2004. The following table illustrates misdemeanours and related fines:

*Table 34
Fines imposed*

Year	Type of fine imposed at inspections	Number (units)	Amount (HUF)
2002	Labour safety fines	1,530	383,190,000
	Fines for infringement	5,490	51,046,500
2003	Labour safety fines	1,871	465,380,000
	Fines for infringement	5,636	54,727,500
2004	Labour safety fines	2,669	612,055,000
	Fines for infringement	5,309	56,197,000

The foregoing clearly shows that the amount of the sanctions imposed on misdemeanours is rising. While fines for labour safety violations have also shown a tangible increase, the number of fines for infringement appears to have settled into a constant number, shifting up and down by only about 200-300.

Though the main trend is an increase, it is clear that there has been no rise in the number of inspectors who take the measures resulting in the sanctioning.

Article 7: The right of children and young persons to protection

Article 7 Paragraph (1) With a view to ensuring the effective exercise of the right of children and young persons to protection, the Contracting Parties undertake:

to provide that the minimum age of admission to employment shall be 15 years, subject to exceptions for children employed in prescribed light work without harm to their health, morals or education;"

Question A

Please indicate whether the minimum age of admission to employment is regulated by legislation. If so, please send the relevant texts.

Please indicate whether the minimum age of admission to employment applies to all categories of work, including agricultural work, domestic work and work carried out in family enterprises.

The Labour Code sets conditions for establishing employment on an age basis and not on fulfilment of educational obligations. In other words, it clearly states that **a person must be over the age of 16 years to undertake employment.**

The exception to this general rule is for a student attending primary school, vocational school or secondary school full time, who may take a job during the school break at the age of 15 years.

When hiring a minor under the age of 16 years, the employer is mandated to obtain the agreement of the child's legal representative (e.g. parent or guardian, custodian, or director of the institute where the child is being raised). The employer needs to seek a written statement from the parent in which the parent states his or her agreement to the child becoming an employee. This statement must be retained with other employment documents, since it can be examined during labour inspection. This document of parental consent needs to be procured not only for the first job but also for any and all subsequent jobs until the child reaches the age of 16 years. Persons with diminished capacity may become employees without anyone having to give their consent. In this context, by way of explaining the basic concepts of certain civil rights, we need to review the relevant paragraphs of Act IV of 1959 on the Civil Code, pursuant to which people with diminished capacity include:

- juveniles over the age of 14 years but under the age of 18 years, who are not incompetent, and are not married. (Marrying is equivalent to reaching one's majority.)
- persons who have reached their majority but have been placed under guardianship by a court.

The concept of **young employee** has been coined in order to enable that limiting and prohibiting provisions relating to the development, physical wellbeing and health of young persons may be applied to juveniles below the age of 18 years who are considered to be of age under the Civil Code because of having married.

A **young employee** may work for a maximum of eight hours/day and forty hours/week, and may not be employed in a work reference period longer than one week. A young employee must be granted a work break of at least thirty minutes after four and a half hours of work, and must have at least 12 hours of daily rest between two working shifts. Even if collective agreements reduce rest periods to 8 hours in certain extraordinary work patterns, this may not be applied to a young

employee. Furthermore, in the case of young employees, it is not allowed to grant uninterrupted rest period instead of two resting days per week, neither is it possible to accumulate resting days.

A young employee may not work at night, may not be assigned to exceptional work, and may not do stand-by and on-call duty.

When determining the working time of a young employee, the hours worked for all of multiple employers must be combined (i.e. total working time spent working in employment and working under contract [Section 129.A of the Labour Code])

Pursuant to Section 3, Subsection (1), Paragraph e) of Act LXXV of 1996 on Labour Inspection (hereinafter: Labour Inspection Law) labour inspection extends to inspecting the rules under which juveniles are employed. The labour authority may employ the following measures and impose the following sanctions against an employer: may issue a warning, may mandate the employer to terminate the infringement within a specified period of time, may ban continued employment, may issue a labour fine, and may initiate infringement proceedings.

Considering that a minor under the age of 18 years may not necessarily work as an employee, but may be subject to any other legal relationship aimed at work (e.g. agency contract), it is justified that the application of labour rules should be expanded to these subjects of law. Thus, the lowest age-limit specified in the Labour Code must be adhered to in the case of other legal relationships aimed at work (i.e. agency contracts).

In the case of establishing other legal relationship aimed at work, e.g. prior to executing an agency contract, it has to be determined whether the agent has reached the age (15 or 16 years) at which a contract may be signed with him, whether the employment requires consent by the parents or guardian, for what duration is it possible to conclude the contract, furthermore, what other statutory provisions concerning young employees must be complied with.

A person with diminished capacity who has attained the age of 16 years may enter into employment without the consent of his or her parents or legal guardian, may dispose of his or her income at will and may undertake legal obligations to the limits of that income. Under the Civil Code, a minor person with diminished capacity may legally undertake joint and several guarantee to the limits of his or her earnings.

The lower limit on employability is applicable for all types of employment including agricultural work, household work, and work in a family business.

Question B

Please state whether your country's legislation dealing with minimum age allows derogations. If so, please state the derogations provided for in general by law or granted by an authority.

Please provide a definition of "light work" and, if appropriate, the list of such of work.

There are exceptional rules set under separate statute for **young people who still have a legal obligation to attend school, and are employed in the arts, sports, modelling and/or advertising professions.** Sections 6-7 of Act LXXIX of 1993 on Public Education provide for compulsory schooling, and in brief the rules are as follows: a child becomes subject to compulsory

schooling when he or she has reached the development level needed to attend school. At earliest this is in the calendar year in which the child is six, and at latest, at eight. Compulsory schooling exists until the end of the academic year in which the child reaches the age of 18 years. On reaching the age of sixteen, at the child's request, his or her obligation to attend school can be terminated, for instance, if he or she successfully completed secondary school graduation examinations. A child is mandated to attend primary school to meet the compulsory schooling requirement and, as of fifth grade, may attend a general secondary school. Unless the law specifies otherwise, the obligation to attend school may be met in a specialist secondary school or a vocational school as of ninth grade.

Young people under the obligation of compulsory schooling are often in demand for employment in arts, sports, modelling, or advertising activity. Therefore, it is possible for a person under the age of 16 to be employed – in these activities – without reaching minimum employable age. The restriction on their employment is that they must first procure consent from the **guardian court**. A young person under the obligation of compulsory schooling may be employed under conditions that differ from the rules cited above if, under the authorization of Section 203 of the Labour Code, the line minister has issued separate rules. This was the basis for Decree 7/2001 (X. 4.) ISM of the Minister of Youth and Sports Affairs on the employment for sporting purposes of young people under the obligation of compulsory schooling.

The definition of 'light work' is contained in Table 2 of Annex 2 to Joint Decree 3/2002 (II. 8.) SzCsM-EüM of the Minister of Social and Family Affairs and of the Minister of Health concerning the minimum level of safety and health requirements of the workplace, on the basis of 11.0 (2.6) kJ/min (kcal/min) respectively 650 (155) kJ/H (kcal/h) highest work-energy volume.

Question C

Please indicate the measures taken to combat illegal child labour and to implement in practice the relevant legislation and regulations.

Regulations banning illegal child labour are not in a single law but instead, they make up parts of a number of laws.

1.

From the point of view of Hungarian **criminal law**, protection of a person under the age of 18 years is differentiated. When Act IV of 1978 on the Criminal Code – (hereinafter: Criminal Code) makes reference to childhood, it means persons under the age of 14 years. The significance of this is contained in Section 23 of the Criminal Code: the person who has not yet completed his fourteenth year when perpetrating an act, shall not be punishable. In other words, a child 'used' to commit a crime cannot be punished.

According to Hungarian legislation, juvenile is the person who has completed his fourteenth year when committing the crime, but has not yet completed his eighteenth year. (Section 107, Subsection (1) of the Criminal Code). The provisions of the Criminal Code shall apply to juveniles with the differences contained in a separate chapter. If a perpetrator is a juvenile, the goal of sanctions is different (education rather than reprisal), and punishment can only be employed if other measures are not expedient and if application of measures associated with incarceration are particularly justified. Decree 23/2003 (VI. 24.) BM-IM of the Minister of the Interior and of the Minis-

ter of Justice laying down the detailed rules of investigation by investigative authorities under the supervision of the Minister of the Interior and setting rules in manners other than a step-by-step record of the investigative action, gives details of procedural rules on juveniles. According to Section 143, Subsection (1) of this decree, rules of criminal procedure against juvenile are to be applied to a suspect who reached the age of eighteen years after committing the offence but before the start of criminal proceedings. In other words, according to substantive criminal law and in part, to procedural law, that person still qualifies as a juvenile. This rule is also valid for the victim of a crime, as well as for the perpetrators and victims of crimes committed outside Hungary.

The typical form in which child labour occurs is when children are forced to beg, when they are forced into child pornography, when children and adolescents are forced into prostitution, when they are used in drug trafficking and when, as a result, they become drug abusers. In addition, we see violence and abuse in connection with the above. Under the Criminal Code crimes committed against children are always qualified as aggravated and sanctions imposed are more serious.

In this sphere, the following criminal cases stated to protect children are set forth:

- the Criminal Code qualifies as an **aggravated case of homicide** if the homicide is committed against a person under the age of fourteen years [Section 166, Subsection (2), Paragraph i) of the Criminal Code].
- the Criminal Code qualifies as an **aggravated case of trafficking in human beings** if the criminal act is committed against a person under the age of eighteen years [Section 175/B, Subsection (2), Paragraph a); Subsection (3) Paragraph b); Subsection (4), Paragraph a) of the Criminal Code]. **Trafficking in humans for the purposes of unlawful making of pornographic pictures** states as an aggravated case [Section 175/B, Subsection (4) Paragraph b), and Subsection (5) Paragraph c) of the Criminal Code]. It is particularly an aggravated case if the victim is under the age of twelve years [Section 175/B, Subsection (5) of the Criminal Code].
- **Changing of family's status** (alterations of the family status of another person, thus in particular exchanging a child or smuggling one into another family), [Section 193, Subsection (1) of the Criminal Code] states as a qualified case punishable by one to five years of imprisonment if perpetrated by a person responsible for the raising, supervision of or care a person under the age of eighteen years.
- **Endangering of a minor** [Section 195 of the Criminal Code]. This heading regulates that any adult person who has forced labour to be conducted by a minor commits a felony offence and shall be punishable with imprisonment between two to eight years.
- **Misuse with prohibited pornographic pictures** [Section 195/A of the Criminal Code]
- **Sexual assault and rape** qualifies as an aggravated case if the victim is under twelve years of age. [Section 197, Subsection (2), Paragraph a) and Section 198, Subsection (2) Paragraph a) of the Criminal Code]. Under Section 210, the person who has not yet completed his twelfth year of age shall be deemed as incapable of defence – in other words, when determining the facts, this factor does not require evidence.
- In the absence of violence the court will determine a **sexual seduction (seducement)** if the victim is over twelve years of age but has not yet completed his fourteenth year of age [Sections 201-202 of the Criminal Code]. person who has not yet completed his fourteenth year

- A person is guilty of an aggravated case of **promotion of prostitution** if any person who has not yet completed his eighteenth year engages in prostitution in this person's brothel [Section 205, Subsection (3), Paragraph a) of the Criminal Code].
- A person is guilty of an **aggravated case of pandering** if the person procures customers for sexual services for a family member or person for whom he or she is responsible who is under the age of 18 years [Section 207, Subsection (3), Paragraph a) of the Criminal Code]. The person who solicits another person for sexual intercourse or fornication if the pandering is committed to the injury of a relative of the perpetrator or of a person under his education, supervision or care or who has not yet completed his eighteenth year of age,
- **Blackmailing** [Section 323 of the Criminal Code] (The person who with violence or threat, for unlawful gain, forces another person to do, not to do or to endure something, and thereby causes damage, commits a felony).

Misuse of Narcotic Drugs is regulated by Sections 282-283/A of the Criminal Code. The effective regulations make a distinction between the drug *consumer* on the one hand and the *dealer (trafficker)* on the other. For this reason, the legal consequences differ as do cases that are defined as aggravated case. The Criminal Code deals separately with the actions of people who are drug-dependent.

The Criminal Code has a separate and uniform position protecting persons under the age of eighteen years against the abuse of drugs and materials or agents which do not qualify as drugs but have a narcotic effect. The law calls for more serious sanctions than otherwise generally warranted *for anyone who produces, manufactures, acquires, possesses, imports into or exports narcotic drugs from Hungary, or transports such through the territory of Hungary, using a person under the age of eighteen.*

Drug dealing is sanctioned more seriously if a person over the age of 18 years offers or sells drugs to a person under the age of 18 years or if such a person uses a person under 18 years to distribute or deal in drugs.

At the same time, trafficking among people under the age of 18 years is evaluated under general regulations, with a mind to the specific regulations regarding juvenile.

2.

There are other public administration sanctions outside the Criminal Code: Section 146 of the **Act LXIX on Misdemeanours** (hereinafter: Misdemeanours Law) regulates **begging with children**. Under the Misdemeanours Law, any adult who talks a child into begging in a public place, indoors or out, or to go from house to house to beg, can be fined up to HUF 100,000. The infringement authority is also mandated to send an immediate report of the fact of the infringement and the data of the child and the perpetrator to the child welfare service in the place of residence of the child.

The Misdemeanours Law as such does not qualify begging as illegal. At the same time – as a ‘supplementary’ factor in endangering a minor, although regular repetitions, as a way of life cannot be determined – it does qualify it as an infringement if the perpetrator incites a child to beg or commits the act together with the child.

Section 143 of the Misdemeanours Law also regulates the **criminal case stated of prostitution**. The perpetrator may be incarcerated or fined up to HUF 150,000 if the person offered for sexual

services is a minor over the age of 14 years, or if a person accepts an offer for such services from a minor.

3.

Regarding the legality of employing a person under 18 years of age and with regard to their safety and health protection at work, the governing provisions are set by Act XCIII of 1993 on Labour Safety (hereinafter: the Labour Safety Law) and Act LXXV of 1996 on Labour Inspection (hereinafter: the Labour Inspection Law) and Decree 33/1998 (VI. 24.) NM of the Minister of Welfare on medical examinations to establish vocational and personal hygiene fitness for a job and on rendering opinions thereon.

The Labour Safety Law provides among personal conditions for safety and health at work that do not endanger the health that **employees who are vulnerable** must receive particular protection from health damaging risks (Section 50/A of the Labour Safety Law].

The law includes an interpretation of the Labour Safety Law § 50/a, defining the content of a vulnerable group: a vulnerable group is an employee category made up of persons at heightened risk because of physical and emotional features and status, or of persons who themselves are an increased risk in the course of work (e.g. juvenile, pregnant women, women who have recently given birth, women providing breast milk to others, nursing mothers, elderly employees, people with altered working abilities).

Under Decree 33/1998 (VI. 24.) NM of the Minister of Welfare employees who are qualified as part of the vulnerable group requires special protections against health hazards.

Under the NM decree, the goal of medical examinations to determine whether they are suited to the occupation and profession is to determine whether the load on the employee from performing the given job in the given workplace environment puts his or her health, physical wellbeing, or emotional wellbeing at risk, and whether it has a damaging influence on health status, or whether it might trigger physical intellectual, or psychological development problems in the person's children.

Preliminary examinations for suitability have to be performed on the person that the employer wants to hire prior to the time the person starts work or before the employer chooses the job for the person being hired, if the person is a minor. Periodic examinations to determine the suitability of persons already employed are to render second opinions on whether a person is suitable to work in a given job. The periodic examinations must be performed annually on all employees under the age of eighteen. *Appendix 8* to the decree contains the list of jobs prohibited to persons under the age of eighteen or allowed only under specific conditions.

4.

The purpose of Act XXXI of 1997 on Protection of Children and Public Guardianship (hereinafter: the Child Protection Law) is to set the basic rules under which the central government, local governments, natural and legal entities responsible for child protection, other organizations without legal entity that offer care and measures to exert the legally stated rights of children and to have parents perform their obligations. It is also intended to **prevent and terminate the endangerment of children**, to substitute for an absence of parental care, and to assist young adults grown up in childcare facilities in adjusting to society [Subsection (1) of Section 1 of the Child Protection Law].

As used by the Child Protection Law, **vulnerability** is a condition – come about because of a behaviour, some form of neglect, or some circumstance – in which the physical, intellectual, emotional or moral development of the child is hindered or prevented. [Paragraph n) of Section 5 of the Child Protection Law].

The Child Protection Law sets **the rights of children** as the right to receive assistance to avert a situation hindering development or to be given protection against the hazardous environmental and social effects of development and against agents that are damaging to the health, as well as against abuse – physical, sexual or emotional violence – and neglect, and against information hazards. [Subsections (2)-(5) of Section 6 of the Child Protection Law].

Under the law, **protection of children's rights** is the responsibility of all natural and legal entities concerned with the raising, education, care, and affairs of children.

The parliamentary commissioner for civil rights assists in protecting the constitutional rights of children with his own tools, and as part of that work he is responsible for investigating all abuses affecting the constitutional rights of children and initiating general or individual measures to remedy them. He reports to parliament annually on these measures [Subsections (1)-(2) of Section 11 of the Child Protection Law].

Protection of children includes making efforts for the child to be raised in the family, to prevent the child from becoming vulnerable and to terminate the vulnerability, and to assure substitute protection for a child moving out of the care of parents or another family member.

Protection of children can be assured with *financial* support (such as regular child protection support, extraordinary child protection support), *basic child welfare services in kind and involving personal care* (**child welfare services**, daycare for children), and *specialist child protection care* (provision of a home, care after readjustment), and *measures taken by the authorities* as defined in the Child Protection Law (protective custody, moving a child into a family). The operation of the child protection system is a central and local government task. [Subsection (3) of Section 14 of the Child Protection Law].

The Child Protection Law contains the rules for **tasks in the child protection system** including promoting the raising of children in families, preventing and terminating risks to the children, providing *healthcare services*, in particular as regards the paediatric paramedic service, the primary care physician, and the primary care paediatrician. There are also *providers of personal care* such as family assistance services and family assistance centres, *educational institutions* such as schools and school psychology services, *as well as police, prosecutors, courts, refugee reception facilities, transitional accommodations for refugees, civic organizations, religious organizations, and foundations*. These institutions and persons are all mandated to report any signs that a child is at risk to the child welfare service and to initiate legal action if the child is abused, seriously neglected, or if there is any other factor of serious endangerment or if the child's behaviour puts him or her seriously at risk. Any person or any social organization representing the interests of children may also take the initiative of reporting in these cases. [Section 17 of the Child Protection Law].

The **goal of basic child welfare** is for the basic assistance to contribute to the child's physical, intellectual, emotional, and moral development, to his or her welfare, to assisting the family in raising the child, to prevent endangerment, to terminate any hazard that does occur, and to prevent having to remove the child from the family. Personal care provided within the framework of

basic care – if at all possible – should be given by the person or institution closest to the home or residence of the child [Section 38 of the Child Protection Law].

Child welfare services are special personal social services to protect the interests of children. Using the tools and methods of social work, they serve the physical and emotional wellbeing of the child, promote his or her being raised by his or her own family, prevent the children from being at risk, terminate and risk factors that occur, and promote the return of a child to his or her own family if he or she has been removed.

The role of child welfare services is to prevent the child from being at risk

- a) it operates a signalling system that notices when a child is at risk and signals the non-governmental organizations and private individuals to participate in the preventive system,
- b) it exposes the reasons why the child is at risk and prepares proposals to resolve them
- c) it organizes cooperation among the people listed in point a) and in Section 17 of the Child Protection Law (see above) and institutions to coordinate their activities.

In the interests of terminating an at-risk situation that has evolved, the role of the child welfare services is

- a) to offer social work to the child and family (hereinafter: family care), to resolve the child's problems, and to counterbalance any functioning imbalance in the family,
- b) to promote resolutions to family conflicts, particularly surrounding divorce, placement of children, and maintaining contact,
- c) to initiate provision of healthcare and welfare services – particularly family assistance services – and intervention by the authorities.
- d) to prepare proposals on removing the child from the family, choosing a future place where he or she can be cared for, and changing such a place [Section 39 of the Child Protection Law].

Local governments manage the child welfare tasks stipulated in Section 39 as separate institutions or as family assistance services, or, under Subsections (4)-(5).of Section 96 of the Child Protection Law, their healthcare or public educational facilities act as autonomous organizational and professional units, or, they offer the services of a person employed who has the qualifications defined under separate statute (together: **child welfare services**).

Under the authorization of the Child Protection Law, Decree 1/2004 (I. 5.) ESzCsM of the Minister of Health, Social and Family Affairs regulates the operation conditions of the **children's rights advocate**. This person, within his or her area of operation, maintains contacts with child welfare and child protective services, with specified persons within the educational institutions, and with persons working in custodial services. The role of this person is to promote the rights of children removed from their homes on a temporary and on a permanent basis by holding a forum at least once a year to brief the children on their rights, on how to implement them, and on how to access the representative of child protective services and other helper organizations. The person responds to the children's questions, and holds regular open house to receive children in institutional or foster care.

Finally, **Government Resolution 1009/2004 (II. 26.) Korm. on government tasks in implementing a short, medium, and long term national strategy of social crime prevention**

deserves attention. It defines *the tasks to be implemented to prevent and reduce crime by children and juvenile*. The programme sets out to

- give jobless young people who did not finish school and live in economically depressed areas a chance to win places in integrated training and retraining programmes as well as leisure time programmes and sporting opportunities.
- reinforce the school social employees and child and adolescent protection network in urban schools
- support and develop school clubs and a “safe recreation spot” movement
- support and offer incentives to make magazine-type programmes and documentaries about Roma youth addressed to young people, to present them, and to offer programmes that popularize leisure time sports programmes.
- offer incentives for special educational, employment of unique skill development programmes for hard-to-manage deviant but not yet criminal children and adolescents. This includes starting up an experimental programme for participants in child protective services, particularly for children being raised in institutions.
- evolve cooperation among patron supervisor services, police, family assistance and family support services, and county child and adolescent protection coordinators
- take measures to see to it that police, public safety and investigative measures are more aware of the age specifics of children and adolescents.
- offer special management programmes for incarcerated juveniles and young adults who are alcohol and drug dependent, keeping them in special sections of corrections institutions for children and adults.
- increase differentiation of the network of corrections institutions for juveniles, establishing semi-open facilities
- call for analytical research to more effectively manage juvenile crime
- develop a network of psychiatric facilities focused on young people
- offer incentives to student governments to get young people to help their peers overcome integration problems
- support organized programmes in primary and secondary schools that offer information on tobacco smoking, alcohol, drugs, HIV/AIDS and crime prevention in a manner geared to the age groups
- offer this information in teacher-training courses. Informative programmes for parents on drug consumption and dependence should also be organized.
- support civic organizations, religious organizations, and private parties in helping patron supervisors
- offer incentives to schools to increase respect for environmental and natural values
- design support programmes so that more Roma youth undertake helping professions such as social employee, family and child protection specialist, patron supervisor, and corrections institute employee.

Article 8: The right of employed women to protection

With a view to ensuring the effective exercise of the right of employed women to protection, the Contracting Parties undertake:

Article 8 Para. 1 to provide either by paid leave, by adequate social security benefits or by benefits from public funds for women to take leave before and after childbirth up to a total of at least 12 weeks;

Question A

Please indicate the length of maternity leave, showing, where appropriate, its division before and after confinement.

Act XLIII of 1996 on the Service Relationship of Service Members of the Armed Forces (hereinafter: Armed Forces Service Relationship Law) contained a stipulation quoted in our previous report, to the effect that if the service member of the armed forces is female or a male raising a child as a single parent, that person is entitled to supplementary leave amounting to

- a) two working days every five year on behalf of one child under the age of 16 years,
- b) four working days every five year on behalf of two children under the age of 16 years,
- c) a total of 7 working days every five year on behalf of more than two children.

The Constitutional Court overturned this provision [Armed Forces Service Relationship Law, Section 91, Subsection (1)] in its ruling 8/2004 (III.25.) AB, as of December 31, 2004.

In its ruling 8/2004 (III.25.) AB, the Constitutional Court declared Section 91, Subsection (1) of the Armed Forces Service Relationship Law to be unconstitutional because it conflicts with Subsection (1) of Section 66 of the Constitution laying down that men and women to be equal and with Section 70/A prohibiting discrimination by gender. The new text makes no difference between the genders. It allows the parents to decide which of them chooses to take advantage of the supplementary leave to which a parent is entitled on behalf of a child under the age of 16 year. The new text was established by Section 6, Act I of 2005. The provisions took effect on March 8, 2005, but are applicable retroactively from January 1, 2004.

The law now in effect reads as follows:

Section 91

(1) Based on the parents' decision, one parent who is a service member and who raises a child under the age of 16 years, or a parent who is a service member and raises a child under the age of 16 years as a single parent shall be entitled to supplementary leave amounting to

- a) two working days on behalf of one child,
- b) four working days on behalf of two children,
- c) a total of 7 working days on behalf of more than two children.

A Labour Code amendment that took effect on 3 July 2005 amended Section 90 to protect participants in human reproduction procedures under the Health Law. In keeping with the amendment, an employer may not terminate the employment of an employee during the period of a reproduction procedure (similarly to a pregnancy, the three months following delivery, or the period of maternity leave) with a regular dismissal.

Questions raised by the European Committee of Social Rights:

The committee would like information on the amount of maternity-confinement assistance and childcare assistance received.

Maternity-confinement assistance is 70 percent of gross daily average earnings.

Childcare assistance in 2004 was HUF 23,200/month, while for parents of twins it is twice that amount, i.e. HUF 46,400/month. For twins, the childcare assistance is paid until the year the children reach school age. If a child has a long-term illness or is seriously disabled, it is due until the child reaches the age of 10 years.

Question B

Please indicate whether in some cases the total duration of leave before and after confinement is less than twelve weeks.

There was no change in 2004.

Question C

Please indicate whether the benefits during maternity leave are provided in the form of paid leave (if normal pay is reduced, please indicate the amount), under a social security system or from public funds, stating whether the payment of benefits is subject to conditions and if so, which.

The provisions laid down in Act LXXXIII of 1997 on Benefits under the Statutory Health Insurance Scheme regarding confinement benefit and reviewed in the Second National Report have not changed.

As far as entitlement criteria are concerned, we would like to add the following to what we reported in the Second National Report:

Act LXXX of 1997 on Persons Entitled to Social Insurance Benefits and Private Pensions, as well as Funding of this Services (hereinafter: Social Insurance Benefits Law) defines who qualifies as insured. The list changed in 2004.

Pursuant to Section 5 of the Social Insurance Benefits Law, the scope of the insured is as follows:

(1) a) persons employed (including Members of the national Parliament), public employees, people contracted for public services, people contracted by prosecutorial offices, courts, justice employees, people who are official foster parents, commissioned service members of the Armed Forces and of law enforcement bodies, and of the civilian national security services, contracted members of the armed forces, army reserve officers in active service (hereinafter: legally employed) irrespectively of whether the employment is full time or part time,

b) members of cooperatives – not including full time students who are members of school cooperatives – if the person takes a personal role in working in the cooperative as a legally employed person or as an entrepreneur,

- c) students in vocational training schools who have signed student contracts,
- d) recipients of benefits that substitute for earnings, unemployment benefits, entrepreneurial benefits, pre-retirement unemployment assistance, job-seeking incentive benefits (hereinafter: unemployment benefits), as well as any person whose unemployment benefits or entrepreneurial benefits are suspended for the duration of the time during which maternity-confinement benefits, childcare fees or childcare assistance are due,
- e) private entrepreneurs whose activity is not qualified as supplementary activity,
- f) partnerships whose activity is not qualified as supplementary activity,
- g) people contracted to perform other work for fees (under outsourcing contracts, entrepreneurial contracts that do not qualify as private entrepreneurs, family-member-assistants) who personally participate in the work – with the exception of a person doing voluntary work in the public interest as defined under separate statute – if the portion of the income from the activity for the month in question on which contributions are paid is at least equivalent to thirty percent of the monthly minimum wage valid for the first day of the previous month, or one-thirtieth of that for a calendar day,
- h) persons who perform services for a religious body, members of monastic orders (hereinafter, together: religious order employees)

(2) In addition to Paragraph g) of Subsection (1), the following are also to be considered persons who perform work under contract but not as employees: elected officials of foundations, social organizations, federations of social organizations, condominium communities, associations, public bodies, public service associations, chambers, business organizations – excluding the managers of business partnerships who qualify as business partners – as well as elected officials of organizations within the Employee Partial Ownership Programme, the voluntary mutual insurance funds, and private pension funds, elected representatives (officials) of local (settlement) governments, elected mayors if the portions of their honorariums (remuneration) on which health and pension contributions are paid equal the amount set forth in Subsection (1), Paragraph g).

The amounts of contributions to cover benefits provided by the healthcare system evolved as follows in 2004:

- An insured natural entity was required to pay a health insurance contribution of 4 percent of the income on which the contribution was based.
- The employer was required to pay 11 percent on the income on which the contribution was based.
- a private entrepreneur who qualifies as insured is required to pay 15 percent (i.e. 11 percent + 4 percent) as a healthcare contribution
- the healthcare contribution payment obligation of a person under the scope of Section 39, Subsection (2) of Social Insurance Benefits Law is 11 percent of the minimum mandatory wage
- in 2004, the employer (or private person) had to pay fixed health tax amounting to HUF 3,450 on behalf of each insure (HUF 115 per calendar day).

After incomes defined by law, the paying agency or employer have to pay percentage health tax amounting to 11 percent of the health tax base, i.e. income not subject to health insurance contribution payment, however, in the case of certain income categories, the percentage of the health

tax is different (e.g. for incomes resulting from the use of business cars for private purposes, it amounts to 25 percent of the tax on the business car).

- A private entrepreneur doing supplementary activity and an entrepreneur in a partnership doing supplementary activity pay differently from the above rules, for they are required to pay a 5 percent accident insurance contribution.

Act XXVI of 2004 amended the scope of **Act LXXXIV of 2004 on Family Supports** (hereinafter: the Family Supports Law). The amended law took effect on the day that the law promulgating the international treaty under which the Republic of Hungary joined the European Union took effect. Under the new stipulations, the scope of the Family Supports Law extend – unless international treaty states otherwise – to persons living in the Republic of Hungary claiming the benefit who are:

a) Hungarian citizens,

b) persons with immigrant or permanent residence permits, as well as persons recognized by the Hungarian authorities as refugees,

c) people working under Regulation 1612/68/EEC of the Council on freedom of movement for workers within the Community and – excepting maternity benefit (Chapter IV) – Regulation 1408/71/EEC of the Council on the application of social security schemes to employed persons, self-employed and their families moving within the Community insofar as they have valid residence permits at the time of requesting the care [Section 2 of the Family Supports Law].

The amendment is aimed at defining the personal scope of the Family Supports Law in conformity with community legislation. Based on Regulation 1408/71/EEC of the Council and Regulation 574/72/EEC of the Council which sets the rules of implementation, universal family benefits (family allowance, child care allowance, child raising benefit) must be provided to all EEA citizens who are covered by the personal scope of community law (employee, self-employed, student, stateless person, refugee, etc. and members of their families) who meet the conditions set forth in the law. In addition, another benefit laid down by the Family Supports Law, i.e. maternity grant also must be paid – as social welfare support – to an employee or spouse of same under Regulation 1612/68/EEC of the Council.

Question D

Please indicate, in circumstances where part or all of benefits payable during maternity leave are not covered by paid leave, the amount of social security benefits or benefits from public funds in monetary terms and, as appropriate, as a percentage of the wages previously paid to the employee.

There was no change in 2004.

Question E

Please indicate any sanctions that may be imposed on an employer failing to observe this provision, and state whether the employed woman has the option of voluntarily giving up all or part of her maternity leave.

There was no change in 2004.

Question F

Please indicate the protection to which women employed on fixed-term contracts in your country are entitled, including nationals of the other Contracting Parties to the Charter.

The following is a supplement to the Second National Report:

As far as foreign nationals are concerned, the community legislation and amendments to them that refer to citizens of the EEA countries and of Switzerland are:

- Regulation 1408/71/EEC of the Council of 14 June 1971 on the application of social security schemes to employed persons, self-employed and their families moving within the Community, and
- Regulation 574/72/EEC of the Council of 21 March 1972 fixing the procedure for implementing Regulation 1408/71/EEC of the Council of 14 June 1971 on the application of social security schemes to employed persons, self-employed and their families moving within the Community.

The following measures were taken – following preparatory operations in 2004 – regarding bilateral social security agreements with the European states:

- Act CXXV of 2005 codifying an Agreement between the Republic of Hungary and the Republic of Croatia on social security signed in Budapest on 8 February 2005 was promulgated in December 2005.
- on 19 December 2005, Parliament voted a law on the ratification and promulgation of a social security agreement between Hungary and Romania to replace an earlier Hungarian-Romanian social policy agreement. The agreement was promulgated in January 2006 with Act II of 2006.
- on 19 December 2005, Parliament voted a law on the ratification and promulgation of a social security agreement between Hungary and Bulgaria to replace an earlier Hungarian-Bulgarian social policy agreement. The agreement was promulgated in January 2006 with Act I of 2006.
- Hungarian-Serbian, Hungarian-Ukrainian, and Hungarian-Russian social security agreements are in the preparatory phase.

Article 8, paragraph (2): considering it as unlawful for an employer to give a woman notice of dismissal during her absence on maternity leave or to give her notice of dismissal at such a time that the notice would expire during such absence;

Question A

Please indicate what arrangements exist to give effect to this provision.

There was no change in 2004.

Question B

Please also indicate the sanctions provided for dismissals in breach of this provision.

There was no change in 2004.

Question C

Please indicate if reinstatement is ensured in cases of dismissal in breach of this provision and, in the exceptional cases where this is not possible, the amounts of compensation awarded.

There was no change in 2004.

Question D

Please indicate the protection to which women employed on fixed-term contracts in your country are entitled, including nationals of the other Contracting Parties to the Charter.

There was no change in 2004.

Article 8, paragraph (3): providing that mothers who are nursing their infants shall be entitled to sufficient time off for this purpose;

Please indicate the rules which apply in this respect, stating whether time off for breastfeeding is considered as working hours and paid as such.

There was no change in 2004.

Article 8, paragraph (4):

a. to regulate the employment of women employees on night work in industrial employment;

b. to prohibit the employment of women employees in underground mining, and, as appropriate, on all other work which is unsuitable for them by reason of its dangerous, unhealthy, or arduous nature."

Question A

Please give details of regulations on the employment of women on night work in industry, in particular as regards the content of regulations on night work of women who are pregnant, have just given birth or are breastfeeding their children, and stating in particular the hours to which the term "night work" applies.

There was no change in 2004.

Question B

Please give details of measures to prohibit the employment of women employees in underground mining.

There was no change in 2004.

Question C

Please indicate what other occupations of the kind referred to in sub-paragraph b of this paragraph are prohibited and the measures taken to give effect to such extension.

There was no change in 2004.

Question D

Please give particulars of any authorised exceptions.

There was no change in 2004.

Questions raised by the European Committee of Social Rights:

The European Committee of Social Rights would like information whether there are any exceptions to the above ban on dismissal, in other words, is dismissal possible in exceptional cases:

- **during a period of sick pay to care for a sick child,**
- **during pregnancy, in the three months following delivery, and during maternity leave,**
- **when on unpaid leave to care for a child.**

As noted in our earlier report, Section 90, Subsection (1), Paragraph d) and e) of the Labour Code make it impossible for the employer to terminate employment through a regular dismissal (we emphasise here that we are speaking of a regular dismissal and not an extraordinary dismissal which is founded on conduct by the employee that involves deliberate violation of a substantive obligation of employment or violation of a substantive obligation through serious negligence, which renders maintenance of employment impossible.)

Having said this in advance, we point out that there is a single exception to these rules: if the employee is qualified as a retiree. Under Section 90, Subsection (3) of the Labour Code ‘The protection set forth under Subsection (1) does not include terminating the employment of the employee if the employee qualifies as a retiree [Section 87/A, Subsection (1).’

The explanation attached to Section 90 of the Labour Code supports the difference by stating the following: ‘the ban on dismissal is not valid for a employee who has obtained entitlement to a pension. In this case, the continued livelihood of the employee is assured by payment of retirement benefits, and thus, there is no justification for this type of enhanced protection within the framework of employment.’

Article 8., Paragraph (4), Point a) of the Charter does not ban night work at industrial workplaces and the government is only obliged to regulate it to protect the health and family lives of employees and to provide guarantees, e.g. prior consent, a limited number of working hours, or a day off. The European Committee of Social Rights would like information on Hungary’s regulation of all night work.

The Committee had previously found that the situation was in conformity as regards pregnant women, women who have recently given birth or women who are breastfeeding, but had sought further information on the regulation of night work for women who were not pregnant and did not have small children. **The information in the report submitted by Hungary suggests that there is no regulation of night work per se, only when the work involved entails certain risks.**

The Committee recalls that Article 8 (4) (a) relates to night work in industrial employment, states are not obliged to prohibit such work but merely to regulate it. Any such regulations may apply to all workers, men and women. Regulations should be designed to limit the adverse effects of night work on the worker's health and family life and prevent abuses and to this end should lay down appropriate conditions governing night work such as prior authorisation, working hours, breaks days of rest following periods of night work etc. The Committee repeats its request to Hungary for any information on relevant regulations.

The following is a summary of Hungarian regulations on night work:

Section 117, Subsection (1), Paragraph d) of the Labour Code defines the concept of night work. It qualifies night work as work performed between 10 p.m. and 6 a.m. Section 117, Subsection (2) makes it possible for a collective agreement to set different times, less favourable to employees, but even the collective agreement definition of night work may not be shorter than seven hours, and the period between 12 a.m. to 5 a.m. must be included in those hours.

Section 117, Subsection (1), Paragraphs f)-g) the Labour Code lay down the concepts of afternoon and night shifts compared to one another, when multi-shift work pattern is employed. In this case, the afternoon shift is from 2 p.m. to 10 p.m. and the night shift is 10 p.m. to 6 a.m. Collective agreements may set the times differently in that they may choose the start and end time of the night shift differently, as long as 12 a.m. to 5 a.m. is included in the night shift.

Section 117, Subsection (1), Paragraph h) of the Labour Code defines the concept of an employee working the night shift. This is an employee whose work pattern regularly includes the night-shift or whose annual working time is at least one-quarter night-shift. Here too, the law allows the collective agreement to set different rules. Employees regularly working the night shift are entitled to special protections. Under Section 121, Subsection (2) of the Labour Code, the employer is required to ensure regular periodic health fitness examinations for an employee working the night shift – beginning prior to the start of employment and continuing throughout the period of employment. If a medical examination ascertains that the night shift could be hazardous to the health of the employee, or that an existing illness has a causal relationship with night work, the employee must be shifted to daytime work.

Section 119, Subsection (1) of the Labour Code contains a rule of principle valid also for employees who do not regularly work the night shift. It states that the employer must schedule working time to meet the nature of the work and the requirements of healthy and safe work.

There are special restrictions on night work for certain groups of employees, based on special grounds. Thus:

- Section 119, Subsection (5) of the Labour Code states that an employee employed under health risks set by law may not work more than eight hours a day during night-shift work.

- Section 121, Subsection (1) and Section 127, Subsection (6), Paragraphs a)-b) of the Labour Code categorically preclude night work as either regular work or extraordinary work for a pregnant woman or a woman whose child is under the age of one, as well as for a man raising a child as a single parent if the child is under the age of one. The employer may not validly sidestep this ban, either in a work contract or in a collective agreement.

- Section 72, Subsection (3) and Section 129/A, Subsection (5) of the Labour Code set forth that a young employee – by definition, someone who is below the age of 18 years – may not work at night.

Regulations on remuneration for night work are in Section 146 of the Labour Code. It states that an employee doing night work is entitled to a wage bonus corresponding to 15 percent of his or her basic salary. If the night work is part of a multi-shift pattern, the employee is entitled to a night-work bonus. This is 30 percent, or if the job is one in which the multi-shift work is continuous, to 40 percent.

Section 118, Subsection (2) of the Labour Code defines the concept of a continuous work pattern as follows:

a) when employer operations shut down for no more than six hours/day or when operations only cease for the time specified by technological specifications over the course of a calendar year, and

aa) when the employer continuously offers a basic service qualifying as a service of public interest, or

ab) when economic or expedient operation – stemming from the objective circumstances of the production technology – do not allow any other working order; or

b) when the nature of the tasks related to the job justify it.

Under Section 117/A, Subsection (3) of the Labour Code, if the law specifies some professional regulation work to be performed in a sector or sub-sector of the economy, the specifications of this act regarding working time and time off shall be applied in coordination with the differing decrees of the professional regulations, assuming that the professional regulations do not preclude this. In accordance with this authorization, Section 31/A of Act XLII of 2000 on Water Transport states that “a person under the age of eighteen only may do night work on a vessel in exceptional cases – for purposes or training, or to avert the consequences of damage to the craft or in operations to save another vessel. General rules on night work have precedence for persons aboard vessels who are under the age of eighteen.”

Section 76, Subsection (3) of Act XXIII of 1992 on the Legal Status of Civil Servants [Civil Servants Law] provides that in the separate law on healthcare activity, the minister may define rules that differ from Sections 146-149 of the Labour Code to promote the meeting of specified on-call duty and stand-by duty tasks. The Civil Servants Law does not allow deviation from the regulations reviewed above on scheduling night work in healthcare. Government Decree 233/2000 (XII. 23.) Korm. on the implementation of the Civil Servants Law in the healthcare sector, in its Section 12, Subsection (6) sets average overall hourly fees for on-call duty services, depending on how intensive the healthcare activity to be conducted is, and on whether it takes place on a working day, a non-working day or a holiday. This fee includes the fee for night on-duty, and it may range from 55 percent to 130 percent of the fee due per hour.

Article 9: The right to vocational guidance

With a view to ensuring the effective exercise of the right to vocational guidance, the Contracting Parties undertake to provide or promote, as necessary, a service which will assist all persons, including the handicapped, to solve problems related to occupational choice and progress, with due regard to the individual's characteristics and their relation to occupational opportunity: this assistance should be available free of charge, both to young persons, including school children, and to adults.

Question A

Please give a description of the service - its functions, organisation and operation - specifying in particular:

- a. whether access to services is free of charge;**
- b. whether vocational guidance work is carried out in the public or private sectors;**
- c. the measures taken to supply all persons with adequate information on the choice of employment;**
- d. the measures taken to ensure a close link between vocational guidance and training on the one hand and employment on the other⁴;**
- e. the measures in hand for improving the services;**
- f. the details of special measures to assist disabled persons.**

All Hungarian institutes of higher education operate offices offering free-of-charge career guidance, helping to provide orientation and support to persons intending to enter higher education.

The background institution to the Ministry of Education operates a similar nationwide service, during which personal consultations are available. This service is offered by administrators trained on higher and on secondary level, and legal and psychology experts are also available free of charge.

All information related to higher education is accessible free of charge on the Internet, too and it is possible for applicants to manage the administration of their applications on the Internet, too.

The Ministry of Education and all institutes of higher education publish various documents assisting in career choices – some of them free of charge – for interested parties and organize regular lectures, consultations, and national and regional career orientation exhibitions at which attendance is free.

Participation in career orientation counselling is free of charge for all Hungarian citizens of all ages.

The State Employment Service offices provide human resource and special services [Employment Information Advisory Services (FIT). Rehabilitation Information Centre (RIC)] as well as beginning to develop three regional websites between 2002 and 2004 with PHARE support. The

⁴ If your country has adopted Article 10, Paragraph 1, these measures do not have to be detailed (**The Republic of Hungary has adopted them, so there is no need to go into detail on them.**)

goal is to make career advisory services virtually accessible (www.epalya.hu; www.palyatars.hu; www.palyainfo.hu).

The various job fairs regularly organized by universities and colleges are important. They give students preparing for graduation a chance to meet with representatives of firms with job opportunities, where they can obtain precise information on working conditions, requirements, earnings opportunities, etc.

Each year the employment centres organize career orientation exhibitions and training fairs, where students getting ready to graduate from primary and secondary schools can learn of what opportunities the regional has to offer to them in continuing their educations and/or learning a trade, as well as what the local workforce looks like and what opportunities there are for employment.

Question B

Please indicate the measures taken in the field of vocational guidance to promote occupational and social advancement.

Government Decree 91/2002 (IV. 26.) Korm. on the detailed regulations governing the accreditation of institutions and programmes of adult education was repealed by Government Decree 22/2004 (II. 16) Korm. on the regulations governing the accreditation of institutions conducting adult education and programmes of adult education, as of 24 February 2004. The invalidation of the government decree did not affect the accreditation certificates already issued under it.

Question C

Please indicate the types of information available in the vocational guidance services and the means employed to disseminate this information.

There were no changes in 2004.

Question D

Please indicate:

a. the total amount of public expenditure devoted to vocational guidance services during the reference period;

We have no data on the budgets of the vocational guidance services or on the employees offering such advisory services, or on the numbers and composition of the people accessing the counselling services, because the services are integral parts of the budgets of the institutions in which they operate and are not given separate budget lines.

b. the number of specialised staff of the vocational guidance services and their qualifications (teachers, psychologists, administrators, etc.);

Data on the employment organization:

Number of offices: 178

Number of professionals offering services at offices: 1,226

Number of employment and career counselling staff: 100

Special services of employment organization:

Job-seeker clubs (led by club manager): 53

Rehabilitation counsellors: 43

Psychological services (per county/in Budapest 1 each): 20

Number of full time psychologists: 28

About 60 people offering information in 20 FIT offices (teachers, economists, human resource specialists)

Average number of persons taking advantage of FIT services: 17,000/year (in Budapest, Szeged, Szolnok combined.)

c. the number of persons benefiting from vocational guidance broken down by age, sex and educational background;

d. the geographical and institutional distribution of vocational guidance services.

Regional labour development and training centres under the supervision of the Ministry of Employment and Labour operate in the following cities: Budapest, Békéscsaba, Debrecen, Miskolc, Kecskemét, Nyíregyháza, Pécs, Székesfehérvár, and Szombathely and blanket the entire country. These institutions are located evenly throughout the county and cover all regions.

In 2004, there were FITs or FIT basis in 38 settlements. FITs offered extensive information services (such as Internet access) in the county seats of the following counties, and in their larger cities: Budapest (Békásmegyer and Újpest), Borsod-Abaúj-Zemplén County (Miskolc, Ózd, Edelény and Sárospatak), Csongrád County (Szeged, Hódmezővásárhely, and Makó), Jász-Nagykun-Szolnok County (Szolnok), Komárom-Esztergom County (Tatabánya), Nógrád County (Salgótarján), Szabolcs-Szatmár-Bereg County (Nyíregyháza) and Vas County (Szombathely).

The National Career Information Centre operates in Szeged under the supervision of the Csongrád County Employment Organization. This institution is connected to the EUROFIT system which offers assistance to young people in taking jobs abroad, continuing their studies, and gaining experience.

Question E

Please indicate whether equality of access to vocational guidance is ensured for all those interested, including nationals of the other Contracting Parties to the Charter lawfully resident or working regularly in your territory, and disabled persons.

Career orientation information offered by the Ministry of Education and the various institutes of higher education are available not only in Hungarian, and thus it is possible for interested parties who are not native speakers of Hungarian to also access the necessary information.

Special vocational schools and special skills-enhancement vocational schools operate to offer educations and vocational training to special needs students. The public education and vocational training act offers a variety of benefits for young people with disabilities (the chance to repeat grades, health and pedagogical capacity enhancement, rehabilitation, examination-related benefits, the chance to learn two skills, etc.) to promote the most successful possible social integration. Within the framework of development, the National Institute for Vocational Training has prepared nearly 70 central programmes, interactive study materials, and textbooks adapted specifically for persons with disabilities.

Questions raised by the European Committee of Social Rights:

The Committee notes from Eurybase that following a reduction in the education budget the only independent vocational institute offering careers advice is the one in Budapest, established in 1996. The Committee asks whether the specialist services referred to above no longer operate outside the capital.

There are organizations focused on career orientation advisory services outside of Budapest. Most of them are maintained by local governments – and are thus independent of the central government. It is, of course possible for others, in addition to local governments, to meet these tasks, for private individuals or civil organizations to establish institutions of this kind. Decree 14/1994 (VI. 24.) MKM of the Minister of Culture and Education on training obligations and specialized pedagogical services set up an institutionalized form under which career orientation counselling could be established to replace Decree 3/1982 (II. 10.) MM of the Minister of Labour. As of 1994, career orientation operates within the framework of specialist pedagogical services maintained by local governments. Under the law, the institutions offer specialist services operate in cooperation with the heads of educational institutions and are charged with assisting special needs students, with discovering students who have adjustment or study difficulties or behaviour disturbances and helping children and students in their development. Career orientation guidance on continuing their educations is provided by publications written by teachers, psychologists, and healthcare information specialists, to help school career orientation activity. The counselling service on further study and career options maintains a liaison with the employment career orientation advisory service. The pedagogical specialist service institution cooperates with parents to assist in the raising of children in the home. The counselling service on further-study career-options is mandated to offer services to all children or students in whose place of permanent residence or, in lieu of residence, in whose place of temporary residence it operates, or who attends pre-school or school in the area where the facility operates.

Article 10: The right to vocational training

With a view to ensuring the effective exercise of the right to vocational training, the Contracting Parties undertake:

Article 10 Paragraph (1): to provide or promote, as necessary, the technical and vocational training of all persons, including the handicapped, in consultation with employers' and employees' organisations, and to grant facilities for access to higher technical and university education, based solely on individual aptitude;

Question A

Please give an account of the functions, organisation, operation and financing of the services designed to provide vocational training for all persons including disabled persons, specifying in particular:

a. the rules laid down by legislation, collective agreements or carried out otherwise;

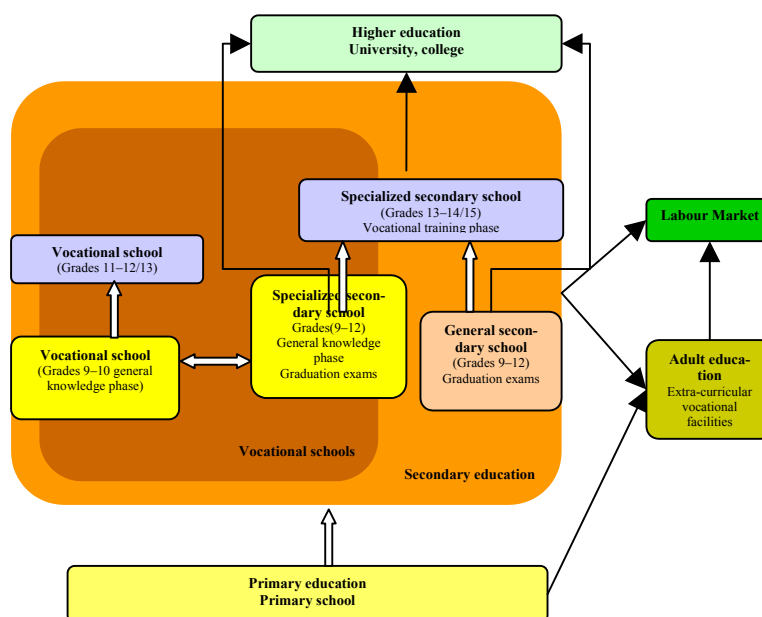
There are two specific forms of vocational training

- education within the school system and
- extra-curricular education.

Management of the two forms is under two ministries, the Ministry of Education and the Ministry of Employment and Labour. Act LXXVI of 1993 on Vocational Training includes the common elements of education. Vocational training within the school system is a part of the public education system and therefore, operating it is the task of the government.

Act LXXIX of 1993 on Public Education regulates the operation of the public education system while the detailed operation of the institutions is defined by various implementation decrees linked to the law. The vocational and organizational aspects of the vocational schools operating within the public education system are independent of the Ministry of Education.

The network of vocational training



The legal base for vocational training within the school system and as extra-curricular activity is guaranteed by the Vocational Training Law already mentioned and Act CI of 2001 on Adult Education. The National Vocational Qualification Registry (OKJ) lists the skilled qualifications recognized by the government. The Act on Chambers gives the chambers a chance to participate in and supervise practical training. Connected to this package of legislation is the Local Government Law which mandates the local governments of the counties, the Budapest municipal government and the governments of cities with county status to manage vocational training.

The system of institutions

Vocational training may be offered in the following types of schools:

- specialized secondary schools
- vocational schools
- specialized vocational schools
- workforce development and training centres and
- private businesses.

Since 1993, schools offering vocational training may be maintained by local governments, churches, natural entities, foundations, other legal entities, and businesses. There are nearly 1,200 schools in Hungary offering vocational training. There are 4,000 business organizations offering extra-curricular training, of which nearly 2,000 are accredited for adult education.

Main documents of the vocational training system

- 1) The National Vocational Qualification Registry

The National Vocational Qualification Registry (OKJ) is a listing of vocations recognized by the state, for which training may take place both within the school system and in extra-curricular facilities.

The most important function of the National Vocational Qualification Registry

- to introduce professional and testing requirements for vocational training that are uniform throughout the country, making vocational training transparent and accessible.
- to build an up-to-date quality assurance system offering a uniform and standardized foundation.
- to make it possible to accept studies that have already been completed.

Professional interest coordination must precede amendment or modification of the National Vocational Qualification Registry. The education minister operates 21 National Vocational Qualification Registry committees of various skills groups to be able to conduct professional coordination. The National Vocational Training Council discusses the committee proposals and issues decrees with the agreement of the minister of employment and labour and the minister responsible for vocational training.

2) The professional and examination requirements of the vocations

The ministers responsible for vocational training issue decrees containing the professional and examination requirements of the vocations listed in the National Vocational Qualification Registry and recognized by the state. The National Institute for Vocational Training (NSZI) has compiled a detailed system of considerations for publishing the professional and examination requirements.

3) Central programmes/curricula, training programmes

Grades 9 and 10 of vocational schools, and 9 through 12 of specialized secondary schools are organized based on a framework curriculum set forth in a decree by the education minister. According to the framework curriculum, in specialized secondary schools, starting with grade 9, and vocational orientation is taught along with the general education subjects, and starting with grade 11, the foundations for vocation umbrella groups may be taught. In the vocational schools, career orientation and the foundations of vocational umbrella groups are taught in grades 9 and 10. The professional orientation of the specialized secondary schools and vocational schools promote the career orientation of the students by teaching them about vocational umbrella groups.

Students in disadvantaged situations, who have a hard time performing in the general education component or are simply unable to meet the requirements may attend a one or two-year education course designed in conformity with the framework curriculum to prepare them to enter the vocational training portion of their studies.

With a view to ensuring school education for children with special educational needs, vocational schools may operate as specialised vocational schools, or skills development specialised vocational schools.

Public Education Law and the Vocational Training Law offer different benefits for young persons with disabilities (repetition of an academic year, medical and pedagogical habilitation, rehabilitation, advantages related to examinations, acquiring two vocational qualifications, etc.), in order to ensure the most successful possible social integration.

In recent years about 70 special central programmes, interactive learning material and textbooks adapted to the needs of persons with disabilities have been prepared, as part of the development activities carried out at the National Institute for Vocational Training.

Management, decision-making

Vocational training is very much of a cooperative activity. For that reason, there are a wide number of involved bodies on both the government and the professional sides. The Ministry of Labour was charged with the role of government coordination in 1990, a role that was transferred to the Ministry of Education in 1998. In addition, the professional ministries play a significant role in the areas of vocational training for which they are responsible. Business chambers have been involved since 1995 and the local governments maintaining the schools since 1990. The education minister cooperates with the minister of employment and labour and, currently with 14 ministers responsible for vocational training in the various fields.

1) National Vocational Training Council

The National Vocational Training Council (OSZT) is the body that prepares professional decisions on tasks related to the guidance of vocational training. It operates as a nationwide body that issues opinions and makes proposals. Employers, employees, business chambers, school management, and the ministries responsible for vocational training in the various professions participate in this Council.

The members of the National Vocational Training Council are appointed by the education minister for 3-year terms. Council work includes:

- taking positions on issues affecting the development of the vocational training system,
- issuing opinions on draft legislation and on related professional requirements, and on the development of curricular materials and new procedures,
- making proposals on separating the centralized and decentralized Labour Market Fund (MPA) vocational training funds and on distributing the decentralized funds among the regions,
- making proposals on the use priorities of the decentralized funds,
- evaluating the success of vocational training and counselling, and the use of curricular materials,
- monitoring job availability trends for first-time job seekers graduating from these schools, with a particular focus on unemployment among first-time job-seekers, and making recommendations based on its experience.

2) Regional development and training committees

The regional development and training committees (RFKB) operate in the seven statistical regions as regional bodies that prepare vocational training development decisions that render opinions on same and make proposals on them on regional level. The composition of these bodies reflects the vocational training endowments of the given region and its workforce demands. The members – 50 percent of who are representatives of the business world – are appointed by the education minister for 3-year terms.

The regional development and training committees prepare decisions on the decentralized portion of the vocational training fund grants, and evaluate bids for the grants. The regional development

and training committees monitor the way vocational training contributions are used in the region. In 2004, each region prepared a regional vocational training development strategy.

The regional development and training committees will receive a greater role in the future. As of 2006, the committees will help to design lists of vocations where more people are needed than the number trained, and where support will be enhanced.

3) Cooperating social partners in vocational training

The lawful presence of the national business chambers in monitoring practical education and in vocational examinations is important. The chambers and the interest groups are evidence that vocational training is being developed on a foundation of broad social consensus.

The most important of their tasks are to design professional qualifications for the vocations and examination requirements, and to define the vocational fields in which master training and master examinations can be organized. Designing the requirements for master examinations, and creating the conditions for the examinations is also part of their role. National-level interest coordination of the strategic issues of vocational training takes place within the framework of the National Interest Coordination Council.

Vocational examinations and examiners

In Hungarian practice, vocations are linked to vocational training that can be legally certified with some sort of certificate that has nationwide validity. The validity of a vocational training course recognized by the state is nationwide, and its contents and requirements are uniform. The goal of the vocational examination is to determine whether the candidate has acquired the theoretical and practical skills to meet the requirements of the subjects under examination. If the person passes the examination he or she receives a document certifying the vocation.

In Hungary, independent three-person examinations committees conduct examinations that conclude courses in vocational training. The Ministry responsible for the profession appoints the chairperson of the committee and the members include one member of the chamber and one representative of the organizer of the examination. Teachers, who put questions to the students, help the examinations committees.

b) the total amount of public expenditure devoted to vocational training;

Vocational training is basically financed from three major public finance sources, while the fourth is outside the realm of public finances. They are:

- the central budget (transferring of funds on a capitation principle);
- local government support,
- funding from the education component of the Labour Market Fund,
- sources from outside of public finances (business sector, population).

The primary sources that fund vocational training are two subsystems within public finances: the central budget and local (county and settlement) governments, and the budgets of other school operators.

On a nationwide average, the central government contributes 55-60 percent of the costs of maintaining public schools operated by local governments. If local governments lack the supplementary resources, some schools cover overhead costs using funds earmarked for development. The

business sector plays a defining role in financing vocational training, which is manifest in its contribution to vocational training. It may transfer the funds it is mandated to offer schools for development to specific schools, it may pay the training costs for its own employees, it may offer to provide practical training for students in its own facilities, and finally, it may contribute to the vocational fund. The public finance contribution and the obligation to contribute are about the same in size, but budget sources (central, local government) are declining, while the obligation to contribute has been increasing. Luckily, there are sufficient domestic resources to finance the vocational training system, and within that, its development.

Table 35
Budget expenditure for education

Public expenditure on educational institutions by categories, 2004			<i>(million HUF)</i>			
Denomination	Public expenditure 1)		Of which expenditure on			
	total	In % of year 2003.	accumulation	renewal	compensation of all staff	
					total	in %
Kindergarten, preschool education	133,543	101.6	1,484	1,165	81,456	61.0
School education and related funding <i>Of which</i>	520,012	101.3	18,557	3,943	313,472	60.3
General education in full-time form	346,638	102.1	10,026	2,840	228,034	65.8
Vocational education in full-time form	63,209	98.4	6,797	730	35,453	56.1
General education for adults	3,773	101.4	45	0	2,608	69.1
Vocational education for adults	4,407	74.7	39	0	2,624	59.5
Funding for students living in student hostels	25,059	96.9	1,174	233	12,573	50.2
Pedagogical home care for special needs students (private students)	216	144.0	2	0	126	58.3
Minding children/students, on-call duty	806.42	103.1	2,432	9,113	557.7	69.1 16.8
School meals	680	107.3			168	
Day care centre provision	33,224	100.4	40	18	24 329	73.2
Overhead, operating costs of institutions 2)	150,342	108.3	6,611	6,699	53,033	35.3
Higher education Of which	205,179	98.8	18 174	4,507	87,469	42.6

university level	131,129	101.3			57,917	
college level	642,519	94.9	115,965	2,638.1	27,414	44,242,721.8
student hostel	799	93.5	923,655	296 573	2,138	
Higher level extension training, vocational training, higher level programmes for vocational qualifications 3)	8,950	101.5	301	31	4 167	46.6
Of which						
university, college level extension training	7,951	97.9	218	20	3 828	48.1
Higher level programmes for vocational qualifications	999	142.9	83	11	339	33.9
Other education						
Of which	29,984	102.0	1,140	68	16,710	55.7
Basic education in music and arts	17,796	103.3	424	26	12,058	67.8
extra-curricular vocational education	10,140	98.5	632	39	4 028	39.7
other, extra-curricular non-vocational. education., examination system	2,048	109.8	84	3	624	30.5
Other educational expenditure	41,080	97.2	1,679	257	11,141	27.1
TOTAL	1,089 090	101.6	47,946	16 670	567.448	52.1
1) Expenditure excluding cash flow, credit and short term securities						
2) Specialized tasks required of schools offering public education, and overhead and maintenance expenditure taken from educational expenditure						
3) Higher level extension training, higher level vocational training programmes						

c. the number of vocational and technical training institutions (at elementary and advanced levels);

Technical training is not offered separately in vocational training.

In the 2004/2005 academic year there were 475 vocational training schools, 126 special vocational training schools and 794 specialized secondary schools. Compared to the 2003/2004 academic year, the number of vocational schools increased by 7 (the total number of vocational schools rose by nine, but there was a one-school decline in special vocational training schools, and in specialized secondary schools).

d. the number of teachers in such schools in the last school year;

Table 36
Composition of teaching staff

The number and breakdown of teaching staff in vocational training schools							
by type of school							
Academic year	Specialized secondary school	Vocational school	Total		Specialized secondary school	Vocational school	Total
	Number of teachers (capita)				Breakdown of teachers (%)		
2003/2004	20,804	8,647	29,451		70.6	29.4	100.0
2004/2005	20,756	8,577	29,333		70.8	29.2	100.0

e. the number of pupils, full-time and part-time in such schools in the last school year

The number and rate of students attending secondary school full time continued to increase. The number of students attending vocational schools remained steady. In the 2004/2005 academic year, there were 126,908 students in the vocational schools, 3,505 of them in adult education. The number of students in the special vocational schools was 8,368, while there were 290,139 attending vocational secondary schools, of whom 44,837 were in adult education.

Question B

Please indicate how the arrangements for vocational training are provided with reference to the various types of vocational activity and, if data are available, to age and to sex.

Levels on which measures are taken with respect to curricular vocational training:

School (institutional) level: professional autonomy within the framework of the public education law.

School management (owner) level: establishing and terminating school, financial, economic supervision, professional monitoring, provision of operation conditions

Supervision of vocational training: is the responsibility of the education minister. His authorities in this respect are set by laws on public education, vocational training, and Act LXXXVI of 2003 on Vocational Training Contributions and Assistance for the Improvement of the Training System.

The responsibility of the Minister of Employment and Labour covers adult education. For this reason, the supervision of a significant slice of adult education and extra-curricular education is here.

The Minister responsible for certifying the vocational training is responsible for determining the content of the vocational training in a given sector and for taking action relating to the vocational examinations aimed at obtaining the vocational qualifications, for extension training, for organizing specialist counselling and for providing the textbooks.

Business chamber: Handles vocational training tasks on the basis of an agreement with the minister responsible for certifying the vocational training and monitors the practical aspects of training provided by a business in the profession.

Question C

Please state what measures are taken to ensure a close link between vocational guidance and training on the one hand and employment on the other

The National Institute for Vocational Training is in charge of advancing the content of vocational training, updating and upgrading state-recognized vocational training, and coordination domestic and international training requirements. It serves as a national reference and information centre and a vocational training information centre. It develops training programmes to help people in disadvantaged situations to overcome their disadvantages as well as rehabilitation training programmes. It provides national-level counselling, organizes the professional extension training of teachers and study competitions. It supports innovation, and serves as a central research and coordination development and service institute.

The goal of Government Resolution 1057/2005 (V. 31.) Korm. on the measures necessary to implement a vocational training development strategy is to shape a planning system for vocational training that rests on demands for labour. The business organizations must be included when taking the measures necessary to school people in accordance with labour market demands.

The following measures are intended to serve that purpose:

- an award for merit for institutions in which large numbers of vocational trainees find jobs;
- introduction of contracts between workplaces and students;
- development of a labour market information system;
- updating the system of differentiated financing for vocational training;
- establishing professional counselling bodies to operate alongside the regional training centres;
- updating the procedure for amending the National Vocational Qualification Registry (OKJ) so that the vocational training structure adjusts to employment demands more quickly.

The Ministry of Education signed a cooperation agreement with the Hungarian Chamber of Commerce and Industry on January 27, 2004, charging it with designing the vocational and examination requirements for sixteen vocations that require a good deal of practical experience. The Hungarian Chamber of Commerce and Industry, working in cooperation with business interest groups, completed a review of the professional and examination requirements for the 16 vocations that require a good deal or practical experience. It became possible for the Chamber to manifest the expectations of the business world in more direct cooperation with business interest groups and the schools offering the vocational training.

In September 2005 a scholarship programme consisting of a number of components was initiated to rejuvenate the scholarship system to offer equal opportunity to students in disadvantageous situations and to support talented students interested in the natural sciences. The programme is targeted as students coping with multiple disadvantages, taken into foster care, taken into tempo-

rary institutional care, put into temporary foster care, returned home after one of the former but still under protective services' scrutiny.

One sub-programme of the scholarship system is called "Road to a Vocation." Its goal is to establish a connection between the labour market and the schools students attend, with a particular focus on vocations that are in short supply. Students may apply for this scholarship in 2005/2006 if they are studying in any of the following and are currently at school:

- Grades 9-10 of a vocational school,
- Grade 13 of a trade training institution (learning their first vocation and are in the first year of such study) in a vocation that is in short supply,
- Grade 11 of a vocational school in a vocation in short supply.

The program offers students a mentor of their choice to assist them in their studies. Both the mentor and the student receive scholarships. (The student scholarship is HUF 4,000/month (for ten months, and a one-time award of HUF 16,000 per student at the end of the school year.)

Question D

Please indicate the methods adopted by your government with a view to providing access to higher technical education and university education on the basis of the sole criterion of individual aptitude.

The higher education admission system in Hungary rests on individual aptitude. Applicants may attain 120 points in two different ways:

- 60 points brought from secondary school + 60 points on exams, or
- points on exams doubled to equivalent of 2 x 60.

The exam points are points received on the secondary school graduation exam, and the points brought are based on secondary school academic achievement. The point configuration more favourable to the student is always the one chosen. An additional 24 points may be obtained in addition to the 120 points by taking an advanced level secondary school graduation exam, passing an exam for a foreign language, achieving good results in certain educational competitions, performing in an excellent manner in vocational training, or producing a vanguard sports performance.

In some professions, applicants also have taken an aptitude test (such as drawing aptitude for a person applying to attend architectural school).

The higher education admission system in Hungary is set by government decree and all requirements must be made public two years before they are introduced.

For young applicants, parents, and teachers, the Ministry of Education and a number of institutes operating under it, as well as the universities and colleges, provide information through a variety of forums. As of 2005, students may apply to universities and colleges using the Internet.

Question E

Please indicate whether equality of access to vocational training opportunities is ensured for all those interested, including nationals of the other Contracting Parties to the Charter lawfully resident or working regularly in your territory, and disabled persons.

The public education act contains chapters entitled ‘*Foreign educational institutions in Hungary, Hungarian educational institutions abroad and education in Hungary for non-Hungarian citizens and the continuation of educations begun abroad in Hungary*’, which guarantee equal access to all interested parties.

Article 10, Paragraph (2): providing or promoting a system of apprenticeship and other systematic arrangements for training young boys and girls in their various employments."

Question A

Please give an account of the legal framework and the functions, organisation, operation and financing of apprenticeships and/or other systems for training young boys and girls in various jobs in your country.

Students attending vocational training within schools qualify as legal students of the institute in which they are training. The legal framework for this is defined in the Public Education Law. The practical training of a student attending a vocational training school may be in a model facility (which may be operated by the school or by a business) or in a real facility. The latter may operate under a contract between a school and a workshop which agrees to provide the training, or under a contract between the student and the workshop. If the student signs a contract, the rights and obligations of student and business are set by law.

Question B

Please give an account of the measures taken to implement this provision, stating approximately, if possible, the number of young persons benefiting from training systems.

Question D

Please describe any measures under which private apprenticeship schemes are assisted out of public funds.

B) and D): State support is granted to vocational training institutions operating within the school system as it is to non-state non-local-government facilities. There is nothing to preclude a “private” system of institutions from receiving funding from the state budget or other funds. The vocational training contribution system, which has been functioning since the early 1970s, is one important source of funding for vocational training. In the past thirty years, the system has been amended a number of times regarding both the manner of meeting the contribution obligation and the manner in which the funding can be used. The system was designed to make business players who have a vested interest in employing the workforce coming out of the vocational schools make a more proportionate contribution to the training scheme and to create a system to support the practical training which takes place in the business world. Changes in the rules significantly expanded the circle of beneficiaries, and terminated its independence, folding it into the Labour Market Fund established to manage employment problems. The uses of the funding were expanded to allow contributors to deduct the costs of training their own employees and to support

the practical training going on in the higher education system. The act on contributing to vocational training is intended to provide the development funds for a flexible and differentiated vocational training system adjusted to the demands of social flows and information society that promotes dynamic economic development, and helps to shape the financial framework for planning the structure of European Union supports.

The basic educational component of the mandatory contributions to vocational training is managed as earmarked government funds within the Labour Market Fund. The Fund Management Directorate of the Ministry of Education manages it and uses it to finance the following as required by law – decisively in the form of supports:

- refunds for businesses required to contribute that hold practical training programmes,
- supporting the fund management costs of businesses required to contribute which hold practical training programmes as their main line of activity,
- competitive grants (centralized and decentralized) available to bidders.
- support for organizations conducting vocational development activities (public foundations, central budget-sponsored bodies, business chambers)
- expenditure related to the operation of the funds.

Question C

Please indicate how the arrangements for vocational training are divided between the various types of vocational activity.

The levels of vocational qualifications are included in the National Vocational Qualification Registry (OKJ) as follows:

21 = vocational qualifications that do not require completion of primary education

31 = vocational qualifications based on completion of the eight grades of primary school, or

vocational qualifications that may be chosen by any person who is over the age of sixteen, has completed six years of primary school and has successfully completed a two year gap reduction course within the meaning of Section 27, Subsection (8) of Act LXXIX of 1993 on Public Education (hereinafter: Public Education Law) within the framework of full-time schooling, and chosen a vocation permissible with this background, or

vocational qualifications that may be chosen by any person who is over the age of sixteen, has completed seven years of primary school and has successfully completed a one year gap reduction course within the meaning of Section 27, Subsection (8) of Act LXXIX of 1993 on Public Education, within the framework of full-time schooling, or

vocational qualifications that may be chosen by any person who is over the age of sixteen, has attended but not completed the eighth year of primary school and has attended a one-year vocational school preparatory course granting the specified input competencies for the overall group, within the meaning of Section 27, Subsection (8) of Act LXXIX of 1993 on Public Education, which includes the specific vocation that will enable student to meet vocational and examination requirements,

32 = vocational qualifications based on completed primary education certified by having finished eighth grade and attending vocational training preparatory to learning the vocation or

vocational qualifications that may be chosen by any person who is over the age of sixteen, has attended but not completed the eighth year of primary school and has attended a one-year full time vocational school preparatory course granting the specified input competencies for the overall group, within the meaning of Section 27, Subsection (8) of Act LXXIX of 1993 on Public Education, which includes the specific vocation that will enable student to meet vocational and examination requirements,

33 = vocational qualifications based on completing the tenth grade or

vocational qualifications that may be chosen by any person who is over the age of sixteen, if criteria set forth under Section 27, Subsection (8) of Act LXXIX of 1993 on Public Education, or

vocational qualifications that may be chosen by any person who is over the age of sixteen, has attended but not completed the eighth year of primary school and has attended a one-year vocational school preparatory course granting the specified input competencies for the overall group, within the meaning of Section 27, Subsection (8) of Act LXXIX of 1993 on Public Education, which includes the specific vocation that will enable student to meet vocational and examination requirements,

34 = vocational qualifications based on completing the tenth grade or

vocational qualifications that may be chosen by any person who is over the age of sixteen, has attended but not completed the eighth year of primary school and has attended a one-year vocational school preparatory course granting the specified input competencies for the overall group, within the meaning of Section 27, Subsection (8) of Act LXXIX of 1993 on Public Education, which includes the specific vocation that will enable student to meet vocational and examination requirements,

51 = Vocational qualifications linked to having completed the final year of secondary school, which entitle one to work in typically blue collar activities

52 = Vocational qualifications linked to having completed the final year of secondary school or graduation examinations, which entitle one to work in typically white collar activities

53 = Vocational qualifications linked to secondary school graduation examinations and to certain vocational preliminary training

54 = Enhanced vocational qualifications linked to secondary school graduation examinations or to secondary school graduation examinations and to specified vocational pre-qualifications

55 = Higher level vocational qualifications linked to secondary school graduation examinations

71 = Vocational qualifications linked to having completed higher education

The vocational training areas are listed in 21 vocational groups – in keeping with their vocational content – in the National Vocational Qualification Registry (OKJ).

Table 37
Categories of skills

Categories of skills					
1.	Health	8.	Chemical industry	15.	Economics
2.	Social services	9.	Architecture	16.	Administration
3.	Education	10.	Light industry	17.	Commerce, marketing, business administration
4.	Arts, general culture, communications	11.	Wood industry	18.	Catering, tourism
5.	Engineering	12.	Printing industry	19.	Other services
6.	Electro-technology, electronics	13.	Transport	20.	Agriculture
7.	Information technology	14.	Environment, water management	21.	Food trades

As far as type of school is concerned, a vocational school can teach a vocation that does not require secondary school graduation (up to vocational training level code 22), while specialized secondary schools offer vocational training in code 51 and higher.

Question E

Please indicate whether the measures described are applicable to all categories of young boys and girls likely to benefit from and wishing to undertake apprenticeship or vocational training. If this is not the case, please give an estimate of the proportion of those not covered and, if possible, indicate the categories concerned.

Yes, they are. The measures described are applicable to all groups of young boys and girls who are likely to benefit from the vocational training or apprenticeship, and would like to continue their studies in this direction.

Question F

Please indicate whether equality of access to apprenticeship training is ensured for all those interested, including nationals of the other Contracting Parties to the Charter lawfully resident or working regularly in your territory, and disabled persons.

The Public Education Law contains chapters entitled Foreign educational institutions in Hungary, Hungarian educational institutions abroad *and* education in Hungary for non-Hungarian citizens and the continuation of educations begun abroad in Hungary, *which guarantee equal access to all interested parties.*

Article 10 Paragraph (3): to provide or promote, as necessary:

- a. **adequate and readily available training facilities for adult employees;**
- b. **special facilities for the re-training of adult employees needed as a result of technological development or new trends in employment;**

Question A

Please give details of the facilities provided for the training and retraining of adult employees, in particular the arrangements for retraining redundant employees and employees affected by economic and technological change.

Act CI of 2001 on Adult Education (hereinafter: Adult Education Law) was promulgated on January 1, 2002.

The amendment to the adult education act took effect on 1 January 2004. Based on two years of experience with the act, one significant new measure was that the amendment extended the jurisdiction of the law to include an obligation to maintain records of the businesses which organize special training courses or their own employees, it strengthened the participation of employers and employees in the national level forum of professionals working to prepare decisions, i.e. the National Adult Education Council, and expanded the effects of the adult education act to cover foreign organizations and persons conducting educational activity within the territory of the Republic of Hungary (see below for details).

Parliament passed the Adult Education Law to allow citizens to exercise their constitutional right to education throughout their careers, to expand regulated opportunities to access adult education and training to every member of society, to enable citizens to meet the challenges of economic, cultural, and technological development, and to successfully enter the workforce and remain there successfully throughout their lives, and to enable their quality of life to improve through adult education and training.

Adult education offers an opportunity for the public education system and to use organized school vocational training and higher education as a foundation for adults to be able to study when they feel like it – because a change in their life situation makes this necessary or because of a special interest. The law establishes a system and financially supports the evolvement of a uniform adult education sector in which lifelong learning becomes possible: skills learned while young based on motivation allow the adult to fund the form and method of study corresponding to personal demands and interests, enabling the adult to join the system in a flexible manner and receive counselling and information on which to base decisions to study.

The more important regulations of Adult Education Law are as follows:

a) General regulations

Within the framework of the Adult Education Law, the state guarantees everyone the right to participate in adult education.

The Adult Education Law regulates adult education as well as the services and administration linked to adult education as well as the adult education institutional and support system. The Adult Education Law is a framework law which acts to supplement the existing pieces of legislation concerning education. The institutional system regulated by the law touches on public education, vocational training, and the regulated higher educational institutions. Maintenance of the

coherence of the law and of its interpretation is grounds for Section 2 of the law to underline the significance of the laws issued by the various professional authorities in the institutional system of adult education and in applying the law.

For the purposes of the Adult Education Law, the following qualify as **adult education activities**:

- a) regularly performed extracurricular training aimed at general, language or vocational training, and
- b) services connected to adult education.

With certain exceptions, the scope of the Adult Education Law extends to

- a) adults participating in adult education of accessing services connected to adult education,
- b) adult education activity extends to
 - institutes of public education
 - vocational training institutions
 - institutes of higher education
 - public service associations, societies, public bodies, foundations, public foundations, and
 - other legal entities, business partnerships without legal entity, private entrepreneurs, associations of same established for adult education activity
 - foreign organizations and persons conducting educational activity on the territory of the Republic of Hungary.

b) The management and institutional system of adult education

Within the scope of its activities related to adult education, the government lays down the rules of its responsibilities related to the followings:

- a) the accreditation of institutions offering adult education and of adult education programmes;
- b) the obligations of adult education institutions that receive funding for adult education and state support under Chapter IV of the Adult Education Law.

The sectoral management of adult education is the job of the minister of employment and labour, who is charged with issuing decrees defining

- a) the detailed rules for registering institutions performing adult education;
- b) detailed regulations on the accreditation procedure and system of requirements, this latter in agreement with the education minister.

The National Adult Education Council operates as a nationwide body assisting the minister of employment and labour in preparing tasks related to adult education for decision, and is charged with rendering opinions and making recommendations. A separate institute with nationwide authority was needed to advance the scientific background to adult education, to promote the coordination of domestic and international relations, and to handle documentation and information tasks. The **National Institute for Adult Education (NFI)** was established to promote the management of adult education, to handle adult education development, to coordinate adult education research and methodology development and to support international cooperation in the interest of the above goals.

Under the Adult Education Law an institution is entitled to provide adult education if it is registered as an adult education institution. An employer who organizes training for its own staff or

employees within its own organization is performing an adult education activity. Since this training is not a business of itself, it would be unfair to require that this employer register this activity under the same rules of procedure as an institution which treats adult education as a business. The law calls for an employer organizing its own training to register itself in a simplified way, and it authorizes the minister of employment and labour to set the procedural rules involved. The law sets the duration of registration validity at four years, which conforms to the duration of accreditation. To meet the national and regional tasks of human resource development the minister of employment and labour is authorized to establish and operate regional training centres. The training centre is financed by the central budget.

The minister of employment and labour supervises the education centres and exercises the rights of manager set forth in Act XXXVIII of 1992 on Public Finances. The central budget provides the funding for the basic operations of the education centre.

The basic operations of the education centre are

- a) to provide education for the portions of society defined in the central training programmes,
- b) to participate in implementing training to promote employment and to create new jobs,
- c) to manage the tasks assigned to it by the vocational training act,
- d) to participate in international adult education programmes and in preparing and executing programmes targeted at human resource development supported with European community funding,
- e) to offer adult education-related services,
- f) to organize education intended to close the gap for persons in disadvantaged situations and promote their success on the labour market, and to participate in the development of such programmes,
- g) to build a network for distance learning to provide professional support to people who want to study but not in a formal configuration.

c) Requirements for the content of adult education

Under the Adult Education Law, **requests for accreditation** for adult education institutions are to be submitted to **National Institute for Adult Education**. The law re-regulates the requirement to register institutions accredited under the authorization of other laws with **National Institute for Adult Education**, simplifying the current complicated regulation, and establishing harmony between the provisions of the amended adult education act.

The **Adult Education Accreditation Body** decides on the accreditation of institutions providing adult education and on the adult education programmes. Its decisions may be appealed not by initiating the re-visitation of its legal authority, but under Act IV of 1957 on Public Administration Procedures. The law requires the minister of employment and labour to render a decision on an appeal of a decision taken by The Adult Education Accreditation Body.

The law requires an institution to design **an annual education plan** as a condition of accreditation. The annual education plan includes planned training courses, the groups targeted by the courses, financing resources, and the manner in which the institution conducting the adult education is provided with the personnel and objective conditions needed for the education. The annual education plan makes the operations of the institution more transparent, offers a more thorough picture of the standards of training, and assists in grounding the decision on whether it meets the

requirements for accreditation. The annual training plan must be made accessible to persons with an interest in the training.

The law also strives to regulate the fundamental criteria of quality assurance in adult education. As a general condition, it declares that **an education programme** is mandatory for adult education. This condition sets a particular task for general education and for education that offers a vocation not recognized by the state, and for language courses. The law distinguishes among education programmes by the content of the programmes. The programme must contain: the competencies obtainable through the training, the conditions for joining and participating in the training programme, the planned period of training, the method of training (one-on-one, groups, distance learning, etc.), the curricular units (modules), the goal, content, and size of the modules, maximum group participants, a description of the system used to evaluate the performance of the participants in the training, the conditions for certifying completion of the training or of the various units (modules), the personnel and objective conditions for implementing the training programme, and the way they are ensured. The programme is required to provide the most important specifics of operation, making it transparent for interested parties. Having a training programme is a legal condition for operation and its absence can put the applicant at a legal disadvantage when it comes to registration.

The education programme must adjust to the differing education levels and skills of the adult participants. The law requires institutions that are registered to make thorough preparations to guarantee the quality of education and to protect consumers. Under the law, when an adult applies for a training programme and requests it, the programme is mandated to conduct a preliminary survey of that person's knowledge level, which the facility must then evaluate. It must then place the adult at a level that meets with his or her knowledge.

Adjusting to advances in education methods, the law defines the features of open education and distance learning, giving a handhold to decisions on granting supports, and to how to apply the law.

To protect the interests of the adults attending the courses, the law formalizes the legal framework of the training. It calls for mandatory conclusion of an **adult education contract** between the institution offering the adult education and the adult participant in the course. The contract must contain a precise definition of the conditions of the training as a service, which makes it accountable, and if necessary, enables lawsuits. The adult education contract contains: the skills or competencies attainable with the training, the manner in which the performance of the participant is monitored and evaluated, the location, duration, and phasing of the course, the fee for the course – including examination fee – and the consequences of breach of contract by the participating adult and the institution conducting the course. When the law took effect, extra-curricular training contracts concluded in the manner defined by the law must be considered adult education contracts.

d) Adult education supports

The government supports adult education in accordance with Sections 22-27 of the Adult Education Law.

The public finance resources for supporting adult education:

- a) the central budget,
- b) the portion of the vocational training contribution that may be accounted for adult education,

- c) the portions of the Labour Market Fund (MPA) intended for employment, development and education,
- d) tax concessions defined under separate statute.

Capitation support for adult education

The state provides capitation support as defined in the budget act to institutions offering adult education for

- a) a)an adult attending a course leading to obtaining the first vocation recognized by the state and listed in the National Vocational Qualifications Registry (OKJ), and
- b) for general, language, and vocational training for a person with a disability.

On the recommendation of the minister of employment and labour, each year the government sets an additional circle of adults whose education the state will support on a per capita basis through the central budget. Capitation support for adult education only may be granted to an institution accredited under Section 12 of the Adult Education Law that has signed an agreement with the Ministry of Employment and Labour – as defined by separate statute – on supporting adult education.

When offering training to adults with disabilities, another condition for accessing the capitation support is that the training programme of the institution providing the adult education must be accredited.

Supporting courses to promote employment

In cases defined by Section 14 of Act IV of 1991 on Promoting Employment and Providing Benefits to the Unemployed, adult education may be supported at the expense of the Labour Market Fund.

When courses are organized by an adult education institution accredited in keeping with Section 12 of the Adult Education Law and a facility offering training for its own staff under Section 29, Subsection 13, the adult participating in the courses may be supported.

Supporting training for a company's own employees

An employer may support adult education courses as defined by and to the extent allowed by Act LXXXVI of 2003 on Vocational Training Contributions and Assistance for the Improvement of the Training System

Support for adult education and for advancing the technical conditions for adult education

Support for extra-curricular adult education from the portion of Labour Market Fund funding earmarked for extra-curricular education is regulated by Act IV of 1991 on Promoting Employment and Providing Benefits to the Unemployed.

Personal income tax concession

Under the regulations of the personal income tax law, an adult or an adult student is entitled to a personal income tax concession on the basis of participation in a course.

2.

Decree 5/2004 (II. 29) FMM of the Minister of Employment and Labour **amended the detailed rules on registering** institutions offering adult education, assigning the registration to the seven regional employment centres that cover the counties (Budapest), charging the Employment Office with summarizing them, and the Ministry of Employment and Labour with processing the list and making it public.

Government Decree 22/2004 (II. 16) Korm. on the rules of accreditation for institutions providing adult education and on adult education programmes was issued to **improve and guarantee the quality of adult education**. This was followed by Decree 24/2004 (VI. 24.) FMM of the Minister of Employment and Labour, giving the detailed rules for the accreditation procedure and system of requirements.

Decree 23/2004 (VI.22.) FMM of the Minister of Employment and Labour was new in that it calculated with the length of the course in defining the fees for accrediting institutions and programmes, the manner of performance, and the use of fees paid.

Decree 10/2003 (VII. 31.) FMM of the Minister of Employment and Labour on activity by experts in specialized fields involving clients was amended by Decree 19/2004 (VI. 22.) FMM of the Minister of Employment and Labour to include **experts in adult education** among the experts. As of December 31, 2004, there were 301 such experts registered with the Ministry.

The amendment of Decree 8/2003 (VII. 4.) FMM of the Minister of Employment and Labour on the use of Labour Market Fund employment fund set-asides for extra-curricular **adult education** made it possible to directly support the education of adults participating in central employment crisis mitigation employment programmes initiated by the Ministry and focused on specific strata (groups) of employees.

Government Resolution 1069/2004 (VII. 9.) Korm. on **the guidelines and action programme for advancing adult education** systematizes the social, government, training organizational, and training-content tasks required by a knowledge-based, competitive economy to meet demands for labour with up-to-date professional knowledge and flexibility, setting up three main categories:

- the advance of adult education with particular consideration for improving the competitiveness of the economy and for increasing the flexibility of employers and employees;
- reinforcing cooperation among the players involved in adult education;
- reinforcing the role of the training in equalizing opportunities for the participants to return to the workforce.

National employment programme to promote ‘employment in the non-profit sector’

The goal of the nationwide programme is to build human resources in the non-profit sector, and improve abilities to obtain resources by shifting employees no longer needed in the public sector to the non-profit sector – and prepare them to relocate to the non-profit sector.

The target groups of the programme:

- organizations that benefit the public, and interest organizations for employers and employees that undertake to participate in the current programme to advance their organizations and/or ac-

tivity and are ready to employ employees dismissed from the public sector as a result of staff cuts under conditions defined by competitive bids.

- public sector employees losing their jobs under Government Resolutions 2263/2003 (X. 27.) Korm. and 1106/2003 (X. 31.) Korm. who tell their employers, the regionally responsible employment centre or a local branch of the centre that they are willing to participate.

On nationwide level, 253 organizations entered the bidding, planning to employ 573 persons. The number of employees registering for the programme was 1,060. The minister decided

- to support 223 bids in which the bidders were ready to employ 487 persons, and the support requirement for the complete programme, based on bidding data was calculated as HUF 2,211,536,670 for a 30-month period,

- to reject 30 bids which would have involved employing 84 persons. Eventually, agreements were signed with 138 of the winning bidders – after selection of the employees – which made it possible to place 250 people.

The bidders – 85 organizations with 126 planned jobs – that did not conclude tripartite agreements by deadline lost the support. The main reason for the failures was that the organizations did not find employees that met their demands. Most of the organizations sought specially trained persons to work in their activity or people who spoke other languages well. This demand could not always be met, since the government administration bodies were, for the most part, dismissing employees with skills and experience that did not mesh with this.

Eventually 127 bidders began receiving funding for employing 226 persons. Of this, 25 jobs were terminated, so support is being provided to 126 organizations for employment of 201 persons.

(The breakdown of contracts for supported employment by region: 61 in Budapest, 22 in Pest County, 17 in Jász-Nagykun-Szolnok County, 13 in Zala County, 11 in Somogy County, and 10 in Békés County)

Question B

Please indicate how the arrangements for vocational training are divided between the various types of vocational activity.

For the answer to this question, see the answers above to Article 10 Paragraph (1) Question A) and Article 10 Paragraph (3) Question A).

Question C

Please state whether the measures described are applicable to all categories of interested employees likely to benefit from and in need of training or retraining facilities. If this is not the case, please give an estimate of the proportion of those not covered and, if appropriate, give details of the categories concerned.

The measures outlined are valid for all groups of employees expected to benefit from training or retraining possibilities and where the new skills are in demand.

Question D

Please indicate the approximate number of adult employees who have participated in training or retraining measures.

Mandatory registration data, representative samples, and estimates indicated that in 2004, about 800,000 persons **participated in adult education**, of which about 370,000 received some form of state support.

As far as the training of the jobless is concerned, results of new forms of support put into practice in 2003 were tangible in 2004. These new and different support possibilities were primarily related to unemployed persons over the age of 45-50 years, and to introducing supports for part-time employment.

In 2004, the number of jobless people participating in courses remained steady following a decline that began in 2002 (in 2003 there were 73,882 and in 2004 there were 52,429). There was also a decline in course attendance by people with jobs (9,013 in 2003 and 7,465 in 2004). The most popular training programmes continued to be in commerce and computer technology, and in profession-related languages. Manager training supporting the use of EU tendering systems also continued.

Question E

Please describe special measures to assist adult women wishing to take up or resume employment.

Several pieces of legislation were introduced in past years to manage the problems of people who remained off the workforce for longer periods of time. Some were aimed at improving the chances of employees by offering them free-of-charge training, and partly by giving employers an interest in hiring people who want to return to the workforce (reduced taxes).

In 1998, Section 12, Subsection (3) was inserted into Act LXXX of 1993 on Higher Education (the Higher Education Law) and Government Decree 51/2002 (III. 26.) Korm. on fees and reimbursements payable by university and college students and on various supports they may access was published.

The two together allowed mothers to attend college or university free of charge during the years spent at home caring for their children.

People receiving childcare allowance (GYES), childcare fee (GYED) or childcare benefit (GYET) may attend college or university free of charge, even if they apply for courses normally subject to tuition fees. The detailed rules on this are in Section 22 of Government Decree 51/2002 (III. 26.) Korm.

As of September 2002, pregnant women and mothers of small children attending government – and only government – institutes of higher education cannot be mandated to pay cost reimbursement, and this includes participants in advanced vocational training within accredited higher level facilities. If the pregnant woman or mother of a small child wants to study in a non-government institution of higher education, the Adult Education Law (Act CI of 2001) allows her to claim an income tax deduction for 30 percent of tuition costs to a maximum of HUF 60,000/year.

Labour market training

People receiving social benefits for raising children or nursing a family member must pay the costs of the training.

Act IV of 1991 on Promoting Employment and Providing Benefits to the Unemployed sets the maximum number of training hours at 20/week, which causes serious course-organization problems and sharply limits the areas in which people receiving childcare allowance (GYES), childcare fee (GYED) or childcare benefit (GYET) can study.

The labour organization has been collecting statistical data on childcare allowance (GYES), childcare fee (GYED) or childcare benefit (GYET) recipients attending labour market training courses since 2003. From 1 January 2003 to 30 September 2005 pregnant women and mothers of small children attended courses as follows:

Table 38

Type of training	2003		2004	
	Recommended	Accepted	Recommended	Accepted
Offering OKJ* skill	495	1,689	236	1,017
Offering non-OKJ skill	22	98	22	64
Foreign language	103	268	74	154
Total	620	2,055	332	1,235
Grand total	2,675		1,567	

*OKJ: National Vocational Qualification Registry

Other supports to assist a return to the workforce

Act CXXIII of 2004 on Promoting the Employment of Young First-time Job-seekers, Unemployed Persons Over the Age of 50 Years, and People Seeking Job After Having Cared for a Family Member and on Employing Scholarship Holders offers employers concessions per capita hired, reducing the contributions on wages they have to make. The goal of the law is to offer employers incentives to hire, so a basic condition for receiving the concession is that the term of employment must last for a minimum of 9 months. The concession may be accessed when hiring a person returning to the workforce after receiving childcare allowance (GYES), childcare fee (GYED) or childcare benefit (GYET) or carer's allowance, when taking their first job after termination of these forms of aid. For a period of nine months, the social insurance contribution on the wages of the person (maximum wage of HUF 90,000/month gross) is reduced by 50 percent. The employer pays the full contribution and asks for a lump sum reimbursement after the person has worked continuously for nine months and the employer is ready to prolong the employment by at least another three months.

This law took effect on January 1, 2005.

Question F

Please indicate whether equality of access to adult training and retraining is ensured for all those interested, including nationals of the other Contracting Parties to the Charter lawfully resident or working regularly in your territory, and disabled persons.

All interested parties are ensured equal access to adult education and retraining, including foreigners who are citizens of a country that is a contracting party to the Charter or the Revised Charter, and are lawfully resident or regularly working in Hungary, including people with altered working abilities.

Article 10 Paragraph (4): encouraging the full utilisation of the facilities provided by appropriate measures such as:

- a. reducing or abolishing any fees or charges;*
- b. granting financial assistance in appropriate cases;*
- c. including in the normal working hours time spent on supplementary training taken by the employee, at the request of his employer, during employment;*
- d. ensuring, through adequate supervision, in consultation with the employers' and employees' organisations, the efficiency of apprenticeship and other training arrangements for young employees, and the adequate protection of young employees generally.*

Question A

Please give a brief account of any fees or charges imposed in respect of vocational training and indicate, where appropriate, the measures taken to reduce or abolish such fees or charges.

Accredited adult education in Hungary has been exempt from the Value Added Tax (VAT) since 2003. From this time on, taxpayers also have been able to deduct 30 percent of training course costs, or a maximum of HUF 60,000/year from their personal income tax.

Question B

Please describe the system existing in your country for providing financial assistance (allowances, grants, loans, etc.) to participants in vocational training. Please indicate also the nature of the financial assistance provided (amounts, duration, eligibility criteria, etc.).

Please indicate whether equal treatment in respect of financial assistance is ensured for nationals of all the Contracting Parties to the Charter lawfully resident or working regularly in your territory.

There continue to be many players in the *adult education financing system*. The main components of the state support system: 1) per capita support, 2) tax write-offs for education, 3) supports for training employees at the expense of the vocational educational contribution, 4) improving the chances of jobless persons and people threatened with joblessness in re-adjusting to society through training covered by direct payments from employers and employees through the Labour Market Fund.

As of 2004, *European Union resources* that directly support adult education also became available through HEFOP 3.4. (support to train entrepreneurs) and 3.5 (advancing the system of institutions).

The Hungarian Armed Forces maintains its own vocational training, in which the participating secondary school students are part of the active Hungarian Armed Forces. The rules on training including allowances for students (salaries, bonuses, etc.) are covered in Decree 19/1997 (VIII. 29.) HM-MKM of the Minister of Defence and of the Minister of Culture and Education on the specific rules of the operation of military secondary schools.

Question C

Please indicate the measures taken to include time spent on training taken by employees, at the request of their employer, in the normal working hours.

Since 1992, Section 155 of the Labour Code has regulated reductions in working hours to attend courses. It states that when a employee is attending a training course within the school system, the employer is mandated to allow the employee sufficient time off to attend school. The employer determines the amount of time of from work the employee is due based on a certificate issued by the school stating the duration of the course (theory, practicum). When attending training course offered by the school system, the employee is entitled to four days off per examination. To ensure successful study, the days off must be granted in the manner that the employee requests them

When a student attends an extra-curricular training programme the employee is entitled to time off for school if the collective agreement calls for it or if the benefit is included in a study contract between employer and employee.

Question D

Please indicate the supervision and evaluation measures taken in consultation with the social partners to ensure the efficiency of apprenticeship and other training arrangements for young employees.

Question E

Please indicate if the provision of sub-paragraphs (a), (b) and (c) of Article 10 paragraph (4) are applicable to the great majority of the persons concerned.

Act LXXVI of 1993 on Vocational Training was amended in 2003 to bring it more into line with the operation of the economy and to extend practical training between businesses and students using study contracts. In all cases, the signing of a study contract between a student who has finished mandatory schooling (currently after reaching the age of 16 years), and the business is done of their own free will.

The vocational contract – in conformity with the public education act – bans and provides sanctions for any discrimination when signing or amending a study contract or in practical training, and the signing of a study contract specifies that the vocational training school must participate. A vocational training school that notices any violation of rights is called on to report it to the Ministry of Justice's Antidiscrimination Network Client Service Section. The regionally respon-

sible chamber of economics – working in cooperation with the business interest groups – may ban the business with the discriminatory practice from participating in practical training for from one to five years. A student contract is signed by the student, or if a minor, by the parent or guardian, and by the representative of the vocational school. If this does not lead to actual study, the vocational school sees to it that a student who is qualified to attend the practicum of a vocational course gets a place to study, with the participation of the responsible regional business chamber. The student contract is signed in the presence of a representative of the responsible business chamber. The student is required to show the contract to the school offering the vocational theory aspects of the training before the time he or she signs up for study.

Based on the study contract, a student admitted to vocational school is entitled to benefits (working clothes, individual protective devices, means of maintaining personal hygiene, subsidized meals on the days of practical training, travel cost reimbursement on the days of practical training, fees) from the first day of the school year. The school chooses the first day of practical training based on the order of work at the vocational school (class schedule, curriculum).

The law on vocational training states that when a student has a study contract, the business organization *is mandated to pay the student a cash benefit*: in the first semester of the first year of vocational training, the cash benefit due a student per month is 15 percent of the mandatory minimum wage. In the second and subsequent semesters of the vocational school, remuneration depends on the student's grades, but calls for at least a 10 percent increase in the monthly amount of the cash benefit compared to the previous semester. On that basis, the student may attain the upper monthly limit of the cash benefit which is 50 percent of the mandatory minimum wage.

A vocational school student participating in practical training after having signed a study contract is in a unique situation regarding social insurance benefits and pension entitlement. The time spent in these studies qualifies as service time from the point of view of insurance if the pension contribution for this time was paid. With a student in a vocational school participating in practical training, who has a study contract, the income that forms the basis for the contribution is the cash benefit set in the study contract.

Table 39

Mandatory benefits to vocational secondary school students

Mandatory benefits for a vocational secondary school student during the course of a school year	
with a study contract	without a study contract [doing practicum in school's model facility or in business, based on agreement with school]
Cash benefit at least 15 percent of minimum wage monthly (HUF 8,550 in 2005.), to be increased by at least 10 percent per semester	
	Fee for four consecutive weeks of summer practicum is at least 15 percent of minimum wage (HUF 8,550 in 2005.)
Work clothes , individual protective devices, equipment to maintain personal hygiene	Work clothes , individual protective devices, equipment to maintain personal hygiene

Subsidized meals or contribution to the costs of meals (amount may not be less than tax-exempt contribution to meals granted to employees)	Subsidized meals or contribution to the costs of meals (amount may not be less than tax-exempt contribution to meals granted to employees)
Liability insurance with student as beneficiary	Liability insurance with student as beneficiary
Mandatory medical examination organized for student	Mandatory medical examination organized for student
Travel cost reimbursement to attend examinations and when temporarily asked to work elsewhere	Travel cost reimbursement to attend examinations and when temporarily asked to work elsewhere
Accommodation cost reimbursement when practicum is organized transitionally at another workplace	Accommodation cost reimbursement when practicum is organized transitionally at another workplace
Time spent in vocational course is included in service time when calculating pension	
Study contract is signed by student who is over the age of 16 , and business organization or entrepreneur who offers the organizational conditions for the practical training.	Cooperation agreement is signed by vocational training school which student is attending and the business organization or entrepreneur that offers the organizational conditions for the practical training.
<p>The organizer of the practical aspects of the training (business organization, entrepreneur, vocational school) is mandated to provide the benefits.</p> <p>The costs of the benefits may be deducted from the mandatory contribution that the business or entrepreneur is required to make.</p> <p>When students receive their practical training in the model facilities of the vocational training school, their benefits are covered by the per capita benefits of the central budget.</p>	

A business or an entrepreneur that signs a *study contract* on the basis of Act LXXXVI of 2003 *on Vocational Training Contributions and Assistance for the Improvement of the Training System* (hereinafter: Vocational Training Contributions Law) is, under the law, entitled to a cost refund for the costs (expenses) connected to the practical training of the student listed in the Vocational Training Contributions Law, cancelling out its vocational training contribution, if the sum of these costs exceeds the gross obligation.

Article 11: The right to protection of health

General aspects

Question A

Please indicate the forms of ill-health which at present raise the greatest public health problems in your country by reason of their frequency, gravity and any sequels. Please indicate what illnesses were the main causes of death.

The general description of the population's health status was submitted in the Second National Report.

A Report prepared by the Government of the Republic of Hungary on the health status of the population and on progress with the public health programme in 2004 (hereinafter: Report on the Progress of the Public Health Programme)⁵ sums up the more significant problems from the point of view of public health as follows:

- the population decline did not stop in 2003. The overall population was 25,000 less than one year earlier
- the rate of elderly people is growing constantly compared to that of the young. In 2003, the rate equalled the average for the European Union. Hungarian men and women can count on a lower healthy life expectancy at birth than most other EU Member States residents.
- Hungarian men can count on living 7 fewer years than their EU counterparts and women on living 5 fewer years
- Hungary's male mortality rate was still 1.5 times the average for the European Union Member States. The excess mortality was particularly significant among males under the age of 65 years.
- There are sharp regional differences in life spans from region of Hungary to the next.
- In 2003, the mortality rate of Hungarians was third highest in the EU.
- The highest number of deaths was due to diseases of the circulatory system.
- Tumours are particularly prevalent among females aged 35-64, while the rate of mortality due to diseases of the digestive system was particularly high among males.
- In 2003, Hungary was first in the EU in mortalities due to malignant tumours and diseases of the digestive system.
- Mortality due to lung cancer and to malignant colorectal tumours is double the EU average rate.
- Hungarian male mortality associated with excessive alcohol consumption in 2003 was still over double (224 percent) the EU average.

⁵ Related materials in English are available on the website of the Ministry of Health at www.eum.hu, under the rubric: National Public Health Programme

- Male mortality associated with tobacco smoking was nearly double (198 percent) the rate for the EU. Premature female mortality due to tobacco smoking was more than double (208 percent) the EU average.
- There is a sharp increase in the frequency of hypertension starting with age of 35 years.
- In 2003, 14 percent of females and 9 percent of males needed the assistance of another person to perform some essential part of self-care. In 2003 the rate of middle-aged males where this was true had increased by 50 percent compared to 2000.
- Some 29 percent of Hungarian females and 38 percent of males are overweight, while 20 percent of adults are obese. In other words, over half of Hungarian residents are affected by this risk factor. The number of obese elderly persons is rising steadily.
- In 2003, 42 percent of males and 29 percent of females smoked tobacco. Young people made up the largest rate of smokers.

In connection with the pattern of cause of mortality, the Report on the Progress of the Public Health Programme concludes that in 2003, over 135,000 people died in Hungary. Given the extremely unfavourable mortality conditions each year about 50,000 more people (enough to populate a medium-sized city) die than would be expected in a comparison with West European mortality factors.

Some 51 percent of mortalities are the result of vascular system diseases, 25 percent are malignant tumours, and 7.7 percent are diseases of the digestive system, and injuries, poisoning and certain other consequences of external causes each account for 7 percent.

In recent years, we have seen a change in the pattern of causes of death with cardiovascular mortalities dropping somewhat in rate and tumours increasing. Diseases of the circulatory system accounted for 45 percent of male mortality and 57 percent of female. These rates differ sharply by age. Among young people the leading causes of death are external (accidents, suicides). Among 35-64-year olds – particularly among females – there is an exceptionally high number of tumours, while among males the rate of mortalities from diseases of the digestive system is significant. Mortality due to vascular system diseases is very high among the elderly.

Of the 25 EU Member States, Hungary is 5th in mortalities due to diseases of the circulatory system and 4th in mortalities due to external factors. Unfortunately, it was in first place in mortalities due to malignant tumours and diseases of the digestive system in 2003. In Hungary, the mortality rate due to lung cancer and to malignant colorectal tumours is double the average rate in the EU-25.

Among factors threatening public health, pathogens at work are of great significance. Data for 2004 concerning workplace exposure and health damaging pathogens are discussed under Article 3.

In 2003 and 2004, the most frequent causes of death were as follows:

Table 40
Mortality by the most frequent causes of death

	2003	2004
Tumours	34,062	34,056
Diseases of the circulatory system	69,050	67,165
Diseases of the respiratory system	5,439	5,215
Diseases of the digestive system	9,445	9,144
External factors of morbidity and mortality	9,435	9,097
All other diseases	8,392	7,815
Total	135,823	132,492

(Source: Central Statistical Office)

Question B

Please describe the measures aimed at ensuring universal access to health care. Please also indicate on what conditions the various health services are made available to the whole of your country, describing the geographical distribution of these services.

We would like to supplement the Second National Report with the following information:

Services accessible to all citizens free of charge

- antenatal care
- mandatory age-linked vaccinations
- mammography and cervix cytological cancer screening when organized as public health screening for specific age groups with specific frequency
- lung screening
- school health services
- and health education and information in schools which are a part of the national basic curriculum.

Available free-of-charge to all insured parties (under the statutory insurance system the entire population is essentially insured)

- dental screening
- influenza vaccinations for people over the age of 65 years, for people with disabilities, and for other at-risk groups,
- and – when organized by their family practitioners – screenings (heart, vascular system, metabolism, limbs, sensory organs) in conformity with age, risk group and other risk factors

- within the framework of occupational health, it is mandatory to provide occupational health care, which is responsible for, on the one hand, the elimination of workplace factors hazardous to the health, and on the other, for monitoring the suitability of the employee, factors putting employment at risk, and possible occupational diseases. It is the task of the employer to provide for the availability of occupational health services.

According to the opinion formulated by the trade unions on the National Report, it creates disadvantageous situations for the employee in many cases that the physician working at the occupational health services is paid directly by the employer.

Act XXVI of 2004 amending Act LXXXIII of 1997 on Benefits under the Statutory Health Insurance Scheme amended, with effect as of 1 May 2004, Section 44 of the Health Insurance Benefits Law, and laid down the provision, in keeping with Directive 79/7/EEC on the progressive implementation of the principle of equal treatment for men and women in matters of social security entitling fathers to sickness benefit when he cares for a child below the age of 1 year. The previous legal provisions only enabled this for single fathers or for children over the age of 1 year and below the age of 12 years.

As a result of the 2004 amendment, a new Subsection (4) was inserted into Section 56 of the Health Insurance Benefits Law stating that a person shall not be eligible to accident-related sick pay if he is paid accident related invalidity pension or accident annuity resulting from the same on-the-job accident.

It has to be noted that after the reporting period, the scope of screenings that may be used was considerably changed by Decree 67/2005 (XII. 27.) EüM of the Minister of Health on amending Decree 51/1997 (XII.18.) NM of the Minister of Welfare concerning health services and the certification of screening examinations aimed at the prevention and early diagnoses of diseases that may be accessed within the statutory health insurance scheme.

Question C⁶

Please indicate how public health services are organised in your country and state, if possible:

- a. the number of private or public preventative and screening clinics (if possible distinguishing between general or specialised, particularly in the fields of tuberculosis, sexually transmitted diseases, AIDS, mental health, mother and child welfare, etc.) and the annual attendance of them making special mention of services for schoolchildren;**
- b. the regular health examinations arranged for the population in general or for a part thereof, and their intervals;**
- c. the number of general hospitals and public or private establishments for specialised treatment (especially for tuberculosis, psychiatry – including day hospital –, cancer, after-care, functional and occupational rehabilitation). Give the respective proportions of public and private establishments. Please indicate the number of beds available (or of places in case of day hospitals or rehabilitation clinics accepting out-patients);**

⁶ If the statistical information requested under this provision is available from publications of Eurostat, WHO or OECD you are invited to refer to the relevant publication.

- d. the number per 1 000 persons of doctors, dentists, midwives and nurses, indicating, if possible, the situation in urban and rural areas;
- e. the number of pharmacies per 1 000 persons and if possible their geographical distribution;
- f. Please indicate the percentage of GDP allocated to health expenditure.

The Second National Report presented the structure of the healthcare system.

Healthcare system main data for 2003 and 2004 are as follows:

Table 41
Number of family practitioners

At end of year	No. of family practitioners			
	Budapest	Cities/Towns	Villages	Total
2003	976	2 286	1 844	5 106
2004	966	2 272	1 808	5 046

(Source: Central Statistical Office)

Table 42
Family practitioners and family paediatricians, coverage by region, 2003

Region	Family practitioners	Family paediatricians	Together	Per one family practitioner	Per family practitioner and family paediatrician
	Number of			number of population	
Central Hungary	1,445	523	1,968	1,958	1,438
Central Western Hungary	545	168	713	2,042	1,561
Western Hungary	512	140	652	1,959	1,539
Southwest Hungary	543	150	693	1,811	1,419
North Hungary	634	166	800	2,019	1,600
Northeast Hungary	738	219	957	2,096	1,617
Southeast Hungary	689	216	905	1,974	1,503
Country, total	5,106	1,582	6,688	1,981	1,513

(Source: Central Statistical Office)

Table 43
Family practitioners and family paediatricians, coverage by region, 2004.

Region	Number of		Together	Number of residents	
	Family practitioners	Family paediatricians		Per one family practitioner	Per family practitioner and family paediatrician
Central Hungary	1,433	522	1,955	1,983	1,453
Central Western Hungary	535	167	702	2,076	1,582
Western Hungary	507	141	648	1,973	1,544
Southwest Hungary	536	145	681	1,824	1,435
North Hungary	625	166	791	2,034	1,607
Northeast Hungary	723	219	942	2,133	1,637
Southeast Hungary	687	217	904	1,972	1,499
Country, total	5,046	1,577	6,623	2,001	1,525

(Source: Central Statistical Office)

Table 44
Number of pulmonary continuing care facilities and patient turnover through year

Year	Pulmonary continuing care facility		Patient turnover		
	Number (December 31)	Patient turnover	Registered tuberculosis patients and their contacts	Non-tuberculosis	Preventive
2003	162	1,984,642	74,203	1,294,873	615,566
2004	162	2,010,922	66,484	1,310,707	633,731

(Source: Central Statistical Office)

Table 45
Number of pulmonary continuing care facilities and patient turnover by region, 2003

Region	Number of pulmonary continuing care facilities	Patient turnover in pulmonary continuing care facilities
Central Hungary	36	547,939
Central Western Hungary	18	230,665
Western Hungary	16	158,305
Southwest Hungary	18	249,730
North Hungary	20	251,915
Northeast Hungary	31	283,505
Southeast Hungary	23	262,583
Country, total	162	1,984,642

(Source: Central Statistical Office)

Table 46
Number of pulmonary continuing care facilities and patient turnover by region, 2004

Region	Number of pulmonary care continuing facilities	Patient turnover in pulmonary continuing care facilities
Central Hungary	36	551,102
Central Western Hungary	18	237,147
Western Hungary	16	150,497
Southwest Hungary	18	251,211
North Hungary	20	256,284
Northeast Hungary	31	293,928
Southeast Hungary	23	270,753
Country, total	162	2,010,922

(Source: Central Statistical Office)

Table 47
Fluorography screening facilities by region, 2003

Region	Stationary	Mobile
	No. of fluorography screening facilities	
Central Hungary	35	7
Central Western Hungary	14	7
Western Hungary	16	5
Southwest Hungary	18	5
North Hungary	17	6
Northeast Hungary	15	11
Southeast Hungary	19	7
Country, total	134	48

(Source: Central Statistical Office)

Table 48
Fluorography screening facilities by region, 2004

Region	Stationary	Mobile
	No. of fluorography screening facilities	
Central Hungary	35	8
Central Western Hungary	14	7
Western Hungary	16	5
Southwest Hungary	18	5
North Hungary	17	6
Northeast Hungary	15	11
Southeast Hungary	19	7
Country, total	134	48

(Source: Central Statistical Office)

Table 49
Selected data on dermatological and STD continuing care clinics

Year	Number of facilities	Patient turnover (1,000)	Of this	
			STDs	Skin diseases
			1,000	
2003	125	1 902	13	1,757
2004	125	1 898	16	1,732

(Source: Central Statistical Office)

Table 50
Selected data on psychiatric continuing care facilities

Year	Number of psychiatric continuing care facilities	Patient turnover		Average appearances of one person receiving continuing care in one year	Onsite	
		Total	Of this, receiving regular care		medical examinations	psychiatric nurses' visits
2003	144	1,363,510	582,643	9.9	19,531	49,392
2004	144	1,395,054	606,686	9.9	17,297	46,181

(Source: Central Statistical Office)

Table 51
Main operation data of psychiatric continuing care facilities, by region, 2003

Region	Number of psychiatric continuing care facilities	Patient turnover		Average appearances of one person receiving regular care in one year medical examinations	Onsite	
		Total	Of these, under regular care		medical examinations	psychiatric nurses' visits
Central Hungary	36	409,544	161,050	9.7	7,123	27,837
Central Western Hungary	18	147,946	60,602	13.3	4,233	1,135
Western Hungary	19	139,609	53,692	13.3	1,684	4,841
Southwest Hungary	17	172,813	75,434	10.6	2,381	6,242
North Hungary	20	151,111	74,337	11.2	966	748
Northeast Hungary	14	147,192	95,171	8.0	1,381	2,327
Southeast Hungary	20	195,295	62,357	7.9	1,763	6,262
Country, total	144	1,363,510	582,643	10.0	19,531	49,392

(Source: Central Statistical Office)

Table 52
Main operation data of psychiatric continuing care facilities, by region, 2004

Region	Number of psychiatric continuing care facilities	Patient turnover		Average appearances of one person receiving regular care in one year medical examinations	Onsite	
		Total	Of these, under regular care		medical examinations	psychiatric nurses' visits
Central Hungary	36	416,810	164,044	4.1	7,523	25,195
Central Western Hungary	18	142,875	63,119	5.6	2,391	819
Western Hungary	19	140,339	53,139	4.7	1,756	4,539
Southwest Hungary	17	184,462	77,205	4.4	2,396	6,098
North Hungary	20	147,208	76,651	5.5	898	688
Northeast Hungary	14	155,330	102,891	5.1	638	2,875
Southeast Hungary	20	208,030	69,637	2.5	1,695	5,967
Country, total	144	1,395,054	606,686	4.3	17,297	46,181

(Source: Central Statistical Office)

Table 53
Number of doctors

End of year	Number of doctors as in the National Register of Physicians		Number of active doctors	
	Overall number	Rate per 10,000 population	Overall number	Rate per 10,000 population
2003	41,778	41.3	38,241	37.8
2004	42,659	42.2	38,877	38.5

(Source: Central Statistical Office)

(Note: "Active Doctor" means number of physician's facilities in operation whether that operation is part-time or full-time.)

Table 54
Supply of doctors by region, 2003

Region	Number of doctors as in the National Register of Physicians		Number of active doctors	
	Overall number	Rate per 10,000 population	Overall number	Rate per 10,000 population
Central Hungary	17,522	61.9	15,895	56.2
Central Western Hungary	3,012	27.1	2,855	25.7
Western Hungary	3,486	34.7	3,019	30.1
Southwest Hungary	4,047	41.1	3,762	38.2
North Hungary	3,354	26.2	3,202	25.0
Northeast Hungary	5,251	33.9	4,911	31.7
Southeast Hungary	5,106	37.5	4,597	33.8
Country, total	41,778	41.3	38,241	37.8

(Source: Central Statistical Office)

Table 55
Supply of doctors by region, 2004

Region	Number of doctors as in the National Register of Physicians		Number of active doctors	
	Overall number	Rate per 10,000 population		Overall number
Central Hungary	18,304	64.4	16,891	59.5
Central Western Hungary	3,036	27.3	2,521	22.7
Western Hungary	3,463	34.6	2,977	29.8
Southwest Hungary	4,037	41.3	3,676	37.6
North Hungary	3,376	26.6	3,226	25.4
Northeast Hungary	5,271	34.2	4,791	31.1
Southeast Hungary	5,172	38.2	4,795	35.4
Country, total	41,778	42.2	38,877	38.5

(Source: Central Statistical Office)

Table 56
Data on paediatric dental clinics, in breakdown by region

Region	Number of children Appearing 2003	Number of children appearing 2004
Central Hungary	369,041	392,656
Central Western Hungary	181,873	175,192

Western Hungary	201,652	218,883
Southwest Hungary	130,049	134,233
North Hungary	145,406	148,832
Northeast Hungary	207,484	259,087
Southeast Hungary	223,069	227,590
Country, total	1,461,408	1,556,473

(Source: Central Statistical Office)

Table 57
Data on adult dental clinics, in breakdown by region

Region	Number of patients 2003	Number of patients 2004
Central Hungary	1,193,605	1,221,753
Central Western Hungary	695,519	726,874
Western Hungary	546,431	684,631
Southwest Hungary	524,010	383,528
North Hungary	495,315	501,129
Northeast Hungary	634,901	753,717
Southeast Hungary	602,364	625,396
Country, total	4,734,930	4,924,559

(Source: Central Statistical Office)

Table 58
Number of hospital beds ^{a)}

At end of year	Number of authorised beds		Of this: acute beds		Number of permanently unused beds	Beds actually used	
	Number	Rate per 10,000 population	Number	Rate per 10,000 population		Number	Rate per 10,000 population
1970	84,994	82.1	59,814	57.8	1,589	83,405	80.6
1980	97,056	90.6	70,269	65.6	3,857	93,199	87.0
1990	104,686	101.0	73,902	71.3	2,732	101,954	98.3
2000	84,277	82.6	57,632	56.5	847	83,430	81.8
2003	80,174	79.2	60,700	60.0	342	79,832	78.9
2004	80,071	79.3	60,439	59.9	466	79,605	78.8

a) Prior to 1992 not including beds maintained by Ministry of Defence , Ministry of the Interior, Ministry of Justice, after 1993, not including Ministry of Justice.
(Source: Central Statistical Office)

Table 59
Number of public retail pharmacies and of pharmacy employees

At end of year	Number of pharmacies	Total number of employees	Number of population per pharmacy	Number of population per pharmacist
1970	1,406	10,871	7,359	2,949
1980	1,444	14,052	7,419	2,964
1990	1,479	13,321	7,014	3,060
2000	2,045	13,028	4,993	2,264
2003	2,066	12,955	4,903	2,167
2004	2,067	13,667	4,890	2,143

(Source: Central Statistical Office)

Table 60
Trends of healthcare expenditure as percentage of GDP

2000	2001	2002	2003
7.1	7.4	7.8	8.4 (estimated figure)

(Source: OECD HEALTH DATA 2005, October '05, Total expenditure on health - % of gross domestic product, www.oecd.org)

(Note: According to the document 'OECD in Figures – 2005 edition', also accessible on OECD's homepage, the expenditure on health as percentage of GDP was 7.8%, however, the footnote to the table indicates that 2002 date were used as the basis for the calculations.)

"With a view to ensuring the effective exercise of the right to protection of health, the Contracting Parties undertake, either directly or in co-operation with public or private organisations, to take appropriate measures designed inter alia: Article 11 Paragraph (1) to remove as far as possible the causes of ill health."

Question A

Please indicate infant and perinatal mortality rates for the reference period concerned. Please indicate the life expectancy at birth in your country.

The data requested in the question are as follows:

Table 61
Foetal loss

Category	1970	1980	1990	2000	2002	2003	2004
Number of early and mid-term	29,837	19,972	17,596	14,923	16,512	16,315	16,403

foetal mortalities							
Number of late foetal mortalities	1,520	1,156	699	538	523	530	476
Total foetal mortalities	31,357	21,128	18,295	15,461	17,035	16,845	16,879
Number of induced abortions	192,283	80,882	90,394	59,249	56,075	53,789	52,539
Number of foetal mortalities per 1,000 women aged 15-49	83.4	39.6	42.8	29.2	29.0	28.2	28.0
Number of foetal mortalities per 100 live births	147.3	68.6	86.5	76.6	75.5	74.6	73.0
Number of induced abortions per 1,000 women aged 15-49	71.5	31.4	35.6	23.2	22.2	21.5	21.2
Number of induced abortions per 100 live births	126.7	54.4	71.9	60.7	57.9	56.8	55.2

(Source: Central Statistical Office)

Table 62
Infant mortality rates by age (infant deaths per 1,000 neonates)

Year	Less than 1day old	1-6 days old	7-27 days old	28 days and older	Total
1970	13.6	10.9	3.9	7.5	35.9
1980	7.8	7.6	2.5	5.3	23.2
1990	4.3	4.5	2.1	4.0	14.8
2000	2.3	2.3	1.6	3.0	9.2
2002	1.8	1.9	1.6	1.9	7.2
2003	1.7	1.9	1.2	2.5	7.3
2004	1.4	2.0	1.1	2.2	6.6

(Source: Central Statistical Office)

Table 63
Trends in life expectancy at birth (years)

Year	Males	Females
1970	66.3	72.1
1980	65.5	72.7
1990	65.1	73.7
2000	67.1	75.6
2002	68.3	76.6
2003	68.3	76.5
2004	68.6	76.9

(Source: Central Statistical Office)

Question B

Please describe any special measures taken to protect the health of:

- a. pregnant women, mothers and babies;**
- b. children and adolescents;**
- c. the elderly;**
- d. Disadvantaged persons or groups (for example the homeless, families with many children, drug addicts and the unemployed, etc.).**

Please supply information on all measures taken to protect the reproductive health of all persons, in particular adolescents.

We are answering Question B by responding to the issues in the order that the European Committee of Social Rights has raised them.

Questions by the European Committee of Social Rights:

The Committee would like detailed information and statistics to appear in the next report, covering the measures introduced as part of the Public Health Programme, the rate of the public covered by them, and the results attained.

The Report on the Progress of the Public Health Programme summarizes the most important achievements of the Public Health Programme as follows:

The Public Health Programme, adopted with the agreement of all parties in parliament as an appendix to a parliamentary resolution, is charged with performing certain specific tasks through cooperation among all sectors of the economy over a timeframe that covers multiple terms of parliament. Its organization and order of cooperation have evolved and the framework of cooperation between the players participating in the implementation has been designed. Coordination among the sectors of the economy has been established. A system of competitive grants aimed at generating extensive social cooperation and including the NGOs in health promotion, has gotten off the ground.

The year 2004 was the first full year in which the Public Health Programme was implemented. There were significant advances in each of the programme's components. Important professional tasks were implemented through the cooperation of the various ministries. The society-wide dissemination of the Programme began with the participation of the healthcare institutions, the local governments, the NGOs, the business organizations, and the media.

The parliamentary decision set up a professional framework that marked the priorities for 2004. Priority tasks for the year included reducing tobacco smoking, preventing alcohol and drug abuse, starting up screening programmes, and initiating various environmental health programmes raising the awareness about healthy nutritional habits and physical exercise, HIV/AIDS prevention, and screening and care for people with hypertension and diabetes. Defining targets in implementing the programme were reducing differences in opportunity, approaching the issues through the venues of day-to-day life (workplace, school, settlement) and improving education.

There were significant personnel and organizational changes in programme management at the end of 2004, as implementation, evaluation, and supervision improved. The new management structure began to evolve.

Important achievements and priority areas of the Public Health Programme are as follows:

- the Budapest meeting of the environment and health ministers of the European members of the World Health Organization, which defined the direction of cooperation between the environment and health areas;
- the environmental programmes of small settlements, the reduction in emissions of materials that particularly stress the environment, developments to improve the drinking water of settlements, reducing dust and noise emissions, developing the National Atmospheric Pollution Measurement Network, combating ragweed;
- operating an EU-compatible food safety system based on professional consensus;
- reducing the incidence of tumours: offering extensive information to residents on the importance of attending screenings for oncological diseases, mobilizing residents to participate, preparing family practitioners;
- continuing organized screening: early recognition of breast cancer, developing screenings for cervical cancer, test screenings for colorectal cancer as per the model;
- preparing a national tobacco control policy, a national alcohol consumption policy and a national nutritional policy;
- assisting people who attempt to quit smoking, and who want to change their nutritional habits;

- initiating activities that equalize opportunities to protect people's health: Roma integration, improving job opportunities for persons with altered working ability, completing tasks to attain disabled access, promoting the social integration of retarded persons;
- preparing for school health promotion and developing the curricular material for a subject called "health promotion," to improve the health of school children;
- designing a long-term national strategy for workplace health promotion has begun;
- advancing public health training:
 - preparing primary health care to prevent, screen out and care for cardiovascular diseases,
 - targeted training for family practitioners and rheumatologists on preventing locomotor diseases and treating them in the early phases;
 - human resource development for health promotion participants including healthcare workers, teachers, and local government and NGO staffs;
 - starting up and maintaining programmes aimed at assisting groups at increased risk of HIV/AIDS.

The main objectives of the Governments drug control policies are included in the National Strategy approved by Parliament in 2000.

The Committee would like detailed information on the health status of mothers and children, would like to see statistics, and to receive a description of practical results.

A National Infant and Child Health Programme called "Our common treasure: our children" was initiated in 2005. Professional, social, and civic organizations all helped to design this programme, which will define the development trends in child health up until 2013. The main conclusions and targets of the programme are as follows:

Reasons for initiating the programme

Fewer children are being born in Europe and Hungary, but the ones that are can count on the high probability of living longer. In Hungary today, 50,000 fewer children are born each year than 25 years ago. It is of fundamental importance to do everything possible for those children, to enable them to grow up in families, under liveable conditions and in good health, and to retain their health when they reach adulthood.

Life in the womb, the circumstances of birth, and the first years of life fundamentally determine what the state of the child's health will be. That is where it is a particularly severe problem that, although the rate of premature deliveries has declined significantly to 8 percent, it is still double the rate of the advanced European countries. This is part of the reason why infant mortality, which has also improved significantly, is still double the EU average.

There is a significant difference in morbidity indices from one region of the country to the next. Where poverty is higher, so is illness, and recovery takes longer.

The problem has been made even more severe because the paediatric healthcare system is distorted, tending to favour hospital inpatients. In addition, 28 percent of children under the age of 14 and half of adolescents receive their primary care from a doctor who is not a paediatrician. There are 1,570 paediatricians in the country, but they are not evenly distributed. Here too, the fewest number are where they would be most needed in day-to-day life.

Ninety of Hungary’s hospitals handle obstetrics, but 24 of these hospitals have no neonate or paediatric departments, meaning that equal opportunity is lost to one in three children at the moment they are born.

There are particularly great differences in urgent care for children from one region of the country to the next on weekends and holidays, even though proper treatment for a child in the “first hour” after an accident or the start of an acute illness could be life saving. The most common cause of death among children is accidents (51 percent of the cause of death among 10-19-year-olds) but there is also a sadly high suicide rate (19 percent of this same age group).

Child psychiatry and rehab care are contending with major structural and professional problems as drug consumption among children has doubled in a single decade. Although tobacco smoking has not increased, it is quite high among adolescent males. Among adolescent females, however, it has distinctly grown.

During the European School Survey Project on Alcohol and Drugs ESPAD study implemented in 35 European countries simultaneously in 2003, the alcohol and drug use as well as smoking habits of 16-year-old students were studied. Today in Hungary, every sixth 16-year-old person had used some kind of illicit drugs during their life. As regards the entire first-second secondary school grades, this rate was found to be as high as 25 percent. The study found that age 16 is one of the periods most at risk in terms of trying out the use of drugs. The rate of increase of drug use slowed down as compared to the rate seen in the second half of the nineties.

*Table 64
Student using drugs in Europe*

European comparison – Students who have ever tried an illicit drug in certain countries					
Czech Republic	44	Slovenia	29	Hungary	16
Ireland	44	Estonia	24	Lithuania	16
Switzerland	41	Austria	23	Finland	11
USA	41	Croatia	23	Malta	11
France	38	Bulgaria	22	Norway	9
United Kingdom	38	Russia	22	Sweden	8
Spain	36	Ukraine	21	Greece	6
Belgium	33	Poland	19	Turkey	5
Germany	29	Portugal	18	Romania	3
The Netherlands	29	Latvia	17		

Source: The 2005 Annual Report of the EMCDDA National Drug Focal Point and www.nol.hu

After reviewing the above situation, the government resolved to include a measure in its 100-Step Programme – as Step 22 in the health system – that calls on representatives of the paediatric health profession to design a National Infant and Child Health Programme in keeping with the

strategy evolved by the European Regional Committee of the World Health Organization in September 2005.

The natural, economic, and social environment have a fundamental influence on the evolution of diseases among children, so a society of healthy children requires a healthy natural environment, an economic environment that is developing and that offers parents a balanced way of life, enabling the child to grow up in a pro-child society. The Public Health Programme, social projects for children education, culture, and sports are all essential to the physical and emotional development of children.

No effort by society, however, is sufficient for a child to maintain his or her health of the most important factors in the child's life, the parents and family, are not appropriate partners. Medications cannot take the place of love, caring, and a warm family home.

The main goals and tasks of the programme

The general goal of the programme is to encourage the birth of children, and to assist them in growing up in health and security in their families, to be physically and emotionally ready for adulthood as they grow up.

The detailed professional programme lists 13 goals and 56 concrete tasks, with the deadlines set.

Within that, particularly important goals are:

1) to reduce infant mortality by half in fifteen years – to do that:

- we will build up the network of health visitors (mother and child health nurses) specialized in family planning.
- we will develop outpatient facilities for teens, improve the efficiency of Family Protection Services, and offer preventive and health education programmes to cut the abortion rate by 10 percent in five years.
- within the framework of the Public Health Programme, we will cut the rate of pregnant women who smoke by 20 percent in 5 years.
- we will make sure that specialists are on hand to care for neonates in all obstetrics departments.
- we will update the neonate screening system, to achieve early recognition of 30 congenital metabolic diseases
- within the framework of the 'Baby Friendly' hospital, we will triple the number of baby-friendly hospitals in two years.
- through the reorganized National Breast-Feeding Support Committee, we will expand the use of breast milk to feed infants
- as of 2006, we are introducing a new system of vaccinations requiring fewer vaccinations, and providing a higher level of safety for our children against diseases with fewer complications.
- we will improve the operation conditions of the Neonatal Intensive Care Centres.

2) To equalize the opportunities of sick children:

- the number of new and separate primary care paediatrics practices is being increased,
- to guarantee the professional development of family practitioners working in mixed practices, the extension training system specifies that 20 percent of the credits obtainable annually must be in paediatrics,

- we are rejuvenating the Mobile Specialist Physician Service and developing it into a consultative system by the end of 2007,
- to encourage doctors to choose paediatrics as a specialty we are increasing the number of spaces in paediatrics residencies,
- within the framework of the urgent care programme, we are reorganizing and developing the primary care and inpatient paediatrics inspection system,
- by 2008, we will guarantee that children in institutional care are treated by specialist paediatricians,
- by the end of 2007 we will have professional guidelines and protocols in place for three-quarters of paediatric primary care.

3) *In five years we will reduce child mortality due to accidents and violence by 5 percent, and to do this:*

- we are connecting this programme to the National Accident Prevention Programme currently in the design phase,
- we are advancing the paediatric emergency care system,
- we are increasing the number of paediatric intensive care unit beds,
- within the Public Health Programme, we are initiating a mental hygiene programme to prevent suicides,
- by 2006 we are designing a separate programme of action to prevent child abuse and bullying among children, in co-operation with the Ministry of Youth, Family, Social Affairs and Equal Opportunities,
- we are designing a separate child and adolescent psychiatry programme to be ready by June 30, 2007,
- we are setting up a separate Specialist Child Psychiatry Group and organizing a system of child psychiatry supervision to be in operation by December 31, 2006.

4) *We are establishing a Programme Council, to consist of:*

- government bodies,
- professional organizations
- social organizations and NGOs

which will monitor and assist implementation of the programme “Our common treasure: our children.”

The long-term strategic programme already completed is based on the consensus of the paediatrics profession, but requires society wide consensus to implement. The basic condition for this consensus is for adult society to adopt the message of the World Health Organization children’s programme: “Our children are today’s investment in tomorrow’s society.”

In connection with the healthcare of mothers and children, the following data are communicated:

Table 65
Care for pregnant women, infants, and children

Year	Number of health visitors working	Number of appearances		Number of pregnant women registered in course of year		Number of visits to neonates		Number registered in course of year	
		for pre-natal counselling (1,000)	for infant care counselling (1,000)	Number (1,000)	in percentage of all births	Number (1,000)	In percentage of all live births	Number of counselling sessions per pregnant woman	Number of counselling sessions per infant actually appearing
1970	3,673	1,151	1,545	151	98.5	136	89.6	7.6	11.3
1980	4,531	1,253	1,500	153	102.0	134	90.2	8.2	11.2
1990	5,048	1,153	1,238	132	107.8	113	91.3	8.6	10.0
2000	4,807	807	1,020	100	102.2	95	97.3	8.0	10.6
2003	4,949	789	1,023	97	101.6	93	97.8	8.2	10.9
2004	4,913	803	1,006	100	104.6	93	97.9	8.0	10.7

(Source: Central Statistical Office)

Table 66
Significant data on families receiving continuing care in health visitor's districts

Year	Total number of families receiving services	Factors occurring in families receiving continuing care				
		drug abuse	alcohol abuse	tobacco smoking	child neglect	child abuse
2000	1,253,929	597	95,208	413,579	13,542	1,725
2003	1,196,980	789	93,082	387,800	12,388	1,204
2004	1,155,666	919	87,459	376,362	13,200	1,236

(Source: Central Statistical Office)

The Committee would like current information on screenings of children and adolescents. It would like information, including statistical data, on screenings for the rest of the population, with particular respect to disadvantaged groups.

The Public Health Programme progress report says the following on boosting the role of prevention in healthcare:

Malignant tumours cause about one-quarter of all mortalities in Hungary. One of the most promising strategies for reducing tumour deaths is screening the population. This means periodically examining people who believe themselves to be healthy and who have no signs or symptoms of a disease, using a method suitable for demonstrating the presence of a disease that is still hidden. Screening shows either that there is a high probability that the disease is present or that it is not. Screen can prevent the disease from being fatal because the disease is discovered and treatment is begun *before a patient would have noticed signs or displayed symptoms of it and gone to a doctor of his or her own accord, which enhances the chances of a full recovery.*

The essence of “organized screenings” is that the population targeted for the screening is identified and a regional record is made of the persons to be screened. The people then receive personalized invitations to come to the screening. Reliable professional organizations recommend that the public health strategy make use of screening procedures that have already been proven through measurements to reduce mortality due to the diseases being screened for. At present there are three screening modalities that meet these conditions:

- mammography of women aged 45-65 years every two years;
- gynaecological examinations of women aged 25-65 years repeated every three years following an initial negative screening and to include cytological testing (Pap smears); and
- screening of men and women aged 50-70 years every two years for hidden colorectal bleeding, involving laboratory testing of stool samples.

The Report on the Progress of the Public Health Programme says the following with regard to the expected benefit of the public health screenings:

International experience and domestic estimates are that from the 5th to 7th year that they are employed, the public health screenings will result in a roughly 30 percent decline in mortalities from the diseases targeted. This means that mortalities due to breast cancer could be down by 20 percent (about 480 persons/year), mortalities due to cervical cancer could go down by about 50 percent (about 250 persons/year), and mortalities due to colorectal cancer could decline by about 10 percent (about 500 persons/year). This means that the public health screenings could make a significant contribution (about 36 percent worth) to one of the prime targets of the National Public Health Programme adopted by parliament as Resolution 46/2003. (IV. 16.) OGY, which is to reduce all mortalities due to malignant tumours by about 10 percent.

Results of breast cancer screening

The performance indices of the first two-year round of screening:

From December 2001 to the end of the third quarter of 2004:

- 1,733,986 invitation letters were sent out;
- 701,196 women appeared for the mammograms
- number of women called in to return for extended testing: 50,499 (7.2 percent of women screened);
- number of surgeries performed: 3,699 (0.52 percent of women screened);
- number of benign tumours: 1,238;
- number of malignant tumours: 2,461 (0.35 percent of women screened and 66.53 percent of women undergoing surgery);
- tumour according to pathological size: 1-9 mm: 664, 10-14 mm 681 (= 1,345, which amounts to 54.65 percent of all the malignant tumours), 15-20 mm: 654, larger than 20 mm: 462.

Results: the rate of women appearing for and undergoing mammography for screening purposes rose from 7.26 percent in the 2000-2001 screening period to 33.95 percent in 2002-2003. At the same time, the rate of women undergoing mammography for diagnostic purposes rose from 19.67 to 22.05 percent. Overall, the number of women aged 45-65 years undergoing mammographies throughout the country rose to 53.46 percent in 2002-2003 thanks to the screening programme, compared to 25.85 percent in 2000-2001.

Conclusion: The initial participation rate in the Hungarian programme are encouraging – particularly when compared to the data preceding the programme – but it needs to increase to achieve a substantive reduction in mortalities from breast cancer.

The goal is to achieve 70 percent screening coverage of the vulnerable population in accordance with WHO recommendations.

Cervical screening

According to data from the National Screening Registry, 482,092 persons received letters to attend screenings between October 1, 2003 and September 30, 2004. The cytological laboratories reported performing 13,660 tests, giving a nationwide participation rate of only 2.83 percent! The unfavourable experience of this first year suggests the difficulties of transitioning from the spontaneous or ad hoc screening practices that operated like reflexes in past decades to a modern system (based on personal invitations).

Since the participation rate was quite low, we first experimented with using a different system of inviting people to participate in Csongrád County, followed up by Fejér and Zala counties. This means that we did not send the invitations by post, but gave them to the family practitioner for the given region and asked that they be distributed personally, with the assistance of the health visitors. The new system has been in operation for about six months and for the moment, experience is negligible. It already is obvious, though that in smaller settlements the new system works far better, but the participation rates are nevertheless far lower than they were for mammograms.

For instance, in **Csongrád County**, the rate of attendance for the entire county was 3.98 percent. However, for the area around the town of Makó, where the new system was tested, the attendance rate was 16.5 percent (426 of the 2,568 people invited, showed up for the screening.)

In **Zala County**, in the town of Lenti where 193 invitations were distributed, 27 people showed up for the gynaecological examination, which is a 14 percent attendance rate. In most of the districts, the health visitor agreed to deliver the letters to their recipients, as she moves around the settlement doing her work. In Zala County most of the gynaecologists did not agree to perform screenings in the villages, saying that they were too few in number.

In **Fejér County**, the system was called “screening in the community” which means that the gynaecologist did travel to the settlements. Following preliminary agreement (with the local government, health visitor, family practitioner) the gynaecologists gave presentations and delivered the invitations, either personally or through the mail. Following the presentations, people flocked to the cervical screenings, including both people with invitations and people who had not received any. The result was 50 examinations a day, giving these settlements a 20 percent participation rate (the average for the county was 7 percent.)

It appears that this system works comparatively well in small settlements. In towns and cities, however, it is not particularly effective.

Results of a pilot programme for colorectal screening (pilot at the city of Ajka)

Under a government decision, public health colorectal screening is being done in phases, and in 2004 a target population of about 180,000 people were involved.

Colorectal screen was organized for the population aged 50-70 years of the city of Ajka, based on the experience of similar examinations done in Budapest's District XI in 1997-1998, as pilots for a planned nationwide screening for colorectal tumours.

Method: A two-phased human-specific diagnostic agent (faecal test) was used to seek hidden internal bleeding. The immunochemical tests (demonstrating the presence of human albumin and haemoglobin) were performed by the National Institute of Oncology, while colonoscopy and any necessary surgery were performed in regional hospitals.

Results: in the Ajka colorectal screening campaign (May 2003 to May 2004), 3,996 stool samples were examined. Twenty eight percent (1,123 cases) gave a positive colour reaction, and 8 percent (321 cases) gave a positive immunochemical reaction. These latter patients then underwent colonoscopy testing. In all 298 colonoscopies were performed yielding 13 carcinomas, and, in 67 patients, 109 adenomatous polyps. In addition, 42 cases of haemorrhoids, 36 cases of diverticulosis, 40 cases of inflammation, and 10 other diseases. In 30 percent of cases (90 cases) colonoscopy found no pathological disease.

Conclusion: Some 46 percent of the targeted population of Ajka participated in the screening programme that was supported by the city's government. The number of cases of colorectal carcinoma discovered early increased and timely performance of polyp removal reduces the frequency of colorectal cancers.

In Hungary, only about 10-20 percent of drug addicts would go spontaneously to see some of the counselling or treatment centres. Therefore 'outreach programmes' are of great importance in addressing latent drug users and addict populations. This is indirectly related to screenings, too, because one of the elements of the low-threshold services is to motivate for participation in health screening. In 2004 in Hungary, data on HIV/AIDS registered/notified from IV drug users as well as data on acute hepatitis due to HBV/HCV have been supplied by the National Centre of Epidemiology; screenings are carried out by institutes of the National Public Health and Medical Officer's Service.

Table 67
Serological tests

Age group		HIV antibody tests		HBsAg antigen tests			HCV antibody tests		
		Total number	Positive	Total number	Positive Number	%	Total number	Positive Number	%
< 25 year	Male	39	0	20	0	0	22	3	13.6
	Female	17	0	16	0	0	16	0	0.0
25-34 years	Male	37	0	32	0	0	31	5	16.1
	Female	10	0	11	0	0	11	2	18.2
>34 years	Male	9	0	7	0	0	9	1	11.1
	Female	5	0	4	0	0	4	2	50.0
Total	Male	85	0	59	0	0	62	9	14.5
	Female	32	0	31	0	0	31	4	12.9

Source: Report of the The Hungarian National Focal Point and National Centre of Epidemiology, 2005 (Csobán and Kaszás)
Source: Report of the Hungarian National Focal Point

In 2004, the National AIDS Strategy (2004-2010) was completed: put together by the National AIDS Committee, the Strategy relies on the Public Health Programme and assigns primary importance to health promotion and prevention at schools. The Programme envisages to focus on IV drug users as an at-risk group.

Source: Report on the situation of drug abuse in Hungary, 2005

The Committee would like information on the results of outpatient care development and still-existing problems.

The Hungarian care system traditionally emphasises and focuses on hospital care. One of the main goals of health policy is to transform the structure to reduce the number of acute hospital beds and place the emphasis of patient care on outpatient facilities. In past years – to achieve this goal – new contracts concluded by public financing have primarily been with outpatient facilities, or with facilities offering one-day hospital care, outpatient care and care that can substitute for hospital care.

The performance of outpatient specialized care is increasing dynamically. It grew by 15 percent alone in 2000-2002. In 2000, there were 5.8 outpatient specialist care episodes per resident, while two years later the figure was 6.7.

In outpatient care, the rise in the number of laboratory tests was the most significant.

The number of doctor-working-hours increased to a greater extent than the volume of services delivered. The number of working hours increased particularly significantly in the imaging diag-

nostics professions. The number of patients per doctor-working-hour declined somewhat. In the clinical professions, the number was 6.7 patients per doctor-working-hour in 1990, dropping to 4.4 in 2002. There was a similar decline in imaging diagnostics: dropping from 12.3 patients/hour in 1990 to 6.0 in 2002.

Starting in 2002 there has been significant development in one-day surgery, something the National Health Insurance Fund (OEP) supported with competitive grants. A transformation of the financing system got underway in 2004, aimed at giving priority to outpatient treatment, and modifying the structure of care accordingly.

To receive priority when bidding for grants, an outpatient care facility should be able to offer a wide scale of clinical and diagnostic activity in one and the same place and to provide polyclinic type services without requiring lengthy waits before a patient can get an appointment. The Hungarian Development Bank (MFB) has been supporting this development with long-term low-cost loans.

Service providers have to bid for inclusion in coverage and financing by the National Health Insurance Fund. In 2005, hemodynamic centres, emergency care wards, treatment course services in oncology and hospices had priority in the bidding process. The goal was to equalize opportunity to care by evening up the nationwide spread.

*Table 68
Selected data on specialized outpatient care^{a)}*

Year	Clinical professions	X-ray examinations	Laboratory tests	Dentistry ^{b)}	Other diagnostic and therapeutic tests	Total
Number of doctors' working-hours (1,000)						
1970	3,951	622	575	2,809	..	7,957
1980	4,225	584	592	3,609	..	9,010
1990	4,826	529	462	4,349	..	10,166
2000	8,406	1,692	725	3,900	1,070	15,793
2003	8,989	1,821	756	3,983	1,106	16,655
2004	8,968	1,842	730	3,971	1,202	16,713
Number of doctors' working-hours worked per 100 population						
1970	38.2	6.0	5.6	27.2	..	77.0
1980	39.4	5.5	5.5	33.7	..	84.1
1990	46.5	5.1	4.5	41.9	..	98.0
2000	82.3	16.6	7.1	38.2	10.5	154.7
2003	88.7	18.0	7.5	39.3	10.9	164.4
2004	88.7	18.2	7.2	39.3	11.9	165.4

	Number of treatment (examination) cases (1,000)					
1970	30,069	6,278	12,897	9,880	..	59,124
1980	29,330	7,568	21,883	10,946	..	69,727
1990	32,340	6,506	31,177	10,900	..	80,923
2000	38,565	9,184	88,597	7,728	12,363	156,437
2003	39,128	10,550	120,471	9,635	14,683	194,467
2004	39,697	10,622	129,060	9,897	14,363	203,639
	Number of treatment (examination) cases per 100 population					
1970	290.9	60.7	124.8	95.6	..	572.0
1980	273.8	70.7	204.3	102.2	..	650.9
1990	311.7	62.7	300.5	105.1	..	780.1
2000	377.7	89.9	867.7	75.7	121.1	1,532.0
2003	386.3	104.2	1,189.3	95.1	145.0	1,919.8
2004	392.8	105.1	1,276.9	97.9	142.1	2,014.8
a) From 1995 on, inclusive of data from hospital ambulatory clinics						
b) 1970 excluding rural dentistry						

(Source: Central Statistical Office)

Recommendation 1626 (2003) of the Council of Europe's Parliamentary Assembly recommendation calls on member states to ensure effective access to health care for all, without discrimination, as a basic human right. The Committee therefore asks for information, backed up by statistics, on the situation on this point.

Under Hungary's statutory insurance system, all Hungarian citizens are insured and entitled to access healthcare, with no discrimination. Local governments are mandated to provide for primary health care for their population by family practitioners operating in the family practitioner's districts "with an obligation to provide in-area care." This requirement means that the family practitioner is required to provide for the long-term treatment and care of every single person living in the given area unless that person – this is the patient's choice – chooses to register himself/herself in the district of a different physician. In addition, the family practitioner is required to treat any person who appears and requests emergency care, no matter where that person may live. Other healthcare services financed from the public purse also have an obligation to treat people living in their districts and to guarantee that everyone is referred to and cared for in the facility that corresponds to their condition.

In the light of the Council of Europe's Committee of Ministers Recommendation No R (99) 21 on criteria for the management of waiting lists and waiting times in health care, the Committee also asks for information on how such lists and waiting times are being managed.

A ministerial decree regulated waiting lists and the manner of handling the appointment system. In Hungary there are no long waiting lists, so significance of the question is relatively low.

The waiting lists for transplants are centralized on national level and are monitored by NGOs. It is not possible to move forward on one of these waiting lists by paying an extra fee or seeking private care.

Article 11, Paragraph (2): providing advisory and educational facilities for the promotion of health and the encouragement of individual responsibility in matters of health;"

Question A

Please indicate what advisory and screening services exist:

- a. for schools;
- b. for other groups.

Question B

Please describe any measures taken to further health education, including information campaigns.

We are answering Questions A and B by responding to the issues in the order that the European Committee of Social Rights has raised them.

Questions by the European Committee of Social Rights:

In the area of health education at schools, the Committee asks for information in the next report on whether every region has benefited from these measures.

The National Core Curriculum – the validity of which covers all schools throughout the country, no matter who or what group maintains them – lists education to a healthy way of life as a special priority task. The main topics of Lifestyle and Cultivating Practical Knowledge include features of a healthy lifestyle including healthy living, up-to-date nutrition, daily exercise, dress, accident prevention, ergonomic, job hazards, unhealthy habits, and mental hygiene. The local curricula of the schools must be designed on the basis of the Basic National Curriculum, which means that the local curricula must include education in health promotion information.

Section 2, Subsection (1) of Decree 26/1997 (IX. 3.) NM of the Minister of Welfare on school healthcare calls for including school healthcare in all educational institutions, by offering such care in each school or by combining caregivers to cover more than one school. A school doctor, working full time or part time, a health visitor is to provide full-time care or, in cases set under separate statute, the health visitor's may work part-time or may treat the school as one facility within her district. The school doctor and health visitor are to do their work in coordination with the primary care paediatrician and district health visitor of the child. Point 5 of Appendix 2 of the Decree lists participation in the health education activity of the school as one of the tasks of the school doctor. Within that, it calls for participation in school education to a healthy way of life, as part of the implementation of the Basic National Curriculum. These requirements are mandatory for all schools throughout the country.

The Committee would like a description of the measures introduced under the National Public Health Programme regarding public information and awareness-raising about healthy lifestyles, the percentage of the population covered and the results obtained.

The Report on the Progress of the National Public Health Programme had the following to say regarding public information and awareness-raising about healthy lifestyles and on improving the incentives to change behaviours of the targeted population:

The success and economy of public health screening for the population depends decisively on the proportion of the targeted population that participates in the screening programmes initiated by the healthcare system. According to available data, the participation of the targeted population in the screenings offered to them has remained below optimum level. Surveys show that about half of the women in the at-risk group have never attended a screening.

Teaching materials for doctors and health visitors have been prepared in hard copy and in computer files in an effort to improve school health.

Participation by the school doctor and health visitor in school health education activity is of decisive importance. To promote this, we have had to design cooperation models. In doing so we were assisted by special training programmes organized by National Public Health and Medical Officers' Service senior health visitors. We are hoping that the continuous expansion of the channels of information (websites, small group lectures, network of peer assistants, and network of volunteers in micro-regions) will help to reduce the excessive load on the health visitors, and thus improve their effectiveness.

A minimum intervention programme has gotten underway in primary health care. This method, recommended by the World Health Organization, gives an insight into the smoking habits of residents, supports people who want to quit, and offers effective assistance to prevent people from taking up smoking. Healthcare institutions maintain advisory and assistance services for people wanting to quit smoking, to offer the widest possible sector of the public in overcoming addictions. Programme participants receive training and extension training, teaching aids and guidelines are prepared and published, and programme documents are evaluated and tested with a separate project. A 40-page publication for family practitioners and health visitors and distributed to them personally, was prepared in 12,000 copies.

Between 1995 and 2003, the life prevalence value of illicit substance abuse among school-aged children and young persons increased three and half times in Hungary. In 2003, the increase was due primarily and almost exclusively due to an increase in marijuana use. The European School Survey Project on Alcohol and Other Drugs 2003 ESPAD study showed that 16.2% of the young persons interviewed (18.4% of boys and 13.8% of girls) had tried some illicit substance during their lives in Hungary.

Thus, the mostly affected age-groups/populations regarding the drug problem include young persons studying in educational facilities, therefore the Ministry of Youth, Family, Social Affairs and Equal Opportunities and the Ministry of Education attach priority importance to providing technical materials and systemic programs of national effect to educational facilities.

The most important program of this cooperation is a prevention programme to support primary and secondary educational institutes that was first announced in December 2000 and announced regularly every year since then.

The dissemination of prevention services in primary care has gotten underway with the inclusion of local and regional organizations (local governments, NGOs).

A publication on preventing cardiovascular diseases aimed at primary care and called "Guidelines for cardiovascular prevention and a treatment strategy in family medical practices"

contains a way of assessing risk and assists the family practitioner in defining the risks, and in determining the level on which the patient is to be treated and cared for.

Programmes to treat hypertension and to screen for and treat diabetes have gotten underway in primary care. An organizational protocol is currently being designed for primary care practices based on the experience of past years. An information system has been designed in screening for and treating hypertension and diabetes. The professional and organizational protocols are currently being taught and a model programme of implementation is underway.

In the effort to reduce the number of tumours, offering information to the public on the importance of undergoing screening for oncology diseases and mobilizing people to participate are top priorities as is training for family practitioners. Family practitioners also brief the public on cancer. Seven publications have already been designed for this purpose and have been distributed in family practitioners' offices.

The main goal of a project to train family practitioners organized at the Clinical Department of Psychiatry and Psychotherapy of the Semmelweis University is to teach the early signs of depression so that it can be recognized and treated on primary care level. The programme pointed out the opportunities family practitioners have in treating psychiatric diseases. The training included improving the role of community psychiatry. A publication printed in 7,000 copies, called "Treating depression and anxiety in primary medical practice" is an excellent aid to doctors who were unable to participate in the training programmes.

HIV/AIDS monitoring has been extended to IV drug users in an effort to keep HIV and hepatitis infection levels low. The primary target group of low-threshold services is IV drug users. The effective access to latent IV drug users is possible on the one hand by mobile needle exchange, on the other by street outreach needle exchange implemented with the involvement of social workers and peers, which contribute to reducing health and social harms related to drug use. The programme is based on increasing voluntary AIDS/HIV screening, and expanded the activity of the National Public Health and Medical Officer's Service institutions authorized to offer counselling.

Public health training has continued with the assistance of the School of Public Health of the Medical and Health Science Center of the University of Debrecen (DEOEC). Basic training has been expanded by including a new facility, Veszprém University in Transdanubia. The up-to-date public health specialist training underway at Debrecen University has had a beneficial effect on disseminating the modern concept of public health, and will significantly influence the way in which EU development supports are used in Hungary.

The programme supported the Public Health Institute operating within the Faculty of Medicine of University of Szeged, and the Public Health Institute within the Faculty of Medicine within University of Pécs. They examined, evaluated and improved the system plan for public health screening including the role of family practitioners in mammography, cervical screening and colorectal screening. They elaborated a training programme for settlement and regional health promotion managers, and implemented it within the framework of a model programme. They also surveyed the training demands of regional and local institutions offering preparation for EU-integration.

To improve mental health training, a residential small group training programme was organized. Professional literature was provided – on loan – to the National Medical Officers' Office (OTH) and the National Public Health and Medical Officer's Service county facilities.

The journal "Public Health" was re-initiated as a professional forum of the public health programme. So far, three issues have been published.

Monitoring of the programme and of the health status of the population has been continuous. Software able to manage and evaluate the applications for funding has been developed and is being used.

Summary of grant supports to healthcare institutions for preventive measures:

Bids by 6 NGOs were granted funding to organize health promotion programmes focused on preventing cardiovascular diseases.

Nine bids received funding to increase oncological awareness. Local television stations and Gyöngy Magazine began a cooperation project to popularize oncology screening in and around the cities of Pecs, Nyíregyháza, Budapest and Debrecen, which has significantly boosted the number of people reached. A tumour prevention programme was established among the Roma population through the efforts of several patron organizations and local governments.

Twelve bids were selected to support the community psychiatry model experiment. The goal was to design a model of community psychiatry to operate in a domestic setting. Psychiatric patients receive a great deal of extra help if they can access care near their homes, in the form of low-threshold intervention forms. The bids included a number of self-help groups, and various patient advocacy groups (people with autism, people with chronic psychiatric diseases, and people with schizophrenia), designing model programmes of community psychiatric care and rehabilitation. The support was an opportunity to organize community psychiatry training for workers providing social care and for establishing a workshop offering occupational therapy, and designing psycho-education for schools.

Four bids were chosen for the pilot experiment in psychiatric services. The goal was to establish consultative teams working with an interconnected psychiatric model in which psychiatric liaison elements are taught to hospital and to primary care doctors.

The progress report of the Public Health Programme says the following about advancing individual skills:

The Ministry of the Interior operated a programme that involved mental health factors and training drills to reduce addictions. Staff preparing meals for Interior Ministry workers, together with the St. George Gastronomic Club of the Ministry attended extension training to learn up-to-date nutrition and food preparation techniques and to update their existing knowledge. The Ministry also organized national sports contests for its staff, in harmony with the targets of the sports psychology programme.

One of the most strongly emphasized health promotion programmes of the Ministry of Agriculture and Regional Development was the "School Milk" programme. The programme was implemented with the cooperation of the local governments and has made a major contribution to encouraging children to choose healthier snacks than what are available in school buffets.

The Ministry of Health set up a phone hotline to assist people wanting to quit smoking, and designed a website offering information to residents. The website has been marked on all packages

of tobacco products. An interactive anti-smoking exhibition was presented at the Island Festival in 2004. The exhibition was then taken to eight other cities and presented adjusted to the age, social, and cultural backgrounds of young people.

Publications have been written to change nutritional habits, and are now being circulated. (They include “Let’s Eat Loads of Fruit,” “Let’s Drink Milk,” “Let’s Learn More About Vitamins,” and “Let’s Learn More About Fats.”) Nutritional recommendations have been printed under the titles “Data from the Nutritional Tables,” and “Hungarian Food-Allergy and Food-Intolerance Databank.” Nutritional education for fifth graders in primary school continued throughout the country. Extension training for nutritional managers in facilities providing meals for children continued, with the assistance of the National Institute of Food Safety and Nutrition, to help shifting guidelines on correct nutrition from theory to practice.

Seventeen bids were awarded the opportunity to provide public information and education on healthy dietary habits and food safety. The programme reached more than 10,000 people with food shows, cooking competitions and clubs turning out to be the most popular. Teaching information related to healthy dietary habits was organised in kindergartens and continued in secondary schools and old-age pensioners’ clubs. Entire families were invited to attend cooking presentations and film screenings. Several thousands of fliers and numerous publications contributed to increasing the efficiency of the organised programs.

County and municipal institutes of the National Public Health and Medical Officer’s Service worked together to brief the public and organize local actions to combat ragweed. The programmes were organized for June and July, and local governments, NGOs, and residents were included (particularly residents with jobs that could set examples such as teachers and healthcare workers, as well as well-known county residents). Attention-getting programmes were organized to promote destroying the weed, some of which attracted thousands of people. In many counties and in Budapest, weed-whacking machinery was leased to kill the ragweed.

National Rheumatology Days were organized at 20 venues nationwide. On December 2002, a programme called “Rheumatism Day on the Island” was organized and was an excellent opportunity to use the print and electronic media to offer extensive information to the public on how to avoid and treat locomotive diseases.

Hypertension days were organized in Budapest and in four other cities. Way-of-life programmes were included as were screenings. Sixty percent of the people screened had high blood pressure, and over half had high blood cholesterol levels. Following the campaign, primary care and the media kept calling public attention to how to avoid lifestyle-related risk factors.

A programme called “World Heart Day” was organized on Budapest’s Margaret Island and in six other cities. A number of NGOs (Hungarian Society of Cardiologists, Hungarian National Heart Foundation) participated in shaping and executing the programmes.

The programme supported the National Federation of Hungarian Diabetics in organizing a series of events in Zalaegerszeg on World Diabetes Day.

Each month family practitioners get a new issue of the Public Health Programme to distribute to patients.

The programme includes compiling the content and operating the tumour website located at www.daganatok.hu. The website has the support of the oncology profession, and it offers infor-

mation on tumours, how to prevent them, and how to screen for them, in line with the rules of European Union public health websites.

Article 11 Paragraph (3): to prevent as far as possible epidemic, endemic and other diseases.

Question A

Please indicate what measures other than those mentioned above are taken to prevent epidemic, endemic and other diseases (compulsory or optional vaccination, disinfection, epidemics policy).

As far as age-related vaccinations are concerned, the vaccination coverage in Hungary is over 99 percent. We have maintained a fluorography screening network which is the basis for combating tuberculosis, and regularly check the effects of the vaccination. If need be, we re-inoculate. We have introduced access of vaccinations against Hepatitis B for teens. Influenza vaccines are free of charge to many of our residents, and are available to all with a 50 percent price support. Inoculations against tick-induced diseases are free of charge to people most at risk (for instance, people working in forests) but are accessible to all.

Otherwise, epidemiological organization and measures is a government task and is under the management of the National Public Health and Medical Officer's Service.

Question B

Please indicate what general measures are taken in the public health field, such as:

- a. - prevention of air pollution,
- prevention of water pollution,
- prevention of soil pollution;
- b. protection against radioactive contamination;
- c. protection against noise pollution;
- d. food hygiene inspection;
- e. minimum housing standards;
- f. measures taken to combat smoking, alcohol and drug abuse, including multiple addiction, as well as against sexually transmitted diseases.

The European Regional Office of the World Health Organization (WHO EURO) and the Hungarian Government jointly organized the Fourth Ministerial Conference on Environment and Health in Budapest on 23-25 June, along with a number of satellite events. The central theme and motto of the meeting of health and environment ministers was "our children's health."

There were three programmes from 22 to 25 June 2004:

- the conference of ministers,
- a children's and youth conference ("The future for our children"),
- and conference of civil-society organizations called "Healthy World Forum."

The professional preparations for the programmes and the organization was handled by a joint organizing committee of the Ministry of Health, Social and Family Affairs, and the Ministry of Environment and Water Management, which offered coordination and financial support, and which participated on ministerial and institutional level.

Preparations for the professional programme of the ministers' conference involved many years of work on the part of the European Environment and Health Committee (EEHC) of the World Health Organization – which Hungary chaired – including the member nations and coordination on both intergovernmental and professional level. The forum of civil-society organizations was organized by the Hungarian Bureau of the Central and East European Regional Environment Centre.

The ministers' conference invited the health and environment ministers of the 51 nations that make up the European region as well as several intergovernmental organizations (such as UNEP, and OECD) as well as leaders and professionals of the European Commission. There were 850 registered participants in attendance at the ministers' conference, of which 40 were ministers, and 20 were deputy ministers.

The children's and youth conference was attended by 220 children and adolescents, who were partly the young members of national delegations, partly representatives of the youth section of the United Nations Environment Programme (TUNZA), and partly Hungarian youth who won the right to attend, as well as Hungarian observers.

Some 497 delegates from 49 countries attended the "Healthy World Forum", which was organized in four plenary sessions, 36 working group meetings and over 15 exhibitions, as well as numerous discussions.

The ministers concluded that significant progress had been made in Europe in the past fifteen years to improve public health and environmental quality and to disseminate legal regulations. However, they voiced concern over the fact there was a high level of environmentally induced disease in Europe, although to a differing extent in different places. As far as 0-18-year-olds was concerned, fully one-third of all illnesses are the result of a lack of a healthy safe environment, there are many childhood accidents and injuries with health repercussions. Improper way of life, lack of exercise, obesity or even undernourishment plays a role in the occurrence of many of the accidents. We have too little information on complex environmental exposure and the health impacts (the combined effects of chemical, physical, and biological factors). Support for primary prevention is not effective enough and our intervention abilities also need improvement.

The conference was pleased to note that national environmental health action programmes (NEHAP) had evolved in almost all countries of Europe. Hungary was one of the leaders in designing this programme, and in implementing it as a part of the National Environment Programme, resting on a parliamentary resolution. Within the framework of NEHAP, the two sectors cooperated in preparing national surveys and investigations which contributed to the success of several medium-term programmes. The ministers undertook the obligation to advance their NEHAP-like national programmes.

The conference ended with a declaration and adoption of a document called "Children's Environment and Health Action Plan for Europe". With the "Children's Environment and Health Action Plan for Europe" (CEHAPE) document, the goals of which coincide with the main lines of the European Union environmental health strategy for 2004-2010, the ministers undertook an obligation to prepare and implement national action plans to make it clearer to people that children were at risk because of environmental hazards. They agreed to call for child-specific environmental requirements and for support for a pro-child healthy environment.

Protection of children from environmental hazards is very important since they are more sensitive and more vulnerable to environmental damages. The European action plan signed by the conference set up four regional targets:

1. to have a safe drinking water supply, to reduce the number of waterborne diseases, and to maintain a supply of satisfactory drinking water,
2. to reduce childhood accidents, to prevent illnesses resulting from adequate physical inactivity of young people, and to create safe and healthy settlements and living environments for all children,
3. to reduce the number of asthmatic and allergic diseases, to reduce pathogens in outdoor and indoor air
4. to reduce the risk of chemical pathogens (heavy metals, dioxin, agents that damage reproduction and the hormone system), of physical factors (noise, electromagnetic vibrations) and microbes during pregnancy, childhood, and adolescence and to reduce the risk of illness and disability resulting from hazardous working conditions.

By symbolically signing the Declaration and the Children's Environment and Health Action Plan for Europe (CEHAPE) the conference of ministers voiced the commitment of the participating countries to implement the contents. The documents set forth professional grounded recommended recommendations for governments but adoption of the document did not mean that the governments had undertaken a legal commitment to implement them. Signing the document meant undertaking the obligation to treat the environment and health as defining factors in their economic policies – and that they would pay close attention to the interactions of the different sectors.

a. Preventing air pollution

We would like to add the following to what was set forth in the Second National Report:

- Decree 17/2001 (VIII. 3.) KÖM of the Minister of Environment Protection covers regulations related to the checking, control and evaluation of the emissions of air pollution and stationary fixed air polluting sources, and
- Decree 4/2002 (X. 7.) KvVM of the Minister of Environment Protection and Water covers the defining of agglomerations and zones where the air is polluted.

In recent years the network investigating air pollution was organizationally updated. It was united and significant updates were performed to improve quality and expand measurement programmes. An electronic public information system was established on a completely new foundation to allow everyone to immediately access measurement data. The National Atmospheric Pollution Measurement Network is completely up to EU expectations.

Action plans to improve local air quality in zones with polluted air and in the Budapest agglomeration were prepared in 2002 and made accessible to the public. The environmental authorities are monitoring and promoting plan implementation.

Air quality has improved as industrial emissions have declined. By the end of 2004, every one of the significant fuel-burning facilities operating in the energy industry had executed the updates required by the EU to meet its strictest standards. At present there is not even a single refuse incinerator that does not conform to EU emissions specifications.

Prevention of water pollution

Averting and managing the risk of public health problems caused by water pollution

Protection of surface waters:

Following a coordination of laws in 2001, 2004 was the year in which these coordinated laws were revisited and amended, partly because of advances in the Water Framework Directive (Directive 2000/60/EC of the European Parliament and of the Council establishing a framework for the Community action in the field of water policy) and partly because it was necessary to fill in loopholes in implementation of the 2001 regulations. The amendment repealed Government Decrees 203/2001 (X. 26) and 204/2001 (X. 26) Korm. and Implementing Joint Decree 9/2002 (III.21) KöM-KöVM of the Minister of Environment Protection and of the Minister of Transport and Water Management. The two government decrees were combined into Government Decree 220/2004 (VII. 21) Korm., and the ministerial decree was replaced by Decree 28/2004 (XII. 25) KvVM of the Minister of Environment Protection and Water. Decree 7/2002 (III. 1) KöM of the Minister of Environment Protection will soon be replaced by a new environmental minister's decree.

Contents of the new laws:

Government Decree 220/2004 (VII. 21.) Korm. on the rules of protecting the quality of surface waters contains a combination of specifications on surface waters and on effluents emitted into public sewage systems, and it gives the specifics on rules related to fines.

Decree 28/2004 (XII. 25.) KvVM of the Minister of Environment Protection and Water on the emission limits of water pollutants and on certain rules of their application expands the circle of activities and effluent water emissions regulated with technological limit values to cover all activities for which uniform environment use permits are required. In addition, the minister's decree sets deadlines for meeting requirements that are coordinated with the government decree.

Protection of subsurface waters:

Government Decree 123/1997 (VII. 18.) Korm. on the protection of the actual and perspective sources and the engineering facilities of drinking water supply sets the conditions for marking protective blocks, protection areas and protected zones, and on limiting activity in these areas. About 95 percent of Hungary's drinking water comes from subsurface waters, two-thirds of which are in vulnerable geological environments. This means that surface contaminants put water quality at risk. A government programme financed from the central budget to survey the condition of vulnerable drinking water supplies established prior to 1996 and to set protected areas got underway in 1997.

As of January 1, 2002, conditions for safe operation were defined for 205 water sources (capacity of 0.9 million m³/day) out of the overall capacity of 2.9 million m³/day at 626 drinking water sources, while between January 1, 2002 and December 31, 2003 the same conditions were defined for 74 water sources (capacity 0.9 million m³/day).

As far as the 2.1 million m³/day capacity provided by 75 strategic drinking water sources that could be tapped prospectively is concerned, as of January 1, 2002 the programme had been car-

ried out on 35 water sources, and between January 1, 2002 and December 31, 2003 it had been completed on another 12 water sources.

Government Decree 33/2000 (III. 17.) Korm. on some tasks in connection with activities concerning underground water quality, which is coordinated with Council Directive 80/68 EEC on the protection of groundwater against pollution caused by certain dangerous substances, was revisited and updated in 2004. The new legislation for the issue, Government Decree 219/2004 (VII. 21.) Korm. on the protection of subsurface water includes requirements of the EU Water Framework Directive. The joint decree issued by the ministries of environment, health, agriculture, and transport-water management, Joint Decree 10/2000 (VI.2.) KöM-EüM-FVM-KHVM of the Minister of Environmental Protection, of the Minister of Health, of the Minister of Agriculture and Regional Development, and of the Minister of Traffic, Communication and Water Management on the necessary limit values for the protection of the quality of groundwater and the geological medium is still valid.

These rules set

- specifications on preventing the pollution of subsurface waters and of subsurface geology, and their limit values on pollution,
- the order of granting permits for activities and data provision, decrees on damage mitigation and the completion of the various phases of damage mitigation,
- issues related to responsibility for eliminating pollutants in the subsurface geology and subsurface waters,
- the goals of the National Environmental Remediation Programme (OKKP) charged with cleaning areas that have been polluted for a long time, the tasks of the involved ministries in dividing up the government tasks, the Damage Mitigation Subprojects of the different ministries, and the order of implementing damage mitigation investments being completed within the framework of these subprojects.

The goal of the National Environmental Remediation Programme is to discover pollutants that have been deposited in secret and have accumulated in subsurface geology and subsurface waters independently of who bears responsibility for them. Its job is to study them and learn the extent of the contamination, and to reduce pollution hazards or eliminate the pollution in at-risk areas.

The greatest risk of these long-term (inherited) pollutants is that they are hidden in the subsoil where they are not noticed and often enter subsurface waters, exerting effects from which the original pollutant cannot be traced. Surface or subsurface pollutants can cause extraordinary damage to subsurface waters but also threaten surface waters and land-and-water ecosystems. Very often, the fact that the water is polluted only becomes known when it presents a direct threat to the ecology, often putting human health at risk, preventing regional development, and making it impossible to build tourism facilities.

The National Environmental Remediation Programme, which is a part of the National Environment Programme, coordinates environmental damage mitigation tasks. It was introduced in 1996, and between then and the end of 2004 it has operated with government resources managing subprojects within the scope of government responsibility in nearly 200 areas, using HUF 82 billion in funds. Within that, the Ministry of Environment Protection investments for waterway damage mitigation involved 60 regions and required HUF 11.15 billion.

In 2004, the Ministry of Environment Protection handled damage mitigation for 17 projects, while beginning to monitor the public procurement process for 9 projects in 39 areas. Mitigation

of the pollution caused by the Metallochemia factory was begun, as was treatment of a gas-cleaning paste unleaded in the cave dwellings of Budafok, just outside of Budapest.

There are no precise national figures on damage mitigation costs not managed by central-budget-sponsored bodies. Relying on manual collections of data collected for other purposes, we find that in 2004:

- local governments began or continued or plan to begin damage mitigation projects in 31 areas at a cost of HUF 3 billion,
- businesses spent or are spending over HUF 10 billion in damage mitigation in more than 500 projects related to their investments.

KARINFO, a damage mitigation system that is part of the Subsurface Water and Geological Medium Protection Registration System (FAVI) had registered nearly 15,000 pollution sources in Hungary as of the end of 2004. The data forms on which they are registered contain over 1 million data covering 407 typical pollutants in 208 typical activities in seven categories. Wastes make up 32 percent of the pollutants, fossil oil and its derivatives account for 29 percent, while pharmaceuticals, insecticides, and fertilizers made up 8 percent of the pollutants.

Government Decree 201/2001 (X. 25.) Korm. on the quality requirements of drinking water and the order of supervision thereof :

A drinking water quality improvement programme that must be completed by 2006 covers 120 settlements and 190,000 people who live in places where boron, fluorine, and nitrites are higher than permissible. There are 788 settlements where amounts of arsenic and ammonium have to be brought down to limit values by 2009. The goal of the programme is to have drinking water of a quality that is accepted in the EU as suitable for human consumption.

The information provided in the Second National Report concerning the prevention of water pollution is supplemented by the following:

Regarding the part on preventing water pollution, we would like to add the following to what was included in the Second National Report: pursuant to Government Resolution 2078/2001. (IV. 13.) Korm., Hungary signed the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes, signed in Helsinki, on 17 March 1992. (The Protocol was promulgated by Government Decree 213/2005 (X.3.) Korm. and entered into force on 4 August 2005, i.e. after the end of this reporting period.

Preventing soil pollution (rehabilitating polluted areas)

Cleaning up soil that has been polluted for a long time and eliminating environmental damage is done within the framework of the National Environmental Remediation Programme (OKKP). The legal grounding for the activity comes from Government Decree 219/2004 (VII. 21.) Korm. on the protection of subsurface water. It is the transposition of EU Directives 80/68/EEC and 2000/60/EC. We gave a brief review of the National Environmental Damage Mitigation Programme results above.

The goal of Government Decree 49/2001 (IV. 3.) Korm. on protection of waters against nitrate pollution of agricultural origin, which is the transposition of Directive 91/676/EEC is to cut existing nitrate pollution, attain good water quality, and promote a shift to good agricultural practices. It contains the main considerations for labelling nitrate-sensitive areas and for supervising

them, as well as measures on protecting waters, including the main rules for storing and using manure/fertilizer. It sets down obligations and a series of nationally coordinated measures (programme of action) on keeping to them in nitrate-sensitive agricultural areas. The programme of action includes adhering to the rules of good agricultural practice, providing data on soil nitrates, registering and processing the data, monitoring by the authorities, and periodic monitoring of nitrate contamination in water and of surface waters to check their eutrophic status.

In June 2004, Hungary prepared and submitted its Nitrate Country Report to the Commission as required by the directives.

Government Decree 50/2001 (IV. 3.) Korm. on the rules of use and handling of waste waters and sludge in agriculture and on managing them, in harmony with Directive 86/278/EEC on the protection of the environment, and in particular of the soil, when sewage sludge is used in agriculture has not changed recently. Currently, the job is to implement it and monitor implementation. Data is regularly submitted on the agricultural use of effluent sludge and on the state of the soil, which Hungary sends to EEA through EIONET.

The health and environment ministries participate in regulating the use of insecticides and herbicides to minimize the pollution of agricultural soil and through that to protect surface and subsurface waters.

Chemical safety, waste management

Designing government decrees on junked cars and on junked electrical and electronic equipment were particularly important legislative tasks for 2004. Requiring manufacturers to accept their return of junked products and to recycle them – which has long been a requirement for packaging materials – was a significant step forward in modern waste management and in reducing the amount of product waste, and the hazards of that waste.

One important task of 2004 was to design a programme of action for dumped junk, and thus to eliminate the threat to the environment and to health caused by this waste.

In 2004, one of the important tasks of the Ministry of Environment Protection involved preparing the groundwork for grant projects to manage complex settlement wastes, a part of a project on clean, pleasant healthy urban and rural settlements. Within this programme, 12 waste management projects, to receive EU supports, were chosen. These complex waste management systems will make it possible for about 40 percent of the country's residents to live where there is regionally-based modern waste management.

Supports:

KIOP

The Ministry of Economy and Transport and Ministry of Environment Protection and Water have set up a grant called KIOP (Environment Protection and Infrastructure Operational Programme). It is part of the asbestos elimination project and is intended to remove surface asbestos from buildings. In 2004, two cities received HUF 570 million each for this project. The exposure of residents of pre-fabricated homes to asbestos may be eliminated.

KÖVICE

The KÖVICE grant programme of the Ministry of Environment Protection and Water offers funding on a competitive bases for the following programmes that are also linked to health protection:

a) Within the Green Chain programme, bids were submitted to clean and remove debris from streams and creek beds. Forty two bids received grants of HUF 44.5 million.

b) The Pátria programme was focused on evolving and protecting a healthy environment. The most important goals for which grants were offered were:

- designing environmental programmes for small settlements (796 bids were granted HUF 554 million),
- planting indigent tree species in downtown areas to cut dust and noise pollution (39 bids received HUF 79.5 million in support),
- improving conditions for regional and settlement water management (20 bids – HUF 315.1 million in support),
- Clean Future was a programme to prevent environmentally hazardous materials and wastes from damaging the environment by supporting development to promote the recycling of waste materials. Some 170 bids received HUF 527.9 million in grant money. Some 149 bids to build selective waste collection facilities for recycling. Of these, 240 received HUF 239 million in support.

b. Protection against radioactive contamination

There is a 27-station integrated network in the system measuring national air gamma dosage performance. Developments added three automated aerosol gauges and monitoring stations to the system.

To increase the safety of hazardous material transportation, a network of radiation gates has been built up at all road and rail border crossings throughout the country. Their goal is to increase radiation safety and prevent illegal shipments of radioactively contaminated goods or products from entering the country.

c. Protection against noise pollution

Reduction of environmental noise

In 2004, Hungary adopted Directive 2002/49/EC of the European Parliament and of the Council of 25 June 2002 relating to the assessment and management of environmental noise. The essence of the directive is that as a first step, members are required to prepare a “strategic noise map” of municipal agglomerations, important roads, rail lines, and airports in their countries according to certain criteria. Then, on the basis of the noise map, they are required to design action plans to manage and resolve critical situations.

To transpose the directive into the domestic legal system, Act LIII of 1995 on the General Rules of Environmental Protection was amended in 2004, and two new decrees took effect they were Government Decree 280/2004 (X. 20.) Korm. on the evaluation and management of environmental noise, and Decree 25/2004 (XII. 20.) KvVM of the Minister of Environment Protection and Water on the detailed regulations for preparing strategic noise maps and actions plans.

To implement the requirement to prepare a noise map, in December 2004 a decision was taken to begin a new central project within the framework of the Environmental and Infrastructure Operative Programme of the National Development Plan called “Noise map of Budapest and its agglomeration.”

In addition to the law harmonization already mentioned, Government Decree 12/1983 (V. 12.) MT on protection from noise and vibrations was also amended. With the changes in law, the jurisdictional boundaries of the environmental, nature protection, and water management authorities, and the local governments became clear.

Air traffic:

Government Decree 53/2004 (III. 31.) Korm. amended Government Decree 176/1997 (X. 11.) Korm. concerning the rules governing the establishment, use of and termination of noise inhibiting protective zones around airports. At the same time, Joint Decree 36/2004 (III. 31.) GKM-KvVM of the Minister of Economy and Transport and of the Minister of Environment Protection and Water amended Decree 18/1997 (X. 11.) KHVM-KTM of the Minister of Traffic, Communication and Water Management and Minister of Environment Protection and Regional Development on the detailed technical rules on the establishment, use, and termination of noise inhibiting protective zones in the vicinity of airports.

The amendment required the operators of airports to make a far greater financial contribution to providing noise insulation for already existing buildings in the noise inhibiting protected zones. A new element appeared in the package of decrees, a “noise committee,” which creates a forum for social consultation and interest coordination. To limit the noise output at Budapest’s Ferihegy International Airport the specifications of the laws cited were introduced before the noise inhibiting protective zone was mapped out.

Limiting the noise output of certain noisy installations

Regarding noise protection requirements for various products, we would like to mention Government Decree 142/2001 (VIII. 8.) Korm. concerning the obligation to report the noise output values of various household appliances. Earlier, the law specified the requirement to report the guaranteed noise level of all household appliances. With the amendment, the law covers only those household appliances that actually produce noise.

Measuring and monitoring equipment:

There are laboratories operating at all 12 environmental, nature conservation and water management inspectorates in the country, and every one has the instrumentation to measure noise level. The National Inspectorate for Environment, Nature and Water and the Institute for Transport Sciences also have the equipment to do noise measurements. The measurements are taken as required, on a case-by-case basis.

To improve the instruments at the directorate, a decision was taken within the framework of the Environment Protection and Infrastructure Operational Programme of the National Development Plan to equip the instruments with the software and hardware able to prepare noise maps for the four regional bodies of the Ministry of Environment Protection and Water as well as with noise level monitoring instruments able to perform long-term noise measurements.

d. Food hygiene

The legal framework described in the Second National Report was valid for 2004. We will report on the operation of the Hungarian Food Safety Authority below, in the way that the question was framed by the European Committee of Social Rights.

e. Minimum housing standards

The minimum housing standards have not changed since the Second National Report was submitted.

f. Measures taken to combat smoking, alcohol and drug abuse, including multiple addiction, as well as against sexually transmitted diseases

We will answer this question below, in the way that it was framed by the European Committee of Social Rights

Questions raised by the European Committee of Social Rights:

The Committee would like information on the operation of the Hungarian Food Safety Authority

Government Decree 66/2003 (V. 15.) Korm. which established the Hungarian Food Safety Authority laid down its tasks.

The Hungarian Food Safety Authority is a body that prepares professional decisions, offers opinions, makes proposals, collects information and coordinates these matters with the central European Union bodies and the food safety facilities of the member countries for all food and feed safety issues subordinated to the minister of health.

Articles 8 and 12 of Act LXXXII of 2003 on Foodstuffs laid down the following tasks for Hungarian Food Safety Authority in procedures to grant permits for new foods and in coordinating food monitoring by administrative bodies:

In accordance with Article 4 of Regulation (EC) No 258/97 of the European Parliament and of the Council of 27 January 1997 concerning novel foods and novel food ingredients, requests for permits to market a new food must be submitted to the Ministry of Agriculture and Rural Development. Primary evaluation of the request is done by the Hungarian Food Safety Office on the basis of a professional opinion of the National Institute of Food Safety and Nutrition.

The Hungarian Food Safety Authority coordinates the monitoring by the food monitoring authority in accordance with the Food Law. Within that framework, it is particularly responsible for

- coordinating monitoring plans and methods,
- organizing coordinated joint monitoring as required,
- exchanging monitoring experience and monitoring reports.

Closely connected to food hygiene and the Hungarian Food Safety Authority and part of the overall picture is that Government Decree 302/2005 (XII. 25.) Korm. on the code of official food inspection (adopted after the last report period was concluded) regulates administrative food inspections in accordance with European Community rules, in a breakdown that corresponds to the specialized areas of food control and the bodies that handle and coordinate the controls.

The Committee would like data on trends in tobacco smoking, alcohol consumption and drug consumption. It would like to see statistical data on achievements.

Table 69

Selected data from substance-abuse continuing care facilities

Year	Number of substance abuse continuing care facilities	Patients	Number of registered care recipients at year-end
1970	71	105,825	33,705
1980	85	227,017	43,323
1990	133	209,069	58,350
2000	136	177,722	43,319
2003	138	171,131	36,430
2004	133	161,953	34,528

(Source: Central Statistical Office)

Table 70

Number of registered alcohol abusers

Year	Number of alcohol abusers registered in		Combined	Rate per 100,000 population	Number of patients registered with psychiatric continuing care facilities because of alcohol-induced psychosis		
	Substance abuse continuing care facilities	Psychiatric continuing care facilities			Males	Females	Combined
1970	33,705	5,683	39,388	381.2	929	160	1,089
1980	43,217	6,733	49,950	466.3	2,733	511	3,244
1990	58,350	6,066	64,416	621.0	2,620	681	3,301
2000	41,067	1,205	42,272	414.4	229	113	342
2003	33,647	1,425	35,072	346.6	169	54	223
2004	31,465	1,754	33,219	329.0	197	49	246

(Source: Central Statistical Office)

Table 71
Selected data on drug abusers appearing for treatment over course of year

Category	1997	1998	1999	2000	2001	2002	2003	2004
Number of drug abusers appearing for treatment for first time^{b)} over course of year								
Total	4,368	5,275	5,770	4,701	4,342	4,717	5,958	5,655
Of this:								
Males	3,020	3,604	3,668	3,237	3,047	2,921	4,020	4,050
Females	1,348	1,671	2,102	1,464	1,295	1,796	1,938	1,605
Number of drug abusers appearing for treatment over course of year								
Total	8,494	9,458	12,765	12,789	12,049	12,777	14,993	14,165
Of this:								
Males	5,729	6,459	8,032	8,784	8,356	7,544	9,267	9,477
Females	2,765	2,999	4,733	4,005	3,693	5,233	5,726	4,688
Selected data on drug abusers appearing for treatment over course of year by main type of drug, %								
Opiates	30	32	30	38	35	22	17	14
Cocaine derivatives	2	2	1	1	2	1	1	1
Cannabis types	9	14	13	14	19	14	25	32
Hallucinogenics	3	2	2	2	2	1	1	1
Amphetamines	12	14	11	8	7	6	8	9
Sedatives	15	14	14	15	16	39	33	28
Multiple drugs	25	18	23	16	13	11	11	12
Organic solvents	3	3	3	4	4	4	2	2
Other drugs	1	1	3	2	2	2	2	1

a) The data must be treated with a great deal of reservation because of uncertainties related to the providers of the data and other types of uncertainty!

b) The term “appeared for the first time” does not mean a first-time appearance at the given facility but, according to the self-report of the drug abuser at the time of admission, that this is the first time he or she has appeared at all for treatment!

(Source: Central Statistical Office)

The Committee would like data on rates of AIDS patients

*Table 72
Number of HIV-infected persons registered for the first time*

Year ^{a)}	Males	Females	Anonymous	Total
1985	14	2	–	16
1986	65	4	–	69
1987	50	4	–	54
1988	24	5	–	29
1989	30	2	4	36
1990	39	–	1	40
1991	43	6	6	55
1992 ^{b)}	45	4	13	62
1993 ^{b)}	36	7	13	56
1994 ^{b)}	38	4	23	65
1995 ^{b)}	53	4	24	81
1996 ^{b)}	38	11	13	62
1997 ^{b)}	49	11	12	72
1998 ^{b)}	58	16	–	74
1999 ^{b)}	51	11	–	62
2000 ^{b)}	38	10	–	48
2001 ^{b)}	55	27	–	82
2002	65	13	–	78
2003	53	10	–	63
2004	63	12	–	75
Total	907	163	109	1,179
a) Year of verification				
b) Corrected data				

(Source: Central Statistical Office)

*Table 73
Number of newly registered AIDS patients*

Year ^{a)}	Incidence of morbidity			Number of deaths		
	Males	Females	Total	Males	Females	Total
1986	1	–	1	–	–	–
1987	6	1	7	2	1	3
1988	9	–	9	8	–	8
1989	15	–	15	10	–	10
1990	17	2	19	6	1	7
1991	29	1	30	16	2	18
1992	31	2	33	16	–	16
1993	28	4	32	23	1	24
1994	22	1	23	34	–	34

1995	28	3	31	12	1	13
1996	41	5	46	23	2	25
1997	25	6	31	22	3	25
1998	32	4	36	20	–	20
1999	35	2	37	11	–	11
2000	25	2	27	10	5	15
2001	17	3	20	5 ^{b)}	3	8 ^{b)}
2002	19	7 ^{b)}	26 ^{b)}	8	2	10
2003	22	4	26	9	1	10
2004	19	4	23	11	2	13
Total	421	51	472	246	24	270
a) Year of diagnosis or of death						
b) Corrected data						

(Source: Central Statistical Office)

The Committee would like updated information on immunisation.

Number of age-related vaccinations:

Table 74
Immunisation coverage (number)

Type of vaccination	1970	1980	1990	2000	2003	2004
BCG	151,827	144,876	123,851	91,693,	93,690,	91,410,
Hib I/a	–	–	–	84,118,	93,688,	91,405,
DI-PER-TE I/a + IPV	141,351	152,066	120,145	91,625,	93,675,	91,392,
DI-PER-TE I/b + OPV ^{a)}	–	151,816	120,100	91,586,	,–	,–
DI-PER-TE I/c + OPV ^{a)}	–	151,321	119,994	91,474	–	–
DI-PER-TE I/b + OPV + Hib I/b	–	–	–	84,082	93,633	91,360
DI-PER-TE I/c + OPV + Hib I/c	–	–	–	83,832	93,540	91,284
Measles + German measles + Mumps + OPV + Hib II	–	–	–	93,492	93,615	93,247
DI-PER-TE II + OPV ^{a)}	139,822	171,573	122,204	99,803	90,223	93,213
DI-PER-TE III + OPV ^{a)}	124,889	162,913	121,056	112,115	96,355	92,217
Diphtheria-tetanus	135,186	141,594	152,023	111,838	122,290	118,814
Measles-mass vaccination ^{b)}	150,811	154,027	312,152	111,728	122,165	118,964
Hepatitis B I. ^{c)}	–	–	–	117,489	119,305	121,679
Hepatitis B II. ^{d)}	–	–	–	95,079	26,537	92,832
Hepatitis B III. ^{d)}	–	–	–	–	118,170	26,389

Table 75
Immunisation coverage (percentage)

Type of vaccination	1970	1980	1990	2000	2003	2004
BCG	100.0	98.0	101.4	100.0	100.0	100.0
Hib I/a	–	–	–	99.8	100.0	100.0
DI-PER-TE I/a + IPV	97.4	99.9	100.0	100.0	100.0	100.0
DI-PER-TE I/b + OPV ^{a)}	–	99.7	99.9	99.9	–	–
DI-PER-TE I/c + OPV ^{a)}	–	99.4	99.8	99.8	–	–
DI-PER-TE I/b + OPV + Hib I/b	–	–	–	99.8	99.9	99.9
DI-PER-TE I/c + OPV + Hib I/c	–	–	–	99.5	99.8	99.8
Measles + German measles + Mumps + OPV + Hib II	–	–	–	99.8	99.9	99.9
DI-PER-TE II + OPV ^{a)}	98.1	99.5	99.9	99.9	100.0	99.9
DI-PER-TE III + OPV ^{a)}	99.0	99.8	99.7	99.6	99.9	100.0
Diphtheria-tetanus	99.0	99.7	99.7	99.7	99.6	99.6
Measles – mass immunisation ^{b)}	92.8	98.7	99.0	99.6	99.7	99.7
Hepatitis B I. ^{c)}	–	–	–	99.5	99.8	99.8
Hepatitis B II. ^{d)}	–	–	–	99.5	99.9	99.7
Hepatitis B III. ^{d)}	–	–	–	–	99.8	99.9
a) Data prior to 1992 is DI-PER-TE immunisation only						
b) Re-vaccination from 1990 on						
c) Data is on persons inoculated during the 2004/2005 school year						
d) Data is on persons inoculated during the 2003/2004 school year						

Table 76
Other vaccinations

Type of vaccination	1980	1990	2000	2003	2004
Vaccination prior to international travel					
Against yellow fever	..	..	3,483	2,981	3,175
Against meningococcal meningitis (A,C,W-135,Y)	..	..	560	1,050	1,501
Cholera	6,319	5,130	284	197	20
Typhus abdominal	–	2,566	3,217	2,921	4,134
Diphtheria	–	–	2,475	1,662	1,720
Measles – mumps – German measles	–	–	654	380	425
Oral polio virus vaccine	–	–	673	625	654
Gamma – globulin to prevent hepatitis inf.	–	–	315	54	481
Hepatitis A	..	..	..	..	6,105
Hepatitis B	..	..	..	..	4,484
Other	1,193	1,357	4,831	9,102	2,607

Mandatory vaccination, given because of disease hazard

Typhus, abdominal					
Persons in vicinity of patient	1,705	–	4	–	3
Persons in vicinity of pathogen carrier	2,093	196	72	83	98
Against diphtheria	34	–	–	–	–
Against pertussis	5	–	–	1	4
Against German measles	–	–	275	2	65
Against mumps	–	–	171	754	2
Against measles	–	2	–	1	–
Measles (gamma globulin vaccination for environment)	472	29	–	19	–
Hepatitis (gamma globulin vaccination for environment)	109,289	67,926	20,991	16,431	10,341
Because of injury suspected of containing Lyssa-infection	1,286	2,636	5,613	5,683	5,451

(Source: Central Statistical Office)

Article 14: The right to benefit from social welfare services

With a view to ensuring the effective exercise of the right to benefit from social welfare services, the Contracting Parties undertake:

Article 14 Paragraph (1): to promote or provide services which, by using methods of social work, would contribute to the welfare and development of both individuals and groups in the community, and to their adjustment to the social environment.

Question A

Please describe the measures taken to apply this provision and list the principal social services of the type mentioned, describing their functions and the target groups they serve.

The regulations of Chapter IV of the Act III of 1993 on Social Administration and Social Benefits (hereinafter: Social Benefits Law) on basic social services were contained in detail in the Second National Report. Current social service forms, under Sections 56 and 57 of the Act CXXXVI of 2004 on the Amendment of the Individual Acts on Social Affairs are as follows:

The government and local governments provide personal care-type services (hereinafter: personal care) to persons who are socially dependent on them. The personal care includes basic social services and specialized services.

Basic social services:

- village or homestead level personal services,
- social information services,
- meals on wheels,
- home assistance,
- family assistance,
- home assistance when need is signalled,
- community benefits,
- support services,
- street social work,
- daycare

Specialized care within the framework of personal care is provided by

- an institution providing nursing or care,
- a rehabilitation facility,
- a residential facility,
- a temporary residential facility,
- a different type of specialized social welfare facility.

In connection with basic care, we would like to add the following to the Second National Report:

By organizing basic care, local governments offer assistance to people with social needs in their own homes and living environments to enable them to maintain an independent way of life, and to resolve problems resulting from their health status, mental health or other factors.

Within the framework of basic care, local governments offer assistance, primarily to elderly persons, persons with disabilities, people with psychiatric diseases, people with addictions, and to homeless persons. To do this, the social welfare institutions offering the basic services cooperate

with healthcare, educational, child welfare, child protection, and employment institutions, services, and organizations. Coordinating the activities these institutions – to best serve the interests of the social service recipient – is the job of the local government unless there is a care centre operating in the region.

Of basic services, all settlements are required to provide social information service, meals and home assistance to persons who need it. Family assistance has to be ensured only in settlements with a population of 2,000 or more but every settlement has to ensure access to this service. Local governments may evolve care districts to provide basic services. When providing basic and/or daycare services, the person providing the services is required to design a plan of care including the forms of services being provided, the frequency of the services, and the duration. County and Budapest municipal methodology institutions are ready to offer methodological assistance to local governments in organizing the basic care.

Act CXXXVI of 2004 on the Amendment of the Individual Acts on Social Affairs added village and homestead level services to the social services included in Social Benefits Law.

The goal of village or homestead services is to alleviate the disadvantages of not having institutions in the outer or even the inner areas of tiny villages or in isolated farms that are far from everything. They are intended to guarantee access to services including public services that meet basic needs and to provide basic services, as well as to help satisfy individual and community level needs.

In settlements with fewer than six hundred residents, basic tasks may be performed within the framework of village personal care services.

If, after village personal care services are established, the number of residents increases above six hundred but not by more than ten percent, the service may continue.

In outlying areas of central areas where the minimum population is seventy and the maximum is four hundred, *homestead services* may be established for basic care. If local specifics require multiple homestead caregivers to provide the services, the boundaries of the districts covered by the homestead caregivers is determined by the local government. In doing so, it must consider the residential restrictions, meaning that there must be over four hundred people to organize homestead caregiving services.

The local government maintaining the services determines the basic services to be met, the other service tasks, and the extent of those tasks, and sets them down in an ordinance.

In connection with meals, we would like to add the following to the passage in the Second National Report:

Provision of meals on wheels is required for people with social welfare needs, who must be provided with at least one hot meal/day if they are not able to provide such a meal for themselves or for themselves and their dependants either permanently or transitionally.

A person who requests meals and that person's dependants are to be provided with them if they are unable to access meals in any other way because of age or health status.

People living in the settlement who have disabilities, psychiatric diseases, who are homeless, or who are alcohol or drug dependent also should be granted the opportunity to receive these meals or should be given assistance in providing their own meals in their places of residence.

We would like to add the following extra information to the configuration in which a persons receives home assistance on signalling the need:

Home assistance must be granted

- a) to elderly people who are unable to care for themselves inside their homes and others do not care for them,
- b) psychiatric patients, persons with disabilities, drug or alcohol-dependent persons who require assistance to handle tasks of daily living because of their condition, but who are otherwise able to care for themselves,
- c) people who need assistance because of health status, who ask for this form of assistance or who are waiting for a place in an inpatient institution.

Home assistance when signalled is either a supplementary form of home assistance or one that is separately organized. Home assistance when signalled is a way of providing help to elderly people or persons with disabilities living in their own homes those need assistance because of health status or social welfare status. With this assistance they are able to maintain the conditions for safe living, because, when a crisis situation arises, it is possible to appear quickly and provide the person with help.

The provider of home assistance on signal to a person with disabilities cooperates with the support service.

We would like to add the following to what was reported on family assistance in the Second National Report:

General and special services offered as family support are personal social services that employ the tools and methods of social work to contribute to the welfare and development of individuals, families and various communities, and to help them adjust to their social environments.

Within the framework of general and special family assistance services local governments offer help to individuals and families with social or mental health problems or who are in crisis situations, either to prevent the causes or to terminate the crisis, and to maintain their ability for independent living.

Local governments offer general services for families through family assistance services or maintain separate professional units that offer personal services within an institutional framework, or employ persons with appropriate training to provide these services (hereinafter, together: family assistance service).

The local government which offers family assistance services through a separate institution provides special as well as general services. Within this framework, it offers separate services for individuals and groups with social welfare needs and organizes special programmes for families with children. Ordinances of the settlement government set the detailed rules of the special services.

The special services are particularly focused on

- a) the long-term unemployed, people of economically active age who are not working, young jobless people, and people with debts and housing problems,
- b) people with disabilities, chronic illnesses, addictions, psychiatric diseases, drug problems, and their families.

(Services for persons in Group *b*) must be provided within the framework of the community and welfare working group.)

Primary special family assistance services are community building, family therapy, conflict management mediation programmes and services intended to improve family ties, and services to help families in difficult life situations. Special services that must be provided are counselling for youth and information services in special programmes.

When organizing the special services, special attention must be given to managing the problems triggered by the special situation of the Roma population.

Activity performed within the framework of family assistance services – which must be in the interests of the person accessing the services but may not violate the personal rights of others – must include the environment of the person accessing the services, particularly members of the person's family. General assistance services may cover a minor if

- a*) the general assistance service was initiated to assist the family members of the minor,
- b*) if the service can meet the needs of the minor without accessing child welfare services.

Family assistance services are free of charge for the individual and family. Child welfare services coordinate family assistance services and child welfare services.

The special tasks of basic services are as follows:

Local governments provide community psychiatric care and support services (hereinafter, together: special basic-care tasks). Care centres, or where there are none, family assistance services meet primary basic-care tasks. If the settlement does not operate a care centre or a family assistance service, the settlement government takes other measures to organize the meeting of special basic-care tasks, or helps people requesting these services to access special services.

Community psychiatric care offers a framework in which a psychiatric patient receives complex assistance with activities of daily living in his or her residential environment, and, insofar as possible, is given help to maintain existing skills and abilities and to improve on them. To monitor the condition of psychiatric patients, the person providing the welfare-type assistance maintains contact with the family practitioner responsible for the patient as well as with the psychiatrist and the patient's family. Help must be provided for a psychiatric patient to

- a*) improve the person's physical and mental health,
- b*) resolve the conflicts and problems of daily living.
- c*) offer day-to-day care in social welfare and mental health situations,
- d*) assure access to healthcare services.

Persons with disabilities can be provided with care in their living environments through organizing *support services*.

The goal of support services is to facilitate independent living based on the sovereignty of the person with the disability, by helping to access public services outside the home and maintain independence through special services within the home.

The primary support services offered to persons with disabilities, based on specific disability, are:
a) services that fulfil basic needs, that assure access to public services (special transport and deliveries),

- b) healthcare and social welfare services in conformity with the person's general health and the nature of the disability, as well as provision of the personal services and tools required to access activities designed to increase independence,
- c) provision of information, management of administrative affairs, counselling, and provision of access to services that promote adjustment to society,
- d) provision of sign-language interpreters,
- e) provision of assistance to improve the skills of persons with disabilities to maintain contacts, to reinforce family ties and to participate in special self-help groups,
- f) provision of certain basic social welfare services adjusted to the special needs of persons with disabilities,
- g) provision of assistance for persons with disabilities to become integrated to society and to provide the conditions for the person to be equal in family, community, cultural and leisure time relationships,
- h) provision of services to help a person with disabilities to work and to undertake employment.

The support services are provided in cooperation with institutes that offer basic social welfare and daycare, with residential institutions, with family practitioner's services, with district health visitors, with home nursing services, special education services, specialist psychological services, and with organizations offering assistance and services to persons with disabilities.

A local government with over ten thousand permanent residents is mandated to provide community care. The purpose of community care is to offer psychiatric and addictions assistance to persons in their place or residence and to promote their recovery and rehabilitation.

Community care must assure

- a) assistance in maintaining independent living in the residential community,
- b) maintenance and development of existing abilities,
- c) continuous monitoring of the persons accessing the services through their primary care physicians or the physicians treating them,
- d) psychosocial rehabilitation and social welfare and mental health monitoring
- e) incentives to participate in medical or other therapy and the monitoring of same,
- f) organization of outreach programmes to reach all persons requiring assistance.

Street social workers monitor homeless people and their living conditions, initiate care when needed or take the measures necessary to provide care. Street social work can be a separate service, or can operate within family assistance services, day shelters, or long-term care centres.

As far as specialist forms of care are concerned, we would like to supplement the Second National Report with the information that treatment plans must be prepared for the persons accessing specialised services. The plans cover changes in their conditions and the contents of care, treatment, nursing and other services they receive.

In connection with the institutions offering nursing and care, we would like to add the following to the Second National Report:

A psychiatric patient may be admitted to a home if the person has a chronic psychiatric disease, is not a danger to self or others at the time he or she seeks care, does not require acute inpatient treatment, and is unable to care for himself or herself independently because of either health or welfare status.

If a person requests assistance and the physician providing treatment determines that the person's basic disease is

- a) age-related or some other form of dementia,
- b) a serious antisocial personality disease rendering the person unable to live in a community,
- c) drug or alcohol dependence,

the person only will be admitted to a home for psychiatric patients if the institution is equipped to offer services that can treat the basic disease.

An expert opinion not older than three months from a specialist in the regional psychiatric care facility or – if the person is being treated in an inpatient facility at the time of the request – by the head of the psychiatric department of the inpatient facility is required to admit a person to a home for psychiatric patients.

A home for persons who are alcohol or drug dependent offers care for a person whose physical and mental status can be stabilized or a person who needs treatment because he or she is temporarily unable to live independently, but does not need mandatory institutional treatment as defined under separate statute. A professional opinion no older than three months old from the regionally responsible addictions specialist in either an inpatient or outpatient psychiatric facility or in lieu of that, of a specialist psychiatrist in a regionally responsible inpatient or outpatient facility is required to admit a patient to an addiction treatment facility.

In connection with facilities offering transitional accommodations, we would like to add the following to what was stated in the Second National Report:

Accommodations are offered in transitional facilities – with the exception of overnight shelters and transitional shelters for homeless persons – for a maximum of one year, in which full care is provided.

A psychiatric patient whose care cannot be ensured in another institution or in the family for a temporary period may be placed in a transitional facility if there is no reason for placing the person in a live-in institution or an inpatient therapeutic facility.

A person may be placed in a temporary facility for an addiction if the addiction is determined by a professional physician (addictions specialist, psychiatrist), and the person's care cannot be resolved temporarily within the family or residential environment.

An overnight shelter is intended to offer a respite for the night to a self-sufficient homeless person who is able to adhere to the rules of cohabitation, as well as to provide overnight shelter to people in crisis. No facility may charge a fee for accommodations in an overnight shelter.

Transitional shelters for homeless persons are intended to provide accommodations for homeless persons who are self-sufficient if they use the shelter and take advantage of social worker assistance.

The types of residential facilities are as follows:

- a) group home for psychiatric patients,
- b) group home for persons with disabilities,
- c) group home for addicts,

The forms of care offered in group homes:

- a) for persons with disabilities,
 - aa) rehabilitation-oriented group homes,

- ab)* group homes where nursing and care is provided
- b)* for psychiatric patients and addicts, the group homes are focused on rehabilitation

A person may be placed in a group home for rehabilitation purposes, if

- a)* the person undergoes a supervisory examination prior to institutional placement and the examination or the care plan and individual development find that group home placement in the interests of developing independent living are appropriate,
- b)* the person lives in a family and the development of his or her abilities and care can be provided in a group home but rehabilitation cannot be resolved if the person remains in the family,
- c)* people in addition to the persons defined under Points *a)-b)* who are at least partly self-sufficient,
- d)* people who are over the age of sixteen at the time they move into a group home but are younger than the age at which they would be entitled to an old-age pension.

Social information services

The goal of social information services is to provide appropriate information on the services defined by Social Benefits Law and on other connected benefits and services designed to establish social security, regarding the accessibility of assistance, and the rules governing access to them.

Within the framework of social information services, detailed information has to be provided on

- a)* assistance and services defined by Social Benefits Law and Child Protection Law offering personal care and healthcare,
 - aa)* the circle of assistance and services available locally, and the conditions for accessing them as well as procedural questions regarding access,
 - ab)* the manner of accessing assistance and services that are not available locally,
- b)* social welfare and child protection assistance in cash and kind, family support services, assistance related to social insurance and employment, and to care for persons with disabilities
 - ba)* ways of accessing the body with the authority and jurisdiction to determine that assistance can be provided
 - bb)* the documents required to access the assistance,
 - c)* on youth issues.

If a person seeks information on a social service that is not locally accessible the provider of the social information services is required to act to seek out assistance possibilities and to establish contacts and to manage the relationship with the facility that provides the service.

The accessibility of social information services and information provided as part of those services must be reported in the official gazette of the representative body or in the manner of communication used locally.

Question B

Please describe the organisation and administration, the financial resources and working methods of these services, their financial and other relations to the organs of social security and the qualifications of the staff employed by these services.

Section 4, Subsection (1), Paragraph m) of the Social Benefits Law which defines the body required to maintain the services, was amended by Act XXVI of 2004. In accordance with the amendment, the services may be maintained by:

1. a government (body of public administration, local government, local minority authority, other government body),
2. a religious community (a religious legal entity headquartered in Hungary),
3. a non-governmental body
 - a) a natural entity with a permit to act as a social welfare entrepreneur,
 - b) a legal entity headquartered in Hungary, a business partnership without legal entity,
 - c) a business organization with or without legal entity whose headquarters, or main central administration or business activity is located in another member state participating in the European Economic Area, if it establishes and operates a social welfare institution in accordance with the conditions defined in Social Benefits Law and other legislation.

Unless the law specifies otherwise, the rules for NGO maintainers shall apply for religious organizations that maintain such facilities.

The rules of per capita government contributions were amended so that bodies maintaining such facilities can directly request per capita government support. At the same time, the old option, under which NGO and religious maintainers may access the support on the basis of contracts with the local government/state body responsible for the provision of the task continues to be available.

In addition to per capita supports, the ministry responsible for the sector offers competitive grants each year to maintainers that want to update their facilities and improve the quality of their services.

Decree 1/2000 (I. 7.) SzCsM of the Minister of Social and Family Affairs on the professional tasks and operation conditions of social welfare institutions offering personal services lists the general objective, operational, personal, and professional conditions for the services. The decree specifies the types of rules that institutions offering personal care need to have. Individual treatment plans with contents specified by the decree must be employed and fulfilment of the tasks documented, changes in individual condition monitored, tasks needed for development defined, and results reported and evaluated.

Treatment plans must be prepared

- a) for persons receiving care in specialist facilities,
- b) for persons receiving care in facilities offering transitional accommodations if the treatment will cover a period of at least six months,
- c) for a person receiving basic treatment if a decree mandates it (such as family assistance)

The treatment plan must be prepared within one month of the start of treatment.

Types of treatment plan

- a) Individual treatment plan,
- b) Individual rehabilitation programme,
- c) Individual development plan.

a) Individual treatment plans cover all persons in institutions offering nursing and long-term care except for homes for persons with disabilities, daycare facilities, and persons receiving basic care.

b) Individual rehabilitation programmes cover persons in rehabilitation facilities – with the exception of rehabilitation facilities for persons with disabilities – covering the lifestyle, psycho-

logical, mental, social and occupational assistance rendered the person in the rehabilitation facility.

c) The individual development plan is used in rehabilitation facilities and homes or residential facilities for persons with disabilities. It is an individualized description of treatment including manners of development self-help abilities. The individual development plan for persons with disabilities is based on the (special) education, healthcare, and mental status of the person.

The head of the institute prepares the treatment plan and sees to fulfilment of the tasks set forth in it for persons in long-term institutional care or in transitional institutional care. The treatment plan only may be prepared or amended working together with the person receiving the care or that person's legal guardian. The condition for the success of the treatment plan is the active participation of the person who is under treatment. The treatment plan is designed by a team that includes the professionals working with the patient, or named by the head of the institution (for instance, doctor, special education teacher, occupational therapist/manager, mental health professional). The institution's doctor offers precise and detailed information on all medical issues to the person being treated under the plan.

The treatment plan for a person receiving care in a daycare facility or in a basic care configuration is the person offering the treatment, and the person professionally managing the services is responsible for fulfilment.

The individual treatment plan

The individual treatment plan includes

- a) the physical, and mental status of the person receiving the treatment,
- b) the tasks considered necessary and recommended to attain an improvement in condition or to maintain condition and the phasing of these tasks,
- c) other elements of assistance to the person receiving the treatment.

The professional working directly with the person receiving the treatment is responsible for monitoring fulfilment of the individual treatment plan and for promoting its fulfilment. The team that designs the individual plan, or the person in a daycare facility or basic care facility who designs the plan, offers a comprehensive evaluation of results when there are significant changes in condition, and amends the individual treatment plan accordingly.

If the person receiving the treatment also requires nursing, the individual treatment plan must include a nursing care plan. The nursing care plan documents the nursing tasks defined in this decree for a person in a home where nursing/treatment is provided, to improve the condition of the person requiring the nursing, and the techniques being used.

The nursing care plan must contain

- a) a description of the health status of the person being nursed,
- b) a detailed description of the nursing activity,
- c) the activity that will assist the person receiving the care to regain his or her ability to care for himself/herself,
- d) the expected duration of the nursing,
- e) the initiation of other forms of care as needed (nursing home, inpatient facility, etc.)

The institute physician is responsible for monitoring the professionalism of the nursing tasks performed.

The individual rehabilitation programme

The individual rehabilitation programme contains

- a) the forms of assistance, and the definition of the various elements of rehabilitation in the helping process
- b) the definition of the short and long-term goals targeted by the rehabilitation, the manner in which the expected results will be attained, the time-frame, and the phasing,
- c) the measures taken to restore or replace personal functions that are lacking or limited,
- d) the manner of treating and resolving conflict situations,
- e) if necessary, the manner of establishing living conditions outside of the institution or in a protected environment,
- f) the coordinated measures needed to return the user of the services to society, to the community from which he or she came.

The rehab team that designed the programme reviews the results of the rehabilitation programme every six months and when needed, it introduces amendments and additional tasks.

The individual development plan

The individual development plan contains

- a) a description of the condition of the person accessing the care, changes in that condition and individual development,
- b) individually required services, including pedagogical, mental, and other forms of assistance, their phasing over time, and participation in programmes,
- c) measures to prepare for accessing new services or new forms of care as required,
- d) measures taken to restore or replace personal functions that are missing or restricted,
- e) manners of managing and resolving conflicts.

The team that designed the individual development plan evaluates the results every six months and when necessary amends it.

On the basis of Decree 1/2000 (I. 7.) SzCsM of the Minister of Social and Family Affairs on the professional tasks and operation conditions of social welfare institutions already referred to, at least fifty percent of the staff that works directly with persons requiring care in institutions offering basic care must be professionals, while in institutions offering specialized care at least eighty percent must be professionals. An appendix to the decree contains the rules on professional staff required for the various forms of personal care. The rules on professional staff required as contained in the appendix refer to the staff that must be employed in social welfare institutions. An appendix to this same decree includes specifications on training for persons offering personal care in social welfare institutions.

Question C

Please state what measures have been taken to promote these services during the reference period, whether the individuals are entitled by law to their use or whether those administering have a discretion in granting or withholding them. Please indicate also whether there is a right of appeal against decisions to grant or withhold services.

Social Benefits Law regulates access to social services. Section 5 of Social Benefits Law the law on public administration procedure and the general use of services must be applied to determin-

ing eligibility for social services and determining rights and obligations related to eligibility, as well as administrative monitoring (social administration procedure). Clients' right to legal remedy or court supervision is based on this.

Measures to improve service quality:

- support for services conducted within the framework of annual competitive bidding programmes,
- a one-time revisiting of all persons receiving institutional care as persons with disabilities were concluded in 2002. Since 2002, conditions have been evaluated and monitored on a continuous basis in institutions offering nursing, care, and rehabilitation.

Article 14., Paragraph (2): to encourage the participation of individuals and voluntary or other organisations in the establishment and maintenance of such services.

Please indicate the measures taken to provide for or to encourage the participation of individuals and charitable organisations and other appropriate organisations in the establishment and maintenance of such services.

One basic and outstanding opportunity for non-governmental organizations is that providers of social welfare services – excepting meals – are tax-exempt. The government, with this measure, makes it much easier to provide this service. In addition, religious institutions may access supplementary supports (amounting to 48 percent in 2004), and may receive additional funding through competitive bids.

Social Benefits Law allows NGO providers to sign care contracts with local governments to meet tasks. If they do so, they become entitled to government capitation fees as set forth in the budget act, even though they are neither government nor religious organizations. When offering home care, voluntary caregivers may provide paid services.

Responses to questions raised by the European Committee of Social Rights

The Committee would like to know the eligibility criteria for accessing social services.

Under Social Benefits Law, eligibility for social services extends to

- a) Hungarian citizens,
- b) persons holding long-term residence permit
- c) persons holding residence permit, and
- d) persons recognised by the Hungarian authorities as refugees,

living in the territory of the Republic of Hungary

Above and beyond the above, the scope of the law covers citizens of countries ratifying the European Social Charter who are legally in Hungary pursuant to XXXIX of 2001 on the Entry and Stay of Foreigners in Hungary are also entitled to social services (temporary assistance, meals and accommodations) if the lack of this assistance endangers the life or physical integrity of the persons in need.

Since the date on which the law promulgating the international treaty under which Hungary became a member of the European Union took effect, the scope of the law extends to

- a)* persons within the personal scope of Regulation (EEC) 1612/68 of the Council on freedom of movement for workers within the Community, and
- b)* insofar as old-age annuity is concerned, persons within the scope of Regulation (EEC) 1408/71 of the Council on the application of social security schemes to employed persons and their families moving within the Community

provided that they hold valid provisional residence permits at the time of applying for the benefit.

The eligibility criteria differ by the individual types of services, e.g. financial standing, social needs, health status. These criteria were described for the individual services in the Second National Report.

The Committee would like to know when the social services are provided free of charge and when fees are charged, and under what conditions.

Essentially, fees are charged for the services. The exceptions are persons who are exempted when they access certain services specified in Social Benefits Law.:

- street social work services for homeless persons,
- day shelters for homeless persons,
- overnight shelters for homeless persons,
- services for individuals and families offered by family assistance services,
- low-threshold service for drug dependent persons who cannot be motivated to abstinence.

When daycare facilities are offered, only meals have to be paid for. During the first thirty days when a homeless person is in a transitional shelter, the person may not be charged a fee for social services providing personal care under Government Decree 29/1993 (II. 17.) Korm.

Other persons exempted from fees, and thus receiving free-of-charge services are:

- a)* persons who have no income;
- b)* persons who live in residential facilities, have no income, who have no cash or real property that could service as a basis for a fee and who have no relatives required by law to care for them.

When services are of a personal care nature, the operator of the facility sets the institutional fee. The institutional fee is the basis for setting the personal fee, which the head of the institution is required to set down in written form and present to the person required to pay it. If the person required to pay disputes the amount of the personal fee or requests that it be reduced or waived, the person may submit a request to the operator of the facility within eight days of having received notification of the fee. At this time, the operator reaches a decision on the amount of the personal fee. Irrespectively of the time it was set, the operator is entitled to revisit the amount of the fee twice a year and may change it, unless the income of the person required to pay.

- a)* has declined to such an extent that he or she is unable to meet the obligation to pay the fee set in this law;
- b)* has increased by an extent that exceeds 25 percent of the currently valid minimum old-age pension.

In residential facilities – excepting ones that offer transitional accommodations to homeless persons or are just overnight shelters – the institution offers an allowance to all residents over the age of 16 who do not have an income. An allowance also has to be provided for a person whose fee is paid by a person required by law to support him or her, since he or she has no income, or if the fee the person is required to pay comes out of real estate the person owns. If an allowance is set for a care recipient who owns real estate, the allowance can be encumbered in accordance with the rules on fees. The overall amount of the allowance may not be less than 20 percent of the minimum old age pension valid for January 1 of the given year. Any income the care recipient has that is less than this amount must be augmented to the full amount of the allowance.

With respect to residential facilities where accommodations and services are of a quality that significantly exceeds the average, as defined by the Minister of Youth, Family, Social Affairs, and Equal Opportunities, a one-time contribution also may have to be paid in addition to the regular fee, or the fee can include a surcharge for personal services. The one-time contribution is equal to seven times the amount of government capitation for the given year in which the person is accommodated in the facility which offers live-in and transitional residence, while the surcharge on the personal service fee may not exceed double the monthly institutional fee. If care is terminated within five years for any reason other than death, the proportionate amount of the one-off contribution must be returned.

The Committee wishes to know if anyone who needs social services is entitled to them and to information and counselling.

Information and counselling on official matters and on social issues are free of charge for all persons.

In the reporting period, how much growth has there been in the area of the country in which social services are offered, with particular respect to disadvantaged regions?

A system of bidding established by the Ministry of Youth, Family, Social Affairs, and Equal Opportunities was continued in 2004. It involved improving existing services in areas where basic services already are provided, and establishing new services. (75 bids were won to provide meals and home assistance, 40 were won to provide home assistance when asked, 21 winners intend to provide community care for psychiatric patients, 7 winners bid to treat persons with dependencies, and 21 winners offered other types of support services.)

Thanks to sector-neutral financing, NGO care providers which were not religion-affiliated also established multiple new services (e.g. support services) and residential facilities have been established throughout the country.

When there are complaints against a social welfare institution, what are the rules under which complainants are heard before reaching a decision on the complaint; and may a decision be appealed, especially when it concerns discrimination or a violation of human dignity?

Valid procedural regulations govern complaints against social welfare institutions. A care recipient may submit a complaint to the head of the institution, and the head is required by law to in-

investigate and provide a written response to complainant within fifteen days. If the head of the institution does not respond by deadline or if the complainant is not satisfied with the response, he or she may submit a complaint to the operator of the facility within 8 days.

The rights of care recipients are also represented by a care-recipients' rights advocate and by the civil rights ombudsman in Parliament.

The care-recipients' rights advocate assists a person receiving institutional placement or services of an institution that offers either basic or specialist personal care in exercising his or her rights.

Tasks of the care-recipients' rights advocate

- a) when called on or on his or her own initiative, to offer information on the most important basic rights of care recipients, on the obligations of the institution and on the rights of persons who access the services of the institution,
- b) helps the care recipient or his or her legal representative in resolving problems related to the care, and when necessary, offers assistance in resolving a conflict between institution and care recipient,
- c) assists the care recipient or recipient's legal representative in formulating a complaint, in initiating an investigation of the complaint by the head of the institution or by the operator,
- d) may initiate various types of proceedings with the head of the institution or the operator – not including the establishment or termination of a legal relationship, or a transfer – or with the responsible authority during which – in possession of written authorization – he or she may represent the recipient of the services or that person's legal representative,
- e) following preliminary coordination with the head of the institution, may offer information to employees of the social welfare institution on the rights of the care recipients, and on the manifestation of these rights and respect for them during professional work,
- f) may initiate measures with the operator to terminate practices which violate the law,
- g) may submit comments on caregiving at the facility to the head of the institution,
- h) if he or she notices a violation of rights affecting a specific group of care recipients, he or she may initiate measures with the responsible authorities,
- i) may examine the documentation on any measures or procedures involving restraints.

The head of the social welfare institution offering personal care is mandated to brief the care recipients on their opportunity to request assistance from the care-recipients' rights advocate and on how to contact the care-recipients' rights advocate.

The care-recipients' rights advocate is authorized

- a) to enter the grounds of the social service provider or institution,
- b) to look into pertinent documents,
- c) to put questions to workers performing the services.

Complaints may be submitted to the parliamentary commissioner for civil rights (ombudsman) if some constitutional right of the care recipient is violated. A request may be submitted if the petitioner has already exhausted available public administration remedies or if the person does not have the option of seeking legal remedy. The parliamentary commissioner acts solely on the basis of the Constitution and the law. If an investigation leads to the conclusion that there was in fact a violation of constitutional rights, the ombudsman can recommend that it be remedied.

What social services may citizens of signatory countries to the Charter or the Revised European Social Charter access and under what conditions of residence, excluding the cases regulated in Section 7 of the Social Benefits Law.

Citizens of signatory countries to the Charter or the Revised European Social Charter may access other services in addition to the ones regulated under Section 7 of the Social Benefits Law. by paying the fees set by the operators of the services.

The Committee would like information on personnel working in the social services (numbers, qualifications) updated for 2004.

Data for the year 2003 and 2004 are as follows:

Table 77

Numbers of people working in the social services

Service	2003	
	No. of workers (persons)	Of these, qualified (persons)
Home assistance	7,644	3,695
Family assistance	2,756	1,755
Village caregiver	707	
Day shelter for homeless persons	262	
Soup kitchen (daytime facility)	84	
Seniors' club (daycare)	3,829	2,663
Daycare facility for people with disabilities (daycare)	684	570
Permanent and transitional live-in social facilities	22,031	18,594

Service	2004.	
	No. of workers (persons)	Of these, qualified (persons)
Home assistance	7.576	3.905
Social catering	4.657	
Family assistance	2.638	1.773
Village caregiver	634	
Farm caregiver	138	
Day shelter for homeless persons	239	
Soup kitchen (daytime facility)	71	

Seniors' club (daycare)	3.504	2.535
Daycare facility for people with disabilities (daycare)	691	588
Permanent and transitional live-in social facilities	22.500	19.361

(Source: Central Statistical Office)

The Committee would like information on the guarantees that the social welfare services offered by NGOs are truly effective and equally accessible to all under the conditions defined in Article 14., Paragraph 1.

Government Decree 188/1999 (XII. 16.) Korm. on permitting the operation of social welfare institutions offering personal care and village caregiver services and on social welfare enterprises contain the rules on monitoring NGO operators that provide social services. Those regulations state that a non-governmental social welfare institution operated by a religious denomination and receiving government contributions requires monitoring at least once a year – to include monitoring by the county, Budapest municipal, or religious denomination's methodology institution as an expert monitor, to determine whether

- a) it is operating in accordance with the contents of its operation licence and
- b) in accordance with the law.

(Government-run facilities and social welfare institutions which do not receive government capitation support are monitored by the bodies that grant them their operation permits – experts from the county, Budapest municipal organization, or religious denomination's methodology institution – at least every two years to determine whether it is operating in accordance with professional rules.)

The methodology institution

- a) is monitored by the ministry in charge of the methodology,
- b) while nursing, caregiving, and rehabilitation tasks are monitored by the body issuing the operation permit, which includes the methodology institution stipulated by the ministry.

The methodological institution is required to submit its professional opinion within thirty days and to send it to the body which issued the permit to operate.

Institutions under the National Public Health and Medical Officer's Service, which operates as the professional authority when determining whether personnel and objective conditions are in order to grant an operation permit, handle the monitoring of live-in social welfare facilities to check the healthcare provisions set under separate statute. If the body granting the permit to operate notices any shortcoming in institutional operations,

- a) it may call on the operator to terminate the shortcoming and specify a deadline of no more than 120 days, or
- b) it may revoke the operation permit and mandate the operator to terminate social services if the condition of the building in which the institution is housed or if the operation of the institution seriously endangers the life, wellbeing or health of the care recipients, or if it seriously violates other constitutional rights of the care recipients.

(At the request of the operator, the deadline in point a) may be extended once, for a maximum of 60 days.)

If the operator of an institution does not eliminate the shortcoming and restore operations in conformity with regulations by deadline, the body granting the operation permit

- a) a) may revoke the institution's operate permit and if its operation is justified because of a need for its services, it can issue a temporary and conditional operation permit, or
- b) may amend the institution's operation permit and reduce the number of accommodations in the institution, or
- c) may revoke the institution's operation permit and demand that the operator terminate social services, or
- d) if the facility is a non-governmental and non-religious live-in social welfare institution, it may resolve not to pay the government capitation support.

If another authority, other than the one which granted the permit for the social welfare institution to operate, notices shortcomings, it reports them to the body granting the operation permit, which acts as already described.

The Committee would like information on the dialogue between state organizations and civil society in areas of social welfare services.

The following work flows and bodies help in the dialogue with civil society and on transferring the effects of the dialogue to the social services:

As the council of church maintainers that had been established earlier did not function appropriately, the National Social Policy Council was created, following the period under review, in 2005. The Social Policy Council offers opinions on social policy and child-protection concepts, decisions, and legislative drafts, and evaluates and analyzes the types, forms, and systems of the services. The organization of the National Social Policy Council is set up on the basis of services and on the social groups accessing those services (such as the Senior Citizen's Council, the National Disability Affairs Council, the Women's Representation Council, etc.) and by region. The funding for the operation of the Council comes from the portion of the central budget earmarked for the Ministry of Youth, Family, Social Affairs and Equal Opportunities.

The Social Policy Council is made up of seven regional social policy councils and the National Social Policy Council. The National Social Policy Council has 13 members. Of the members of the Council, proposal is made for:

- 2 members by the national interest associations of local governments,
- 2 members by religious organizations maintaining facilities,
- 2 members by NGOs that maintain facilities,
- 1 member by the social methodology institutions,
- 2 members by the child welfare and child protection services or interest groups,
- 2 members by the care-recipients' interest groups,
- 1 member by the schools offering higher education in social services,

and based on these proposals, the Council members are appointed by the Minister of Youth, Family, Social Affairs and Equal Opportunities.

Meetings of the National Social Policy Council are attended by representatives of the following groups, all of which have the right to participate in debates (non voting members):

- one representative each from the regional social welfare policy councils,
- one representative each from the employer and employee sides of the National Interest Coordination Council,
- one representative from the National Council for Disabled Affairs,
- one representative from the National Senior Citizen's Council,
- one representative from the Women's Representative Council,
- one representative from the Public Foundation for Patients' Rights, Care Recipients' Rights, and Children's Rights Advocates;
- one representative from the Ministry of Youth, Family, Social Affairs, and Equal Opportunities,
- one representative of the Ministry of Finance,
- one representative from any other ministry or national authority affected by any point on the agenda.

The chair of the National Social Policy Council is the Minister of Youth, Family, Social Affairs, and Equal Opportunities, who may appoint a substitute. The co-chair is selected by the members from among themselves.

Government of settlements with at least 2,000 residents or of counties establish service plan concepts to define the tasks that will provide services to socially indigent people in the settlements, counties, and Budapest. The plan includes organization of two types of care. The local government revisits the content of the service planning concept every two years and updates it. (The concept prepared by the local government must mesh with the plans designed by the county and Budapest municipal governments.)

Before the service-planning concept is adopted by the local government it is presented to the heads of the institutions and to minority authorities as well as to the regional body of the Social Policy Council, and through it to the county and Budapest municipal governments and national body of the Social Policy Council. The local government will consider these opinions insofar as possible then adopting the final version of the concept.

The local governments of settlements with more than 2,000 residents, and the county and Budapest municipal governments will establish local social policy round tables, particularly to monitor implementation and realization of the tasks set forth in the service planning concept. The local social policy round table meets at least once a year. Its members are representative of the bodies maintaining the social welfare institutions operating in the territory of the local governments and of the organizations set forth in local ordinances.

The county and Budapest municipal governments offer opinions on the local governments' service planning concepts before they are adopted. The governments of the counties, of the municipality of Budapest and of the cities of county stature prepare the service planning concepts for their own territories, which they then debate in the coordination committee. The county and Budapest service planning concepts are studied by local governments which render their opinions when preparing their own service planning concepts.

If the plans of a local government or city of county stature are not in harmony with the plans of the counties or Budapest, they need to coordinate to determine the direction in which the plans are moving.

The Ministry of Youth, Family, Social Affairs and Equal Opportunities maintains ongoing relations with a variety of civil organizations to dialogue with the NGOs before introducing changes to legislation. It coordinates continuously during legislative processes, and when possible, incorporates the opinions voiced at these meetings.

Article 15: The right of physically or mentally disabled persons to vocational training, rehabilitation and social resettlement

With a view to ensuring the effective exercise of the right of the physically or mentally disabled to vocational training, rehabilitation and resettlement, the Contracting Parties undertake:

Article 15., Paragraph (1): *to take adequate measures for the provision of training facilities, including, where necessary, specialised institutions, public or private.*

Question A

Please indicate the criteria applied to grant disabled status and give an estimation of the total number of disabled persons as well as the number of disabled persons of working age.

Considering that this is the first time the Republic of Hungary is reporting on this article, the first thing we did was to summarize the system of rehabilitation in Hungary, specifically from the professional aspects of rehabilitation:

A person undergoes an examination to determine his or her suitability for rehabilitation prior to being placed in a rehabilitation institution, department, or rehabilitation group home.

The purpose of an examination to determine suitability for rehabilitation requires determining whether the person has the abilities and skills required by the rehabilitation facility, is able to voluntarily participate in the programme and has sufficient motivation to participate in subsidized employment services.

In accordance with Section 113/G of the Social Benefits Law, rehabilitation experts' committee maintained by the county, or the Budapest municipal methodology institute performs the examination to determine suitability for rehabilitation. Its permanent – expert – members are:

- the head of the county or Budapest municipal institute of methodology or the head of the methodology department,
- a psychologist experienced in caring for the persons with disabilities or a specialist special education teacher who works with this type of disability, chosen by the county or Budapest municipal government,
- when working in a home or live-in facility for psychiatric patients, a county or Budapest municipal chief specialist psychiatrist or a specialist or clinical psychologist chosen by the psychiatrist and appointed by the county or Budapest municipal government,
- when working in a home or group home for persons with alcohol or drug dependency, the chief psychiatric specialist for the county or Budapest, or a specialist recommended by the chief psychiatrist with experience in addictions,
- when working with homeless persons, a social worker appointed by the county or Budapest municipal government, and if needed, a psychologist and/or special education teacher.
- when working in rehabilitation institutions or rehabilitation sections of live-in facilities, the county or Budapest municipal chief physician for occupational health or a specialist with experience in rehabilitation recommended by the chief physician and appointed by the county or Budapest municipal government or – with a mind to the persons in the various types of institutions – a specialist with experience in employment rehabilitation appointed or commissioned by the head of the county or Budapest municipal employment centre.

The chief of the county or Budapest municipal methodology institution is responsible for conducting the examination to determine suitability for rehabilitation, for maintaining the documentation and for having a professional opinion written.

That person

- a) operates the committee of experts performing the examination to determine suitability for rehabilitation,
- b) organizes the execution and phasing of the tests, following coordination with the members of the expert committee, the chief sets the place and date of the examination and the examination methods to be used,
- c) sees to it that the objective conditions for conducting the examination are available,
- d) maintains contacts with the head of the rehabilitation institution or the live-in facility for rehabilitation,
- e) keeps and stores the minutes of the examination,
- f) summarizes the conclusions of the examination and coordinates the professional opinions of the members of the examining committee,
- g) send the results to the person requesting the rehabilitation or that person's legal representative, and to the chief of the rehabilitation institution, live-in facility, or rehab section of the facility,
- h) if person is deemed suitable for work and employment, sends the professional opinion to the institutions or organizations organizing employment, and to the county welfare and custodial offices.

Examinations to determine suitability for rehabilitation may be performed in the institution providing care for the industrial, at a county or Budapest municipal methodology institution with the agreement of the person requesting the rehabilitation, or in a specialized institution recommended by the methodology institute.

The method chosen for the examination must be suitable for determining whether health of the person requesting the rehabilitation – with particular respect to occupational health factors – has the personality, abilities, and skills to undertake employment or is suited to work, undergo training or extension training or vocational training.

1. Criteria for determining that a person is disabled

A number of laws (the Act IV of 1991 on Promoting Employment and Providing Benefits to the Unemployed, the Joint Decree 8/1983 (VI. 29.) EüM-PM of the Minister of Health and of the Minister of Finance on the employment and social welfare benefits for persons with altered working ability, etc.) offers definitions of the concept of disability, on the basis of their at-risk level on the labour market and the nature of the advantage they need.

1.1 According to Hungary's law on promoting employment and providing benefits to the unemployed {Section 58, Subsection (5), Paragraph m) of the Act IV of 1991 on Promoting Employment and Providing Benefits to the Unemployed (hereinafter: Employment Promotion Law), **in conformity with the ILO definition “a disabled person”** is someone with a physical or intellectual disability or someone whose chances of finding and retaining employment following rehabilitation have been reduced because of physical or intellectual deterioration.

The scope of the law – to promote employment – extends to all persons with disabilities and all persons who have suffered a deterioration in their health that has a detrimental affect on employment, irrespectively of the extent of the deterioration in working ability or of whether the person is jobless or employed or whether he or she performs some other income-producing activity, whether or not he or she receives some social benefit because of health status. Employment Promotion Law only considers the concept of working ability from the aspect of reduced labour market opportunities and does not consider the joblessness, welfare, or social insurance benefits the person may receive. At the same time, it considers the disability a conditions that has changed the person’s working ability in accordance with the true labour market situation but without investigating the individual’s chances on the labour market.

A person whose working ability is considered to be altered is entitled to access organized labour market services free of charge and – if the legal conditions exist – to receive support to promote employment from the Labour Market Fund (the granting of these supports is within the competence of the director of the Employment Centre). The implementing decrees to the Employment Promotion Law {Decree 6/1996 (VII. 17.) MüM of the Minister of Labour, Decree 11/1998 (IV. 19.) MüM. of the Minister of Labour and Decree 30./2000 (IX. 15.) GM of the Minister of Economy) specify the meaning of “long-term difficulty finding and retaining a job after medical rehabilitation.” These decrees set two groups of persons whose working abilities have been altered:

- a) a person, who is certified by the National Institute of Medical Experts (OOSZI) has having lost 40 percent of working ability,
- b) a person who does not have verification from medical experts, but who, as certified by an employment health facility, may no longer work in the job for which he or she is qualified or which he or she has performed for at least one year as his or her last job, for at least one year (loss of occupation).

Otherwise, from the point of view of the applicability of Section 41/A of the Employment Promotion Law – obligation to employ or in lieu of that, to pay a contribution towards rehabilitation – the concept of a disabled person is set by separate statute, Section 28 of Joint Decree 8/1983 (VI. 29.) EüM-PM of the Minister of Health and of the Minister of Finance on the employment and social welfare benefits for persons with altered working ability (hereinafter: Joint Decree).

The latter is based on Employment Promotion Law but limits the circle of persons entitled to support and services to a narrow circle of persons who can provide a medical expert certificate of an overall physical loss of at least 40 percent of their working ability, or whose working ability has been altered to the extent set forth in this decree and can certify this (*for details, see Point 1.3*)

1.2 A person has an altered working ability from the aspect of the employer’s obligation to provide rehabilitation (The Joint Decree § 2.) irrespectively of the extent to which working ability has changed, if

- the person is employed, is a legally contracted public employee or public service working, is employed to work out of the home
- or is a cooperative member who works out of the home or who works in a cooperative in a legal relationship similar to employment and

- whose working ability has been altered by a deterioration in health making it impossible to continue working in the original job without some rehabilitation measure, who has become unsuited to perform work of full value, and who does not receive an old-age or disability pension, accident-related disability pension, or an old-age or disability allowance;
- who does receive an accident-related disability allowance as a result of an occupational accident or occupational disease and has become permanently unable to perform work of full value for his or her employer at his or her original job;
- who is banned for working for his or her employer by law because of a diagnosis of tuberculosis;
- who has been discharged from the armed forces, other armed bodies or law enforcement agencies because of unsuitability to work because of altered working ability, or health considerations [Section 2, Subsection (1) of the Joint Decree].

The concept of altered working ability and of contributions to rehabilitation [Section 41/A of the Employment Promotion Law] and for subsidies can differ from this – become narrower in some cases, broader in others. [Section 28 of the Joint Decree]

Reference to a separate statutory provision for the purposes of Section 41/A of the Employment Promotion Law is made to this legal provision in Section 58, Subsection (5), Paragraph m) of the Employment Promotion Law.

1.3 From the aspect of contribution to rehabilitation and cost compensation to promote the employment of a worker whose working ability has been altered, a person's working ability is considered altered if the person is an employee or a cooperative member and has a work contract calling for at least four-hours/day of work or is employed to work out of his/her home if

- a) a deterioration in health has caused a 40 percent or more decline in working ability and if, without rehabilitation measures, the person would have become unable to perform work of full value on long-term in his or her original occupation. The professional opinion of the National Institute of Medical Expertise certifies the altered working ability,
- b) the person receives an accident allowance or accident disability pension as a result of an occupational accident (occupational disease) and has become permanently unable to perform work of full value for his/her employer in his/her original occupation,
- c) the person may no longer be legally employed by that employer because of a legal ban on employment due to tuberculosis.

A medical expert opinion is not required of a person

- a) who is blind or vision-impaired as certified by the National Association of the Blind and Vision Impaired or who, according to a certificate issued by an optometrist/ophthalmologist, has a vision impairment of 67 percent or more,
- b) who qualifies as seriously retarded under separate statute –Decree 15/1990 (IV. 23.) SzEM of the Minister of Social Affairs and Health and who is therefore entitled to a tax deduction under the personal income tax law,

- c) who is deaf or seriously hearing-impaired, whose hearing threshold is at least 60dB according to a professional audiologist's opinion,
- d) who has a serious mobility impairment as defined by a separate statute on the transport benefits due people with serious mobility impairments.

As far as employment obligations are concerned, the serious disabilities defined above meet the definition of the personal scope as laid down in Section 28, Subsection (1) of the Joint Decree without certification from the National Institute of Medical Expertise (OOSZI, MOSZI).

A person who has reached the age from which he/she is eligible to an old age pension may not be considered as having any of the above disabilities unless the person does not have the service years required for the pension.

To sum up: an employer has an obligation to provide rehabilitation for an employee whose working ability has been altered if the person does not receive a pension (is not entitled to a pension). This obligation does not depend on the degree to which working ability has been altered if the employee may no longer be employed without the rehabilitation. An employer meets its obligation to employ a person if it employs a person with a significant disability – at least 40 percent – irrespectively of whether the person receives social insurance or social assistance. When employing persons who meet this definition, the employer is entitled to a government subsidy if it meets its quota. Both types of persons with altered working abilities mentioned above are entitled to work under the conditions of “employment promotion for persons with altered working ability.”

(Note: In common speech, the concept of altered working ability in the broad sense of the term includes a person with a disability. Act XXVI of 1998 on the Rights and the Guaranteeing of the Equality of Disabled People approaches the disability from the aspect of the social integration of the individual. Under it, “A person with a disability is someone who has a significant defect or no command whatsoever over a sensory organ, particularly over vision or hearing, or a motor organ or intellectual capacities, or someone who is significantly restricted in communication and who is under a long-term disadvantage in actively participating in social life.”)

2. Numbers

We have no data derived from a full scale statistical observation of employees with altered working abilities, for all our statistics are on certain groups:

We have a continuous collection of data on persons receiving disability pensions and allowances due to altered working ability, on persons receiving passive benefits, on the number of jobless persons registered at the employment centres and at protected organizations (target organizations, providers of social-based employment). We have data on persons employed under the programme in which the government subsidizes employers (this group overlaps with the previous one). However, the persons included in these statistics are in all three forms of records.

The Central Statistical Office has published data on the labour market situation of employees with altered working ability within the framework of a workforce survey from 2002.

Questions on disabilities were included in the 2001 census as voluntary data.

Estimates of numbers:

I.

Persons with disabilities: **577,006 persons, not seeking work: 476,120 persons (82.5 percent), seeking work or unemployed: 40,555 persons (7 percent), employed: 60,332 persons (10.5 percent).**

Age 15-64 years: 339,389 persons

Age 15-39 years: 84,294 persons. **Not seeking work: 57,102 persons (67.7 percent) seeking work or unemployed: 15,998 persons (19 percent), employed 13.3 percent.**

Age 15-59 years: **289,229 persons, not seeking work: 222,198 (76.7 percent) seeking work or unemployed: 37,742 persons (13.0 percent), employed: 10.3 percent.**

(Census data cannot be broken down over the age of 60 years. We assume that the activeness of a person with a disability is lower at the early retirement age than of other members of his/her age group, which in turn is sufficiently low not to significantly increase the jobless number. This is why we chose the 15-59 age-group as the dominant one.)

I.

Table 78

Data on disabilities by age group

Type of disability	Total	0-14	15-19	20-29	30-39	40-49	50-59	60-64	65-69	70-79	80-X
Motor disability	209,931	3,320	1,657	5,202	8,789	28,963	47,374	22,099	24,513	48,805	19,209
Missing limb	15,051	267	123	427	782	1,904	3,027	1,871	2,041	3,404	1,205
Other physical disability	26,578	1,077	401	1,517	2,008	5,195	6,762	2,349	2,094	3,743	1,432
Combined	251,560	4,664	2,181	7,146	11,579	36,062	57,163	26,319	28,648	55,952	21,846
Vision impairment	55,115	2,731	2,051	4,525	3,603	6,145	8,202	4,131	4,855	11,360	7,512
Blind in one eye	18,482	438	299	813	1,071	2,110	2,999	1,664	1,920	4,557	2,611
Blind	9,443	334	161	417	415	839	1,226	774	889	2,242	2,146
Combined	83,040	3,503	2,511	5,755	5,089	9,094	12,427	6,569	7,664	18,159	12,269
Mentally retarded	56,963	10,550	5,505	10,435	8,146	7,839	5,659	2,257	1,920	3,131	1,521
Hearing impaired	44,679	1,562	791	1,874	1,935	3,357	5,816	3,307	4,417	11,661	9,959
Deaf, deaf and dumb, dumb	8,886	692	349	837	1,089	1,307	1,365	745	557	1,166	779
Speech impairment	7,300	1,242	333	774	754	1,026	1,085	468	526	833	259
Other	124,578	6,590	2,212	6,095	8,904	25,650	37,385	10,195	8,580	13,770	5,197
Total	577,006	28,803	13,882	32,916	37,496	84,335	120,900	49,860	52,312	104,672	51,830

Type of disability	Less than 1 grade of primary school	At least 8 grades of primary school	At least secondary school graduate	University, college graduate	Percentage of age group			
					Less than 1 grade of primary school	At least 8 grades of primary	At least secondary school graduate	University, college graduate
Motor impairment	3,891	149,206	42,608	11,008	1.9	72.2	20.7	5.4
Missing limb	255	11,028	2,880	780	1.7	74.6	19.6	5.4
Other physical disability	914	20,690	5,767	1,400	3.5	81.1	22.8	5.7
Combined	5,060	180,924	51,255	13,188	2.0	73.3	20.9	5.5
Vision impaired	1,192	37,084	12,906	3,526	2.2	70.8	25.2	7.4
Blind in one eye	301	12,565	3,875	1,184	1.6	69.6	21.7	6.8
Blind	521	5,513	1,767	503	5.6	60.5	19.6	5.8
Combined	2,014	55,162	18,548	5,213	2.5	69.4	23.7	7.1
Mentally retarded	20,588	18,473	1,472	292	39.3	39.8	3.4	0.8
Hearing impaired	1,155	26,942	7,640	2,313	2.6	62.5	17.9	5.6
Deaf, deaf and dumb, dumb	1,156	5,554	782	195	13.5	67.8	9.8	2.6
Speech impaired	846	4,266	1,011	252	12.9	70.4	17.3	4.7
Other	4,242	98,429	29,144	6,977	3.5	83.4	25.0	6.2
Total	35,061	389,750	109,852	28,430	6.2	71.1	20.4	5.5

**** self-reported!!**

II. Source, January 2005 statistics for Directorate-General of the National Pension Insurance Fund

Number of people of economically active age receiving disability pensions as of January 1, 2005: **465,797 persons (251,696 men and 214,101 women)**

Number of persons receiving pensions for altered working ability: about 223,116 (87,359 men and 135,757 women)

Total: about **689,000 persons**

It is legally possible to work and receive a benefit at the same time although there is a ceiling on earnings (exception: earnings from one's own business) (there is no data on their employment of self-rehabilitation).

III.

Source Central Statistical Office Workforce Survey— Persons with altered working abilities and persons living with long-term disability, 2002, 2nd quarter, supplementary survey:

Persons with altered working abilities in the labour market, 2002, 2nd quarter (Central Statistical Office, 2002)

Of the 15-64 year-old population, 11 percent had a disability or a long-term health problem (lasting at least 6 months). Statistical estimate of their number: 748,200 persons; of which persons of economically active age (in keeping with the rules then in force, this covers males in in the 15-61 years age-bracket and females in the 15-58 years age-bracket) was about 656,000 (87.7%). From those living with a long-term health problem or disability, 12.8%, i.e. about 95 thousand persons, were economically active (employed or unemployed), according to the termi-

nology of the workforce survey. Thus, the majority of them were economically inactive, an about 87% of them were of the opinion that their disability hindered them in working.

When asked if they would welcome any assistance in order to help them take up employment, 171 thousand of this population group answered with a definitively positive answer. (Of them 20 thousand were present in the labour market, while 151 thousand were inactive.); 118 thousand were not able to give a definitive answer to this question, while 460 thousand considered that they would not need any assistance, presumably because they did not want to take up employment.

IV.

Number of persons with altered working abilities registered as **unemployed** in 1999-2004:

Table 79

Public Employment Service, total		
1999	26,705	100
2000	32,899	151
2001	42,825	221
2002	38,276	182
2003	42,706	207
2004	45,002	217

Source: Employment Office

V. Other data:

Average number of employees with altered working abilities employed by ‘**target organizations**’ in 2004: 37,257 persons (Source: Ministry of Finance)

Question B

Please describe the measures taken to give effect to this Article, in favour respectively of physically and mentally disabled persons through vocational training within the framework of general schemes, wherever possible, or within specialised public or private institutions. Please provide information in particular regarding:

Table 80
Support to train people with altered working abilities (2001-2004)

		2001	2002	2003	2004
	Registered jobless with altered working abilities (no. of persons)	42,825	38,276	42,706	45,002
Based on Section 19, Act VI of 1991.	No. of persons attending labour market training	2,395	1,890	1,917	1,103
	Proportion of group in question being trained %	5.6	4.9	4.5	2.2
Based on Section 22, Act CI of 2001	Recipients of capitation support for adult education (no. of persons)	-----	-----	410	2,374
	Labour market and capitation support combined (no. of persons)	2,395	1,890	2,327	3,477

Act CI of 2001 on Adult Education introduced capitation support for adult education, which may be provided

- a) when a person attends adult education courses to learn a first skill recognized by the state, listed in the National Vocational Qualifications Registry, or
- b) when a person with a disability attends a state-recognized accredited adult education institution to study general courses, languages or a skill.

The central budget has offered capitation support since 2003

Table 81

Year	Funds (1,000 HUF)	Number of persons receiving support (capita)	Of this: number of disabled (capita)	Proportion of persons with disabilities participating, %
1	2	3	4	4.3
2003	475,000	4,772	410	8.6
2004	2,900,000	27,235	2,374	8.7
2005(allocation)	3,000,000	15,084	1,502	10.0

The *special programmes* are organized and implemented by the NGOs through government and European resources. These programs are focused on re-integrating people who are in disadvantaged circumstances to the labour market. The main components of the special programmes are focused on the abilities and limits of people in disadvantaged circumstances, offering training and mental health assistance. National data on the participation of persons with disabilities in these programmes is not known also there are a large number of people from disadvantaged groups among the people whose working ability has been altered (disabled).

The following data illustrates the type and extent of participation:

Some 250 people with seriously altered working ability were trained in vocations listed in the National Vocational Qualifications Registry in the frames of the Phare programme HU0105-02 “Promoting access of people with disabilities to the labour market” (2003-2004) and were given an opportunity to practice their skills on the workforce. (The programme was open only to consortia and it was mandatory for a training facility, a social service provider, and a business organization to be part of the consortia.)

Within the framework of PHARE programme HU-008-03 “Improving employability and long-term employment of multiply disadvantaged groups” (2003-2004), 28 persons with disabilities became qualified in skills listed in the National Vocational Qualification Registry (OKJ) and were given the opportunity to practice their skills on the open labour market.

National interest advocacy groups working for persons with disabilities make a major effort to attain equality in information-provision for the people they represent. For instance, the Hungarian National Association of the Blind and Visually Impaired has offered training in Jaws for Windows for about 40 blind persons a year since 2001 in special IT courses. The National Association of Societies for Persons with Locomotive Disorders established a Telework Institute which offers training in computer data input and computer operations.

Criteria used in surveying the professional skills of persons with altered working ability (experience, practical skills) and in judging their rehabilitation prospects

Criteria used by Employment Centres

Sections 1-2 of Decree 11/1998 (IV. 29.) MüM of the Minister of Labour on the employment rehabilitation processes of labour centres and support programmes for furthering employment of the unemployed with changed working abilities (hereinafter: Decree 11/1998 MüM) regulate the cases in which a specialist occupational health opinion must be procured to determine that working ability has indeed been altered and/or to set the groundwork for occupational rehabilitation.

The fact that working ability has been altered may be determined at the time the person is registered or at any time during the course of cooperation. It may require a medical specialist qualification or a professional opinion from a facility specializing in occupational health.

A professional opinion from a facility specializing in occupational health must be initiated (an examination of suitability for a profession)

a) when registering a person as unemployed

a1) if the client mentions a vocational handicap, but has no certificate of it from a medical expert or an occupational health service provider, in order to establish whether the person is fit to work in his/her last job, occupation or in any job requiring the skills the person possesses or has a chance of learning (Section 58 of the Employment Promotion Law; Section 1, Subsection (1), Paragraph a) and Section 1, Subsection (2) of the Decree 11/1998 MüM),

a2) if the person is qualified as being of altered working ability under Section 1, Subsection (1) of the Decree, but has no certificate issued by an occupational health service provider of the occupations he/she is fit for and what occupation restrictions need to be observed, in order to establish the directions and contents of occupational rehabilitation (Section 3, Subsection (1) of the Decree 11/1998 MüM),

a3) if the person possesses medical expert opinion declaring him as totally unable to work, it is mandatory to procure consultative medical opinion on employability issued by an occupational health doctor for the person to be qualified as unemployed and registered within the meaning of the Employment Promotion Law (Section 58, Subsection (5), Paragraph d) of the Employment Promotion Law)

b) if the person is registered as unemployed and is cooperating,

b1) if the client obtains a qualification from a medical expert, continues to cooperate, qualifies as having altered working ability under Section 1, Subsection (1) of the Decree 11/1998 MüM., but does not have an occupational health expert certificate of the occupations he/she is fit for and what occupation restrictions need to be observed, in order to establish the directions and contents of occupational rehabilitation (Section 3, Subsection (1) of the Decree 11/1998 MüM),

b2) if, during the course of cooperation – employment agency – the client mentions a vocational handicap but has no certificate of it from a medical expert or an occupational health service provider, in order to establish whether the person is fit to work in his/her last job, occupation or in any job requiring the skills the person possesses or has a chance of learning, or the ability to work in the job offered (justification of the qualification of altered working ability within the meaning of the Employment Promotion Law) (Section 58, Subsection (5), Paragraph d) of the Employment Promotion Law),

b.3) when making preparations to participate in training, to determine suitability for the occupation,

- if this is the task of the Employment Centre under an agreement with the institute offering the training – if the jobless person rejects the training offered, citing reasons of health (Section 3, Subsection (2) of the Decree 11/1998 MüM).

The consultative medical examination must be completed before the training begins and is also required of the institutions offering the training. Otherwise, limits on working in the given profession may only be learned after payment of the training costs.

b4) when preparing to participate in a public service project if the jobless person

- will be required to do work that is more physically exerting than his or her previous job,

- rejects the work citing health problems.

Note: public service work is subsidized employment and for that reason, the employer is required to obtain an occupational health professional's opinion under the Law on Labour Safety. The only person authorized for this examination is a medical practitioner in the occupational primary health services contracted by the employer. (Legally determining fitness for a job is significant, for instance, when there is a workplace accident.)

The services discussed in the foregoing and the system in place in the field of occupational rehabilitation cannot be considered to be sufficiently well developed, despite some of its achievements, therefore work to reform it is underway.

The medical background to surveying professional skills

Amended health legislation provides the background to the occupational rehabilitation procedures of the Employment Centres.

Section 55, Paragraph k) of Act CLIV of 1997 on Health sets the task of occupational health services to initiate the occupational rehabilitation of persons with altered working abilities, and to participate in the process.

The health insurance fund provides part of the funding, based on performance, to specialized occupational health care providers. The Employment Centres pay the fees set in the appendix to Government Decree 103/1995 (VIII.25.) Korm. for the examinations given to jobless persons.

Decree 27/1995 (VII. 25.) NM of the Minister of Welfare on occupational health services qualifies the occupational health examination of unemployed persons as a task of the occupational health specialist outpatient services. The list of specialist outpatient services is in the appendix to Government Decree 103/1995 (VIII. 25.) Korm. on certain issues of the social security funding of healthcare services financing.

Specialist occupational health care provider: a specialist outpatient facility in settlements as listed in the appendix to Government Decree 103/1995 (VIII. 25.) Korm. which the National Public Health and Medical Officers' Service has qualified as an occupational health specialist provider and with which the National Health Insurance Fund (OEP) has signed a contract. In addition, a facility which has a relevant licence issued by the National Public Health and Medical Officer's Service qualifies as a specialist occupational health care provider.

In order for it to be able to perform the occupational health examinations needed for jobless persons, it must be a specialist occupational health care provider or a healthcare institution which maintains an occupational health care provider that is financed by the National Health Insurance Fund, because under Government Decree 217/1997 (XII.1.) Korm. on implementing Act LXXXIII of 1997 on Mandatory Health Insurance Benefits, only in this case will social insurance reimburse the diagnostic tests initiated by the specialist clinics.

Decree 33/1998 (VI. 24.) NM of the Minister of Welfare on medical examinations to establish vocational and personal hygiene fitness for a job and on rendering opinions thereon sets the medical rules for examinations regarding ability to work in a job or an occupation when the examinations are initiated by Employment Centres for jobless persons.

It is important to note that a defining condition of employment rehabilitation is the set of employment and medical regulations governing the relationship between the Employment Centres (and offices) and the occupational health services that were issued at about the same time and are coordinated down to the details.

Professionals from the two areas employ identical methodological tools in determining employability and providing career guidance. The manual "The Health Factors of Occupations" is the outcome of a joint effort by employment specialists and occupational health physicians. The computerized version, which includes supplementary data necessary for counselling and is able to

determine the occupations that are suitable to a person based on both health status and education level, was first used in 2004. It offers the opportunity to compare the health requirements of the various professions with the personal data of the jobless persons to see the reasons precluding or limiting said employment.

At present, the medical expert qualification system establishing loss of ability to work regarding the entire body is unable to work with the specialist opinion on employment.

The new medical expert guidelines including employability considerations and resting on the International Classification of Functioning, Disability and Health (ICF) and WHO/ICF were published in 2004. However, the only law on using these guidelines is limited to determining incapacity to work. The conditions for testing skills in practice (work try-outs) are unavailable in the rehabilitation process.

b) Measures taken in coordination with labour market requirements to reshape professional rehabilitation:

Increasing the employment of persons in disadvantaged situations and reducing the number of inactive persons in Hungary has been a government priority throughout the entire process of joining the European Union and the first period of membership.

Increasing their employability is a priority to move them from inactive status and to stop them from being society's invisible players. (Altered working ability is a horizontal priority in Human Resource Operative Programmes.)

Further development of labour market services

Every single person entitled to employment – which includes every single person with altered working ability – is entitled to labour market information and job-seeking agency from among the services offered by the Public Employment Service.

Parliamentary Resolution 75/1997 (VII. 18.) OGY specified the institutional conditions and rules of procedure that could enhance chances of remaining on the labour market instead of receiving passive aid. It said

“All persons who can be rehabilitated must receive the assistance to attain the employment rehabilitation needed for his/her given condition. To this end

- a) a special network of employment rehabilitation institutions,
- b) active employment policy means to handle altered working ability,
- c) incentives to employers to promote their employment

must be built up.”

The institutional foundations for employment rehabilitation were established in the employment centres as part of their basic activity.

Important elements of the rules on persons with altered working abilities are opportunities for affirmative action using labour market tools. This is authorization in a labour minister decree (currently a Social and Family Affairs Minister's decree) offering extra benefits or more favourable conditions than normally set by law to employment of this category. Another forward-looking factor is that the changes are not only in the Employment Promotion Law, nor are they limited to the competency of any single ministry.

Act XXVI of 1998 on the Rights and the Guaranteeing of the Equality of Disabled People (hereinafter: Rights and Equality of the Disabled Law) went into effect on January 1999. The goal of this law was to define the means for implementing the rights of persons with disabilities, to regulate the complex rehabilitation offered to persons with disabilities, and as an outcome, to ensure the equal opportunity, independent living and active participation in social life of persons with disabilities.

Section 2, Subsection (5) of the Rights and Equality of the Disabled Law states: “The state is obligated to see to it that the rights of persons with disabilities are respected in coordination with the operation of a system of institutions to compensate for the disadvantages and the current possibilities of the national economy.”

In order to set the foundations to establish equal opportunity for persons with disabilities, Parliament issued a decree setting up a National Disability Affairs Programme (Resolution 100/1999 (XII.10.) OGY) and the government issued Resolution 2062/2000 (III.24) Korm. setting up a medium-term action plan.

The National Council for Disability Issues assists the government in managing its disability-related tasks, and the Public Foundation for Opportunities for Persons with Disabilities has begun operations.

The Act CLVI of 1997 on Public Benefit Organizations (Public Benefit Organisations Law), which included all rehabilitation efforts by civic organizations as activity benefiting the public, and which thus provided a framework for important civic organization initiatives to promote rehabilitation, has entered into force.

Decree 11/1998 (IV. 29.) MüM of the Minister of Labour on the occupational rehabilitation procedures of the Employment Centres and on certain supports to promote the employment of jobless persons with altered working ability regulated the employment rehabilitation procedures applied by the Employment Centres and also contained the general rules for accessing occupational health examinations. One defining condition of occupational rehabilitation is that the specialist occupational health care facilities provide the necessary medical facilities and employability examinations for the employment centres.

The rules on providing unemployment benefit guarantee that should persons who have been retired as disabled for a longer period of time, or who have received allowances because of their altered working ability lose these entitlements, they will become entitled to unemployment benefit on the basis of their former employment.

If persons who are retarded and/or have altered working abilities and are capable of working are registered as unemployed, they may participate in the employment rehabilitation procedure. As part of this, their employability will be determined. Then, to promote their employment, they may receive necessary human services (rehabilitation counselling, psychological services, job-seeking training), and can be supported with active tools at the expense of the decentralized employment fund. New wage support tools have been introduced specifically to promote the employment of jobless persons with altered working abilities such as Decree 11/1998 (IV. 29.) MüM of the Minister of Labour, which sets up a three-phased gradually declining wage cost reimbursement system for employers choosing to employ persons with altered working abilities.

Decree 30/2000. (IX. 15.) GM of the Minister of Economic Affairs on labour market services and supports that may be offered in connection with them, defined rehabilitation counselling as a separate form of service.

In 2003, the building of disabled accesses to communications with employment centres and regional workforce development and training centres was begun within the framework of the European Year of Persons with Disabilities. (This concerned providing access to people who were blind or vision-impaired, deaf or hearing-impaired, and retarded.) In 2004-2005, communication access was established at the client service sections of 18 county employment centres and 4 regional workforce development and training centres.

A growing number of professional programmes and disabled access to training tools in the regional workforce development and training centres has been put at the services of people with disabilities to train them for the labour market. Clients have access to labour market services, counselling, to physical and communication facilities in a number of centres, and to training programmes designed for various groups of people with disabilities.

Question C

Please specify:

- a. the number and nature of the principal specialised institutions giving suitable training and the total number of places available;**
- b. the number of persons undergoing such training;**
- c. the number of staff and their qualifications.**
- d. the financial support available to a person with a disability participating in the training.**

In 2004, the Employment Rehabilitation Secretariat of the Ministry of Employment and Labour began designing its training programme for professionals and concretely, its training of staff and human resources personnel to work in the employment of people with altered working ability. A great deal of emphasis was placed on knowledge of health deterioration and disabilities. The goal of the programme was to train non-medical professionals (college graduates) working in the healthcare professions and to design training aids and methodologies for state approved training programmes (alternative labour market services, trainer's training) that help to organize quality-assured employment rehabilitation services. The programme is being implemented in 2004-2006 with the participation of the Public Foundation Offering Opportunity to People with Disabilities, which invites competitive bids to attract additional participants (colleges and universities, non-profits, and labour market organizers) to implementing the programme.

Article 15., Paragraph (2): to take adequate measures for the placing of disabled persons in employment, such as specialised placing services, facilities for sheltered employment and measures to encourage employers to admit disabled persons to employment.

Question A

Please describe the measures taken to ensure the placement and, if appropriate, the employment of physically or mentally disabled persons (for instance quotas, financial subsidies, etc.) (Include the mandatory requirement to restore persons whose working ability has

been altered by occupational accident or illness to their former jobs, the ban on dismissals because of retardation, etc.).

1. Quotas and capitation supports

Section 41/A of the Employment Promotion Law prescribes a mandatory employment rate specified for employers who have more than 20 employees, to guarantee an appropriate number of rehabilitation jobs. The requirement is for 5 per cent of the average statistical number of employees on the payroll of the employer for a given year.

If the rehab staff of the employer is lower than that level, the employer is required to pay a rehabilitation contribution, the amount of which for a *given year* is set as a proportion of the gross average earnings on economy-wide level – as reported by the Central Statistical Office – for two years before the given year. In 2004, the rate of the contribution rose from 3 percent to 8 percent.

This contribution is the source of the Labour Market Fund's rehabilitation section.

The Ministry of Employment and Labour manages the rehabilitation fund portion of the Labour Market Fund. Each year, the major portion of the fund (over two-thirds) is used for decentralized purposes. In 2004 it came to HUF 2,041 million. The decentralized funds are managed by the employment centres and are used within a county-level competitive bidding process, the goal of which is to promote the creation of new jobs to employ persons with altered working abilities and to support the redesign of existing jobs so that they can be performed by persons requiring rehabilitation. Winning bidders must agree to maintain employment for three years in the jobs thus created.

Over 90 percent of the jobs established and maintained from this resource are in the private sector. Over 30 percent of the jobs are the result of supported development among micro and small businesses.

Support for the employment of a person with altered working ability differs, depending on the number of employees working for a given employer and the amount of corporate tax the employer is required to pay.

If an employer hires a person with altered working ability and has at least 20 persons on payroll *and operates in a sphere set by decree* – businesses, targeted organizations, sheltered workplaces – then, depending on the number of employees they have and on the amount of corporate tax they are required to pay, the employer is entitled to a differentiated subsidy.

An employer receives a priority subsidy – one exceeding 50 percent of its inflow – if it employs an employee whose altered working ability is at least 60 percent. Until April 1, 2004, the Ministry of Finance could designate a targeted organization with the agreement of the Ministry of Employment and Labour after having received the opinion of the National Association of Sheltered Organizations. (The designation was terminated when the employment of persons with altered working abilities was redesigned to conform to European Union norms.) Under this type of support, a business could request over three times the basic subsidy for hiring a person with seriously altered working ability – such as a blind person, a person with multiple disabilities or a mentally retarded person. These organizations operate as businesses and as such, they contain significant social welfare employment elements. (Rehabilitation-type employment in live-in social welfare institutions – most of the time, monotonous, simple work – is also performed within this rubric.) Employment of a social welfare character is recognized in that the subsidy is 40 percent over the corrected net revenue of the business receiving it.

Employers who are not in this circle – including civic organizations and bodies funded from the state budget – are not entitled to the *subsidy*, irrespectively of the number of employees they have with altered working ability.

Businesses employing fewer than 20 persons, one-person businesses, and subsistence farmers that hire a persons whose working ability is altered by 50 percent may deduct the *per capita and per month* salary, up to and including minimum wage, from their taxable income. The deductible amount doubled in 2004 (from one-half of minimum wage to minimum wage). (See appendix for summary of interest system)

The contribution to rehabilitation is paid as a tax, while applications for the subsidy and deductions from taxable income also operate through the tax system. The support system is being transformed to bring it into line with the employment support principles of the European Union, offering increased incentives for rehabilitation, providing support to a more extensive circle of employers and in a more differentiated manner.

There are fewer non-profit organizations and social welfare type employers owned by local governments. They not only employ people with altered working ability but also people who need work for social welfare reasons (elderly persons, persons receiving a fee for caring for an ill person in the household, etc.). In recent years, the owners – the local governments – while contending with numerous tasks, to not pay sufficient attention to this type of employment. They operate significant employment projects to manage public tasks supported wholly or almost wholly by central budget funds and persons with altered working abilities participate in these programmes along with other targeted disadvantaged groups.

2. Measures to keep persons with altered working abilities on the job

The rules of employment governing an employee whose working ability has been altered, and the related rights and obligations depend on the type of legal relationship governing the employment (employment, public service worker, etc.) or the job the person is seeking. These laws include Act XXII of 1992 on the Labour Code (Labour Code.), Act XXXIII of 1992 on the Legal Status of Public Employees (Public Employees Law) and Act XXIII of 1992 on the Legal Status of Civil Servants (Civil Servants Law) etc.⁷

Obligation to continue the employment of a person. Under Section 85, Subsection (3) of the Labour Code., an employer is mandated to continue the employment of an employee whose working ability was altered while in the employ of the employer. Under separate statute, the employer is mandated to place the employee in a job suitable to his/her condition. There is no legal way to sidestep this rule. The employment rehabilitation of workers with altered working ability must be planned. Where there is a works council, under Section 65, Subsection (3), Paragraph d) of the Labour Code, before reaching a final decision, the employer is mandated to seek the opinion of the works council on the action plan for rehabilitating workers whose working ability has been altered. The detailed rules for continued employment as set forth in the Labour Code are laid down in the multiply amended Joint Decree 8/1983 (VI. 29.) EüM-PM of the Minister of Health and of the Minister of Finances on the employment and social services to workers with altered working ability (the Joint Decree).

⁷ From an article published in the periodical 'Házi Jogtanácsadó'.

Section 3, Subsection (1) of the Joint Decree provides that an employer is mandated to seek to employ a person whose working ability has been altered in his or her original job and profession. If this is impossible, the employer must employ the worker in an area and occupation enabling him or her to take advantage of his/her skills without any further deterioration in health. The employee's work contract must be amended accordingly.

Exempted from this rule is the employer who employed the worker in a second job that went beyond the worker's normal working hours and – with the exception of an employee receiving an accident allowance as a result of an occupational accident or occupational illness – a worker whose altered working ability was diagnosed during a period of trial employment.

From the point of view of the obligation to continue employment, the employment of a person whose working ability has been altered includes employment *per se*, employment as a public servant or public official, work out of the home on an employment basis or as a cooperative member, and work in a workplace as a cooperative member

- whose alteration in working ability due to health deterioration has rendered him/her permanently unable to complete work of full value in his/her original occupation without rehabilitation measures, and who does not receive an old-age or disability pension, an accident disability pension, or an old-age allowance or allowance because of inability to work,

- **who receives an accident allowance because of an occupational accident or occupational disease and**

- has become permanently unable to perform work of full value for his/her employer in his/her original occupation

- the person has tuberculosis and may not be employed by the employer because of a legal ban on employment of a person with this disease, or

- the person has been discharged from the armed forces, an armed body or a law enforcement agency because of altered working ability or reasons of health rendering his/her continued service impossible.

To continue to employ the person the employer is mandated to actively assist the employee whose working ability has been altered:

- to first of all restore the person to his/her original job and profession, by altering working conditions, or
- to transfer the worker to another job within the competence of the employer that is in line with the health status, age, and qualification level of the worker, or
- to train the worker to do other work, or to learn new skills, or
- if necessary, to employ the worker in a facility established expressly for that purpose, or
- to employ the person part time, or
- to employ the person allowing him/her to work out of his/her home, if the activity of the employer makes this possible.

Employer and employee have a common interest in that, according to the Joint Decree, when a worker whose working ability has been altered and he/she cannot be employed in his/her original occupation, and has been transferred to promote his/her rehabilitation or has been trained for a new semi-skilled or skilled position, the person must receive an earnings supplement, a transitional earnings supplement, an income supplement or a transitional income supplement.

Rehabilitation measures. As a general rule, the employer of the worker at the time that the altered working ability was discovered is responsible for providing employment. This means that the employer of the worker whose working ability has been altered is responsible for his or her rehabilitation *irrespective of the number of persons employed*. A rehabilitation commissioner is responsible for rehabilitation measures (this can be the manager of the business or any employee appointed by the manager) within the framework of the rehabilitation process.

If there is an occupational health service (industrial doctor) at a workplace, an employer's committee to deal with workers whose working ability is altered must be established. The head is to be a person assigned by the employer and the members are to be appointed by the works council or members of the council itself.

The employer's committee proposes the manner of maintaining employment if the worker does not accept a job opportunity offered by the person responsible for rehabilitation.

Employment rules call for favouring such a worker in employment when hiring for a given job, assuming that all other conditions are equal. For instance, the Joint Decree sets a quota (5 per cent) for hiring persons with altered working ability if the employer has more than 20 employees (Section 41/A of the Employment Promotion Law).

Section 5 of the Labour Code and Section 2 of the Employment Promotion Law both lay down the requirement of equal treatment (ban on discrimination against any group of employees). Since 27 January 2004, Act CXXV of 2003 on the Promotion of Equal Treatment and Equal Opportunity has contained **the detailed regulation** of the issue. This law established the legal institutions of the Equal Treatment Authority, which offers the opportunity for remedy in cases of manifestations of discrimination and possible abuses.

Question B

Please indicate the number (actual or approximate) of physically or mentally disabled persons who during the reference period found paid employment (whether in specialised institutions or not).

*Table 82
Promoting the employment of jobless persons with altered working ability
at the employment centres, 2004 (capita)*

Category	2004
Number of persons affected at given time*	45,002
Number of cases when jobs were secured without support, total **	7,700
Number of cases when jobs were secured with support, total** of these, within the framework of public service**	7,819
Independent job finding	4,804
Total cases of jobs found**	3,477
Total number participating in training**	1,103
10. Number on conclusion (actual number on the day that the project was concluded.)*	19,951

Note:

* = Each person only may be counted once

** = One person may have been included more than once in the period under investigation

Article 17: The right of mothers and children to social and economic protection

With a view to ensuring the effective exercise of the right of mothers and children to social and economic protection, the Contracting Parties will take all appropriate and necessary measures to that end, including the establishment or maintenance of appropriate institutions or services.

Question A

Please indicate the measures taken to give effect to this provision by giving a list of the field covered by the measures of social and economic protection adopted in your country in respect of:

a. mothers,

b. children,

and the institutions or services which contribute to this protection.

There have been no legislative changes on this issue since the ones described in the Second National Report

Please supply statistics showing the percentage of mothers and children who benefit from such protection.

*Table 83
Transitional care of children, 1999-2004*

	Foster parents		Transitional home for children		
	Number of days of care	Number of minor children receiving care	Number of permitted accommodations (Dec. 31.)	Number of days of care	Number of children receiving care
1999	2,183	34	449	25,918	406
2000	8,424	123	301	55,814	580
2001	2,319	191	327	51,831	614
2002	492	213	247	48,065	602
2003	12,978	158	302	51,854	628
2004	6,145	212	660	164,176	1,365

Table 84
Transitional homes for families, 1999-2004.

	Number of authorised accommodation places (Dec. 31.)	Number of days of care		Number of persons receiving care	
		parents	children	parents	children
1999	540	57,620	88,871	432	658
2000	949	103,167	150,858	1,481	2,046
2001	974	113,811	156,511	999	2,008
2002	1,583	210,403	338,947	no data	no data
2003	2,085	268,493	406,724	2,410	3,698
2004	2,702	350,756	532,610	2,944	4,843

Question B

Please describe the provision which exist in your country to guarantee to women not covered by any social security scheme the necessary financial assistance during a reasonable period before and after confinement as well as medical care or other adequate care during confinement.

1. Family allowance

The rules on entitlement were covered in the Second National Report. Support to attend school was terminated in October 2002 and was replaced by a uniform family allowance for all entitled persons. As of September 2004, the family allowance for a child attending a public school is payable until the end of the academic year in which the child reaches the age of 23 (between September 1, 2003 and August 31, 2004 the allowance was payable until the end of the academic year in which the child reached the age of 22).

In 2004, the family allowance ranged from HUF 4,900/month and HUF 15,000/month.

2. Childcare allowance

The rules on entitlement were covered in the Second National Report.

The amount of childcare allowance (GYES) was HUF 23,200/month in 2004, or doubles that amount for the parent of twins (HUF 46,400). For twins the childcare allowance is available until the end of the year in which the children reach mandatory school age, while for a child with a serious disability it is available until the child reaches the age of 10.

3. Child raising benefit

The rules on entitlement were covered in the Second National Report.

The amount of the contribution towards an old-age pension payable on child raising benefit as well as on other childcare assistance such as childcare allowance is 8.5 percent.

4. Maternity grant

The rules on entitlement were covered in the Second National Report.

In 2004, the total sum of maternity grant was HUF 52,200 for a single birth and was HUF 69,600 for twins.

5. Maternity care

Under Act LXXXIII of 1997 on Benefits under the Statutory Health Insurance Scheme, persons entitled to healthcare services are entitled to maternity care. The scope of persons entitled to maternity care is defined by Section 16, Subsection (1) of the Health Insurance Benefits Law. In addition to persons insured under the Health Insurance Benefits Law, the scope of entitled persons includes recipients of social welfare assistance, persons in live-in social welfare institutions that provide personal care, and persons with social welfare needs as defined by Section 54 of the Act III of 1993 on Social Administration and Social Benefits, who are given an administrative certificate by the mayor of the settlement.

There is no entitlement to pre-confinement care for uninsured women.

Question C

Please indicate what measures have been taken to protect single mothers.

Higher family allowances for single parents

The amounts of the family allowance, intended as a contribution to the costs of raising and educating children, are differentiated according to number of children in the family, the type of family, and the health status of the child. A parent (there is no gender distinction here) is entitled to a higher amount if raising the child as a single parent. In 2004, family allowances were as follows:

For a family with one child: HUF 4,900.

For a single parent with one child: HUF 5,700

On behalf of each child in a two-child family: HUF 5,900

On behalf of each child when raised by a single parent: HUF 6,900

On behalf of each child in a family with three or more children: 7,500

On behalf of each child when three or more children are raised by a single parent: HUF 8,000

On behalf of a family raising a child with a chronic disease or one who is seriously disabled: HUF 13,300

For a single parent raising a child that is chronically ill or seriously disabled, and for an adult who is chronically ill or seriously disabled: HUF 15,000.

Question D

Please indicate whether your legislation makes provision for:

a. procedure for the establishment of the paternity or maternity of children born out of wedlock. if appropriate, state the reasons why some categories of children cannot benefit from these procedures and describe any special measures taken on behalf of these categories;

- b. liability for the maintenance of children born out of wedlock, and whether the rules applicable differ from those for legitimate children;**
- c. special arrangements for the guardianship and custody of children born out of wedlock;**
- d. the legitimisation of children born out of wedlock;**
- e. special rules for the inheritance right of children born out of wedlock.**

There has been no change with regard to Question D since the last report; therefore the responses given at that time continue to be valid.

Question E

Please describe the measures in force in your country with regard to adoption. How close does the status of the adopted child come to that of a legitimate child?

The rules governing adoption were reviewed in the Second National Report. We hereby supplement the information given there with the following:

Pursuant to Section 47, Subsection (1) of Act IV of 1952 on Marriage, Family and Guardianship, since January 1, 2003, the prerequisite to adoption is adoption counselling and a course in adoption, the detailed rules of which are set by Decree 29/2003 (V. 20.) ESzCsM of the Minister of Health, Social and Family Affairs and include training and examination requirements for substitute parents, foster parents, and the operators of family daycare facilities, as well as pre-adoption counselling and preparatory courses. Prior to attending a course in adoption, a prospective adoptive parent attends professional counselling with a psychologist called on by the operator in accordance with specific professional guidelines. The purpose of the counselling is to determine whether the prospective adoptive parent – based on both personality and family structure – is suitable to adopt, and for the prospective parent and the professional to reach a joint decision. The goal of the adoption course is to clarify the social and legal background to adoption before participants, to focus on the special situation of adoptable children, and on the manners of managing conflicts related to the adoption. The decree specifies the course thematic. On successful completion of the course, participants receive a certificate of completion and the qualification granted is: adoptive parent.

Question F

Please describe:

- a. the steps taken in your country to ensure adequate protection for orphans and children whose parents cannot act as their guardians;**
- b. how homeless children are cared for in your country:**
 - in special institutions? If so, please describe the living conditions in these institutions;**
 - in foster families?**

There was no change in legislation regarding orphaned children in 2004, but certain amendments to the law made in 2002 went into effect. Act XXXI of 1997 on Protection of Children and Public Guardianship (the Child Protection Law) was amended in 2002 to include increased differentiation of special care to support specialized care for children closer to their needs. Under the amendment, special care must be provided for a child under the age of three who is chronically ill, to meet the specific needs of the disability and of the age. The requirement to provide this care took effect on 1 January 2004. Special care must be provided to children who show serious psy-

chological symptoms (who are coping with serious personality development diseases and/or serious psychotic or neurotic symptoms), who show serious dissociative symptoms (serious adjustment diseases or serious antisocial behaviour while still of childhood age), and to children/adolescents struggling with psychoactive agents (alcohol, drugs, and other psychoactive agents). The requirement to provide the care took effect on 1 July 2003.

Committees of child protection experts were established on county and Budapest municipal level in 2003 to ascertain the need for the care. The opinions rendered by the committees of experts determine the choice of the type of care best suited to the condition of the child, and the designing of an individual placement plan. The committee of child protection experts must be made up of at least three people (paediatrician, psychologist, and social worker) or, if a special needs child is being examined, of at least five members (psychiatrist and special needs teacher). The deadline for establishing the committees of experts and providing the special care was 2003, but actual operations only began in 2004. The 2004 budget act (Act CXVI of 2003 on the 2004 Budget) established separate capitation funding for special needs (special care: HUF 900,000 per care recipient, extra-special care: HUF 966,000 per recipient) set up to express the differences in the conditions that have to be established.

*Table 85
Accommodation places for children: breakdown by the type of care received
(as of 31 December 2004)*

Category	Number of authorised accommodation places	Temporarily placed	Temporarily raised	Permanently raised	Total (b to d)	Temporarily cared for	Receiving follow-up continuing care	Grand total (f to h)
		b	c	d		g	h		i
Total, in children's home	11,551	545	6,843	638	8,026	45	2,126	10,197
Of these: in children's home	4,317	434	2,634	167	3,235	43	433	3,711
in group home	4,677	90	3,093	322	3,505	1	849	4,355
in special children's home	422	10	265	34	309	1	32	342
State care and children's home	1,387	11	849	115	975		259	1,234
in homes of follow-up continuing care	543		2		2	6	394	402
other	205				0		159	159
With foster parents, total		191	7,913	1,091	9,195	7	1,925	11,127
Of these, professional foster parents		31	1,410	205	1,646		345	1,991
traditional foster parents		160	6,503	886	7,549	7	1,580	9,136

Question G

Please indicate the measures taken in legislation and in practice to protect children against physical and moral dangers, ill-treatment, unacceptable physical punishment, violence and sexual abuse. Please indicate whether psycho-social services exist for children victims of such treatment

The Child Protection Law was amended in 2004 – and took effect on 1 January 2005 – to ban corporeal punishment of children as follows:

Text before the amendment:

‘Children may not be subjected to cruel, inhumane, humiliating corporal chastisement, punishment or treatment.’

Text after amendment:

‘Children may not be subjected to torture, corporal chastisement or any other cruel, inhumane, humiliating punishment or treatment.’

With the amendment, all forms of corporal punishment of children have been banned. The introduction of the ban on corporal punishment serves three purposes. One is to alter people’s opinions on corporal punishment, another is to improve parenting skills and clarify the framework for the direction of support and the third is to make the earliest and least intrusive intervention possible when it is required to protect children. The purpose of introducing the ban was not to be able to impose sanctions but rather to improve parenting skills. The measures are intended to encourage parents to seek help if they are having problems with their children and to offer incentives for other methods of disciplining children. At the same time, the goal is to reduce corporal punishment in disciplining children by reducing support for it in society. This is why it is very important for society to emphasise that children and adolescents have the right to be raised with parental support and encouragement instead of punishment. When reviewing the amendment with public opinion – particularly with professional public opinion – it was emphasised that the law is only a secondary tool in preventing and averting mistreatment. All organizations and persons concerned with care for and the raising and education of children are primarily charged with preventing mistreatment and remedying factors that damage the lives of children. Families must be reinforced in their function of raising children.

The legal institution of the children’s rights advocate plays a key role in preventing the abuse of children and in seeing to it that children’s rights are respected. The children’s rights advocates began their activity in January 2004. Their work is discussed in detail in the responses to questions by the European Committee of Social Rights.

The services and institutional system was further developed in 2004 to reduce family violence and child abuse, and to handle it when it does occur.

Professional preparations for the child welfare centres that began operation in 2005 were initiated in 2004. In keeping with the Child Protection Law, as of 1 July 2005, it became mandatory for all settlements with populations in excess of 40,000 and all cities of county stature to operate “street children” programmes by providing street of housing-estate social workers and hospital social workers in hospital children’s wards (neglected and abused children) and obstetrics wards (mothers in crisis). Stand-by duty services (accessible by phone) also have to be organized in these child welfare centres. Under the regulations, they also need to operate weekend contact mainte-

nance services allowing the children of divorced parents to meet with the non-custodial parent and for children in foster care to meet with their birth parents and maintain contacts.

In 2004, the competent ministry called for competitive bids on advancing services. The goal of the project was to provide special family assistance services to prevent and handle family violence and/or to disclose cases of child abuse and offer special child welfare services to handle it, including support for the conditions of hospital social work.

Family assistance and child welfare services can access the special support for family assistance if they undertake to operate programmes to prevent and manage family violence. The maximum amount of support was HUF 1.2 million. Forty-nine bids were submitted for an overall amount of HUF 10,470,000 that was available, and the funding was fully used to support the bidders.

Under the Child Protection Law the goal of child welfare services was to prevent and eliminate the endangerment of children. To do this, the service operates a system in the settlements focused on surveillance of and signalling the problems. This includes obtaining information on child abuse primarily from the members of the surveillance system, from reports from the public and ex officio information. Statistical data shows that the problems managed by the child welfare services clearly show the complexity of the problem of endangerment and the latency of abuse. Among the problems managed – about 600,000 in all – the issues appearing in significant number included financial difficulties (24.8 percent), child raising problems (18.8 percent), lifestyle problems (15.7 percent), neglect within the family (5.9 percent) and abuse within the family (1.8 percent).

Table 86
Child welfare services, 2004, by type of problem handled

<i>Category</i>	<i>Number of problems handled</i>
Financial (related to earning a living, to maintaining a home, etc.)	151,629
Child raising	115,029
Difficulties in adjusting to a childcare facility	31,672
Behaviour problem, performance problem	62,449
Family conflict (between parents, between parent and child)	69,018
Lifestyle of parents or of family	95,830
Parental neglect	36,204
Abuse within family (physical, sexual)	11,093
Disability, retardation	12,814
Addictions	23,272
Total number of problems	610,327

To increase its effectiveness in preventing and managing abuse, in 2004 the ministry called for bids to issue publications on child abuse. The request for bids called for professional publications, professional journals, pamphlets, and posters to prevent and manage family violence and child abuse and to prevent the killing of neonates. The largest single amount of support available was HUF 800,000. Fifteen bids were submitted, in a total available amount of HUF 11,090,038. The available funding was HUF 4,530,000, which was distributed among 9 winning bidders. Nine

bids were supported including two specialist journals on child protection, 3 brochure/book-type publications and several posters and pamphlets.

The Child Protection Law, within the framework of transitional care for children regulates the operation of institutions in which a mother and children seeking refuge from a home in which they are abused can be housed temporarily as a family.

The institution offers full care as well as psychological, legal, welfare and mental health assistance to a parent and child seeking protection as a consequence of a family crisis. The period during which such care is provided is 12 months, which may be prolonged for an additional six months but maximum until the end of a given school year, with a particular focus on court procedures of abused mothers. Provision of data on a parent seeking refuge from home with a child because of abuse or a family crisis may be restricted as may access to documents if criminal proceedings have been initiated against the abuser for the action leading to the seeking of refuge. To target the above goal more specifically, in 2004 the ministry introduced an experimental programme and invited bidders to set up crisis service networks on a regional basis, using existing transitional homes for families as a backdrop. Nine transitional homes joined the experimental programme and increased their accommodations by about 30-40 spaces. The staffs of the homes included in the model experiment as well as of the family assistance and child welfare services and of the methodology centres receive multi-level training.

The following chart is intended to supplement the data in Article 17 of the Second National Report on Implementation of the European Social Charter, as of the end of 2004:

Table 87
Number of minors registered with custodial authorities as at-risk

Category		2003	2004
Number of at-risk minors registered in given year		39,852	40,975
Number of minors removed from at-risk list in given year		43,144	47,991
Number of at-risk minors listed as of December 31 of given year, due to		232,381	225,365
Environmental	Causes	50,219	49,365
Behavioural		29,475	31,120
Financial		144,700	135,897
Health		7,987	8,983
Of this	also at risk because of alcoholism	25,643	24,914
(from row 3)	Also at risk because of housing conditions	31,754	32,470
Number of families in which at-risk children live		102,241	99,584

Table 88
Number of minors taken into protection

Category		2003	2004
Number of minors taken into protection in given year		8,430	9,679
Number of minors removed for protection list in given year		5,880	7,681
Number of minors in protection as of December 31 of given year		17,075	17,735
Of this	Environmental	4,367	4,371
(from row 3.)	Parental behaviour	8,354	9,105
	Child's behaviour	4,354	4,259
Of this	taken into protection following alarm from child welfare services	11,434	11,830
(from row 3.)	taken into protection following alarm sounded by other body	4,688	4,690
Number of families in which children taken into protection lived		8,539	8,704

Table 89
Number of temporary placements ordered by custodial authority

Category	Clerk	Municipal custodial office	Total
2003	1,954	1,375	3,329
2004	1,975	1,444	3,419

Table 90
Data on children in transitional homes, 2003–2004

Category	2003	2004
Number of minors transferred to transitional homes during course of year	3,090	2,542
Number of children in transitional homes as of December 31 of given year	15,576	15,518

Question H

Please indicate how the legal representation of children is ensured, notably in case of conflict with or between the parents or the persons in charge of the child; are children entitled to be heard in person in court, and if so, from what age and on what issues.

There has been no change in the legal regulation of this issue since the Second National Report was submitted.

Question I

Please indicate if your legislation provides for special institutions or special courts (possibly child tribunals or special procedures) to deal with young offenders.

Please indicate what is the age of criminal responsibility at which sanctions can be applied; the penalties available and the conditions under which they are carried out, notably for

penalties involving restrictions on liberty. Please also indicate the measures of protection, education and treatment and the care provided as a means of prevention or as an alternative to detention, as well as the measures to minimise the risk for vulnerable young people.

There has been no change in the legal regulation of this issue since the Second National Report was submitted.

Table 91

Breakdown of minors in preliminary detention in corrections institutions by age and duration of detention (as of 31 December 2004)

No.	Category			14	15	16	17	18	(19)	Total (a to f)
				year-old inmates						
				A	b	c	D	E	f		g
1.	In year under review			9	20	31	24	6		90
2.	Entered institution providing information	1	year(s) prior to year in question	0	3	6	8	1	1	19
3.		2		0	0	0	0	0	0	0
4.		3		0	0	0	0	0	0	0
5.		4		0	0	0	0	0	0	0
6.	Total number as of 31 December (1-5)			9	23	37	32	7	1	109
7.	Of total in transitional care			5	7	3	3			18
8.	(of 6) in long-term care			1			2	1	1	5

Table 92

Breakdown of minors sentenced to reside in correctional facilities by age and length of stay (as of December 31, 2004)

No.	Category			14	15	16	17	18	(19)	Total (a to f)
				year-old inmates						
				a	b	c	D	E	f		g
1.	In year under review			2	18	42	57	23	0	142
2.	Entered institution providing information	1	year(s) prior to year in question	1	1	10	17	17	0	46
3.		2		0	0	0	07	7	1	15
4.		3		0	0	0	0	1	0	1
5.		4		0	0	0	0	1	0	1
6.	Numbers as of 31 December (1-5)			3	19	52	81	49	1	205
7.	Of total (of 6) in transitional care			1	4	15	19	2	0	41
8.	in permanent care			0	0	0	1	0	0	1

Questions by the European Committee of Social Rights:

The Committee would like statistical data on cases managed by children's rights advocates as well as several case studies.

The Public Foundation for Patients', Care Recipients' and Children's Rights Advocacy began operation on 5 January 2004, principally in healthcare, social welfare, and child protection facilities, to protect the rights of residents. The protection of legal rights is handled by patient rights', dependant rights' and children's rights advocates throughout the country.

The first children's rights advocates (following competitive grants provided in advance) began working in June 2004. Further competitive grants were offered so that by the end of the year there were 24 children's rights advocates throughout the country, covering 95 percent of children's homes, children's group homes, children in foster care, and children in transitional or permanent care, in accordance with Section 11/A of the Child Protection Law, and under Decree 1/2004 (I. 5.) ESZCSM of the Minister of Health, Social and Family Affairs on the conditions of operation of patients', care recipients' and children's rights advocates.

The authority of the children's rights advocate is affected by Sections 81/A, 81/C, 81/D and Section 87, Subsection (6)—with regard to educational supervision—of the Child Protection Law, and Section 135 covers data handling. Adoption is covered by Government Decree 149/1997 (IX. 10.) Korm. on custodial authorities and on child protection and custodial procedures, while Section 105/A of the same Government Decree covers changing the place where the child is cared for, as does Section 2 of Decree 15/1998 (IV. 30.) NM of the Minister of Welfare on child welfare and child protection institutions offering personal care, and on the professional tasks and operation conditions of personnel.

In the county where the Public Foundation commissioned more than one children's rights advocate, the child protection institutes were divided up among the children's rights advocates, who were responsible for protecting the rights of all children receiving specialized care.

The main goal of 2004 was for the children's rights advocates to make them known, and to make a new institution available to children to help adjustment to the institution of child protection while conducting parallel outlook shaping activity for staff working in the institutions, under the sign of cooperation.

The children's rights advocates reported on their work on statistical data sheets and filled in questionnaires at year-end, and the experience was as follows:

- All children's rights advocates spent the first three months visiting the child protection institutions operating in their areas and establishing contacts. This included holding 841 introductory lectures and offering information on their activity on 681 occasions up to the end of 2004.
- They began designing schedules of availability in addition to the introductory lectures, to organize meetings offering individualized case management. As of the end of 2004, the 26 children's rights advocates held 973 sessions where they were available to hear complaints in the regional offices or in another specified venue.
- The children's rights advocates participated in 205 placement meetings in the last quarter of 2004. At the placement meetings they represented the interests of the children together with the experts from the child protection institutions, making joint proposals on the placement of a child for care or on a change of placement.

– According to the personalized contact and case management experience, children most often called on children’s rights advocates in person, but contact through mobile telephones and e-mail also occurred (as technological achievements spread). The Public Foundation provided the children’s rights advocates with mobile telephones, and their accessibility was posted on the bulletin boards in all child protection institutions. At the introductory lectures, and home meetings they distributed brochures prepared by the public foundation to the children and groups of children, citing their accessibility, to facilitate the establishment of contacts. Insofar as was possible, at personal meetings they attempted to establish a trusting atmosphere to encourage the children to voice their complaints. In this context, counselling was offered at 403 personal meetings, mediation was provided in 102 cases, and in 71 cases the children’s rights advocate assisted the child to formulate a complaint. In 16 cases they initiated proceedings. In 80 cases it was necessary to seek out the head of the institution or the management to resolve problems.

– As far as violations of the law were concerned, in 139 cases the specialist child protection institutions were in violation, in 60 cases the family was in violation, in 53 cases schools were in violation and in 47 cases the child welfare institution was in violation.

– As far as the types of legal violation were concerned: there were a total of 54 complaints in which 32 children indicated corporeal-psychological-sexual abuse, in 80 cases the right to maintain contacts was violated, 40 children complained of violation of their right to voice an opinion, and 61 complained of violations of personal rights.

– The children’s rights advocates submitted written forms indicating legal problems to the members of the Board of children’s rights describing the cases they found to be typical when the professional supervision (extension training, conferences) of the children’s rights advocates is provided by the boards. Recommendations were formulated interactively, and the methodology for problem solving was designed jointly, for the following matters:

1. The basic principles for allowing a child to be home schooled were established, mindfully of the rights of children, and in conformity with the law. Act LXXIX of 1993 on Public Education lays down the following provisions:

‘Section 7

(1) The obligation to obtain an education may be met by attending school or through home schooling – in conformity with parental choice.

(2) If, in the opinion of a school principal or the custodial authority, or of child welfare services, it is disadvantageous to the child to meet the educational obligation through home schooling or it is not considered probable that the child will conclude studies that have been begun, the above persons are obliged to notify the clerk of the local government where the child resides or where the child is temporarily located. The clerk will decide on how the student is to meet his or her educational obligation. If the student is in a disadvantaged situation, the principal of the school must procure the opinion of child welfare services before a decision is made.’

2. Issuing of governing principles and seeking of position statements to be made (Section 45 of Government decree 149/1997 (IX. 10.) Korm. and Sections 47 and 48 of Act IV of 1952 on Marriage, Family and Guardianship).

3. The jurisdiction and authority of the children’s rights advocate

4. The faulty practice of meeting special demands for care (child is not cared for in the appropriate place because of a lack of space or a special group does not offer appropriate care) (Section 126 of Decree 15/1998 (IV. 30.) NM of the Minister of Welfare on the professional tasks and operation conditions of child welfare and child protection institutions and persons offering personal services)
5. Invitations to placement meetings, the regulation of the parties to notify (Section 137 of Decree 15/1998 (IV.30.) NM of the Minister of Welfare on the professional tasks and operation conditions of child welfare and child protection institutions and persons offering personal services)
6. Protection of pocket money – this issue is regulated but regulations are ignored – and opportunities for imposing sanctions (Section 82 of Decree 15/1998 (IV.30.) NM of the Minister of Welfare on the professional tasks and operation conditions of child welfare and child protection institutions and persons offering personal services)
7. Transport of child to child psychiatry: obligation to provide care and difficulties of placement
8. Specialised employees of group homes should be a minimum of 5 persons but this number is insufficient to offer 24 hour care and parallel services (holidays, illness, etc.) (Annex 1 to Decree 15/1998 (IV.30.) NM of the Minister of Welfare on the professional tasks and operation conditions of child welfare and child protection institutions and persons offering personal services).
9. Shortcomings in care: a person who is over the age of 24 years, and is on a medium level of mental retardation will spend years on a waiting list for a welfare institution and in the meantime there is no organized provision for their care.
10. The operational rules of special children's homes list only sanctions
11. The order in which deliveries are made (the institute opens mail sent to the children.) (Policies on this could be formulated and inserted in the methodology guidelines, specifying how the children's rights advocate is to act in this case) (Section 87, Subsection (6) of Decree 15/1998 (IV.30.) NM of the Minister of Welfare on the professional tasks and operation conditions of child welfare and child protection institutions and persons offering personal services)
12. How should the children's rights advocate handle anonymous reports?
13. Regulating the transition between basic and specialist care (the basic care facility no longer acts while the specialist facility has not begun to act) (Section 2/A of Decree 15/1998 (IV.30.) NM of the Minister of Welfare on the professional tasks and operation conditions of child welfare and child protection institutions and persons offering personal services)
14. Who is responsible for executing a decision on temporary placement? (If the relationship between the family caregiver and the family deteriorates)
15. Maintaining contacts by child living with foster parents, use of personal objects (Section 105, Subsection (5) of Decree 15/1998 (IV.30.) NM of the Minister of Welfare on the professional tasks and operation conditions of child welfare and child protection institutions and persons offering personal services)
16. Removal from the home for financial, social welfare reasons
17. Educational difficulties of child older than his or her class (repeating a year, 16 and 17-year-olds required to repeat a school year when their classmates are 12-year-olds)

18. Difficulties in maintaining contacts in connection with the financial aspects of visiting home
19. Difficulties of siblings' retaining contact with one another within an institution
20. No information of follow-up continuing care and on use of support to establish homes
21. Hunger in childcare institutions
22. Family violence – the possibility of restraining
23. Family protection no longer operates once child is returned to family
24. Amount of funding per child is not uniform in children's homes (minimums should be standardized)
25. Calling on the family caregiver in cases of traffic violations
26. Law should clarify cases when an investigation by experts is not necessary
27. Independent experts should be called into determine whether person is able to live independently
28. Legal representation of child is left unresolved when placement is temporary (Section 225, Subsection (1) of Act IV of 1959 on the Civil Code).

The roots to the problems are in the anomalies surrounding the operation of the child protection system. In many cases it is financing problems and an absence of appropriate professionals that determine how a child is treated, and often their needs and fundamental interests are ignored. The following case study illustrates this:

Case Study

The municipal clerk temporarily transferred 13 and a half-year-old Anna to the county Reception Home and her two half-brothers – Péter (age 2) and Pál (age 3) – to the children's home of a more distant settlement. The reason for the placement was the endangerment of the children – it was assumed that the mother and her current partner were abusing the children. The health visitor noticed and reported the abuse.

Family structure

The mother's husband – Anna's father – was serving time in a corrections institute. In the interim, the mother moved in with a new partner, the father of Péter and Pál. There was no contact between Anna's parents. They did not even correspond and they had no information about one another. The family had lived with the maternal grandmother, but she died four years previously (Anna was very close to her), her house deteriorated into ruins and the family was taken in as a favour inside the settlement boundaries.

Brief history of events

The children were under protection for nearly a year but child welfare services staff reported that the mother was uncooperative. Anna's situation changed with her grandmother's death. From then on she had to actively assist with the household. When her siblings were born, she was assigned the role of caregiver. She did not attend school because her mother left her to take care of the children while she, herself left home, sometimes for days at a time. Anna is in fifth grade and so far has had to repeat it twice. She was absent from school without an excuse for 876 classes and with an excuse for 234 classes in a given year (the latter caused by communicable dermatitis).

logical disease), and has currently been granted home-school status by the school principal. The mother rejected placement of the children in a crèche, and did not accept child protection assistance. Her children were not cared for, were neglected, often were hungry and the health visitor noticed bruises on the children's bodies during visits. Anna had been spending her nights with relatives for the past three months, because she was afraid of her mother's partner at night. The placement conference was held on the 34th day after the temporary placement. During this time the children had been separate and had not even met. Anna underwent special education development where she was being cared for but did not have the opportunity to attend school.

Opinion of the County Committee of Child Protection Experts

The committee recommended that Anna be placed in a normal-needs group home. It assumed that she had been sexually and physically abused. As far as contact with her brothers was concerned it was "recommended insofar as possible." It recommended special needs foster care for Péter and normal needs foster care for Pál, and that they be kept together.

Placement conference

After discussing the case history, professional services made its recommendation, based on the expert opinion. The foster parent who took the two younger siblings lives 25 kilometres from the children's residence. They recommended that Anna be placed in a group home 140 kilometres away from her home and her siblings because of a lack of space. After filling in the necessary documents (placement recommendation, individual placement plan), they regulated parental contact.

Questions raised by the children's rights advocate at the conference

Since the placement conference is intended to assist in placing a child in a manner that meets his or her needs, the questions and comments are connected to this (Section 11/A of the Child Protection Law.)

- What are the reasons behind Anna's absences from school and her failure to successfully repeat grades? Was it necessary for the Committee of Experts Testing Ability to Learn to examine her or was she directed to Educational Counselling?
- Was there any medical report of the abuse? Had Anna been seen by a paediatric gynaecologist recently? Had any initiative been taken to investigate parental responsibility for the endangerment of minors?
- How was the maintenance of contacts between siblings to be regulated?

Conclusions of the children's rights advocate

Children have the right to satisfactory physical, intellectual, and moral development. Their rights to a healthy environment, to culture, and to legal security had been violated or had not been exercised in that the reality content of indications of child abuse had not been investigated (Constitution, Republic of Hungary; Section 17, Subsection (2) of the Child Protection Law.).

Activity of the children's rights advocate

On receipt of responses to the questions raised above, the rights advocate asked the conference to look into possibilities for maintaining contacts, since this was the issue of primary concern to Anna. The children's rights advocate of the institution providing temporary placement was asked

whether it might not be possible to arrange a meeting during the interim until the decision arrived (about 15 days).

The rights advocate recommended that a paediatric gynaecological examination be arranged. The children's rights advocate submitted a written minority report regarding the overstepping of the 30-day deadline for handling cases set by law for the specialized service, arguing for the need

- to pay continuous attention to accommodations in the interests of a gratifying placement for the children, and to revisit the current placement recommendation,
- to initiate an investigation of parental responsibility for abuse of the children,
- to submit a report to police on suspicion of a felony offence committed against the girl-child.

The Committee would like to know the interpretation of Section 11/A, Subsection (1) of the Child Protection Law: who are the children covered by the children's rights advocate?

Section 11/A, Subsection (1) of the Child Protection Law states that the children's rights advocate provides protection and defence of the rights of children who receive child protective care as set forth in this law and assists the children in learning and exercising their rights. The children's rights advocate pays special attention to protecting children who require special or extra-special care.

The children of primary concern to children's rights advocates are the ones receiving child protective services, children who have been temporarily or permanently placed in a children's home, group home, or in foster care, children in personal care and children receiving full scale assistance. They are also responsible for children whose family-care activity the child welfare service is unable to reliably manage, in the interests of removing them from an endangering environment as quickly as possible. The children's rights advocate meets with these children at the conference called to decide on extending protection to them. The children's rights advocate then follows their course through child protective services (until such time as the child is returned to the family).

The children's rights advocate is involved with the public education system insofar as he or she maintains contacts with the child and adolescent protection persons working with the schools, and if need be, will offer counselling and mediate. In 2004, only the contact was established – there were no reports of concrete case management. The same is true for children's healthcare institutions. In other words, these services only connect with the children's rights advocate through the child protection institutions and through concrete cases.

The subject of children's rights is much more extensive than the tasks with which the children's rights advocate is charged with. In many cases this can lead to misunderstandings which have been clarified when the boundaries to their spheres of competence have been defined. Organizing legal protections courses for professionals working in child protection institutions helps to clarify these boundaries of competence and also can help shape outlooks.

The Committee would like to hear of cases in which an adopted person was denied information on his or her birth parents under Section 53/A of Act IV of 1952 on Marriage, Family and Guardianship.

Under effective legislation, it is not mandatory to provide data in cases when an adopted person wants to learn the data of his or her birth parents. Therefore, custodial authorities do not register these cases, so we are unable to present any.

The Committee would like further details regarding at-risk children: what is the meaning of endangerment because of “financial reasons”?

Endangerment for financial reasons is an expression used to indicate that the family’s income is low and it is in a socially disadvantaged situation rendering the parents unable to produce the resources and purchase the services needed to raise a child, and that the healthy physical and emotional development of the child is put at risk because of this. Various cash benefits – to which children are entitled – are offered to assist a child who is at risk because of financial causes (for instance, regular or child protection support) as are other supports (such as free meals and free textbooks).

The Committee would like more information on the tools employed to enforce the ban on corporal punishment of children and on sanctions

Act CXXXVI of 2004 amended Section 6, Subsection (5) of the Child Protection Law with effect from 1 January 2005, which declared a complete ban on the corporal punishment of children:

‘Children have the right to have their human dignity respected and to protection against abuse – physical, sexual or emotional violence – against neglect and against information hazards. Children may not be subjected to torture, corporeal chastisement or any other cruel, inhumane, humiliating punishment or treatment.’

The introduction of the ban on corporal punishment serves three purposes. One is to alter people’s opinions on corporal punishment, another is to improve parenting skills and clarify the framework for the direction of support and the third is to make the earliest and least intrusive intervention possible when it is required to protect children.

The tools employed to impose the ban on the corporal punishment of children and the sanctions imposed are as follows:

- child protection means including:
 - family therapy, conflict management to put an end to abusive behaviour,
 - taking the child into protection: mandating that the parent cooperate with child welfare services,
 - temporary removal from the home if the parent is putting the child at risk,
 - initiating a lawsuit to terminate parental rights if the child is seriously abused,
- sanctions available under the Criminal Code: endangering a minor is a felony and as such is subject to legal sanctions.

There is no specific paragraph in the Criminal Code that bans the corporal punishment of children. If the corporal punishment is of a degree that meets the definition for a felony action, the corporal punishment is to be treated in accordance with that felony.

The “right to home discipline” valid from 1878 to 1948 included assault healing within eight days (light assault). However, since 1948, the parental right to punishment (the so-called ‘right to home discipline’) may not exceed physical slander or a brief period of restricting personal freedoms (for instance, banning or limiting the spending of leisure time outside the home).

The right to home discipline is an obstacle of criminal prosecution not specified in the Criminal Code. The right to home discipline is a principle of interpretation of the law that evolved during court judicial practice and is recognized only by legal dogma.

The Committee would like information on the opportunities of children being raised in children’s homes to complain of mistreatment.

Interest advocacy forums operate in child welfare and child protection institutions under the Child Protection Law

The elected members of the interest advocacy forums who have voting rights are

- a) representatives of the children’s government,
- b) the parents or other legal representatives of the children receiving care, or representatives of the young adults,
- c) representatives of institutional staff,
- d) representatives of the maintainers of the institution.

The interest advocacy forum investigates all complaints it receives, and makes decisions on those within its sphere of authority. It may call on the maintainer, the children’s rights advocate or other bodies with different jurisdiction to take further measures. The interest advocacy forum may submit an opinion to the head of the institution on issues affecting the children or young adults may submit proposals on the planning and operation of the services performed in conformity with the basic activity of the institution, and on the use of any revenues derived from them. The interest advocacy forum has the right of agreement on the rules governing the operation of the home.

The child, the child’s parent or other legal representatives, as well as the children’s government and the interest advocacy groups supporting the interests of the young adults and children and the professional organizations may submit complaints to the head of the institution or the interest advocacy forum in keeping with the internal order of the home

- a) to remedy complaints about care,
- b) to remedy a violation of children’s rights or a breach of obligation on the part of institution workers.

The head of the institution or the interest advocacy forum investigates the complaint and offers information on possible ways or remedying the complaint. The child’s parent or other legal representatives as well as the children’s government or the child or young adult may turn to the body maintaining the institution or the children’s rights advocate if the head of the institution or the interest advocacy form does not send notification on the results of the investigation within 15 days or if they do not agree with the measure taken in response to the complaint.

Representation of all children in a live-in child-care facility may be handled by the children's government which is elected by over 50 percent of the children. The children's government – after asking the opinion of the head of the institution – makes its own decisions on its operations. The children's community electing it adopts the rules of organization and operation, which are then approved by the head of the institution. The head of the institution only may refuse approval if the rules are in conflict with the law or are contrary to the organizational and operational rules of the institution or with its own internal rules.

The children's government may submit opinions to the manager on all matters related to the operation of the live-in child-care institution and on the children, which the manager of the institution must consider.

The Committee would like information on what opportunities responsible authorities have to order the maintainer to make immediate changes in child protection institutions if conditions are not satisfactory.

Under the Child Protection Law, operation permits by the authorities are required to perform all child welfare and child protective services and to establish all institutions. The body issuing the permit monitors operations at least once a year to determine whether the service/activity is in accordance

- a) with the contents of the operation permit and
- b) with the conditions set forth by law, particularly as regards personal and objective conditions, the placement of the care recipients. the rules regarding fees for services, whether the service provider has the internal rules needed and – if the maintainer is an NGO – whether it has the liability insurance to cover any damage occurring during its professional activity.

If the body issuing the permit notices any shortcoming,

- a) it may repeal the operation permit and order the maintainer to cease the activity if the condition of the building in which the children are housed or the operation of the service provider (institute, network) puts the lives, physical wellbeing, or health of the children at serious risk or if other constitutional rights of the children are seriously violated.
- b) in cases not cited under Point a), it may call on the maintainer to remedy the fault within a maximum of 60 days. If the maintainer does not act to bring its service provision into line with the rules, the permit-granting authority may repeal the operation permit and order the maintainer to terminate its services. If an authority other than the one granting it permission to operate notices a shortcoming, it reports it to the body that grants the permit which then acts as described in Sections (a)-(b).

The Committee would like information on the separation of minors from adults in corrections institutions. The Committee cites information which reports that minors and adults in preliminary detention are placed in the same corrections facilities. The position of the Committee is that on the basis of the Charter minors who have been convicted or who are in preliminary detention may not be placed together with adults.

In Hungary we essentially distinguish between two types of corrections facility: one type is used for preliminary detention and is run by counties. Most often they are located in the county seats

and their primary purpose is to hold persons in preliminary detention. Both juveniles and adults are placed in these institutions for Law Decree 11 of 1979 on implementation of punishments and sanctions (hereinafter: Law Decree), in its Section 119, Subsection (2) says only that “*juveniles who are in preliminary detention must be held separately from adults.*” Hungarian corrections practice fully conforms to this requirement since, although adults and juveniles are in the same institution when in preliminary detention, they are held in separate sections, and juveniles are separate from adults.

The other type of corrections facility is for persons actually serving sentences. Pursuant to Section 49, Subsection (1) of the Law Decree, “*juveniles must be held in separate corrections facilities when serving their sentences.*” At present there are three corrections facilities in Hungary for juveniles serving prison sentences (one at Tököl, one at Szirmabesenyő, and one at Kecskemét). According to Section 48, Subsection (3) of the Law Decree, these institutions “*may only hold the adult prisoners needed to keep the facility in operation.*” In these cases the adults are housed in a separate section of the facility or, if it consists of more than one structure, in a separate building. Therefore, this system also meets with the requirements for separation.

In Hungary, a person sentenced as a juvenile (that is, the person was between the ages of 14 and 18 years at the time the crime was committed) may remain in a corrections facility for juveniles until the age of 21 years. This regulation is intended to protect juveniles as is the one calling for separation by age considerations, which does not allow juveniles between the ages of 14 and 18 years to be placed in the same cells as people over the age of 18 years who still qualify as juveniles from the point of view of corrections.

On the whole, it can be concluded that Hungarian corrections practices conform to Points 11-13 of the European Prison Regulations and to the rules governing separation in Law Decree

The Committee found that the period of time in which juveniles are held in preliminary detention is too long, which conflicts with the requirements of the Charter. The Committee would like information on this.

Chapter XX of Act XIX of 1998 on Criminal Proceedings (hereinafter: Criminal Proceedings Law), contains stipulations for offenders who are juveniles that are specific to their age, and more lenient than average. The other provisions of Criminal Proceedings Law only may be applied to juveniles during criminal proceedings if these differences are incorporated. The decree sets special rules of procedure for juveniles. We will not cover the details of these procedural regulations at this point but will focus on the rules governing the preliminary detention of juveniles.

Section 454 of the Criminal Proceedings Law sets separate conditions for arresting juveniles. In other words, the conditions and reasons set down in Section 129, Subsection (2) of the Criminal Proceedings Law defining the reasons why adults may be arrested are not sufficient to hold a juvenile. The severity of the crime must also be sufficient to justify it. In other words, the risks of escape, of going into hiding, or collusion, of influencing or intimidating witnesses, of tampering with evidence, etc. are not sufficient to warrant arrest and preliminary detention if the offence was of medium severity or mild.

The law does not define the concept of severity. However, there are reference values in

– the maximum sentence imposable as set forth in the Special Section of the Criminal Code,

- if a series of crime were committed, the large number of felonies committed in a mass or on a continuous basis (even if several procedures are underway before different authorities or courts),
- objective information (for instance, the manner in which committed) to indicate increased risk to society,
- actions committed as member of a criminal organisation or in criminal conspiracy.

Section 454 of the Criminal Proceedings Law sets forth the following:

Section 454

- (1) Even in cases that conform to Section 129, Subsection (2) a juvenile only may be arrested and held in preliminary detention of the crime was particularly severe.
- (2) When held in detention, a juvenile must be kept
 - a) in a reform facility or
 - b) in a corrections institute.
- (3) The court will decide on where the preliminary detention is to occur, considering the personality of the juvenile or the nature of the crime the juvenile is charged with.
- (4) During the period of preliminary detention, the court may change the place where the juvenile is being held at the proposal of the prosecutor, the defendant, or the defence attorney. Until the decision to prepare the case for trial is taken the decision on moving the juvenile defendant rests with the court ordering the preliminary detention, while afterwards the court handling the criminal proceedings shall make the decision.
- (5) If the preliminary detention of the juvenile is executed in a reform facility and the court resolves to temporarily place the juvenile in a police jail, Section (4) shall be applied to determine the authority and jurisdiction of the court.
- (6) During preliminary detention, the juvenile must be kept separately from adults.

As applicable for adult defendants – according to the definition in the Criminal Proceedings Law – other coercive measures may be employed to substitute for preliminary detention (a ban on leaving one's residence, house arrest), so these coercive measures also may be used for juveniles. The ban on leaving one's place of residence (Section 137 of the Criminal Proceedings Law) limits the defendant's freedom of movement and the freedom to choose place of residence. A person who is banned from leaving his or her place of residence may not leave a given geographic area or region without permission and may not change his or her place of residence either temporarily or permanently. This type of restriction may be ordered if the goals desired of preliminary detention can be met with this form of restriction, considering the nature of the crime and the personal and family circumstances of the defendant – particularly health status and old age – or behaviour during the course of the proceedings.

If the court orders house arrest (Section 138 of the Criminal Proceedings Law), it sets a specific house/apartment and any fenced-in area around it as the limits in which a defendant may move except for purposes defined by the court, in particular, when meeting the needs of day-to-day life, or when requiring medical attention. In this case the court determines the time during which a person may leave his/her home, and the destination to which the person may travel.

Taking into account Section 37, Subsection b), of Act LXIV of 1991 Enacting the Convention on the Rights of the Child, adopted on 20 November 1989 in New York, the authorities and courts

conducting proceedings in criminal matters must aspire to hold a juvenile in custody or in preliminary detention for the shortest time possible and only as a last resort.

The above show that there are separate conditions for holding a juvenile in preliminary detention – the severity of the crime committed.

For adult defendants, preliminary detention may not exceed three years, while for juveniles it may not exceed two years. (This time frame is for cases when two years go by from the date the preliminary detention is ordered until a legally binding ruling is handed down.) An exception to the two-year rule – in conformity with the rules on adults – is if the ordering of the beginning or maintenance of preliminary detention occurs after a decision on the case was taken by a court or when a procedure is being repeated because a ruling was invalidated.

Based on the above, the Ministry of Justice does not consider there to be any reason to amend the regulations.

Pieces of legislation referred to in the Report

Adult Education Law:	Act CI of 2001 on adult education
Air Transport Law:	Act XCVII of 1995 on Air Transport
Armed Forces Members Service Relationship Law:	Act XLIII of 1996 on the Service Relationship of Professional Members of the Armed Forces
Assembly Right Law:	Act III of 1989 on the Right to Assembly
Association Rights Law:	Act II of 1989 on Rights of Association
Asylum Law:	Act CXXXIX of 1997 on Asylum
Atomic Energy Law:	Act CXVI of 1996 on Atomic Energy
Child Protection Law:	Act XXXI of 1997 on Protection of Children and Public Guardianship
Civil Code:	Act IV of 1959 the Civil Code of the Republic of Hungary
Civil Servants Law:	Act XXIII of 1992 on the Legal Status of Civil Servants
Constitution:	Act XX of 1949 on the Constitution of the Republic of Hungary
Criminal Code (Penal Code):	Act IV of 1978 on the Criminal Code
Criminal Proceedings Law:	Act XIX of 1998 on Criminal Proceedings
Elections Procedure Law:	Act C of 1997 on Elections Procedure
Environmental Protection Law:	Act LIII of 1995 on the General Rules of Environmental Protection
Equal Opportunity Law:	Act CXXV of 2003 on the Promotion of Equal Treatment and Equal Opportunity
Family Law:	Act IV of 1952 on Marriage, family and guardianship
Family Support Law:	Act LXXXIV of 1998 on Family Support
Foodstuffs Law:	Act LXXXII of 2003 on Foodstuffs
Foreigners Entry and Stay Law:	Act XXXIX of 2001 on the Entry and Stay of Foreigners
Healthcare Activities Law:	Act LXXXIV of 2003 on Certain Aspects of Performing Healthcare Activities
Health Insurance Benefits Law:	Act LXXXIII of 1997 on Benefits under the Statutory Health Insurance Scheme

Health Law:	Act CLIV of 1997 on Health
Higher Education Law:	Act LXXX of 1993 on Higher Education
Job Assistance and Unemployment Benefits Law:	Act IV of 1991 on Job Assistance and Unemployment Benefits
Labour Code:	Act XXII of 1992 on the Labour Code
Labour Inspection Law:	Act LXXV of 1996 on labour inspection
Labour Safety Law:	Act XCIII of 1993 on Labour Safety
Local Governments Law:	Act LXV of 1990 on Local Governments
Misdemeanours Law:	Act LXIX of 1999 on Misdemeanours
Nature Conservation Law:	Act LIII of 1996 on Nature Conservation
Public Benefit Organizations Law:	Act CLVI of 1997 on Public Benefit Organizations
Parliament Members Election Law:	Act XXXIV of 1989 on the Election of Members of Parliament
Personal Income Tax Law:	Act CXVII of 1995 on Personal Income Tax
Private Pension Law:	Act LXXXII of 1997 on Private Pension and on Private Pension Funds
Public Administration Procedures Law:	Act IV of 1957 on Public Administration Procedures
Public Education Law	Act LXXIX of 1993 on Public Education
Public Employees Law:	Act XXXIII of 1992 on the Legal Status of Public Employees
Public Finances Law	Act XXXVIII of 1992 on Public Finances
Public Procurement Law	Act XL of 1995 on Public Procurement
Rights and Equality of the Disabled Law:	Act XXVI of 1998 on the Rights and the Guaranteeing of the Equality of Disabled People
Rights of the Child Convention Law:	Act LXIV of 1991 enacting the Convention on the Rights of the Child, adopted on 20 November 1989 in New York
Road Transport Law:	Act I of 1988 on Road Transport
Social Benefits Law:	Act III of 1993 on Social Administration and Social Benefits
Social Insurance Benefits Law:	Act LXXX of 1997 on Persons Entitled to Social Insurance Benefits and Private Pensions, as well as Funding of this Services
Social Insurance Pension Law:	Act LXXXI of 1997 on Social Insurance Pension

Strike Law:	Act VII of 1989 on Strike
Vocational Training Contributions Law:	Act LXXXVI of 2003 on Vocational Training Contributions and Assistance for the Improvement of the Training System
Vocational Training Law:	Act LXXVI of 1993 on vocational training
War Veterans Assistance Law:	Act XLV of 1994 on Assistance to War Veterans.
Waste Management Law:	Act XLIII of 2000 on Waste Management
Water Transport Law:	Act XLII of 2000 on Water Transport